



COVID-19

**Guiding Principles in Assessing Contact Risk of Rugby during The COVID-19
Pandemic**

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1	SUMMARY
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The purpose of this document is to outline the issues to be considered in relation to contact within sporting activities and their impact on return to play and sports activities in the community, as well as the ongoing measures which need to be taken into consideration to continue to reduce the risk of COVID-19.

These measures are aimed at risk minimisation of COVID-19 amongst sports participants, their families and the wider surrounding community, recognising the importance of those activities for health and wellbeing.

- Contact, in relation to COVID-19, in rugby activity occurs broadly three in ways:
 - **Direct Contact** – where there is direct touch contact between two or more participants, or contact with shared equipment.
 - **Indirect Contact** – through participants contact with contaminated equipment (e.g. shared equipment).
 - **'Proximity' Contact** – where one or more participants comes within 2 metres of another participant(s).
- Droplet transmission maybe affected by the altered aerodynamics that occur where people are moving at increased speed and maybe following in the path of another participant
- Rugby can be often be modified to mitigate risk of transmission of COVID-19.
- No person (child, parent, coach or spectator) should attend or take part in a sporting event if unwell or any members of their household are unwell with symptoms consistent with COVID-19. Supervisors should observe children for symptoms and they should ask parents to declare that their children are symptom free.
- Social (Physical) distancing, hand hygiene and good respiratory etiquette remain key practices in lessening the risk of COVID transmission and should be observed by all (children, parents, coaches and spectators).
- Consideration needs to be given to participants who have higher support needs and require a guide/aid, personal support, personal care etc.
- Physical activity has significant positive physical and mental health benefits that need to be considered when assessing the risk of COVID-19 transmission.
- This guidance document should be read in conjunction with the Government Roadmap for the reopening of society, as the different grades of activities will only be activated to correspond with national policy and it is for each organisation to determine how best to put into operation a safe return to sports activities in line with national policy.
- Designating COVID compliance officers is a good way to help with coordination of risk mitigation actions.
- No activity is risk free the aim is to mitigate risk. Behaviour outside of the Sporting context is very important as very often a greater risk occurs in activities of daily living

For each sport, 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. This could be conducted by a National Governing Body of a sport to assess the contact risk within its sporting activity.

Maintaining social distance (not encroaching within 2 metres of a person) is a key concept in COVID-19 risk mitigation. Different activities and sports also carry different degrees of risk related to the level of direct contact (touch) involved.

Historically sports, have been categorised into contact and non-contact sports, as outlined below, with contact sports carrying a higher risk of virus transmission:

- **Contact sport** is an activity, in which by participating you are coming into direct contact with others as part of competing or taking part in that activity (For example, physical contact sport like rugby and sports where there is direct contact like Gaelic football, hurling, camogie, football, basketball, hockey).
- **Non-contact sport** is an activity in which there is no direct contact between participants.
(These are activities in which you can usually comfortably maintain a 2 metre distance from others while participating – for example running, tennis, cycling or golf).

In relation to COVID-19, close contact is defined as any individual who has had greater than 15 minutes face-to-face (<2 meters distance) contact with a case, in any setting and also references sharing of a closed space.

In assessing the risk associated with direct contact or encroaching within 2 metres of a participant the following factors need to be considered:

1. **Direct contact:**
 - a. The nature of the contact – face-to-face contact vs non face-to-face
 - b. The duration of the contact - fleeting contact versus prolonged contact
 - c. The number of contacts.
2. **Proximity contact** (where social distancing is not maintained)
 - d. The duration of proximity - fleeting versus prolonged
 - e. The nature of the proximity - confined space versus open air
 - f. The number of proximity incursions.

Use of the terms contact and non-contact have different meanings in the setting of sport and COVID-19 risk assessment

4.1 – ACTIVITY CONSIDERATIONS:

Rugby Coaches should look at the nature of the activities involved in the sessions that they plan and using the following considerations plan how they might introduce a phased return to their sporting activity in the context for mitigating the risk of virus transmission around the close contact area.

1. The length of a sporting activity.
2. The numbers involved in a sporting activity.
3. The direct contact parts of the sporting activity.
4. The proximity components for the sporting activity.
5. Contact group characteristics (e.g. a consistent pod, household members)
6. The environment in which the activity occurs (e.g. outdoors versus indoors).
7. With regard to the close contact activities (direct touch and proximity) consider the following;
 - a. Limiting the number of close contact activities.
 - b. Limiting the length or nature of the contact (esp. face to face long contacts)
 - c. Limiting the number of players in a contact situation.
 - d. Modifying the nature of a contact (e.g. using pads instead of another player)
 - e. Outdoor activity*.

