



# POLICY BRIEF

## Organised school sport in South Africa for children and adolescents: COVID-19 and beyond



March 2021





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## Introduction

*“Sport has the power to change the world” – Nelson Mandela.*

Regular participation in exercise, sport and physical activity offers many proven benefits for children and adolescents. Beyond just the obvious physical advantages, physical activity plays an important role in promoting mental health and well-being and social development in children. Schools provide many opportunities for physical activity, in the form of structured and unstructured play, as physical education within the formal academic curriculum or through informal and formal organised sport, including competitive intra- or inter-school activity.

The COVID-19 pandemic has significantly restricted these opportunities for children and adolescents to meet the World Health Organisation's recommendations of 60 minutes of moderate-to-vigorous physical activity each day. Re-introducing physical activity in the school setting, including formal organised sport, should be made possible during different phases of a pandemic such as this. This is important, not only because of the numerous physical and mental health benefits associated with being physically active (Eime et al., 2013), but because sport teaches life skills including the development of personal discipline and problem solving. Participation in organised, school-based sport has also been shown to improve self-esteem (US Department of Health and Human services, 2018) and social skills such as teamwork, fairness and inclusion. Further, children who participate in sport gain a sense of belonging, of self-respect and respect for others. They are also less likely to become involved in risk-taking behaviours (Eime et al., 2013, Kelly et al., 2020).

Continuing school sports in some way during a pandemic, is thus important and should focus on dynamic elements to create engaging activities either in-person or online/virtually and create quality social dynamics in all appropriate settings to ensure the continued engagement of youth in sport activities. However, the participation in sports needs to be weighed carefully with health and safety risks by ensuring there are adequate safeguards and preventive measures in place. Evidence-based guidelines empower and equip learners, coaches and schools with guidance and information on ways in which organised sport can safely resume continuing sport practice and return to play.

Ensuring physical distancing while exercising outdoors is generally safe if there is no sharing of equipment and no physical bodily contact (Diamond et al. 2020). However, the risk involved with team sports, especially those with contact, is more challenging. In this case, more guidance is needed to accurately inform children, educators, coaches, and parents/caregivers about the potential risk for transmission of COVID-19 under these circumstances (Diamond et al. 2020). *Schools, unlike professional sports, do not have the luxury of control factors such as disease testing, rapid contact tracing and quarantine.*

## What is the purpose of this policy brief?

This policy brief focuses on formal organised sport in schools and provides guidelines on how to manage school sport during a pandemic. It is premised on the fact that sports participation is important for both the physical and mental well-being of children, as a platform for safe and enjoyable physical activity, and a foundation for acquiring life skills and promoting social interaction.

This brief draws on the principles and benefits of physical activity articulated by complimentary policy briefs in this series and from other literature. It is the outcome of a collective effort of experts concerned about the current and future impact of the COVID-19 pandemic on children and adolescents who engage in organised sports in school. As many types of organised sport involves close physical contact, it is designed to provide guidance to all those engaged in organised sport in schools; participating learners, educators, coaches, parents/caregivers, spectators and the communities, on how to practice the best possible safety measures during the COVID-19 pandemic and beyond.

This policy brief is best used alongside safety guidelines developed by Health Departments of national, regional and local governments and international health guidelines, as set out by the World Health Organisation (WHO) pandemic response

