

Return to Sport

Guidance Note

November 2021

(updated to include revisions on indoor youth sport)

Introduction

On October 19th Government announced Ireland's plan for the next phase of the response to the COVID-19 pandemic. Full details of the announcement can be found [here](#):

It is envisioned that these measures will remain in place until approximately February 2022.

Sporting Organisations should continue to implement strong protocols with regard to training, competition and other sporting activities. These will include:

- The collection of contact tracing data.
- 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.
- The wearing of face coverings in relevant settings.
- Ensuring that indoor spaces are well ventilated.
- Consideration of indoor space densities and duration of indoor activities.

Monitoring, oversight and compliance activities should continue to be reinforced by Sporting Organisations. Up to date and active Communication on existing measures will also assist with the ongoing promotion of public health measures at a local level.

In addition to the protective measures outlined above the Return to Sport Expert Group strongly recommends that all eligible individuals consider vaccination as a matter of priority. This will maximise availability of indoor sporting opportunities and the number of participants.

Summary of the Measures applicable from October 22nd

Outdoor Sport - General

- Outdoor group activities should continue to implement the relevant protective measures as outlined above.
- Proof of vaccination or recovery will no longer apply for spectators attending outdoor events.

- Fixed capacity limits will no longer apply for spectators or participants at outdoor events.

Indoor Sport - General

- The use of the EU Digital COVID Certificate (vaccine or recovery certificate) will be required for accessing indoor sporting activities and events.
- 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.
- The overall number of pods will have regard to the size of venue and there should be substantial social distance between individual pods.
- For Vaccinated individuals no fixed capacity limits apply to these activities.
- Vaccinated spectators attending indoor sporting events should be fully seated.

Indoor Youth Sport – Games and Competitions (Updated 4 November, 2021)

Underage Participants - Children under 18 Years Old

- The current “pod of six” system can be adjusted to allow for indoor games and competition activities according to the ordinary rules and limits of the sport concerned.
- The ‘pod of six’ system should be retained for all other settings such as training activities.
- The continuation of the pod system for more frequent activity will assist in minimising the overall risk and facilitate contact tracing.

Mitigation Measures for Inclusion in Indoor Youth Sport Protocols

- Staggered start and finish times combined with appropriate entry, exit and traffic management protocols to minimise the unnecessary interaction of participants at any one time.
- The pre-booking of activity including the health screening of participants along with coaches & support personnel.
- Symptomatic individuals not to participate in or attend sporting activities.
- Consideration of indoor space densities when determining overall numbers.
- Reduction in the overall duration of activities.
- Ensuring that indoor spaces are well ventilated.
- Participants to arrive prepared to play; limited use of changing room or showers.
- The ongoing promotion of good respiratory & hand hygiene.
- The wearing of face coverings by coaches and support personnel.
- Additional signage, hand sanitization stations and deep cleaning implemented.
- The use of physical distancing during warm-ups, rest times and off the field of play.
- No handshakes, high fives, fist pumps, chest bumps, huddles, group celebrations, etc.

- The use of dedicated COVID 19 Officers to ensure implementation and compliance of measures.

Transport To and From Activities & Events

Sporting Organisations organising transport to/from events should implement protective measures such as mask wearing etc. as appropriate.

Private transport (carpooling) 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

Where all individuals are vaccinated the full use of showers and changing rooms is permitted.

Where individuals have mixed immunity status the use of these facilities should be pod based.

The type of protective measures implemented will be determined by the type of facility users (i.e. vaccinated / mixed immunity). Sample protective measures may include:

- Limit overall duration of individuals in a changing room for example implement a 15 minute window / 5 minute shower rule etc.
- 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 no fixed limit 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.

Coaching or Educational programmes that contain a practical element should be delivered in line with other sporting measures permitted i.e. the use of pods of 6 for mixed immunity participants. Appropriate protective measures and COVID protocols should be in place.

Ongoing consideration to Room densities, meeting durations and ventilation should continue throughout the Winter months.

Health Questionnaires

In line with a move towards personal judgement and responsibility and where appropriate sports may wish to begin to unwind the ongoing use of health questionnaires for training and events from October 22nd. 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

Indoor activities made up of Mixed Immunity Participants should continue 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.

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.2

Underage Spectators at Indoor Sporting Events

Accompanied minors (i.e. children under 18 years old accompanied with a fully vaccinated/proof of immunity adult) attending indoor sporting events in a spectating capacity are not required to be fully vaccinated or recovered to attend events and do not need to show a COVID-19 pass.

Unaccompanied minors (children under 18 years old) attending indoor sporting events in a spectating capacity are required to be fully vaccinated or recovered to attend events and must show a COVID-19 pass. They must also have photo ID to prove that the COVID-19 Pass relates to them.

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 CO₂ 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 CO₂ 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 CO₂ measurements as an indicator of building ventilation when there are CO₂ sources other than people, such as fuel combustion (fires and stoves) and cooking is also not recommended. Checking CO₂ 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 CO₂.

Additional research is needed to determine overall how levels of CO₂ 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. CO2 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 CO2 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.](#)