

# Return to Sport

## Guidance Note

### September 2021

#### **Introduction**

On August 31 Government announced Ireland's plan for the next and final phase of the response to the COVID-19 pandemic. Full details of the various reopening phases can be accessed [here](#):

From September 2021 the public health management of COVID-19 in Ireland will transition, in broad terms, from a focus on regulation and population wide restrictions to a focus on public health advice, personal judgement and personal protective behaviours.

This will require organisations and individuals taking simple measures to protect themselves and others, such as staying home and self-isolating when symptomatic, observing good respiratory and hand hygiene, and wearing a face coverings in crowded and congregated settings. Those who have not been fully vaccinated should exercise high levels of caution in higher risk environments.

The current Guidance provides for varying degrees of activity for those who are vaccinated or recovered and Mixed Patrons (a combination of those with and without proof of immunity).

Where indoor activity involves combination of individuals (including participants under the age of 12) the Mixed Patron provisions should be implemented. For example the use of pod systems for indoor activity.

#### **Summary of the Measures that will come into place in September**

From September 20th organised indoor sport can take place with capacity limits of 100 people (with appropriate protective measures) where all patrons are immune (fully vaccinated or recovered from COVID-19 within previous 6 months).

Where individuals have mixed immunity status, pods of up to 6 participants will be permitted (excluding adult coaches/instructors).

Multiple pods will be permissible subject to protective measures.

Number of pods will have regard to the size of venue and substantial social distance between individual pods.

#### **Summary of the Removal of Restrictions from October 22nd 2021**

Based on the criteria of at or close to 90% of people 16 or over being fully vaccinated in the coming weeks, and having regard to the incidence and behaviour of the disease at that time, the Government plan to remove further statutory restrictions in respect of events and activities from 22nd of October. These include:

- Formal requirements/mandates for physical distancing.

- Formal requirements/mandates for mask wearing outdoors
- Limits on numbers at outdoor events and engaging in sporting activities outdoors
- Restrictions on indoor sports activities and other indoor leisure/community activities
- Certification of immunity or testing as a prerequisite for access to, or engagement in, any activities or events (with exception of international travel)

The statutory regime in place to support the protection of public health will be wound down in line with agreed removal of restrictions outlined above.

### **Additional Guidance – Sports Sector**

Since the emergence of COVID 19 the Sports sector has developed and implemented a wide range of protocols and protective measures to limit the transmission of COVID 19 and ensure the safety of participants, volunteers, staff and spectators. As mandatory restrictions unwind the sports sector should continue to manage COVID-19 on the basis that it will likely continue to be constantly present into the foreseeable future.

Sports bodies should seek to maintain overarching structures and basic protective measures throughout the Winter season. These include the use of COVID 19 Officers, recommending symptomatic individuals do not participate in or attend sporting activities, the ongoing promotion of good respiratory & hand hygiene along with the wearing a face coverings in relevant settings and considering indoor space densities and duration of indoor activities. Up to date and active Communication by Sporting Organisations on existing and upcoming measures will assist with the ongoing promotion of public health measures at a local level.

This Guidance Note seeks to provide further information on the reoccurring themes raised by Sporting Organisations following the recent Government Announcement.

### **Transport To and From Activities & Events**

While Public transport is operating at full capacity, Private Coach Tour activity is limited at 75% capacity with protective measures. Sporting Organisations organising transport to/from events should implement private Coach Tour capacities (75%). Protective measures such as physical distancing, mask wearing etc. should also be implemented.

In line with the return of public and private transport participants may wish to return to the use of carpooling. Private transport carrying those not yet vaccinated or of mixed immunity should be aware of the higher risk. The use of appropriate face coverings is recommended. If carpooling consider use of a pod system in which the same participants pool together for all activities.

### **Showers / Changing Rooms / Sports Clubhouse Gyms**

From September 20th Showers & Changing Rooms can begin to reopen with protective measures in place. Recommended measures may include:

- Ensure only necessary participants/ sports teams/ support staff have access to changing rooms.
- Limit overall number and duration of individuals in a changing room for example implement a 15 minute window / 5 minute shower rule etc.

- Continue to implement adequate social distancing measures in changing areas for example the use of every second changing space/lockers/shower head etc.
- Recommend the wearing of masks in shared areas (showers an exception).
- Provide clear signage highlighting any relevant space capacities and time durations.
- Close off any unnecessary spaces or those not in use/not permitted.
- Monitor toilets with agreed capacity numbers and limit to participants/patrons only.
- Implement flow management systems where necessary.
- To improve ventilation consider an open window / open door policy (subject to privacy).
- Provide sanitisation stations as appropriate on entrances and in shared areas.
- Continue to promote hand hygiene and respiratory etiquette through signage, posters etc.
- Ensure deep cleaning of shared areas on a regular basis.

