This document summarises interim recommendations for the return to sport for adults (18 years and above) during the COVID-19 pandemic.

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<tr>
<th>Version</th>
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| 1.6     | 30.09.2021 | Added reference to gov.ie website where pods are discussed indoors  
Updated information on contact tracing measures                                                                                                                   |
| 1.5     | 30.06.21   | Added paragraph and link to Team Sports Risk Exposure Framework (TS-REF-2). Minor editing.  
Added in minor clarifications about the duration of the isolation period (10 FULL days) and recommendation for those who are symptomatic to self-isolate regardless of vaccination status.  
Revision of the section on transmission to further emphasise the risk of airborne transmission of COVID-19 in poorly ventilated and/or crowded indoor settings.  
Additional clarification in Contact Tracing Measures section that contact tracing for sports related outbreaks will be led by local Public Health and will be based on a risk assessment of the outbreak event. |
| 1.4     | 31.05.2021 | Updated recommendations in relation to close contacts of non-Variant of Concern cases who have significant vaccine protection – link to relevant document added                                                                             |
| 1.3     | 05.05.2021 | Removal of rowing from examples of contact sports                                                                                                                                                                              |
| 1.2     | 28.04.2021 | Added in updated recommendation that use of surgical face masks should replace face cloth coverings for those who are in high risk and very high risk cohorts, as well as older persons. This recommendation applies also to household contacts of confirmed COVID-19 cases, confirmed COVID-19 cases during their infectious period and to suspected COVID-19 cases who are symptomatic. |
| 1.1     | 28.10.2020 | References to the Government’s Framework for Restrictions added  
States that those tested and waiting for COVID-19 test results should not attend a sporting event  
Minor clarifications added to the description of the infectious period                                                                                               |
| 1.0     | 11.09.2020 | Initial Guidance                                                                                                                                                                                                                 |
All HPSC guidance should be read and interpreted in conjunction with the Government’s Framework of Restrictions.
Table of Contents

Purpose ........................................................................................................................................... 4
Scope ............................................................................................................................................... 4
Information on the SARS-CoV-2 virus ..................................................................................... 4
  Spread of the virus ....................................................................................................................... 4
  Survival of the virus in the environment .................................................................................... 5
  Duration of infectivity .................................................................................................................. 5
Overall principles of preventing infection at a sporting activity .................................................. 5
  Key Points ................................................................................................................................... 6
  1. Risk assessment ...................................................................................................................... 7
  2. Measures to reduce the risk of COVID-19 ......................................................................... 8
    Going to and coming from the event ....................................................................................... 8
    Personal hygiene measures ..................................................................................................... 9
    Face coverings ........................................................................................................................ 10
    Social distancing measures .................................................................................................... 10
    Cleaning and disinfection Measures ..................................................................................... 11
    Additional measures ................................................................................................................ 12
    A special note on boxing equipment (or similar equipment) ................................................. 13
  3. How to manage a sports participant, coach or spectator with COVID-19 symptoms ........... 13
  4. Contact Tracing Measures .................................................................................................... 13
  5. Communication with sports participants and coaches ....................................................... 14
Purpose

The purpose of this document is to outline the necessary measures which are advised to be taken to support engagement of adults (18 years and above, hereafter referred to as sports participants) in sports activities and training for sports activities in the community to ensure the lowest practical risk in the context of COVID-19. These measures are aimed at minimising the risks associated with sports for adult participants, coaches, support personnel, their families and the wider surrounding community. It is not possible to eliminate COVID-19 risk entirely, however it is important to recognise the importance of sporting activities for overall health and wellbeing and that there are significant risks to health and wellbeing from lack of access to these activities.

Scope

This guidance document is intended to support those responsible for planning, organising and managing or participating in sporting events for adults. This guidance should be read and interpreted in conjunction with the Government’s Framework of Restrictions.

