Public Health Recommendations for Youth Sports

June 13, 2022

Overview

Playing sports has a range of physical, emotional, and interpersonal benefits. Due to increased exhalation that occurs during physical activity, however, some sports can put players, coaches, trainers, and others at increased risk for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Sports activities often require people to be together for extended periods of time while participating in games or practices, socializing before and after games, and when traveling to and from events. This document provides public health recommendations for minimizing COVID-19 transmission in youth sports settings.

When COVID-19 community levels are high, youth sports organizers should carefully consider which activities should continue as scheduled, based on risks associated with the activity, strategies planned to reduce those risks, and the ability to ensure compliance with risk-reducing strategies.

<table>
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<th>Risk Level of Sport Activity</th>
<th>Examples</th>
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<td><strong>High risk - Sports that involve close, sustained contact between participants.</strong></td>
<td>Rugby, boxing, judo, karate, taekwondo, wrestling, pair figure skating, football, group dance, group cheer.</td>
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<td><strong>Medium Risk - Sports that involve some close, sustained contact, but with protective equipment in place between participants OR intermittent close contact OR group sports OR sports that use equipment that cannot be cleaned between participants.</strong></td>
<td>Lacrosse, hockey, multi-person rowing, multi-person kayaking, multi-person canoeing, water polo, swimming relays, fencing, cycling in a group, running in a close group, group sailing, volleyball, soccer, basketball, baseball/softball, short track.</td>
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<td><strong>Low Risk - Sports that can be done individually, do not involve person-to-person contact, and do not routinely entail individuals interacting within six feet of one another.</strong></td>
<td>Archery, badminton, shooting/clay target, individual running events, individual cycling events, individual swimming, individual rowing, individual diving, equestrian jumping or dressage, golf, individual sailing, weightlifting, skiing, snowboarding, tennis, individual dance, pole vault, high jump, long jump, marathon, triathlon, cross country, track and field.</td>
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Sports activities conducted during school hours and/or in indoor areas of school premises, including those conducted as part of physical education classes, should continue to follow NJDOH Public Health Recommendations for Local Health Departments and K-12 Schools.

Prevention Plan

Youth sports organizers/coaches should create an updated written plan that outlines the COVID-19 prevention steps, policies, and procedures that will be followed. Organizers/coaches should educate all staff, athletes, and parents on the plan and should address protocols for when a player/coach/other team member presents with symptoms of COVID-19; protocols for when prevention measures are challenged by players or parents/guardians/visitors; quarantine/exclusion timeframes; and coordination with public health authorities for reporting and investigating clusters of illness. Youth sports organizers may want to post signage with COVID-19 recommendations at sporting events as a reminder for athletes, staff, and parents.

COVID-19 Prevention Measures

Vaccination

COVID-19 vaccines, including booster shots, are safe and highly effective at preventing COVID-19 illness, including severe complications and hospitalization. Anyone who is eligible should be vaccinated and receive all recommended doses.

The CDC recommends that people remain up to date with their vaccines, which includes additional doses for individuals who are immunocompromised and booster doses at regular time intervals. ‘Up to date’ with vaccination means being fully vaccinated against SARS-CoV-2 AND having received all recommended additional doses, including booster doses, when eligible. Fully vaccinated means being at least two weeks past completion of a primary vaccination series.

Youth sports organizers should be aware of staff and athlete’s vaccination status to assist public health authorities with contact tracing if needed when investigating clusters or outbreaks. If all athletes and staff are not up to date with vaccinations, layering additional preventive measures, such as masking and physical distancing, is even more important to protect those who are most vulnerable.
Physical Distancing

Youth sports organizers/coaches should encourage physical distancing of players when not actively engaged in practices and games in indoor spaces with poor airflow/ventilation, where not everyone is up to date with vaccination, and when COVID-19 Community Levels are high (orange). Consider physical distancing around entrances, exits, and other high-traffic areas; limiting shared carpools or van pools; encouraging physical distancing (and masking) before and after practices/games; organizing activities for players and coaches in smaller groups; and limiting mixing with other groups.

Masking

Masking is an important part of the layered prevention strategies central to the prevention of SARS-CoV-2 transmission. The CDC recommends masking indoors for all individuals age 2 years and older when COVID-19 community levels are high.

Youth sports organizers should support players, parents, and coaches who make decisions about masking based on their circumstances (e.g., if they or their family members are at high risk of severe illness from COVID-19) at all COVID-19 community levels.

