

Sports & H1N1 (swine) Flu

Guidance for Coaches, Athletic Directors & Schools



Who is considered a sport participant?

Athletes (team or individual sports), students in physical education (PE) classes, coaches, trainers, and others who are interactive participants (i.e. parents and fans) are all sports participants. Infection prevention and control is a team effort and requires cooperation among all those involved in school-based sports.

Why is this guidance important for coaches and athletes?

To date, pandemic H1N1 influenza infection is a mild to moderate illness for the vast majority of people who will become infected with the virus, however in certain persons infection can result in serious illness, hospitalization or death. Children and adults with chronic medical conditions are at higher risk of complications. Some of these chronic medical conditions, such as asthma or diabetes, are seen in athletes who participate in school sports. In addition, children with chronic medical conditions also participate in PE classes.

Coaches and their athletes work very hard to earn the right to participate in district, regional and state tournaments. While following these guidelines does not guarantee that athletes will not become ill, adherence to high standards of infection control can help minimize the impact of H1N1 to your athletes, teams and programs.

How can sports participants protect themselves, their teammates and their opponents from Pandemic H1N1 Influenza?

Become educated about H1N1:

- **Learn how to recognize influenza-like illness (ILI)** – sudden onset of fever with cough and/or sore throat. People may also have muscle aches, joint pain, or weakness, and some will have vomiting and diarrhea. Fever may not be the first symptom that develops.
- **Learn how illness is spread** – directly from person to person through coughing or sneezing. Because this virus is spread through respiratory droplets, distances less than three feet represent a higher risk of transmission. Indirect transmission from touching contaminated surfaces and objects and then touching the eyes/nose/mouth can also occur.
- **Learn proper respiratory etiquette.** People should cough or sneeze in their sleeve or arm/shoulder rather than coughing into their hands.

Practice hand washing and use of hand sanitizer:

- **Learn when and how to wash hands** (i.e., before/after

eating, after sneezing/coughing, after using the restroom and after participating in recreational activities.) Wash hands often with soap and water, especially before touching eyes/nose/mouth.

- **Alcohol-based hand sanitizers** are a useful alternative to hand washing with soap and water for sports participation. Alcohol content should be 60% or higher.

For hand hygiene to be effective, it needs to be ongoing.

Coaches need to verbally emphasize the importance of hand hygiene. Below is a general recommendation that is usable for both indoor and outdoor sports and is not time intensive.

- Most players change in a locker room; they should wash their hands with soap and water for 20 seconds after changing out of street clothes. Encourage team captains to enforce team behavior as coaches are not often in locker rooms.
- Have hand sanitizer available in the gym or on the field for players who do not wear gloves or have their hands taped.

Use the sanitizer:

- At the beginning of practice – Some players may not have washed their hands or may not have come from a locker room or changing area where a sink was available.
- Prior to water and/or food breaks – Always sanitize hands prior to drinking or eating any food.
- At the end of practice, game or match – Players may not go directly to a place where they can wash their hands, and players will often eat or drink after a practice or competition. Using sanitizer prior to leaving the gym or field helps provide some protection when hand washing may not happen.
- Teams should bring hand sanitizer to both home and away competitions. **Do not depend on the host team to provide hand sanitizer.**
- Wash hands **after** changing or prior to leaving the locker room.
- Promote alternative ways of greetings that do not include physical contact – cheer, head nod, etc.

Stay away if you may be sick:

- Athletes and coaches who have fever with cough and/or sore throat should leave school and go home. NOTE: Coaches should be cautious with students who have a new onset (in the last 24 hours) of any kind of respiratory illness even if fever is not present. Coaches should ask:
 - Does the athlete have household members who have symptoms of the flu?
 - Does the athlete have close friends or boyfriends/girlfriends with symptoms of the flu?

If an athlete or coach becomes sick during an event or game, try to provide **six feet of separation from other teammates** while on the bench or on a bus.