In relation to Gyms and Training Facilities within sports clubs, these may operate in line with the broader permissions for indoor facilities. i.e. the use of pods of 6 for mixed immunity participants or up to a maximum of 100 for participants with proof of immunity. Appropriate protective measures and COVID protocols should be in place.

### **Indoor Meetings & Educational / Coaching Courses**

Sports may wish to continue to conduct Meetings & Educational / Coaching Courses remotely or outdoors up until October 22nd. Where essential meetings are required to take place indoors a maximum 60% capacity for Patrons with proof of immunity should be implemented.

Coaching or Educational programmes that contain a practical element should be delivered in line with the sporting measures permitted from September 20th i.e. the use of pods of 6 for mixed immunity participants or up to a maximum of 100 for participants with proof of immunity. Appropriate protective measures and COVID protocols should be in place.

Ongoing consideration to Room densities, meeting durations and ventilation should continue post October 22<sup>nd</sup> and throughout the Winter months.

### **Health Questionnaires**

In line with a move towards personal judgement and responsibility sports may wish to begin to unwind the ongoing use of health questionnaires for training and events from October 22<sup>nd</sup>. The promotion of the Governments COVID TRACKER APP and the ongoing recommendation that symptomatic individuals do not attend sporting activities or events until 48hrs symptom free should continue.

### **Substantial Distance amongst Pods**

From September 20th indoor activities made up of Mixed Immunity Participants can be conducted in pods of up to 6. Multiple pods will be permissible and should take into account the overall size of the venue. Substantial social distancing between individual pods should be

implemented. The levels of 'substantial distance' will differ depending on the nature and intensity of the activity.

To any independent onlooker it should be clear that the pods are completely separate groups operating independent of one another with no interaction or sharing of equipment and there is no opportunity for them to mix or stray into one another's group or playing space.

In addition it is not recommended that Coaches/instructors participate in multiple pods. A single Coach/Instructor may however coach/instruct/oversee/ supervise more than one pod. This Coach/Instructor should ensure that they are not directly engaging with or in close proximity to any individual members of the pod. To any independent onlooker it should be clear that the Coach/Instructor is completely separate to the groups he/she is overseeing.

### **Sharing of Equipment**

Sport particularly competitive team sport will require a certain degree of equipment sharing. Where this can be reduced or limited for example in individual sport or in training activities, it may help decrease overall risk. Where there is any sharing of equipment, appropriate sanitisation practices should remain in place.

### **Use of Masks**

The use of masks in indoor settings particularly for those not participating in activity continues to be recommended. The use of masks on public transport remains a requirement, while the use of masks in shared private transport continues to be strongly recommended. Medical staff should continue to use masks and appropriate PPE when treating participants.

### **COVID Infrastructure Post October 22nd**

Since the emergence of COVID 19 the Sports sector has developed and implemented a wide range of protocols and protective measures to limit the transmission of COVID 19 and ensure the safety of participants, volunteers, staff and spectators. It would be prudent, particularly over the Winter period that sporting organisations maintain the various COVID governance and oversight structures that they put in place during the pandemic. This would include the use of COVID Officers.

### **Ventilation**

Ventilation will remain a core component of the COVID-19 response. The HSA has published a new COVID-19 [Work Safely Protocol employer checklist](#) on ventilation. Further expanded details on ventilation can be found in the Appendixes.

## Appendixes

### Heating, Ventilation and Air Conditioning (HVAC)

The details provided in this section are general in nature and relate to non-healthcare settings. The spread of the virus is most likely when infected people are in close contact so the risk of getting COVID-19 is higher in crowded and poorly ventilated spaces where infected people spend long periods of time together in close proximity. It is important to maximise ventilation in areas where people are in close contact. This applies whether the location is a workplace, a residence or other community setting. While large droplets containing the virus will settle onto the surrounding surfaces within seconds, smaller particles can stay suspended for longer. Dilution of indoor air by opening windows and doors or using mechanical ventilation systems can lower the airborne concentration and remove these smaller particles from the air.

