



## **Protect yourself at all times**

# **A Practical Guide for Boxing Clubs Returning following Covid-19 Restrictions – **\*Updated 20/09/21** **Indoor Full Contact Training (ROI)****

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## Introduction

These measures are part of the lifting of the public health restrictions that were put in place to protect us all from COVID-19 by the Irish Government. They are scheduled to come into effect from **Monday 20/09/21** in the 26 counties in the Republic of Ireland (ROI).

These measures are part of the roadmap to easing restrictions. They are just an indication of what might happen if everything goes well with restricting the spread of COVID-19.

These measures come into effect as the National Public Health Emergency Team says that the conditions are right for more relaxation of the restrictions in place to protect us all.

The guidelines in this document relate to the Irish Government's 'COVID-19 Resilience and Recovery: The Path Ahead'.

**\*NB: Always follow the Government Guidelines of Good Hand Hygiene – Respiratory Etiquette – Social Distancing. For more information please visit -**

<https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/?referrer=http://www.gov.ie/covid/>

The Irish Athletic Boxing Association (IABA) know boxing provides great mental and physical health benefits for our members. We therefore must ensure that boxing is only conducted within a safe environment.

This practical guide, prepared by our team in consultation with medical experts and in line with the Irish Government guidelines, outlines the robust measures the IABA would like clubs to implement and maintain to help safeguard members during the COVID-19 pandemic. This will allow all of us to get back to boxing, safely, improving the wellbeing of all our members.

The measures cover each step of the journey from home to the club and back home again.

These measures should be in place seven days a week and until further notice.

Our measures and procedures are under constant review and updated as advice from both governments, health authorities and governing bodies evolves in line with the gradual lifting of social restrictions.



## Return to Indoor Full Contact Training - 20/09/21:

Please be advised, that from **20/09/21** affiliated clubs who have completed all IABA required Covid-19 protocols (for more information please visit - <http://iaba.ie/covid-19-guidance/>) and who are in a position to facilitate indoor full contact training in a safe fashion that follows both the appropriate health advisory guidelines and IABA protocols, can do so. Clubs returning to indoor full-contact individual training will need to read this document and all other accompanying IABA guidance documents in their entirety and implement all the required protocols (for more information please visit - <http://iaba.ie/covid-19-guidance/>).

### 1. Club Covid-19 Committee

**\*NB: Boxing Clubs MUST appoint an assigned COVID-19 Officer/s and committee responsible for managing issues and queries relating to the Covid-19 pandemic.**

The committee should:

- ❖ Ensure that the club's committee has completed the Covid-19 club Risk Assessment.
- ❖ Appoint a Covid-19 Officer/s.
- ❖ For detailed guidance relating to the Club Covid-19 Officer role please see - <http://iaba.ie/covid-19-guidance/>
- ❖ Covid Officers will be required to undertake the Covid Officer training if they havent already done so. Sport Ireland Elearning is currently available, and can be accessed through this link - <https://www.sportireland.ie/covid19/course>.
- ❖ Ensure all members have completed and signed all the relevant IABA Covid-19 members forms please see <http://iaba.ie/covid-19-guidance/>
- ❖ Ensure they review all protocols/relevant guidance and that the club can fully comply with all of the protocols outlined before training commences inside.
- ❖ Ensure that the club and its members adhere to Government / Public Health advice in all cases.
- ❖ Ensure that sufficient Government / Public Health Covid-19 information is available to members.



- ❖ Ensure that the club maintains accurate records (including a digital record) of who is present during training sessions. This should include all persons present during training sessions, in the case that a parent/guardian is present at the training session that must also be recorded. This will help with contact tracing if necessary. Clubs can download a template document to use from <http://iaba.ie/covid-19-guidance/> or alternatively there is a free digital solution which clubs can use. To get access to this free digital solution simply contact [info@blocworx.com](mailto:info@blocworx.com) and state that you would like to be added to <https://boxing.blocworx.com> and provide the club name and your own name. They will get back with a club admin login and club member login and video instructions.
- ❖ Be responsible for informing all members of the Covid-19 guidelines and insist on full cooperation.
- ❖ Ensure that the contact details for all members are up to date as this will assist with contact tracing should it be necessary.
- ❖ Listen to feedback and contact the IABA if there are issues not covered under these protocols.
- ❖ Clubs MUST ensure the availability of hand sanitising stations with alcohol- based hand gel at multiple locations at the site. Clubs should encourage all members to regularly practice good hand hygiene throughout the session while keeping the 2m distance where required.
- ❖ Ensure that the club declaration form is completed and returned to [info@iaba.ie](mailto:info@iaba.ie).



## 2. Club Access/ Arrival Procedures

**Boxing clubs should only be accessed by members and staff only. Children should always be supervised during training session.**

To access the club in this phase of the reopening, a person must:

- ❖ Not have been out of the country in the last 14 days.
- ❖ Not have been in close contact someone with symptoms of Covid-19 in the last 14 days.
- ❖ Not be in a period of self-isolation and/or cocooning under the current Health Policy Rules.
- ❖ Not be displaying Covid-19 symptoms.
- ❖ Attend the appropriate training session at the correct time.
- ❖ Have signed the members declaration form and have completed a Covid-19 club questionnaire.

**\*NB: Covid-19 club questionnaire MUST be completed prior to attending training by all members. Members who have not completed the relevant documentation can not attend training sessions.**

## 3. Club Facilities

- ❖ Protocols for cleaning club facilities should be in place prior to opening and during operation.
- ❖ Club access should be limited to members and staff only.
- ❖ Club toilet facilities will have restricted access. Clubs who decide to open toilets to members **MUST** adhere to strict cleaning protocols. More information on the use of toilet can be found in the **COVID-19: Additional Information for Clubs document** - <http://iaba.ie/site3/wp-content/uploads/2020/06/COVID-19-Additional-Guidance-for-Clubs-converted.pdf>
- ❖ Monitor toilets with agreed capacity numbers and limit to participants/patrons only.