Information on the SARS-CoV-2 virus

The virus which causes COVID-19 infection is called SARS-CoV-2 and belongs to the broad family of viruses known as coronaviruses. It was first identified in the Wuhan province in China in December 2019 and a global pandemic event was declared in March 2020.

Spread of the virus

Like other viruses that cause infection of the airways, the spread of SARS-CoV-2 occurs mainly through liquid respiratory particles that are released from the mouth and nose of an infected person when they are coughing, sneezing, talking or laughing. The particles consist of larger droplets, which are associated with close-range transmission and smaller aerosols which are associated with long-range airborne transmission. The particles may carry virus directly to the mouth, nose and eyes of a person standing nearby or they may land on a nearby surface. If droplets land on a surface, virus can remain on the surface for some time and be transferred to the mouth, nose and eyes of another person on their
hands after they touch the contaminated surface. The virus does not penetrate through the skin. The smaller aerosol particles can remain suspended in the air or travel farther than 1 metre, resulting in spread of the virus in poorly ventilated and/or crowded indoor settings.

In general, higher levels of virus are shed around the time of first onset of symptoms. Some people who never notice any symptoms may be infectious to others (asymptomatic transmission).

**Survival of the virus in the environment**

The SARS-CoV-2 virus has an outer coating called a lipid envelope. The presence of the lipid envelope means that virus is likely to survive for fairly short periods outside the human body, but it can survive for hours or days depending on the conditions. The virus is easily killed by common household cleaning products, including bleach and disinfectants.

**Duration of infectivity**

People may be infectious for up to two days before they develop symptoms (pre-symptomatic transmission). In Ireland, people with COVID-19 outside the hospital setting are considered infectious for up to 10 days after the date of onset of symptoms. After 10 full days the person is generally no longer considered infectious, provided they have not had fever for the last five days. People with more serious illness, such that it requires hospitalisation, may be infectious for longer and for those people the period is extended to 14 days, the last five of which should be fever free.

**Overall principles of preventing infection at a sporting activity**

Managing the risk of spread of COVID-19 at any event can be considered as three circles.

1. Reduce the risk of anyone bringing the virus to the sporting activity or event
2. Reduce the risk of spread if anyone brings the virus.
3. Reduce the harm if the virus is introduced and spreads.
Key Points

- This guidance document should be read in conjunction with the Government’s Framework for Restrictions.
- It is the responsibility of each organisation to comply with all legal obligations and to determine how best to organise sports activities that are safe and in line with national policy and guidance. It is the responsibility of each organisation to communicate to their participants what is required of them as outlined in this guidance and in the Government’s Framework for Restrictions.
- Adult and children (sport participant, coach or spectator) are advised not to attend an event if they have COVID-19, have symptoms of COVID-19, if they are contacts* of COVID-19, if they are waiting for the results of a test for COVID-19, or if anyone in their household has suspected COVID-19*.
  *Contact tracing guidelines for those who are fully vaccinated vary or have had previous COVID-19 infection in the past 9 months will vary. Please see here for further information. Symptomatic individuals and COVID-19 detected cases should self-isolate, regardless of vaccination status.
- Coaches and participants are advised to be alert to observe symptoms of COVID-19 in each other and support each other in moving quickly away from other people and then leaving promptly if symptoms are noted.
• Physical distancing (where possible), hand hygiene and good respiratory etiquette should be observed by all (sport participants, coaches and spectators).

• It is important to provide as much information as possible to support people at higher risk, particularly older people and people with certain medical conditions, in understanding the risk to them related to participation in sporting or sports related activity.

1. Risk assessment

For each activity or event, it is advised to conduct an up to date risk assessment to determine the risk level for COVID-19 transmission related to the particular activity or sport, and what additional measures are needed to reduce this risk. The risk assessment process will generally be a pragmatic review of what is planned and the associated risks. The nature of the process should be proportionate to the scale of the activity or event and, in particular for club and local events, does not require excessive documentation. This risk assessment is advised to be undertaken and should be in line with current government framework of restrictions.

