Cardiopulmonary Considerations for High School Student-Athletes during the COVID-19 Pandemic

Other Considerations
- Close Contact/Household Member with COVID-19, or Medical Condition* at Risk of More Severe COVID-19, or Prior symptoms suggestive of COVID-19.

Confirmed Past Infection
- Test (x)
  - Mild to moderate illness or no symptoms (managed at home)
  - Severe illness (hospitalized)
  - Ongoing CV symptoms (chest pain, shortness of breath, exercise intolerance, palpitations)

Confirmed New Infection
- Test (x)
  - Isolate and contact tracing per public health guidelines

*Exclude and consider ECG only before a return to light exercise

*Diabetes, obesity, serious heart conditions, moderate to severe asthma, chronic kidney or liver disease, weakened immune system

Further work-up as indicated
- Cardiologist consult, ECG, hs-Tn, Echo
- Consider Cardiac MRI, Holter, Stress Test, Chest X-ray, Spironolactone, PFTs, and Chest CT

*Confirmed myocarditis, pulmonary embolism, or other cardiopulmonary disorder should be managed per medical guidelines

EMERGENCY ACTION PLAN

- Every school is reminded to have a well-rehearsed emergency action plan (EAP) for every sport at every venue to facilitate a coordinated and efficient response to SCA.

  - Every school should maintain an on-site automated external defibrillator (AED) program that allows retrieval and use of an AED within 3 minutes of collapse at school athletic venues and buildings.
  - Potential first responders to SCA, including coaches, are encouraged to be trained in cardiopulmonary resuscitation (CPR), the recognition of SCA, and use of an AED.
  - Each school should conduct and document an annual EAP practice drill for SCA among anticipated first responders (ie, athletic trainers, school nurses, coaches, and administrators).
  - AED devices should be maintained according to manufacturer guidelines, including monthly readiness checks and scheduled battery or lead replacement.

REFERENCES