

SQUASH DURING THE COVID-19 PANDEMIC

The last four or so months have completely changed the world as we knew it, as a result of a new virus that we hadn't heard of before the end of 2019, which has to date globally infected over 4.5 million people and resulted in the death of over 300,000, numbers that will increase before the pandemic is over. Although the majority of cases are mild and those more likely to get seriously ill are those over 70, those who have other medical conditions and the more vulnerable individuals, the deaths in young people are not zero. In fact, recently there is concern that children and young adults may develop serious secondary illnesses because of the virus.

COVID-19 – THE BASIC FACTS:

- It is a virus that particularly affects the upper airways and lungs
- Predominantly spread person-to-person through large respiratory droplets produced when a person coughs, sneezes, talks or breathes (especially breathing heavily). These droplets are then inhaled by a nearby person leading to infection
- The droplets do not stay airborne but fall to the ground landing on any surface. Those surfaces become contaminated with the virus, which may then be spread by touching the contaminated surface and then touching one's mouth, nose or eyes before the individual has washed their hands
- Viruses are simple structures but are not very efficient at reproducing themselves, which is needed to infect people. They make lots of faulty copies of themselves that do not function and do not infect people. Only a relatively few are good copies which do infect people
- The fact that only a small amount of the viral particles in the droplet are infective, not all coughs and sneezes from those with the virus will result in spread of the infection
- The amount of virus inhaled or transferred by hands to the airways also determines how bad the disease might be and why some people are less symptomatic than others or in some cases not symptomatic at all. Individuals with a weak immune system or other medical conditions may be affected by a smaller amount of the virus and get a more serious illness as happens with other infections. Older individuals who tend to have weaker immune systems, as well as other medical problems, and infants <1 whose immune systems are not fully developed, are also more vulnerable to the virus
- Given that the amount of virus inhaled is significant for becoming infected, the longer a person is in contact with someone who is infective, the more likely that person is going to get the virus. This is why household contacts, workplaces, parties, big gatherings etc., anywhere an infected person is in close contact with others for longer periods of time, has been shown to be the largest factor responsible for community spread
- People who feel well can still spread the virus 2-3 days before they develop any symptoms and it may be that some who are totally asymptomatic can still spread the virus. Because people who feel well do not think they have the virus, they often do not take precautions as they would if they felt ill, so can contribute to the ongoing circulation of the virus in the community
- The average incubation period for the virus is about 5 days, but can be up to 14 days, hence the period of 14 days for self-isolation or quarantine.

PREVENTION:

We have all learned that the two ways to prevent spread of the virus are social distancing and hand washing:

- Infected droplets go into the air after coughing, sneezing, breathing heavily or talking. Most drop to the ground quickly, but some stay in the air for 2m (6ft) before falling to the ground. So, if we stay 2m (6ft) away from everyone, we will not inhale the virus and therefore, will not get infected.
 - That also means no gatherings, staying at home etc. Most of the spread is through close contacts at home, at work, at parties etc.

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- It also meant closing schools, universities, colleges, and stopping sports, closing gyms, theatres, concerts, workplaces, travel restrictions, basically everything apart from essential services.
- How long one is in contact with an infected person is also important, as this increases the amount of virus inhaled and the more inhaled the worse the disease might be.
- Infected droplets can fall onto any surface depending on the droplets path to the ground. If someone touches a contaminated surface and touches their mouth, nose, or eyes, then one may get infected. Hands should be washed with soap and water for at least 20 seconds to remove the virus. Hand sanitizer works as well.

These two facts were responsible for the lockdowns we have all experienced, which have been shown to be effective.

Now we are seeing some easing of restrictions to help relieve some of the difficulties the lockdowns have created socially, financially, psychologically, which have been tragic. This is very welcome but comes with continued restrictions and concern about the risk of a spike in numbers of infected people again because the virus has not gone away. This would mean that lockdowns may be restarted.

It is critical to respect and enact the restrictions which will still involve the two preventative measures i.e. social distancing and hand washing/sanitizing

HOW DOES THIS AFFECT SQUASH?

