



Indoor Sports Exposure Assessment Recommendations

Background

Indoor sports, especially those that bring players into close face-to-face interactions, are high-risk for COVID-19 transmission. The U.S. doesn't have a lot of real-life experience with just how transmissible COVID-19 can be on the basketball court and other indoor sports arenas. Therefore, exposure assessment recommendations are based on extrapolation from other settings with similar exposure types. The transmission threshold is likely much lower for indoor sports compared to other work and social settings, where 15 min. within 6 ft. may be used as a measure for exposure.

Reasons indoor sports can be high-risk for COVID-19 transmission include: indoor, poor ventilation, close face-to-face contact/proximity, heavy respiration, and yelling. Heavy respiration and yelling allow the virus to expel into the air in higher volumes and concentration. They also have the potential to produce smaller respiratory droplets that remain in the air longer, and travel farther, than larger respiratory droplets that form the basis for the 6 ft. /15 min. rule. Additional high-risk features of basketball include: players touching their face (mouth and nose) when they wipe sweat off themselves; players touching the ball that other players are touching before they themselves wipe their own sweat off their face; players licking their hand before wiping the bottom of their shoe; players touching the ball after they lick their hand. While transmission from fomites is not considered the primary transmission source for COVID-19, it can occur, and basketball has ample opportunities for that to occur during a game.

Players, coaches, officials, and all others on the court or interacting with players, should be encouraged to wear masks at all times. However, it is important to recognize that this should be done in order to reduce risk of transmission, rather than with the purpose of reducing quarantine impacts. At this time, guidance from the CDC explicitly state that utilization of face coverings does not alter quarantine guidance.

Standard Recommendation

Basketball: Any player/teammate who played on the court with a positive case is considered exposed regardless of their time on the court. The same would be true for practices that were not socially distanced, and where teammates were interacting in close proximity to other teammates.

Wrestling: Any player/teammate who had close physical interaction with a positive case during matches or practice is considered exposed regardless of the duration of interaction.



Alternative Recommendation

Basketball: While we advise schools follow the standard recommendation above, the school can, at their discretion, choose to watch film and do a close contact assessment to determine which athletes to quarantine. While watching film, they would be looking for any of the close face-to-face interactions below. These interactions are considered an exposure REGARDLESS OF TIME OF EXPOSURE for the players involved and would result in a quarantine recommendation. Differences in player height do not alter the recommendations for quarantine.

If a player engaged in any face-to-face encounters with an infectious person (including but not limited to any of the following), they are subject to quarantine:

1. Jump ball
2. Defending a shot
3. Blocking a shot
4. Guarding a drive
5. Taking a charge
6. Setting a screen
7. Guarding during inbound play
8. Man defense
9. Pressing
10. Players involved in defensive traps (offense and defense)