Reoccupying workplaces should not, in most cases, require new ventilation systems but improvements to ventilation will help increase the quantity of clean air and reduce the risk of exposure to airborne concentrations of the virus. Ventilation, refers to the movement of outdoor air into a building, and the circulation of that air within the building or room while removing stale air to improve the air quality. This can be achieved through natural means (e.g. opening a window) or by mechanical means e.g. HVAC systems.

While ventilation reduces the amount of virus in the air and the aerosol risk, it will have minimal impact on droplet transmission where people are within 2 metres of each other, or contact transmission (touching surfaces), which is why it is not a standalone measure and continued adherence to other public health advice is absolutely essential.

Ventilation should therefore not be seen as a replacement for the other infection prevention and control measures advised such as hand-washing, surface cleaning, respiratory etiquette, physical distancing, mask wearing and the continued advice to work from home where possible. In addition, the continued need for workers to stay at home if they have any symptoms of COVID-19 or are feeling unwell is crucial too. Employers can also seek to reduce the risk of transmission by limiting the numbers of workers in a given area and paying particular attention to work activities that increase deeper breathing (including singing, physical exertion and shouting).

All of these infection and prevention control and other measures should continue to be adhered to and implemented. The primary principle for improving ventilation is to minimise transmission, so that the level of “fresh” outside air should be maximised therefore reducing the level of recirculated air in the workspace, unless high-efficiency particulate filters (HEPA) are installed in the ventilation system.

Regulatory requirements in the Workplace The Safety, Health and Welfare at Work (General Application) Regulations 2007, requires employers to make sure there’s an adequate supply of fresh air (ventilation) in enclosed areas of the workplace.

This can be done by:

- Natural ventilation which relies on passive air flow through windows, doors and air vents that can be fully or partially opened. This is the simplest way to ensure adequate air quality in poorly ventilated areas.
- Mechanical ventilation using fans and ducts including window fans to bring in fresh air from outside, or a combination of natural and mechanical ventilation, for example where mechanical ventilation relies on natural ventilation to maximise fresh air.

Any planned changes to ventilation should consider regulatory requirements under building, food and/or health and safety regulations along with other consequences such as cost, energy use, noise and security.

Determining ventilation of enclosed workplace settings should be considered as part of the workplace risk assessment. The priority for the risk assessment is to identify areas of the workplace that are usually occupied and are poorly ventilated. These are also the areas that should be prioritised for improvement to reduce the risk of aerosol transmission of the virus.

A poorly ventilated area may include:

- Areas where people work and where there is no mechanical ventilation or natural ventilation such as open windows, doors or vents etc.
- Areas that use mechanical ventilation if the system recirculates air and has no outdoor air supply in place.
- Areas that are stuffy or smell bad.

There are various recommendations made for what the appropriate air changes per hour (ACH) could be for different indoor settings. However, the overall objective should be to increase the ventilation in the workspace thereby improving the existing ventilation without impacting on the workers'/occupants' comfort.

The following should be considered when developing a workplace risk assessment:

- How do you currently provide ventilation (fresh air) in your workplace? Most ventilation is provided by natural or mechanical means or a combination of both of these.
- How many workers occupy or use the area(s)? The more people who use or occupy an area the greater the risk that an infected person is there, increasing possible exposure to aerosol transmission. Ensuring that workers who have symptoms of COVID-19 or are feeling unwell remain at home is key here. In addition, reducing the number of people who use or occupy an area can also reduce this risk.
- How much time do workers spend in the area(s)? The longer workers spend in an area, the greater the risk. This risk can be minimised by encouraging working from home where possible.
- What work activities take place in the area(s)? Activities that make you breathe deeper, for example physical exertion or shouting, may increase generation of aerosols and increase the risk of transmission.
- How large is the area(s)? The larger the area, the lower the risk as the virus droplets will be diluted and less likely to build up.
- Are there any features in the workplace which might affect ventilation? For example, is there large machinery in use which might impact cross ventilation air flow?
- Do you use open windows?