Different activities and sports carry different degrees of risk related to the level of close contact involved, numbers participating, duration of the activity, the equipment and the setting (for example indoors or outdoors).

The risks associated with social interaction in the context of assembling of participants and spectators, preparing to participate and preparing to leave may be as great or greater than the risks associated with the activity itself.

**Outdoor sports are generally associated with lower risk therefore outdoor activities are preferable whenever possible.**

Team sports can largely be categorised into contact and non-contact sports, with contact sports generally carrying a higher risk of virus transmission:

• **Contact sport** is an activity, particularly a team activity, in which by participating you are coming into close contact with others as part of competing or taking part in that activity – for example, physical contact sports like rugby, football, basketball, hockey or judo.
- **Non-contact sport** is an activity in which you can comfortably maintain a 2-metre distance from others while participating – for example running, tennis, cycling, golf or gymnastics.

In the United Kingdom, a Team Sports Risk Exposure Framework (TS-REF-2) has been adopted by Public Health England for use within both elite and community sports to establish both the risk of SARS-CoV-2 transmission during specific sporting activities, and to identify and isolate increased risk contacts during sport. TS-REF-2 considers the transmission risk of SARS-CoV-2 during indoor and outdoor activities and can be found at [https://bjsm.bmj.com/content/early/2021/06/29/bjsports-2021-104225](https://bjsm.bmj.com/content/early/2021/06/29/bjsports-2021-104225).

2. Measures to reduce the risk of COVID-19

It is important to try to reduce the risk of spread within sporting events. Although legal restrictions have been lifted, the following is advice to reduce the risk of spread.

**Going to and coming from the event**

- Adult and children (sport participant, coach or spectator) are advised not to attend an event if they have COVID-19, have symptoms of COVID-19, if they are contacts* of COVID-19, if they are waiting for the results of a test for COVID-19, or if anyone in their household has suspected COVID-19*.

  *Contact tracing guidelines for those who are are fully vaccinated or have had previous COVID-19 infection in the past 9 months will vary. Please see [here](https://www.nhs.uk/coronavirus/home-page/) for further information. Symptomatic individuals and COVID-19 detected cases should **self-isolate**, regardless of vaccination status.*

- Depending on your level of comfort and the vaccination status of the people, you’re able to car-pool with members outside your household. However, the following is advisable:
  - The vehicle should be cleaned frequently, this includes cleaning in between journeys. Household cleaning products should be used – taking special care to clean frequently-touched surfaces such as door handles (inside and out), window buttons and seat belt buckles. Wash your hands thoroughly after doing this
  - The driver and passengers may wear face coverings if appropriate (for
example, if not fully vaccinated)
  o Try to share transport with the same people each time and/or have a small number of passengers
  o Keep windows open for ventilation, where safe to do so
  o Depending on the type of vehicle, have passengers facing away from each other
  o Seat passengers at the maximum distance possible from each other
• If spectators are attending, (including members of participant’s households) the overall numbers present should comply with [current government](https://www.gov.ie/en/) and public health guidance and requirements related to social distance and mask use should be observed.
• Encourage attendees to observe social distancing at all times when arriving and leaving the venue. If the activity or any part of the activity is indoors this also allows for time to clean all frequently touched surfaces and equipment prior to the arrival of the next group. It is advised to take this opportunity to increase ventilation of the indoor space by opening doors and windows where possible
• Sports participants are advised to arrive, train and leave in their sports gear to avoid use of enclosed settings like changing rooms.
• Close shared spaces such as changing and locker rooms, if possible. If not possible, it is advised to stagger use between different groups, ensure that hand hygiene facilities are available and used at the entrance, ensure adequate distancing, maintain as much ventilation as possible and clean all contact surfaces thoroughly between use.