- ❖ 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 15minute window / 5minute 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.
- ❖ 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.
- ❖ Additional signage, hand sanitization stations and deep cleaning implemented.
- ❖ Non-essential furniture and chairs should be removed in order to prevent people congregating.

#### 4. Equipment

- ❖ Practice caution with the equipment. Sanitize all handheld implements prior to and after use.
- ❖ Boxers should be encouraged to bring and only use their own equipment. No equipment sharing in any circumstances.
- ❖ Although there is no specific evidence that equipment can spread COVID-19, we know that contamination from respiratory droplets from an infected person can potentially survive on hard surfaces for up to three days.
- ❖ Clean equipment with a disinfectant spray at the beginning and conclusion of training. Equipment should be cleaned when applicable throughout training sessions.



## 5. During Training

**NB: Indoor training during this period can now return to Full Contact training sessions which include sparring, pad work, school boxing, etc, in line HSE and Government guidelines.**

***The IABA recommends the adoption of the 'pod of six' training system. Clubs can have a maximum of 50 (this includes coaches and volunteers) in their facility participating under the 'Pods of 6' so long as they can physically distance 3 Metres between pods. The Covid-19 Risk Assessment should be reviewed in line with any changes outlined in this document to assess maximum capacity.***

***If clubs wish to apply the government guidelines in terms of allowing for 100 fully vaccinated participants, they will need to take on the responsibility of checking, at each training session, a participants Vaccination Certificate on entry to the club. Clubs will need to take full responsibility in applying this if they choose to take this option as opposed to applying the 'Pod of 6' system which the IABA is recommending.***

***Clubs should note that if using the '100 fully vaccinated participants' choice, and one individual gets Covid, the whole club must close for 14 days. However, if using the 'Pod of 6', only those in that pod must isolate for the 14 days.***

***Vaccination Certificate data should not be recorded or stored due to this information being seen as a 'Special Category of Data' under the GDPR and the Data Protection Act 2018.***

***Clubs will only be able to operate with either the Pod of 6 or the 100 Fully Vaccinated Participants system. Clubs will not be able to operate both systems simultaneously.***

- ❖ Allow for staggered training sessions with at least 15 minutes between training sessions for members to arrive and leave without interaction. Recommend sessions are a maximum of 60mins with a 15 min cross over period between sessions.
- ❖ Boxers should remain in their 'pod of 6' for the entirety of the training session
- ❖ Boxers should, ideally, bring a small bottle of hand sanitizer and antiseptic wipes with them to train.
- ❖ Boxer should only travel to training by car with members of the same household. Athletes must refrain from handshakes and high fives.
- ❖ Members **MUST** adhere to social distancing guidance, at all times.



- ❖ Do not share food, towels and drinks.
- ❖ Wash your hands frequently with soap and water or hand-sanitizer, before and after eating, after going to the toilet, sneezing and coughing.
- ❖ Cover your coughs and sneezes and dispose of any used tissue in your own bag and bring it home with you.
- ❖ Avoid touching your face.
- ❖ Keep your distance from people who are obviously sick.
- ❖ Try not to touch any surfaces, but if you do sanitize your hands as soon as possible.
- ❖ Remain apart from other boxers from different pods when taking a break.
- ❖ Activity should take place in a predefined area which is visually marked out and directionally signed.
- ❖ The space required in this area should reflect the nature and intensity of the activity.
- ❖ The Cleaning & Ventilation of facilities should be conducted in accordance with the Government's most recent Work Safely Protocol - <https://www.gov.ie/en/publication/bb7fd-work-safely-protocol>
- ❖ Individual equipment should not be shared.
- ❖ In the case of fixed equipment, cleaning of such equipment must be completed immediately after demonstration and before the individual participant uses.
- ❖ There should be no hands-on adjustments or physical contact during training sessions.
- ❖ Coaches can coach across 'Pods of 6'.
- ❖ They must maintain a physical distance from the pods they are coaching.
- ❖ Coaches must wear Face Masks/Coverings whilst doing pad work or engaged in any activities which breach the 2 meters social distance guidelines.
- ❖ Clubs are asked to refer to the HSE guidance on wearing of face coverings, please see link - <https://www2.hse.ie/conditions/coronavirus/face-coverings-masks-and-covid-19/when-to-wear.html>

**If clubs choose to operate with 100 fully vaccinated participants, boxers, coaches and volunteers should follow club guidance.**



**IMPORTANT – Any coach wishing to oversee training sessions must have first completed Sport Ireland Covid-19 online training, please see link - <https://www.sportireland.ie/covid19/course>.**

## **6. End of Training**

- ❖ Once training has finished athletes should leave the club promptly.
- ❖ Hands should be washed and sanitized as soon as possible.
- ❖ Ensure equipment is cleaned thoroughly after use.
- ❖ If any boxer or volunteer becomes unwell after training, they should first contact their GP/HSE and then inform their club. The club will then follow advice provided to them by the HSE on the next steps.
- ❖ Members should be encouraged to remind other members of the guidelines, in a gentle way, when they witness poor practices.
- ❖ Repeated poor practice should be reported to the club as soon as possible.

## **7. 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.

**NB: For additional information relating to Covid-19 guidance please visit**

**<http://iaba.ie/covid-19-guidance/> and <https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/?referrer=http://www.gov.ie/coronavirus/>.**



## **Appendices**

### ***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 COVID19 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 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.