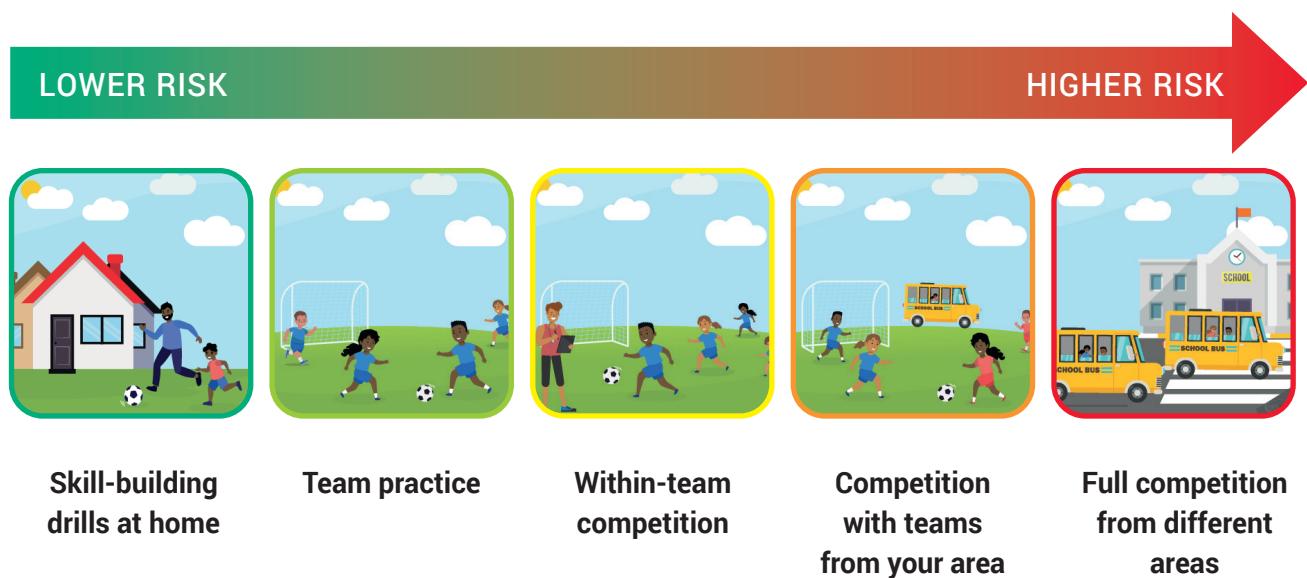
team. Further, this document augments existing school organised sport policies, but can also serve as a stand-alone guide.

## Guidelines for school sport during COVID-19

An important recommendation is that some form of sports participation/sports skill development should continue during pandemics of this nature. This is possible by lowering the risk and by carefully weighing and moderating activities, based on the prevalent risks of COVID-19 infection, at varying time periods.

Numerous actions can be taken to lower the risk of COVID-19 exposure and reduce the risk of spread during sport practice and competition. The risk of spreading COVID-19 is increased by the more people the learner or sport staff interacts with, the closer and longer the physical interaction is, and the more equipment is shared by multiple players. Therefore, the risk of COVID-19 spread varies depending on the nature and type of sport.

Skill development and training can continue at home, when necessary, and is considered 'lower risk'. The risk increases as more learners are involved and as competition within-team and with other teams increases. As soon as travel and competition with teams from different areas are included, the risk escalates (Figure 1).



*Figure 1: Lower to higher risk sports participation for team sports (Adapted from the CDC, 2020).*

Individual sports can continue as normal if all health and safety protocols are adhered to. Children should be encouraged to participate in training while following relevant health and safety protocols. Non-contact sports training, inter-school non-contact sports

matches, and non-contact sport-related activities should resume when appropriate. <https://discoveries.childrenshospital.org/covid-19-sports-safety/>

## Assessing and minimising risk (*adapted from the CDC, 2020*)

Because risk is dependent on the nature of the sport played, "blanket" recommendations are not practical. It is also important to acknowledge the potential risk posed by "asymptomatic carriers" and therefore, the need to adhere to health and safety. Assessing the risk of spread in each sport needs to consider the following:

<b>Community levels of COVID-19</b>	High or increasing levels of COVID-19 cases in the local community increase the risk of infection and spread among athletes, coaches, and families. These need to be continually monitored and the relevant adaptations made.
<b>Physical closeness of players</b>	Sports that require contact or proximity (less than 1.5 m) between players makes physical distancing more difficult. For close-contact sports (e.g., rugby, soccer, basketball), play may be modified to safely increase distance between players. For example, players and coaches can focus on individual skill building, as well as fitness training versus competition. Coaches can also modify practices, so players work on individual skills, rather than group activities. Coaches may also put players into small groups that remain together and work through stations, rather than switching groups or mixing groups.
<b>Level of intensity of activity</b>	Activities that are high intensity or require a high level of exertion (such as full competition) pose a higher level of risk for COVID-19, than lower intensity activities (such as discussing strategy and rules, walking through plays, doing drills), particularly when indoors. Higher intensity activities are safer when done outdoors.
<b>Length of time that players are close to each other or to staff</b>	Activities that last longer pose greater risk than shorter duration activities. Being within 1.5 m of someone who has COVID-19 for a cumulative total of 15 minutes or more in a 24-hour period greatly increases the risk of becoming infected with COVID-19 and requiring isolation. Coaches can limit the time players spend in close contact to reduce the risk of COVID-19 spread, by holding fewer competitions, or shortening the duration of play.