Outdoor sporting activities are a much lower risk than indoor. (*You are 18.7 times less likely to contract COVID-19 outdoors than indoors when exposed to a confirmed case).

Activity modification is easier to achieve in the training environment, but an important consideration as most players spend a much greater amount of time training rather than competing. There may also be the ability to modify the nature of the sporting activity undertaken in the initial phases (e.g. playing TAG or Touch rugby before the introduction of full contact rugby).

Strict social distancing guidance should be followed at all times outside of the sporting activity (i.e. close contact occurs only in the 'field of play'.

For certain groups guiding and piloting (e.g. players with a disability) may be an inherent part of the activity. Guiding and piloting can be managed with no or low contact but may for example requires .5m tether In these situations the following risk mitigation factors should be considered:

- As far as is practicable a single guide is assigned to a player or groups of players
- The support persons self-administer a daily questionnaire re COVID risk
- The duration of the activity is limited

- The nature of the activity is reviewed to minimise high risk close contact interactions (e.g. face to face long duration activities)
- PPE is worn at appropriate times (e.g. a player with an intellectual disability who normally has 1:1 coaching, that additional coach would benefit from use of PPE)

For these reasonable adjustments, please speak to your COVID-19 Club Safety Officer who will provide further advice regarding safety measures that you need to observe.

4.2– RUGBY ACTIVITIES COVID-19 RISK ASSESSMENT:

Based on the above activity considerations the following are low risk rugby activities:

- Individual skill / fitness activities.
- Tackle drills using bags /shields
- Breakdown drills unopposed or using bags/shields
- Backs drills unopposed

The following are medium risk activities:

- Lineout drills unopposed or opposed off the top
- Breakdown drills using bags / shields
- Live tackle and breakdown drills
- Machine scrum drills
- Opposed / live team drills

With medium risk activities consider limiting the duration of the activity, the numbers involved and involving the same group for multiple sessions.

The following are higher risk activities:

- Opposed scrums
- Opposed lineouts with maul formation
- Mauls and prolonged rucks

With higher risk activities limiting the duration of the activity, the numbers involved and involve the same group for multiple sessions.

4.3– RETURN TO RUGBY:

The following staging 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 initiated needs to be in line with the Government Road map and is for each sports organisation to determine how best this is to be operationalised

Stage 1 – practicing sporting drills, skills and exercises in an individual setting

Stage 2 – team or group based practice within your community practicing drills, skills etc, without physical contact between participants

Stage 3 – team or group based practice within your community practicing drills, skills etc, with modified physical contact (breaking social distance for limited duration) between participants

Stage 4 - competition within your team/activity group which involves modified physical contact (e.g. modified club based competition or modified practice match during your weekly training involving only people from your own club / team)

Stage 5 - competition within your team/activity group which involves unmodified physical contact (e.g. unmodified club based competition or unmodified practice match during your weekly training involving only people from your own club / team)

Stage 6 – competition involving physical contact between different teams/groups from the same geographical area, for example from the same county / province.

Stage 7 - competition involving physical contact between different teams/groups from different geographical areas, for example different provinces / national.

Initial return to play should be a gradual process, where we move from current Stage 1 level activities to Stage 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.

People with disabilities should also be able to return to sport once they are able to adhere to the risk minimisation measures. Consideration should be given to risk mitigation strategies for those participants who have higher support needs and require a guide/aid, personal support, personal care etc

A stepwise graded return to physical activity is a sensible approach with what is likely to have been significantly modified training period during government restrictions.

In particular time to allow for physical conditioning, prior to increase exposure to collisions in more physical sports, is likely to reduce risk of injury. (Stokes et al)

A graded return to activity is strongly recommended to mitigate against developing injuries and development of COVID-19 complications and spread

4.4 – EQUIPMENT:

Ideally participants should have their own sporting equipment. When sharing equipment the following measures should be considered:

- Before recommencing a rugby session / game, equipment should be inspected to ensure it is adequately clean and fit for purpose or whether it needs to be replaced.
- Clean your hands with soap and water or an alcohol based hand sanitizer before handling /putting on / using equipment.

