

COVID-19 (Coronavirus disease 2019) is an ongoing Worldwide pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Most people (80%) who are infected have mild symptoms and some do not have any symptoms at all.

People are infectious for up to 2 days before they have symptoms, meaning it is easy to spread this disease before you are aware you have it.

Younger healthy people appear less likely to develop severe symptoms. Anyone, however, can spread the disease infecting those they love, their friends, family, and teammates.

What are the symptoms of COVID-19 infection?

Seek medical guidance early if you are unwell and have a temperature. Stay home if you feel unwell and follow all local public health guidelines.

Common symptoms of COVID-19 include:

- Fever (measured or feeling feverish)
- Cough
- Sore throat
- Runny nose or nasal congestion
- Tiredness
- Shortness of breath or difficulty breathing
- Muscle pain
- Loss of sense of smell or taste
- Diarrhea

Though these are common symptoms, they may be signs you have been infected, and it is vital that you do not infect teammates, family, or the general public.

PREVENTION – 10 Rules of Engagement

1. **Education** – familiarize yourself with the measures being implemented by your Union and Club.
2. **Daily screening** can identify 60% of symptomatic cases. Until further notice you will be required to:
 - Complete a COVID-19 symptom questionnaire before leaving home.
 - If your temperature is above 99.5 F you will be sent home and advised to contact your primary care doctor.
3. **Adhere to hygiene rules**
 - **Wash your hands frequently** using alcohol-based hand rub or wash them with soap and water (for 20 seconds).
 - Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze.
 - Wear a mask covering nose and mouth. Scientific evidence supports that routine use of masks when close proximity is unavoidable is a helpful, cost-effective step to prevent the spread of the disease. Masks are meant to protect other people and not just yourself.

- **AVOID** –
 - touching eyes, nose and mouth.
 - touching high-contact surfaces such as door handles or public computer.
 - Spitting or clearing nostrils

- **DO NOT** share water bottles or use team water bottles.

4. **Observe social distance rules** – A distance of at least 6 feet. Due to the movement involved in sports, the distance should be increased. Maintain social distancing at least 6 feet distance between yourself and others,

5. **Reduce body contact to a minimum**, including shaking hands, “high-fives,” embracing and cheering in a group is to be completely avoided.

6. **Change and shower at home**

7. **Temporary suspension of car pooling**

8. **Refrain from events such as general meetings and celebrations**

9. **Reduce the size of training groups**

10. **Where possible, outdoor activities are more safe**

TESTING

COVID-19 testing is not perfect, there are missed cases (false negatives). A negative test may miss an infection and a player experiencing symptoms with a negative test should be managed and treated as an infected person.

A positive test means the individual must isolate at home even if they experience no symptoms.

Presumptive cases are instances where an individual was in contact with someone before they are symptomatic or test positive for COVID-19. Consult a medical doctor if you were in close contact 2 days prior to the infected person becoming symptomatic.

MITIGATION DURING COMPETITIVE SEASON

Should a team-mate from high-risk physical contact or opposition player in a recent match develop an infection, all who participated in the high-risk contact are likely to require isolation and testing.

RETURN TO PLAY AFTER HAVING COVID-19

Players who have suffered a COVID-19 infection should self-isolate for 7 days and not engage in exercise until they consult with their primary care doctor for clearance to return to activity. The long-term effects of COVID-19 are unknown and a medical doctor, much like after a concussion, should provide guidance for your staged return to physical activity and rugby participation.

20% of those hospitalized have cardiac involvement – likely thought to be myocarditis (inflammation of the heart muscle). Specialist Cardiology review may be required after prolonged hospitalization.