<b>Setting of the sporting event or activity</b>	Indoor activities pose more risk than outdoor activities. Time spent indoors should be minimised, and if it is necessary, the facility should have proper ventilation. Doors and windows may be kept open to increase airflow throughout the space.
<b>Shared equipment and gear (e.g., protective gear, balls, bats, racquets, mats, or water bottles)</b>	It is possible to spread COVID-19 by touching a surface or object that has been previously exposed to the virus and then touching their own mouth, nose, or eyes. Where possible, equipment sharing should be avoided or minimised. If this is not possible, shared equipment can be disinfected between use by different people, to reduce the risk of COVID-19 spread.
<b>Physical distancing while not actively engaged in play (e.g., during practice, on the side-line, or on the bench)</b>	During times when players are not actively participating in practice or competition, attention should be given to maintaining physical distancing by increasing space between players on the side-line, or bench. Additionally, coaches can encourage athletes to use downtime for individual skill-building work or cardiovascular conditioning, rather than staying clustered together.
<b>Age of the player</b>	Older youth might be better able to follow directions for physical distancing and take other protective actions, such as not sharing water bottles. For younger athletes, coaches should ask parents or other household members to monitor their children and make sure that they follow physical distancing and take other protective actions (e.g., younger children could sit with parents or caregivers, instead of on the bench or group area).
<b>Players at higher risk of developing severe illness</b>	Parents and coaches should assess level of risk based on individual players on the team who are at higher risk for severe illness, such as children who have asthma, diabetes, or other health problems. Proper health risk screening of each child should be conducted particularly on return to school and school sport.
<b>Size of the team</b>	Sports with many players on a team may increase the likelihood of spread, compared to sports with fewer team members. Coaches and sporting codes may consider decreasing team sizes, as feasible.

<b>Non-essential visitors, spectators, volunteers</b>	For any organised school sport activity during the COVID-19 pandemic, there should be limitations placed on non-essential visitors, spectators, or volunteers, as well as activities involving external groups or organisations.
<b>Travel outside of the local community</b>	Travelling outside of the local community may increase the chances of exposing players, coaches, and supporters to COVID-19, or unknowingly spreading it to others. This is the case particularly if a team from an area with high prevalence of COVID-19 competes with a team from an area with low prevalence of the virus. Youth sports teams should consider competing only against teams in their local area (e.g., neighbourhood, town, or community).
<b>Behaviour of the athletes off the field</b>	Athletes who do not consistently adhere to social distancing (staying at least 1.5 m apart), mask wearing, hand washing/ sanitising and other prevention behaviours, pose more risk to the team than those who consistently practice these safety measures.
<b>Dressing rooms</b>	Athletes should be able to maintain social distancing within dressing rooms and remain 1.5 m apart while wearing a mask.
<b>Masking ability</b>	Sporting activities which can be engaged in while wearing a mask reduce the risk of infection. For sports where masks cannot be tolerated, they should still be worn before and immediately after the sporting activity.

If schools are not able to maintain safety measures during competition due to larger numbers involved (for example, maintaining physical distancing by keeping children at least 1.5 m apart at all times), they may consider limiting participation to within-team competition only or team-based practices only. Similarly, if schools are unable to put in place safety measures during team-based activities, they may choose individual or at-home activities, especially if any members of the team are considered high risk.