- Cross-ventilation is a good option for window ventilation as it facilitates the quick exchange of room air for fresh air through widely opened windows opposite to each other, where possible.
  - Propping open internal doors may increase air movement and ventilation rate
  - Fire doors should not be propped open unless fitted with approved automatic closers so that they function as fire doors in the event of an alarm or fire.
  - Airing rooms as frequently as you can improves ventilation. Open all the doors and windows fully to maximise the ventilation in a room. This may be best done when the room or area is unoccupied.
- Do you use desk or ceiling fans? Desk or ceiling fans should not be used in poorly ventilated areas as they may only recirculate the virus droplets rather than remove them from the area. Fans should only be used in areas where there is a single occupant.
  - Does the workplace have Local Exhaust Ventilation (LEV)? Where workplaces have Local Exhaust Ventilation, the make-up air should ideally come from outdoor air rather than from adjacent rooms. The Health and Safety Authority guidance on LEV is a useful resource for advice and guidance and it is available [here](#).
  - Does the workplace have multiple or complex ventilation systems in place? For example, different systems on different floors or areas. In such cases, the CIBSE Ventilation Guidance can provide additional information. In addition, it may be necessary to retain the services of a ventilation engineer to provide expert advice on what modifications are needed to the mechanical system to reduce any potential transmission risks. Before embarking on use of a service engineer, all other mitigation factors such as reducing occupancy etc., should be considered first.

While the use of HVAC systems can provide comfortable environmental conditions (temperature and humidity) and clean air in indoor settings such as buildings and vehicles, it is important to check ventilation systems to ensure that there is an adequate supply of fresh air (from a clean source) and that recirculation of untreated air is avoided. There is no need to switch off air conditioning to manage the risk of COVID-19.

It is advised to speak to the building engineer or system manufacturer before implementing any of the changes or recommendations below relating to mechanical ventilation.

- Disable air recirculation system settings where possible.
- Keep ventilation running all the time regardless of building occupancy, even if on a low setting when building unoccupied. Ensure that demand controlled ventilation settings are turned off where necessary.
- Use the correct filters as per the manufacturer's specifications.
- Ensure regular maintenance of HVAC systems.
- Ensure those who are responsible for maintaining and servicing are trained and competent.
- Avoid the use of ceiling mounted, desk and portable fans where possible as they may only recirculate the virus droplets rather than removing them.
- Extend the hours of nominal HVAC operations particularly in relation to before the building is occupied.

- Avoid directing air flow directly onto individuals or across groups of individuals as this may facilitate transmission.
- Ensure extractor fans in bathrooms are functional and running when in use. Ensure that such fans are not recirculating air to other poorly ventilated areas of the workplace where workers are exposed.
- Ensure that any changes to ventilation systems introduced do not have negative impacts on worker's comfort levels or do not result in non-compliance with occupational health and safety or building regulations.

Checking CO<sub>2</sub> levels may also help determine if ventilation is poor in an area where people work. For example, where there is no mechanical ventilation or natural ventilation in place or for areas that are stuffy or smell bad. However, while checking CO<sub>2</sub> levels may be useful in a number of limited settings, they are less effective in work areas used by few people or in large work spaces.

The use of CO<sub>2</sub> measurements as an indicator of building ventilation when there are CO<sub>2</sub> sources other than people, such as fuel combustion (fires and stoves) and cooking is also not recommended. Checking CO<sub>2</sub> levels is also not a good proxy for transmission risk in spaces where there is additional air cleaning (e.g., HEPA filtration) as these remove the virus but not exhaled CO<sub>2</sub>.

Additional research is needed to determine overall how levels of CO<sub>2</sub> can provide a more reliable indicator to show that ventilation is adequate to mitigate transmission risks. Always follow the sensor manufacturer's advice and instructions on care and use of the sensor at all times and ensure adequate training is in place on their use and maintenance. CO<sub>2</sub> monitors should never be used as a means to avoid adherence to the infection prevention and control measures recommended by Public Health. Other equipment and systems Local air cleaning may be beneficial in reducing risks in some spaces, particularly where it is not possible to increase ventilation using natural or mechanical means as set out above.

Such devices typically use HEPA filters. These devices are usually either stand-alone and they can be deployed in any space or installed in a manner similar to a local air conditioning unit. While these devices can increase the air flow, their effectiveness will depend on the volume of the room/area and the flow rate through the device. Therefore, it is important that if considering this as an option the device should be of a suitable specification for the relevant area. Their introduction and use in the workplace should be done as part of an overall assessment of the existing ventilation systems in place to show that their use is necessary. There are also drawbacks in using these devices – noise emissions are likely and these impacts need to be risk assessed before using them. In addition, operators need to be properly trained to use and maintain them. As with CO<sub>2</sub> monitors, use of such systems are supplementary in nature and should not be seen as a substitute for Public Health advice or ventilation. Guidance and Information Further information on ventilation is available at:

[HPSC – Guidance on non-healthcare settings](#)

[WHO - A roadmap to improve and ensure good ventilation in the context of COVID-19 across healthcare, non-healthcare and residential settings. Provides useful flow charts to assist in decision making about ventilation.](#)

