



**COVID-19 Interim recommendations for sports activities for
children and adolescents in the context of the COVID-19
pandemic**

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*This document summarises interim recommendations for sport for children and adolescents up to
18 years old during the COVID-19 pandemic.*

Version	Date	Changes from previous version
1.5	05/05/2021	Removal of rowing from the examples of a Contact Sport
1.4	28/04/2021	Added in updated recommendation that use of face coverings should be replaced with surgical face masks for some high risk members of the general public.
1.3	27/11/2020	<p>Title and header: Updated</p> <p>References to the Government's Framework for Restrictions added</p> <p>Purpose: Changed Summary heading to Purpose. Updated contents to reflect ongoing sporting activity, instead of return to sport.</p> <p>Scope: New section</p> <p>Key Points: Expanded details and updated to include the responsibilities of each organisation and attendees.</p> <p>Risk Assessment: Expanded details of factors taken into account in risk assessment.</p> <p>Measures to reduce the risk of COVID-19: Clarification of who should not attend events. Expanded details related to travelling to events. Added recommendations for numbers attending events, cleaning, appropriate hand hygiene, physical distancing and ventilation. Clarification that everyone involved in an event should make a declaration that they are symptom free. Added measuring temperature is not required. Clarification that sharing of items is discouraged, participants/coaches should have own items when possible and how to proceed when items must be shared. Clarification on when face coverings should be worn. Added physical distancing may not always be possible during contact sports and team huddles should be limited. Updated to include CDC scientific brief on masks. A special note on celebrations added. Removal of general infection prevention and control information in snooker and pool section that is available elsewhere in this guidance.</p> <p>Contact Tracing Measures: Added parents and coaches should be included in log. Added use of COVID-19 Tracker App should be encouraged.</p> <p>Communication with parents, children and coaches: Addition of coaches to heading and contents of this section. Changed advice for those with symptoms consistent with COVID-19 from 14 days self-isolation to contacting their doctor and following the advice given by the doctor on testing and duration of self-isolation.</p> <p>How to manage an individual with symptoms consistent with COVID-19 :Change of heading from how to manage a child, parent, or spectator with COVID-19 symptoms. Addition of, if appropriate for age, when to ask an individual to wear a face covering.</p>
1.2	08/07/2020	<p>Added appendix re legal underpinning of holding log of names for contact tracing purposes in a national pandemic.</p> <p>In section 6, clarified that the risk assessment and close contact decision making will be carried out by the Public Health Medical Team.</p>
1.1	23/06/2020	Added note on snooker, pool and the cleaning of tables

All HPSC guidance should be read and interpreted in conjunction with the [Government's Framework of Restrictions](#)

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Key Points

- Sports activities and physical activity are very important not only for physical health but also for mental health and wellbeing. This guidance is designed to enable these activities to be undertaken in a safe manner, wherever possible.
- It is the responsibility of each organiser of the sporting activity 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 of Restrictions](#).
- No person (child, parent, coach or spectator) should 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.
- Supervisors should observe children for symptoms and parents should make a declaration that the child participating in the event is symptom-free before the event. Physical distancing (where possible), hand hygiene and good respiratory etiquette should be observed by all (children, parents, coaches and spectators).
- The organisation should designate a COVID-19 Compliance Officer to help with coordination of risk mitigation actions.
- It is important to provide as much information as possible to support people at higher risk, in particular people with certain [medical conditions](#), in understanding the risk to them/their child related to participation in sports or sports related activity.

1. Purpose

The purpose of this document is to outline the necessary measures which should be taken during the engagement of children and adolescents (up to the age of 18 years) in play and sports activities in the community, such as organised sports and holiday camps, to ensure the lowest possible risk in the context of COVID-19. These measures are aimed at minimising the risk of COVID-19 associated with sports amongst children and adolescents, their families and the wider surrounding community, while recognising the importance of those activities for health and wellbeing.