# Protection and safety measures

## Acclimatisation Phases

As many athletes are deconditioned/untrained from any quarantine period, a four to six-week acclimatisation period is required in preparation for any sport. This should occur in a phased and staggered manner to help prevent the potential spread of illness by the asymptomatic carrier. The following three phases are proposed but are subject to the country's COVID-19 protocols regarding sport and gatherings.

- **Phase One:** A COVID-19 education module to educate learners, parents, coaches, and staff about disease symptoms, spread, and prevention should be encouraged. A summary of this is shown in Figure 2.



Figure 2: Staying safe on and off the field (Adapted from the CDC, 2020).

- **Phase Two:** Two weeks of practice as a team but with social distancing and adhering to all other health and safety guidelines.
- **Phase Three:** Teams may progress to game/competition settings within relevant health and safety guidelines.

## Sanitisation

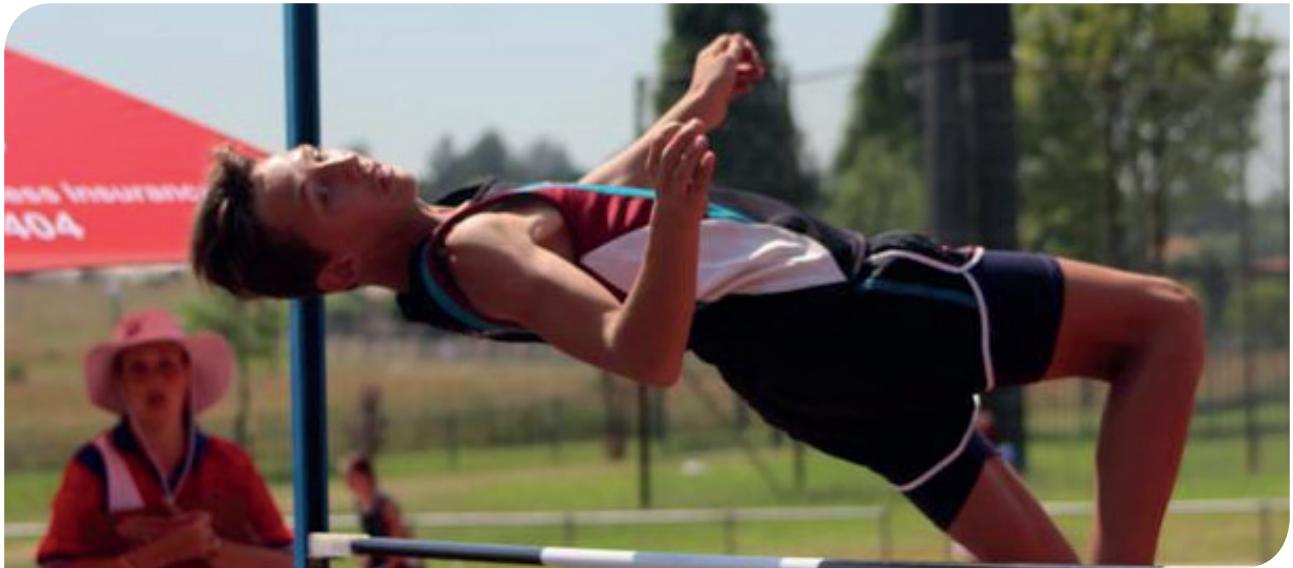
- ✓ Hand washing and sanitisation should be encouraged before and after sport.
- ✓ All equipment should be cleaned between each individual use.
- ✓ When possible, athletes should not share gear and instead use their own personal equipment.
- ✓ Each athlete should have his/her own personal defined hydration container that is never to be shared.
- ✓ Hand sanitiser should be made available throughout the facility for use before, during, and after workouts and competitions.
- ✓ Facilities should be cleaned and sanitised on a regular basis, preferably after each small group has used the facility.

## Education

- ✓ Educators and coaches should create awareness and teach the basics about COVID-19, e.g., what it is, how it is transmitted, and how to avoid infection.
- ✓ Educators and coaches should encourage open communication with children about COVID-19, e.g., <https://bit.ly/3gW13g3>
- ✓ Children should not participate in sport when sick or feeling very fatigued. They should reduce or stop activity if they feel faint after being active or fatigued during the day or suffer from persistent aches and pains after being active.
- ✓ Parents and caregivers should be encouraged to see a healthcare practitioner for advice if a child shows signs of fever, headaches, dry cough, body aches etc.
- ✓ Educators should encourage parents and caregivers to see a healthcare practitioner for advice if a child shows signs of fever, headaches, dry cough, body aches etc.