**Personal hygiene measures**

• All participants are advised to perform hand hygiene properly with alcohol hand gel or soap and water on arrival and before leaving.
• Support hygiene by providing all supplies including soap, paper towels, tissues, and no-touch/foot pedal rubbish bins. If hand-washing facilities are not available, hand-sanitiser containing at least 60% alcohol should be used as an alternative. Regardless of availability of hand-washing facilities, hand-sanitiser should be readily available to all sports participants and coaches that can be used regularly after handling equipment, coughing or sneezing or having direct contact with others.
• Everyone should be encouraged to cover their coughs and sneezes with a tissue or use the inside of their elbow. Used tissues should be thrown in a waste paper bin and sports participants and coaches should be reminded to wash their hands immediately with soap and warm water or hand sanitizer that contains at least 60% alcohol.
• Discourage sharing of items, especially drinks, foods and items that are difficult to clean or disinfect.
• Each sports participant and coach are advised to bring their own water-bottle/other products clearly labelled with their name and exclusively for their own use.
• Sharing of towels, clothing, or other items used to wipe faces or hands is not advisable
• Spitting should be discouraged.

Face coverings

• Everyone is advised to comply with the law and government guidance on use of cloth face coverings for activities that take place indoors.
• There are certain groups of people for whom the use of surgical face masks rather than cloth face coverings is recommended by NPHET. Surgical masks rather than cloth face coverings are recommended to be worn by people who are in high risk and very high-risk cohorts and older age groups when in crowded outdoor spaces or confined indoor community spaces. For further information, please see relevant guidance here.
• Exceptions to use of face coverings will apply during sporting activities if wearing a mask is not practical (swimming and many activities that require intense effort).
• Unless there is a safety concern however, sports participants should be allowed to wear a face covering if they wish to.
• People wearing face coverings should be reminded to avoid touching the face covering and to wash their hands frequently. Information should be provided to all parents on the safe use of face coverings.

Social distancing measures

• As much as possible, try to maintain social distancing of 2 metres between sports participants and coaches. This will not be possible during contact sports.
• Display physical guides, such as signs or markings on floors to make sure that sports participants and coaches are aware of the 2-metre distance that is required for social distancing.
• Discourage unnecessary physical contact, such as high fives, handshakes, fist bumps, or hugs. Suggest alternative ways of celebration or greetings that does not involve contact.
• Team huddles during games are not advised and if necessary it is advisable to maintain distance between participants
• For close contact sports, focus on fitness and skills, which can allow maintenance of social distancing during practices rather than on contact activities when it is practical to do so.
• Organise players into small groups or pods where recommended indoors in accordance with Government guidelines. Pods (where recommended indoors) are advised to remain together and work through stations, rather than switching pods or mixing members of pods. This way each sports participant will have contact with only a portion of the group/class at each training session.
• Create distance between sports participants when explaining drills or the rules of the game.
• Social distancing is advisable when sports participants are not playing, for example, if there is a match underway and some sports participants are waiting on the sidelines as substitutes, they are advised maintain social distance from one another. They can be encouraged to practice drills or exercises while waiting on the sidelines.
• Identify adult coaches or volunteers to help maintain social distancing among sports participants, coaches, referees and spectators.
• The number of people sitting in confined player areas (e.g. dugouts) should be determined by how many can safely be in the area while still maintaining social distance. Allow players to spread out into spectator areas and along the sideline if needed.

Cleaning and disinfection Measures

• It is advised that one staff member/coach be designated in charge of cleaning of any shared equipment before, during and after all sessions/activities.
• Minimise equipment sharing and clean shared equipment between use by different people.

• It is not advised to swap jerseys or bibs during a training session or game. They should be washed at the highest temperature after every use. Where possible it is preferable that each participant has their own jersey or bib.

• Develop a schedule for increased, routine cleaning of all frequently touched surfaces.

• Ensure safe and correct use and storage of cleaning agents, including storing products securely away from children.

• In addition to cleaning equipment, provide and encourage sports participants to use hand-sanitizer to disinfect their hands after playing contact sports or activities or using any shared equipment.