2. Scope

This guidance document is intended to support those responsible for planning, organising and managing or participating in sporting events for children and adolescents. Unless otherwise mentioned, the words child and children refer to anyone under the age of 18 years old. This guidance should be read and interpreted in conjunction with the [Government's Framework of Restrictions](#).

3. Risk assessment

There are risks associated with sporting activities, however this must be weighed against the benefits. The COVID-19 pandemic has had negative effects on the health and wellbeing of young

people, including anxiety and depression. In a national survey of young people, more than a third reported missing their friends, however those who engaged with youth groups, clubs or services reported missing their friends slightly less. Those who engaged in these groups also tended to be more optimistic and excited about their futures. In terms of positive outcomes from the COVID-19 pandemic, around a quarter of young people hope to maintain a healthy lifestyle¹. Hence, ongoing sporting activity should be encouraged, as long as it is in a safe manner.

For each activity or event, an up-to-date risk assessment should be conducted 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.

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, celebrating a win 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 activities should be conducted outdoors whenever possible.

Team sports can largely be categorised into contact and non-contact sports, with contact sports 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, rugby, Gaelic football, hurling, camogie, 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 or golf.

The risk associated with each sport or activity also varies depending on the level at which you are playing the sport or conducting the activity.

The following grading system is an example of how to stratify the various levels of risk associated with different stages of sports or activities, but the timing of when they can be undertaken or restricted needs to be in line with the [Government's Framework of Restrictions](#). It goes from Grade 1 activities, which carry the lowest risk of transmission, up to Grade 5, which carry the highest risk of transmission.

- **Grade 1** – practising sporting drills, skills and exercises at home with only family present.

¹ <https://www.gov.ie/en/publication/91f4b-hows-your-head-young-voices-during-covid-19-september-2020/>

- **Grade 2** – team or group based practice within your community, practising drills, skills etc, without physical contact between participants.

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- **Grade 3** – competition within your team/activity group, which involves physical contact such as a practice match during your weekly training, involving only people from your own team/club.
 - **Grade 4** – competition involving physical contact between different teams/groups from the same geographical area, for example from the same county.
 - **Grade 5** - competition involving physical contact between different teams/groups from different geographical areas, for example different counties or provinces.

When the [Government's Framework of Restrictions](#) allows for a return to sport after activities have been suspended, it is a gradual process moving from Grade 1 level activities to Grade 2 or 3, depending on the context. Factors such as the level of contact involved in the sport, the ability of the participants to maintain 2 metre social distancing rules and the individual risk level of the participants should all be taken into consideration. Children with special needs should be able to participate in sport once they are able to follow the steps needed to keep the risk as low as possible. If there are any concerns regarding a child's susceptibility to COVID-19 due to an underlying illness, parents should discuss this with their medical practitioner.

The age of children is also an important factor, as very young children will be less well able to understand physical distancing and hygiene measures and therefore return to play or sports may be most appropriate at grade 1 or 2 level for very young children.

It is reassuring to note that an evidence review carried out by HIQA concluded that, while the evidence is limited, it appears that children are not substantially contributing to the spread of COVID-19 in their household or in schools².

4. Measures to reduce the risk of COVID-19

Going to and coming from the event

- No person (child, parent, coach or spectator) should attend an event if they have COVID-19, symptoms of COVID-19, if they are waiting for test results for COVID-19, if they are contacts of COVID-19 or if anyone in their household is suspected to have COVID-19.
- Everyone involved in an event should make a declaration that they are symptom-free before an event. Measuring temperature is not required.
- Households should bring their own household members to the event and not share transport to or from the venue, unless this is unavoidable. If households find that it is necessary to consider sharing transport they should do so in compliance with government and public health guidance current at the time.
- If the parent is staying at the event, they should not congregate with others at the venue. If spectators are attending, including members of participants' households, the overall numbers present should comply with current government and public health guidance, and requirements related to social distance and use of face coverings should be observed.