Masking should be practiced in the following circumstances:

- During an active outbreak – sports organizers should consult with their local health department to determine whether short-term universal masking should be required to control the outbreak.
- After returning from isolation – individuals who attend sport activities during days 6-10 of isolation
- After a COVID-19 exposure – exposed individuals should wear a mask for 10 days from the date of last exposure.
- When experiencing COVID-like symptoms – individuals who become ill with symptoms consistent with COVID-19 while participating in sport activities should wear a mask until they leave the premises.
- During shared transportation/carpools – when COVID-19 community levels are high.
Symptom screening

Athletes, coaches, staff, and others should be encouraged to stay home when ill with COVID-19 symptoms and should not participate in sports activities. Common symptoms of COVID-19 include fever, cough, and tiredness. Other symptoms include loss of taste or smell, aches and pains, headache, sore throat, nasal congestion, red eyes, nausea, vomiting, or diarrhea. If an individual becomes ill during an activity, they should promptly inform organizers, leave the facility/field, and isolate away from others until they can go home (or seek medical care if needed). A plan for safely transporting ill persons home or for medical care should be in place.

Contact tracing

Coaches should know how to contact their local health department to notify them of a COVID-19 outbreak and to assist, if needed, with identifying others who may have been in close contact with an ill team member. An outbreak is defined as three or more COVID-19 cases (positive by RT-PCR or antigen) with onsets within a 14-day period who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting. Close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In certain situations, it may be difficult to determine whether individuals have met this criterion and an entire group/cohort or team may need to be considered exposed. A team representative should be designated who will be responsible for contacting and coordinating with the local health departments if an outbreak of COVID-19 cases is identified. This representative should be prepared to share the team roster containing contact information of parents/guardians to aid in public health investigation.

Hand Hygiene/Personal Hygiene

Youth sport organizers/coaches should encourage regular handwashing (soap and water or hand sanitizer with at least 60% alcohol) upon arrival and departure from sporting events. Restrict spitting, advise athletes to bring their own water/drinks, and limit the use of team water coolers. Handshakes, high-fives, team huddles, and other close-contact activities should be restricted when COVID-19 Community Levels are high (orange).

Cleaning and Disinfection
Encourage players to use their own equipment to the extent possible. Sanitize shared/team equipment (balls, bats, etc.) and ensure sufficient disinfecting wipes or similar products are available. Ensure routine and frequent cleaning and disinfecting with an EPA-registered disinfectant, particularly of high-touch surfaces in accordance with CDC recommendations.

**Indoor Air Flow**

Youth sports organizers should work with facility management staff to keep doors and windows open where possible and utilize fans to improve ventilation. Facility managers should refer to NJDOH guidance on improving ventilation and indoor air quality.

**Testing & Exclusion**

Screening testing is an important tool to identify persons with COVID-19, even if they have no symptoms, which can prevent further transmission and outbreaks. Where feasible, prevention plans should include options for routine screening testing, particularly when COVID-19 levels are medium or high. Further information on how a screening testing program could be implemented is available in NJDOH screening testing guidelines. Youth sports organizers should consult with their local health department if developing a screening testing program. Positive test results must be reported to public health authorities and the confidentiality of testing results must be ensured.

Youth sports organizers should be familiar with NJDOH Isolation and Quarantine guidelines and ensure that players, coaches, and staff adhere to these recommendations. Persons who have COVID-19 symptoms should be tested for COVID-19 and if they test positive, should isolate for at least 5 full days and take additional precautions during and after isolation. Persons who were in close contact with someone with COVID-19 should be tested 5 days after their last contact, and quarantine / be excluded for at least 5 days if not up to date on COVID-19 vaccines. Persons who return to sports activities after a 5-day isolation or quarantine period should mask at all times through day 10. Refer to NJDOH Isolation and Quarantine guidelines for specific recommendations and timeframes.

Sport activities serving medically complex or other high-risk individuals should use a 10-day exclusion period for these individuals or those who train/coach them when identified as close contacts. Individuals at increased risk for severe illness should contact their health care provider about additional precautions that may be necessary.
Travel

Sports teams that travel domestically or overseas for tournaments and other sporting events should follow travel recommendations set by the Centers for Disease Control and Prevention (CDC), including those related to testing, quarantine, vaccination, and masking.

Resources

- COVID-19 Community Level Reports: https://www.state.nj.us/health/cd/statistics/covid/
- NJDOH guidance on improving ventilation and indoor air quality: https://www.state.nj.us/health/ceohs/
- NJDOH COVID-19 Vaccine Education Materials: https://www.state.nj.us/health/cd/topics/covid2019_vaccination.shtml