**RETURN TO PLAY AFTER COVID-19: FOR COACHES**

***Key considerations***

* RTP in all but very mild or asymptomatic cases **must involve** a doctor.
* Although this virus affects older people and those with underlying disease more often, young people including athletes may be affected
* Advice contained in this document will need regular review as more is learned about COVID-19 and should be applied to confirmed AND suspected cases of COVID-19.
* Due to the lack of evidence, advice is supported by expert opinion.
* In most cases of COVID-19, symptoms are mild to moderate and in some cases, may be almost asymptomatic, with more recently described loss of taste or smell being the only symptom if any.
* Athletes with only mild symptoms should still proceed through this graded return to play.
* Even with mild symptoms, return to any training should be delayed until 10 days from onset of symptoms and until symptom free as symptoms may worsen after 5-8 days.
* RTP should be over 7 days so full training shouldn’t be resumed for a minimum of 17 days from onset of symptoms.
* Excessive breathlessness and fatigue may occur for weeks after the initial illness so should be closely monitored.
* Resting heart rate, fatigue levels, breathlessness and RPE can be used to monitor response to activity.
* If an athlete develops worsening symptoms, they must immediately cease exercise and be reviewed by a doctor
* Before considering RTP must be to complete all activities of daily living without excessive fatigue and/or breathlessness and walk a minimum of 500m on the flat without getting breathless

; A close up of a sign

Description automatically generated

Non-Hospitalised Case

Completion of social isolation period

Confirmed or Suspected case of COVID-19

>7 Days since onset of symptoms

No training should occur until the dotted red line has been reached on this process.

Minimum RTP time will be 10 days plus 7 days gradual increase in activity depending on symptoms

Post viral fatigue and shortness of breath may be pronounced and should not be ignored

Appendix A illustrates 2 of return to play processes which need to individualised based upon athlete needs and the specific demands of the sport

Psychological readiness considered including family health

Athlete self-reported readiness to train considered

Signed off by doctor

Discharged Hospitalised Case

Consult team doctor before commencing return to play

**Symptom**s

* Fever
* New, persistent, dry cough
* Shortness of breath
* Loss of taste or smell
* GI symptoms eg diarrhoea

>10 days since onset of symptoms and after symptoms resolved

**APPENDIX A** –The following are only a guide for those who need and where a sport has its own RTP protocols, these should be followed taking into account the previous guidelines

**Example of a possible progression of athlete back into training if their sport is aerobic.**

This is a 7-day progression of training. At the end of this procedure consider the training load volume that the athlete should return to based up their chronic training load. Having x2-3 weeks off training (or more) will have significant impacts on what this level should be.

Stage 1- Low Intensity

30 minute aerobic session Record Breathlessness, RPE, fatigue and HR.

Compare to pre illness examples of same session

**Progression Criteria**

-RPE within 1-2 points of normal session/expected level.

-Resting HR recovered by the morning & appropriate energy levels reported.

-No symptoms (e.g. excessive fatigue, breathlessness)

-Stage has been repeated on x2 consecutive days without issues

No? Rest 24hrs then repeat.

YES

No? Rest 24hrs then repeat.

YES

Stage 2 Mod Intensity

30 minute Interval session – take RPE and HR.

Compare to pre illness examples of same session

**Progression Criteria**

-RPE within 1-2 points of normal session/expected level.

-Resting HR recovered by the morning & appropriate energy levels reported.

-No symptoms (e.g. excessive fatigue, breathlessness)

-Stage has been repeated on x2 consecutive days without issues

Stage 3 RTP

Consider significant reductions in Chronic Training Load when ascertaining appropriate training level for week 1 and monitor closely

**Example of a possible progression in a sport where physical qualities are predominant determinant of successful outcome.**

**Stage 1 – Physical Readiness**

Test Athlete physical benchmarks against pre-illness levels and sport required levels.

Use as guide for entry level training, in conjunction with Chronic Training Load.

Set week 1 training volume with the above in mind.

Use RPE, resting HR, subjective breathlessness and athlete energy levels to monitor.

Monitor athletes daily.

If concerns over recovery, RPE or symptoms rest for 24hrs and then restart the process at the same level

Progressively load for 7 days.

**Progression Criteria**

-RPE within 1-2 points of normal session/expected level.

-Resting HR recovered by the morning & appropriate energy levels reported.

-No symptoms (e.g excessive fatigue, breathlessness)

-Acceptable physical benchmarking to coaches and SSSM team.

Stage2 RTP

Consider significant reductions in Chronic Training Load when identifying appropriate training level for week 1 and monitor closely

**Full training can occur once all physical benchmarks are restored**