Additional measures

• Ensure adequate supplies of shared items (for example protective gear, balls).

• Limit use of supplies or equipment to one group of sports participants at a time and clean between use.

• For items that may be difficult to decontaminate and are close to the eyes, nose and mouth such as helmets, the item should be dedicated to a single participant (for example they may bring their own labelled helmet or the item may be at the club but labelled).

• If there are circumstances where this is not possible each item should rotate amongst the smallest possible number of people and should be thoroughly cleaned between uses. For example if a set of helmets must be used for two or three teams the helmets should if possible be designated and labelled by position (for example goalkeeper, corner forward) so that they are not redistributed pell-mell between different users each time.

• Ensure that each sports participant’s belongings are separated and in individually labelled containers or bags to avoid confusion between belongings and sharing of items.

• It is advised to display awareness posters with messaging related to the need to declare symptoms, hand hygiene and cough etiquette and other personal hygiene measures at entrances and exits and in toilets.
A special note on boxing equipment (or similar equipment)

Each sports participant should have their own headgear and pair of boxing gloves that are exclusively for their own use.

3. How to manage a sports participant, coach or spectator with COVID-19 symptoms

- Immediately separate any sports participant or other person displaying or complaining of COVID-19 related symptoms from other sports participants, coaches or spectators.
- Ask this person to wear a surgical face mask if possible.
- Provide the ill person with tissues and hand sanitiser and ensure that all tissues are disposed of in a waste bag that can be tied marked as separate from other waste.
- If they are well enough to go home, advise them to go home or arrange for them to be transported home by a household member as soon as possible and advise them to inform their general practitioner of their symptoms by phone.
- If they are too unwell to go home or advice is required, contact 999 or 112 and inform them that the sick person is suspected to have COVID-19.

If the ill person has a positive test for COVID-19, a Public Health medical team will perform a risk assessment to determine the appropriate containment and mitigation measures, which includes the identification of close contacts as per national guidance.

4. Contact Tracing Measures

- A log of all sports participants, coaches and spectators attending every session, with contact information for contact tracing purposes must be recorded to enable contact tracing, should it be required. Contact tracing of identified cases of COVID-19 is managed by the contact management programme. Complex cases or outbreaks in settings such as a sporting event or training session may require Public Health involvement. In such a scenario, Public Health will conduct an individual risk assessment of the exposure event to identify close contacts who will then be required to restrict movements in line with public health advice.
Close contacts

- Advice for close contacts varies depending on a number of factors including setting, previous infection, vaccination status, and whether the contact(s) have been exposed to a confirmed case who has travelled from a designated state.
- If there is a confirmed case, a Public Health medical team will perform a risk assessment to determine the appropriate containment and mitigation measures which will include the identification of close contacts as per national guidance.
- For advice on contact tracing for children aged > 3 months and under 13 years, please see here.
- For advice on contact tracing for those who are fully vaccinated or have had previous confirmed COVID-19 infection in the past 9 months, please see here.
- For advice on contact tracing for those who are not fully vaccinated or have not had previous infection in the past 9 months, please see here.

5. Communication with sports participants and coaches

- Communicate all measures that need to be implemented related to COVID-19 with sports participants and coaches. Ensure that everyone understands what measures are obligatory.
- Ensure that sports participants and coaches are fully aware of the main symptoms of COVID-19. The most common signs and symptoms of COVID-19 are available on the HSE website.
- Ensure all sports participants and coaches understand the need to immediately self-isolate and to phone their doctor in the event of onset of any signs or symptoms that suggest COVID-19, even if they are vaccinated. They should follow their doctors advice regarding testing and duration of self isolation. They should restrict their movements if they have had recent close contact with a suspected or confirmed case of COVID-19 and do not have significant vaccine protection (please see here for further information). Further information on when and how to self-isolate and restrict movement are also available on the HSE website.