- Equipment should be adequately cleaned / disinfected before each use (e.g. a ball or shield before use by a group of players).
- Equipment that is shared between participants should be cleaned and disinfected, between participants, using a detergent/disinfectant wipe.
- Personal equipment should not be shared with a participant who has 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 equipment cover all cuts and sores with a waterproof dressing,

Sanitising Equipment:

- Cleaning of balls, post padding, kicking tees etc – hard non porous surfaces can use 70% Alcohol spray and wipe. Consider the – the time that the surface needs to be wet with the product to be effective – 70% Alcohol about 30 seconds and 6% Sodium Hydroxide (bleach solution) about 5 minutes. Modern biocidal wipes generally much easier with short contact times typically 30 seconds and leave an active residue which means they act to prevent colonisation after cleaning but might impact on slipperiness.
- Have enough balls for match to ensure regular changing for a clean ball and deciding when this will occur. Consider changing opportunistically at lineouts etc or on a timed interval? The substituted ball could then be subjected to sanitizing with whatever substance / method you have chosen allowing for contact time.
- Cleaning of soft surfaces and fabrics – Thinking jersey's. Shorts etc wash as hot as manufactures spec allows – typically 60°C for at least 10 minutes if using no detergent at all
- Don't forget the invisible things like GPS trackers and monitoring kit – wipe with biocidal product / wipes.
- Develop a clear sanitising strategy for equipment for all rugby sessions

5. MANAGING A SUSPECTED OR CONFIRMED COVID-19 CASE

Whilst at a rugby event (training or game):

1. Ideally the designated COVID-19 Club Compliance Officer, staff member or volunteer should take charge of the management of any persons with COVID-19 symptoms.
2. Immediately separate any child or other person displaying or complaining of COVID-19 related symptoms from other participants, staff and spectators.
3. Ask this person to wear a face covering if possible or if available provide them with a facemask.
4. 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.
5. Provide the ill person with tissues and hand sanitizer and using appropriate PPE, ensure that all tissues are disposed of in a waste bag that can be tied and marked as separate from other waste.

6. If they are well enough to go home, arrange for them to be transported home by a household member, as soon as possible and advise them to inform their GP by phone of their symptoms.
7. If they are too unwell to go home or advice is required, contact 999 or 112 and inform them that the sick person is a COVID-19 suspect.
8. All persons who have been in close contact with the suspect case will need to be informed to restrict their movement for 14 days or until further information is available (i.e. a negative test result of the suspect case).
9. The participant should have a medical assessment (GP or Hospital) and they will inform Public Health if needed and if case positive, Public Health will decide appropriate contact tracing.

The COVID-19 Club Compliance Officer cannot diagnose a member with COVID-19. This can only be done by being tested by a qualified medical person.

Following a rugby event (training or game):

1. The person should refrain from activity and seek medical advice.
2. The medical practitioner will assess the case and determine the need for PRC Testing.
3. If the test is negative the person can return to activity once symptom free for 48 hours.
4. If the person is confirmed as having COVID-19 (PCR test positive), they need to self-isolate and follow medical advice.
5. Once a confirmed case of COVID-19 occurs, Public Health will be informed and carry out contact tracing.
6. Public Health will determine who are the close contacts who will have to 'restrict movement' for a minimum of 14 days. These people will be actively monitored and guided by Public Health. Public Health will also passively follow up all who are deemed to be casual contacts (ref 3).
7. Whilst awaiting outcome of a suspected case, a club should stop all members of the same training group / team / pod from attending the club whilst awaiting the outcome of the suspected case. A club may also need to consider ceasing all activities whilst awaiting the outcome of the suspected case.
8. Management should consider medical advice.

The COVID-19 Club Compliance Officer cannot diagnose a member with COVID-19. This can only be done by being tested by a qualified medical person.

6. REFERENCES

- HSE Guidance on Cardio-Pulmonary Resuscitation (CPR) for lay rescuers in the context of COVID-19:

URL: <https://protect-eu.mimecast.com/s/S5mYC5yWIC9OWJlzdFRn/>

- COVID-19 Interim recommendations for the return to sports activities for children and adolescents

URL:

<https://www.hpsc.ie/a/respiratory/coronavirus/novelcoronavirus/guidance/sportand recreation/COVID%2019%20Return%20to%20Play%20Sports%20for%20children.pdf>

- Novel Coronavirus 2019 (COVID-19), National Interim Guidelines for Public Health management of contacts of cases of COVID-19, V8.5 18.06.2020

URL:

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/contact tracingguidance/National%20Interim%20Guidance%20for%20contact%20tracing.pdf>

- World Rugby Document: Analysis of the COVID-19 Transmission Risk in a Rugby Game 2020
- Premiership Soccer Step 2 Guidance: A return to team and contact training; Football specific risk assessment and training design.

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