Squash like all sports has been stopped. We are all wanting to get back playing. With restrictions being eased in some countries, some sports are starting plans to get going again. These are mainly the sports that are regarded as lower risk of spreading the virus either within the players themselves, or more generally. You may have seen a report from Italy. The Turin Polytechnical University was commissioned by the Italian National Olympic Committee to evaluate the potential for spread of COVID-19. They evaluated 387 sports. The main factors taken into account were the amount of contact between players, the distance between them and the protective measures likely to be put in place to mitigate risks both for training and competitive play. Each sport was given a score from 0-4, with 0 being of little risk and 4 being very high risk. Squash, along with sports like basketball, volleyball and boxing were included in the very high-risk sports.

Why was squash considered very high risk?

1. Squash is played indoors in a confined space, where close contact is unavoidable which means players cannot be 2m (6ft) apart very often during a game.
2. Players move around all the time and therefore, any aerosol droplets are widely spread so could be inhaled from anywhere on the court. Also, players breath heavily, potentially enhancing the distance aerosol droplets go in the air, compared with usual breathing.
3. Players often sweat a lot. This is not a direct source of potential spread of the virus because it is not carried in sweat, but an indirect source of spread. When the aerosol droplets fall, they may go on walls, the ball, one's hair, clothes, racket etc. So, if one sweats and wipes one's hands down a wall that has been contaminated with the virus, then touches one's mouth, nose or mouth can then get infected. Similarly, drying one's hands on contaminated clothes or using one's sleeve to wipe sweat off one's face could result in infecting oneself.

From the perspective of COVID-19, this is a fair assessment as squash cannot meet the necessary protection for safety from infection.

This does not mean squash of itself is a high-risk sport. In fact, it is quite the opposite. It is one of the best sports from a health perspective. It is life long, easy to fit into busy schedules and yet still have all the health and social benefits. It is a great sport.

We are looking into possible protective measures for players on court to mitigate the risk of inhaling contaminated aerosol droplets and avoiding face touching, which would lower the risk of transmission of the virus.

Squash will resume but will take some time to get back to the game as we know it. Already some countries have eased restrictions such that squash can begin to re-open. What that looks like will vary depending upon

the status of the virus in any country and what, if any, restrictions and public health regulations are in place, which must be respected.

COVID-19 has not gone away, so there remains the risk of further outbreaks if the basic two protection measures are not followed. As a result, most of the countries that are beginning to re-open businesses, activities, workplaces etc. continue to require social distancing, limited numbers for meetings, gatherings, hand washing/sanitizing, regular disinfecting of surfaces etc. This affects squash as it will have to follow the regulations.

TESTING:

What about testing? Would this help?

At present, testing asymptomatic individuals is problematic as the current tests used have significant false positive and false negative results. The latter is of concern as it means the individual thinks they are fine and yet could be infecting others. If newer tests prove to be accurate, then testing is a potential at least for PSA travelling around the world. However, tests would need to be done daily during a competition as someone could be negative one day and positive the next. The practicality, availability and cost of this could be rate limiting and therefore not possible.

IMMUNITY:

What about testing for antibodies to check whether immune or not i.e. unlikely to catch the virus again as the person has been infected, even though he/she does not know. This may well be a good thing to do, but too early to tell. There are only a few reliable tests as yet and not enough to test everyone. We also do not know how long immunity lasts as there has not been time to find out given how new the virus is. As there is more research and more knowledge about immunity with time, we will be able to see if this is helpful or not. In the short term, this is not something we can pursue for squash.

VACCINE:

Will a vaccine help? Yes, if an effective vaccine is developed, it will help. Even if the vaccine does not completely prevent an infection, if it lessens the severity and therefore risk of dying, that would be very positive. There is a lot of effort going on around the world to develop a vaccine. It has to be proven to work before it is available, which takes time. If within 18 months to 2 years, that would be quick for getting a vaccine available. If a shorter time, even better. Again, not something available in the short term for squash.

RETURNING TO SQUASH:

There are ways to get back on the court even if there are restrictions of social distancing, hand washing/sanitization and sanitary protocols for facilities. The prime goal is to keep players safe and, if one was infected, to limit the spread to others inside or outside of the club/facility where squash is played.

The safe way to proceed is to do so in stages, increasing what is allowed as restrictions are eased.

The PSA and WSF have developed guidelines to help. There are also guidelines developed by several National Federations, the links to which will be provided and updated as others become available