² <https://www.hiqa.ie/reports-and-publications/health-technology-assessment/evidence-summary-spread-covid-19-children>

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- Encourage parents to have children wait in the car or outside the venue until just before the beginning of a practice, warm-up, or game, instead of congregating with other children prior to the start.
 - Stagger arrival and drop-off times by groups to limit contact between children and parents as much as possible. For example, if there is a training session for an older age group after a younger training session, leave at least a 30 minutes break between the end of the 1st session and the start of the 2nd session.
 - 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. The opportunity should also be taken to increase ventilation of the indoor space.
 - Notification of planned attendance to the COVID-19 Compliance Officer or event organiser ensures adequate facilities and staff for safer training.
 - Children should 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, 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.

A special note on celebrations

Measures to reduce the risk of spread of COVID 19, outlined in this document, should continue to be observed even in times of celebration.

- Teams members, coaches and parents may be very excited upon winning a match. Unfortunately, celebrations comprising close contact risk the spread of COVID-19.
- In particular, unnecessary physical contact should not occur. This includes, high fives, handshakes, fist bumps, or hugs. Suggest alternative ways of celebration or greetings that do not involve contact.
- Congregating in groups should be avoided.

Personal hygiene measures

- 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 the child should be reminded to wash their hands immediately with soap and warm water or hand sanitiser that contains at least 60% alcohol. This hand sanitiser should be readily available and easily accessible.
- Where possible, facilitate hand-washing with soap and water for at least 20 seconds for everyone on arrival and departure from the location where the activity is taking place, as a minimum.
- Support healthy 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 children, parents and coaches, that can be used regularly after handling equipment, coughing or sneezing or having direct contact with others.
- Children should be supervised when handwashing or using hand sanitiser.

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- Everyone should wash their hands before eating and should not share food or drinks.
 - Discourage sharing of items, especially drinks, foods and items that are difficult to clean or disinfect. Each child and coach should bring their own water-bottle clearly labelled with their name. Don't allow sharing of towels, clothing, or other items used to wipe faces or hands.
 - Spitting should be strictly forbidden.
 - Whistles should not be used at any time as alternative alert mechanisms can be used.

Face coverings

- Everyone should comply with the law and government guidance on use of cloth face coverings for activities that take place indoors.
- Where physical distancing is not possible, cloth face coverings or masks should be worn by coaches, officials, parents, volunteers and any other spectators present. There are certain groups of people for whom the use of surgical face masks rather than cloth face coverings is now recommended by NPHET. Surgical masks rather than cloth face coverings are now 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](#).
- CDC recently published a scientific brief, available [here](#), that concluded that community mask wearing can reduce the spread of SARS-CoV-2 by both decreasing the spread of the virus from the person wearing the mask and providing personal protection for the mask wearer.
- Face coverings are not recommended to be worn by children under 13 years.
- Face coverings may also be challenging to wear while playing sport, in particular swimming and many activities that require intense effort. Unless there is a safety concern however, children older than 13 years should be allowed to wear a face covering if they wish.
- People wearing face coverings should be reminded to not touch 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 or pitches, to make sure that coaches and players are aware of the 2 metre distance that is required for social distancing.
- Team huddles during games should be limited and if necessary should 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 with designated coaches, for example 2 coaches for every 10 participants, that remain together and work through stations, rather than switching groups or mixing groups. This way each child will have contact with only a portion of the group at each training session.
- Create distance between children when explaining drills or the rules of the game.

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- Social distancing must be maintained when children are not playing. For example, if there is a match underway and some children are waiting on the sidelines as substitutes they should maintain social distance from one another. They can be encouraged to practice drills or exercises while waiting on the sidelines, or if too young to maintain social distancing alone, they should be accompanied by an adult.
 - The ability of children to socially distance will depend on their age. For young children, it may be necessary to ask parents to monitor their children to ensure that they maintain social distancing.
 - Identify adult coaches or volunteers to help maintain social distancing among children, coaches, referees and spectators.
 - Limit the number of children sitting in confined player seating areas (e.g. dugouts) by allowing players to spread out into spectator areas and along the sideline.