## Pre-participation protocols and illness protocol

- ✓ COVID-19 screening protocols must be conducted prior to entry into school.
- ✓ Should a learner develop COVID-19 symptoms during the day, they should immediately be removed from the group, and isolate. Their parent or guardian should immediately be notified.
- ✓ Testing for COVID-19 should be done if a medical provider prescribes it.



- ✓ If the test is positive, the appropriate processes need to be followed, including the tracing and quarantining of those individuals who had been in contact with the positive athlete.
- ✓ If a child has had COVID-19 they should get medical clearance to participate in physical activity and the relevant sports in which they participate, and this should be kept on record by the school. This is particularly important due to the individualised response to COVID-19 and should be considered as part of the return to play (RTP) strategy at school level. (RTP refers to the strategy to get an athlete back for full participation in sport without restriction: strength and conditioning, practice, and competition)

## Social distancing

- ✓ Social distancing should be always encouraged when not actively engaged in sport. Social distancing implies a physical distance of at least 1.5m from the persons who are not in the same household.
- ✓ When at practice or in competition, any unnecessary contact should be avoided such as handshakes, high fives, fist bumps, or elbow bumps.
- ✓ The number of persons in sporting venues, change rooms or training areas must not be more than 50% capacity observing social distancing of at least 1.5m.
- ✓ Schools competing in an inter-school's format should adhere to the current government regulations in terms of number of attendees permitted either indoors or outdoors.
- ✓ Food stalls should be organised in a way that allows for continued social distancing and proper food preparation precautions.



- ✓ Families should bring their own food/drink items for consumption. There should not be shared team food items that are not pre-packaged and sealed.

## Face coverings

- ✓ Coaches and learners must always wear face coverings/masks, except when it cannot be tolerated in active play.
- ✓ Coaches and learners must wear masks on the sideline, when participating in team chats, going to and from a venue and during shared transportation.
- ✓ Masks can be removed during water sports such as swimming and diving and in other water sports where a safe distance of 1.5 m can be maintained with no sharing of equipment.
- ✓ When masks can become a choking hazard or injury risk by getting caught in equipment i.e., gymnastics or cricket helmet they should not be worn but safe distancing should be adhered to.
- ✓ All athletes should have their own masks and clean them after use daily.

## Coaches and Staff as Role Models

- ✓ Coaches, officials, and staff should protect themselves and others by wearing a mask, maintaining a social distance, sanitising hands and sanitising objects touched. By doing this, they are setting a good example for young learners. Refer to checklist for coaches on the following page.

# CHECKLIST FOR COACHES

## Protect Players from COVID-19

- Send a welcome email or call parents and/or players. Inform them about **actions that the sports programme will take to protect players**. Remind them to stay home if sick or if they have been around someone who is sick.
- Be a role model. **Wear a cloth face cover** and encourage parents, fans, officials, and sports staff to wear one during practices and games.
- Provide **hand sanitiser with at least 60% alcohol** to players before and after practice/game, or encourage them to wash their hands with soap and water.
- Educate players about **covering coughs and sneezes** with a tissue or their elbow. Discourage spitting.
- Remind players about **social distancing** and identify markers (signage or tape on floor, if applicable). Encourage your players to focus on building their individual skills and cardiovascular conditioning, so they can limit close contact with other players.
- Check with your sports administrator to make sure they are following **cleaning and disinfection** recommendations.
  - Cleaning and disinfecting frequently touched surfaces on field, court, or play surface (e.g. drinking fountains) at least daily or between use.
  - Cleaning and disinfecting shared equipment.



