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AAP News

AAP: Wear face coverings during most sports

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Editor's note: AAP interim guidance is based on current evidence and best data at the time of publication. Updates are provided to reflect changes in knowledge about the impact of the disease on children and adolescents. For the latest news on COVID-19, visit <https://www.aappublications.org/news/2020/01/28/coronavirus>.

Children participating in most sports during the COVID-19 pandemic should wear cloth face coverings, according to [updated AAP interim guidance](#).

The AAP's updated guidance also provides more details on a gradual return to sports for athletes recovering from COVID-19.

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The guidance lists several exceptions during which they could become a hazard and should not be worn — competitive cheerleading, gymnastics, wrestling and water sports. The face coverings also may not be necessary for outdoor individual sports like golf and singles tennis.

Face coverings should be changed immediately if they become saturated with sweat. If an athlete removes the face covering for a break, he or she should remain 6 feet away from other people.

Coaches, officials, spectators and volunteers also should wear cloth face coverings at all times.

Returning to sports after infection

Children and teens with symptoms of COVID-19 should not attend practices or competition. They should consult their physician for testing and notify their coach, athletic trainer and/or school administrator of their symptoms.

Youths recovering from COVID-19 will have different paths to return to sports based on the severity of their illness. Those who are asymptomatic or have mild symptoms should not exercise until cleared by a physician. Physicians should perform a complete physical exam and review their local 14-point pre-participation screening evaluation with special emphasis on cardiac symptoms, including chest pain, shortness of breath out of proportion for upper respiratory tract infection, new-onset palpitations or syncope. If results are normal, patients can gradually return to sports after 10 days from their positive test result and at least 24 hours symptom-free without fever-reducing medications. If exam findings are concerning, the patient will need an electrocardiogram (ECG) and evaluation by a pediatric cardiologist.

Youths with moderate symptoms or who had a non-intensive care unit hospital stay should have an ECG and a cardiology consult with additional testing. If the cardiac workup is negative, the athlete may gradually return to physical activity after 10 days from the positive test result and at least 10 days after symptoms have resolved off fever-reducing medication.

Youths who have had severe COVID-19 or multisystem inflammatory syndrome in children should be restricted from exercise for three to six months and require extensive cardiac testing and cardiology clearance to return.

Once a physician clears an athlete in any of the above categories to return, the AAP recommends doing so gradually. Its guidance lays out five stages starting with 15 minutes or less of light activity the first two days and working up to a full return on day 7.

Additional guidance

The AAP continues to recommend minimizing the risks of sports participation by wearing cloth face coverings; maintaining small, consistent practice groups; minimizing travel; disinfecting frequently touched surfaces regularly; and reducing shared equipment and spaces.

Spectators should follow local regulations for social distancing, use cloth face coverings and stay home if they have COVID-19 symptoms.

Resources

- [CDC guidance on youth sports during the pandemic](#)
- [HealthvChildren.org safety checklist for sports participation during the pandemic](#)

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