Athletes are often penalized for missing practice and are used to playing through discomfort, illness, or injuries. Coaches who don't address these issues directly could see widespread transmission on their teams as players transmit the virus during the early phase of their illness. Strategies to address this include:

- Ask at the beginning of each practice if any players are ill. Don't depend on them to volunteer information that will negatively affect their play time or participation on the team.
- Don't allow athletes who have a new onset (in the last 24 hours) respiratory illness, even without fever, to practice until an assessment can be made. Allow them to do homework in the gym or adjacent to the field so that they can show their commitment to the team without increasing the risk to their teammates.
- Allow players to return to sports participation when their temperature is below 100°F for at least 24 hours without the use of any fever reducing medication.

Stay hydrated:

Usually there are four ways that participants hydrate during practices or competitions. In order of preference these would be:

- 1. Use of a Nalgene or other type of non-disposable water bottles.** Participants should write their full name or number on the bottle in permanent ink so as to avoid confusion if the water bottles look similar. Regularly wash your water bottle with soap and warm water and rinse well.
- 2. Disposable water bottles.** Players should always write their number (not name as there can be more than participant with the same first or last name) on the bottle. Coaches should have a permanent marker available for this purpose.
- 3. Water in disposable cups.** Participants should throw out cups after drinking rather than taking a sip and saving the half filled cup. People who are filling the cups should wash hands/sanitize prior to filling cups.
- 4. Public drinking fountain.** This is the choice of last resort as hand contamination can occur when activating the fountain. Athletes and coaches should not use drinking fountains as spittoons.

Provide food in a healthy manner:

- Have hand sanitizer available at team coolers or where food is available.
- Encourage hand washing with soap and water prior to eating food if a sink is available.
- Prepare food or team cooler so that athletes do not handle food that others may eat. Use individually wrapped items and discourage the use of foods that require a person to reach into a bag/box or handle food with bare hands.

DO NOT share personal items such as pillows, headphones, towels, toiletries, personal equipment, etc.

Are there specific concerns for athletes or staff that become sick with flu-like symptoms?

Persons who are pregnant and/or have an underlying medical condition i.e. asthma, diabetes, etc. may be at higher risk for complications from influenza. Extra precaution on the part of these individuals is necessary to prevent illness. Persons with a high risk condition should seek medical evaluation as soon as possible if influenza-like illness occurs. Ideally, these people should make a plan with their healthcare provider for how to get advice, evaluation and treatment if necessary, before becoming ill.

How can schools minimize risks of transmission of H1N1 at games and athletic events?

- Provide alcohol-based hand sanitizer stations (60-90% alcohol) to supplement hand washing stations. Consider the use of sanitizer stations that have a sensor that dispenses automatically so that dirty hands do not contaminate the dispensing station. Use portable dispensers where necessary to ensure ready access to hand sanitizers.
- Display posters showing correct hand cleaning procedures and respiratory etiquette.
- Ensure that tissues and waste receptacles are located throughout the facility. Ensure frequent emptying of waste receptacles – no special waste handling is required for influenza-contaminated items.
- Ensure frequent cleaning (at least twice daily) of high-touch areas with household or commercial cleaning products (i.e., washroom facilities, handrails, telephones, door knobs etc.).
- Whenever possible, clean shared equipment between different users and before storage.
- Increase the rate of ventilation to allow as much fresh air as possible into the gym/facility.

Should sporting events be cancelled?

Cancellation of competition or practice due to H1N1 Influenza is a decision that is made by schools, and as needed, in consultation with local public health. A decision to cancel an event may be made because of illness in players or coaches where there are not enough staff to supervise/coach the team or not enough players are available for the contest. Cancellation of activities may also occur based upon general school mitigation measures implemented to decrease transmission within the school. Coaches should:

- Notify their athletic director if they are seeing influenza-like illness (ILI) in their athletes.
- Notify the athletic director/school principal if they are seeing a cluster of influenza-like illness in their programs which may impact the ability of that program to field teams for scheduled matches or games.

For more information:

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