Cleaning and disinfection measures

- One staff member/coach should be designated in charge of cleaning and disinfecting of any shared equipment before, during and after all sessions/activities.
- Minimise equipment sharing, and clean and disinfect shared equipment between use by different people.
- Jerseys or bibs should not be swapped during a training session or game and 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 and disinfection of all frequently touched surfaces.
- Ensure safe and correct use and storage of disinfectants, including storing products securely away from children.
- In addition to cleaning and disinfecting equipment, provide and encourage children to use hand sanitiser to disinfect their hands after playing contact sports or activities or using any shared equipment.
- Use gloves when removing rubbish bags or handling and disposing of any rubbish and wash hands with soap and water for at least 20 seconds afterward.

Additional measures

- Designate a COVID-19 Compliance Officer who is the point of contact that all parents and children are aware of.
- Ensure adequate supplies of shared items (e.g. protective gear, balls). Alternatively, limit use of supplies or equipment to one group of players at a time and clean and disinfect between use.
- Where possible, for items that may be difficult to decontaminate such as helmets, children must provide their own.
- 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 randomly between different users each time.

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- Ensure that each child's belongings are separated and in individually labelled containers or bags to avoid confusion between belongings and sharing of items.
 - For sports involving large teams, consider decreasing the sizes of teams for matches.
 - Spectators at sports events or activities should be limited to one person per player.
 - Teams should avoid travel where possible and limit it to within their own area.
 - Display awareness posters with messaging related to hand hygiene and cough etiquette at entrances and exits and in toilets.

A special note on boxing equipment (or similar equipment)

Ideally each child should have their own headgear and pair of boxing gloves. However, recognising that this is not always feasible especially when pupils are trialling the sport for the first time, the following measures should be considered:

- Each club manager should examine the equipment they have in stock to determine whether the gloves are visibly soiled and smelly and whether the inner and outer lining is intact or needs to be replaced.
- Most boxing gloves made from artificial leather such as PU and Rexene can be machine-washed. In addition, gloves with the closed cell foam design can be washed in a machine. These gloves don't absorb water. They also dry well after washing. If the gloves cannot be satisfactorily cleaned/disinfected between use by different children, clubs should consider the practicality of children wearing a pair of disposable nitrile gloves with extended cuff inside the boxing gloves to limit the likelihood of the inner lining of the gloves becoming contaminated.
- If a child wears hand wraps, after use they should take them home and place the wraps in a laundry bag, wash them in your washing machine, and let them air dry. It is best to wash them after each use, and follow the instructions for the particular hand wraps that are worn.
- Headgear that is shared between pupils should be cleaned and disinfected between children using a detergent/disinfectant wipe.
- Each child should be aware that they should not share boxing equipment if they have broken skin, cuts or sores that cannot be completely covered with a waterproof dressing or an exfoliative skin condition such as eczema, psoriasis or contact dermatitis.
- Before using gloves or headgear each child must cover all cuts and sores with a waterproof dressing. They must clean their hands with soap and water or an alcohol-based hand sanitiser before handling /putting on the boxing gloves and helmet.

A special note for snooker, pool and cleaning tables

- The same infection control principles that are recommended when resuming other sports should be applied including:
- Limit the number of spectators sitting in confined snooker/pool player seating areas.
- Minimise equipment sharing, and clean and disinfect shared equipment between use by different people.
- Provide and encourage children to use hand-sanitiser to disinfect their hands after playing pool or using any shared equipment.
- Ensure adequate supplies of shared items (e.g. balls). Alternatively, limit the use of supplies or equipment to one group of players at a time and clean before and after use.

Cleaning snooker and pool tables

Regularly clean and disinfect the hard surface parts of the table.