LOWER RISK

HIGHER RISK



Skill-building drills at home



Within-team competition



Full competition from different areas

# Call to action

A clear sports participation policy needs to be put into place to address the uncertainties in our schools during a pandemic such as COVID-19. This then needs to be followed by the implementation of safe practices to ensure our children are afforded the opportunity of the many benefits offered by participating in organised school sport and physical education. This not only has immediate health and social benefits to children, schools and communities, but will also impact sports development in the country in the future.

## References and resources

1. Biddle SJH, Ciaccioni S, Thomas G, et al. Physical activity and mental health in children and adolescents: An updated review of reviews and an analysis of causality. *Psychol Sport Exerc* 2019; 42:146-55. doi: 10.1016/j.psychsport.2018.08.011
2. Centers for Disease Control and Prevention. Considerations for Youth Sports. 29 October 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>
3. Chen P, Mao L, Nassis GP, Harmer P, Ainsworth B, Li F. Returning Chinese school-aged children and adolescents to physical activity in the wake of COVID-19: Actions and precautions. *Journal of Sport and Health Science*. 2020. 9(4): 322–324. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7154517/>
4. Dale LP, Vanderloo L, Moore S, et al. Physical activity and depression, anxiety, and self-esteem in children and youth: An umbrella systematic review. *Ment Health Phys Act* 2019;16:66-79. doi: 10.1016/j.mhpa.2018.12.001
5. Department of Health and Human Services. 2018 Physical Activity Guidelines Advisory Committee Scientific Report [date accessed April 2020] [https://health.gov/sites/default/files/2019-09/PAG\\_Advisory\\_Committee\\_Report.pdf](https://health.gov/sites/default/files/2019-09/PAG_Advisory_Committee_Report.pdf); 2018
6. Diamond AB, Narducci, DM, Roberts WO, Bernhardt DT, LaBella CR, Moffat KA, Nuti R, Powerl AP, Rooks YL & Zaremski JS. Interim guidance on the preparticipation physical examination for athletes during the SARS-CoV-2 pandemic. *Current Sports Medicine Reports*, 19 (11): 498-503.
7. Eime RM, Young JA, Harvey JT, Charity MJ & Payne WR (2013). A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing developing of a conceptual model of health through sport. *International Journal of Behavioural Nutrition and Physical Activity*, 10: 98
8. Physical Activity Guidelines Advisory Committee. 2018 Physical Activity Guidelines Advisory Committee Scientific Report. Washington, DC: US Dept of Health and Human Services; 2018.

**Suggested Citation:** Christie C J, Naidoo R, Shung-King M, Van Gent M, et al. Policy Brief: Organised school sport in South Africa for children and adolescents: COVID-19 and beyond, March 2021

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## Return to Play

### PROTECTION AND SAFETY MEASURES

#### Acclimatisation phases

(Adhering to COVID-19 safety guidelines)

PHASE 1: COVID-19 Education

PHASE 2: Two weeks individual team practices

PHASE 3: Progression to competition setting

#### Sanitisation



#### Handwashing



#### No sharing



#### Regularly cleaned

#### Education



#### Create awareness



#### Communication



#### Pre-participation and illness protocols



#### Screening



#### ISOLATE



#### Medical clearance

#### Social distancing



#### Not playing



#### Avoid



#### No sharing

#### Face coverings



#### Coaches



#### Non-playing



#### Hygiene

## Acknowledgments

This document was written by Prof Candice Christie (Rhodes University), Prof Rowena Naidoo (University of KwaZulu-Natal), Prof Maylene Shung-King (University of Cape Town), Prof Maya Van Gent (University of Fort Hare), Prof Paola Wood (University of Pretoria), Prof Christa Janse Van Rensburg (University of Pretoria), Dr Pamela Wadende (Kisii University, Kenya), Robin Buck, Dr Gavin Reagan (Health Department: Western Cape Government), Prof Estelle Lambert and Dr Mary Ann Dove (University of Cape Town) with technical support from an academic consortium.



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This document was supported by the Fogarty International Centre (FIC), National Institutes of Health (NIH) Common Fund, Office of Strategic Coordination, Office of the Director (CF/OSC/OD/NIH), Office of AIDS Research, Office of the Director (OAR/OD/NIH), National Institute of Mental Health (NIMH/NIH), award number D43TW010131. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.