The area covered with felt is delicate and must be cleaned with caution:

- Only use brushes that are made for pool tables and never scrub in a circular pattern.
- Vacuum dust off the table after you brush it.
- Dab at spills immediately but never rub them.
- Only use pool table approved cleaners (check with the manufacturer).
- Keep the table clean by not chalking over it, keeping it covered, and keeping anything that is not pool equipment off it.
- Seek help from the manufacturer or a professional pool table dealer to determine which product you should use.
- Ensure before reopening that the pool table is intact and in good repair.

5. Contact Tracing Measures

- A log of all children, parents, coaches and spectators attending every session, with contact information for contact tracing purposes, must be recorded to enable contact tracing, should it be required. See [Appendix 1](#) for legal underpinning to support contact tracing logs in a national pandemic situation.
- This log should be electronic and should be completed in advance where possible.
- The designated COVID-19 Compliance Officer should ensure that the information recorded in advance on the log is accurate each day.
- There should be a system in place where this log is updated in real time for any necessary changes, for example if a child's parent is unable to accompany them at short notice and they are accompanied by a different person, this should be updated on the online log in real time.
- This log should be readily and quickly accessible for contact tracing purposes.
- Participants, parents and coaches should be encouraged to use the COVID-19 Tracker App.

6. Communication with parents, children and coaches

- Communicate all new measures and rules which will need to be implemented related to COVID-19 with parents and coaches. Ensure that everyone understands what measures are obligatory.
- Ensure that parents, children and coaches are fully aware of all symptoms of COVID-19. The most common signs and symptoms of COVID-19 are available on the [HSE website](#).
- Ensure all parents 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. They should follow their doctor's advice regarding testing and duration of self-isolation. They should restrict their movement if they have had recent close contact with a suspected or confirmed case of COVID-19. Further information on when and how to [self-isolate](#) and [restrict movement](#) are also available on the HSE website.

7. How to manage an individual with symptoms consistent with COVID-19

- Ideally, the designated COVID-19 Compliance Officer should take charge of the management of any persons, including a child, parent, coach or spectator, with symptoms that may represent COVID-19.
- Immediately separate any child or other person displaying or complaining of COVID-19 compatible symptoms from other children, parents, coaches and spectators.
- It is recommended to ask this person to wear a surgical face mask if possible and appropriate for their age.
- The designated person managing the situation should try to maintain at least 2 metres from the person with symptoms and should wear a face covering and wash their hands regularly.
- 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 and marked as separate from other waste.
- If they are well enough to go home, arrange for them to be transported home by a family member as soon as possible and advise them to inform their general practitioner by phone of their symptoms.
- If they are too unwell to go home or if 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 will include the identification of close contacts as per national guidance.

Appendix 1 Legal basis for holding log of names for contact tracing purposes in a pandemic

In relation to the legal basis for holding names for contact tracing purposes, the following legal underpinnings support this action during a national pandemic.

Under the Infectious Diseases Regulations 1981 as amended;

In the context of:

- The Public Health Emergency of International Concern relating to COVID-19 illness;
- The serious risk of COVID-19 transmission in congregate settings due to the high transmissibility of SARS-CoV-2 (the virus that causes COVID-19);
- The serious health, healthcare and broader impacts of uncontrolled COVID-19 in a population;
- The unprecedented efforts that were required to control COVID-19 in Wave 1 of COVID-19 in the first half of 2020, especially in relation to congregate settings;
- The ethical and public health imperative to prevent all avoidable cases of COVID-19, and so protect individual people;
- The ethical and public health imperative to break all chains of transmission particularly in view of the exponential potential, to protect our communities and the people of Ireland.

Under Article 11, I, as a Medical Officer of Health under the Health Act 2004, consider it necessary and desirable; and under Article 19, I require and direct that the following are put in place immediately:

- Contact details of those in a congregate setting are recorded, and made available in a timely manner on request of a Medical Officer of Health, for the investigation and control, including contact tracing of people exposed to SARS-CoV-2/ COVID-19
- All recorded data should be kept secure as per Article 5 of the GDPR, not used for any other purposes, and destroyed when no longer required under this direction.