RETURN TO INDOOR VOLLEYBALL
1. **INTRODUCTION**

1.1 Volleyball England is the national governing body for volleyball in all its disciplines in England.

1.2 This document includes our sport specific action plan (see Appendix 1) for approval in accordance with the Return to Recreation Sport Framework. This would be the information shared with the sport. The remainder of this document provides our background context and evidence.

1.3 The sport of volleyball has a number of different disciplines which take part in a variety of field of play settings each of which represent different risks and mitigations. Therefore, Volleyball England has determined that its sport specific action plan will have four different sections:

   1.3.1 Beach volleyball – 2v2 play outdoors;
   1.3.2 Outdoor volleyball – up to 6v6 play outdoors;
   1.3.3 Indoor volleyball – up to 6v6 play indoors;
   1.3.4 Sitting volleyball – up to 6v6 sitting play indoors.

1.4 The sport specific action plan submitted here covers the activity set out in paragraph 1.3.3

2. **TRANSMISSION RISK**

2.1 We have carried out research in order to identify the transmission risk. The results of this are as follows:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Droplet transmission</th>
<th>Fomite transmission</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor volleyball (up to 6v6 play indoors for single matches and miniature tournaments)</td>
<td>A study conducted by Volleyball England found that a volleyball player is typically both face-to-face and within one metre of another player for less than one minute per set, which typically last between 20 and 25 minutes. As a maximum of five sets are played during a match, our research revealed that in most cases players could spend around five minutes face-to-face within one metre of other players during a match. See Appendix 2 for further detail.</td>
<td>There is limited equipment involved and after setting up the net the only equipment handled by participants is the ball. This risk is mitigated in the sport specific action plan with regular ball cleaning in line with manufacturers’ recommendations</td>
<td>Team sizes are small for team sports enabling numbers to be managed. Players are not typically in high risk groups. Any players with underlying health conditions can be advised accordingly and this is mitigated in the sport specific action plan.</td>
</tr>
</tbody>
</table>
3. **BACKGROUND TO VOLLEYBALL**

3.1 Volleyball is not a contact sport. Two teams play on opposite sides of a net which ensures that there is little interaction and no physical contact between the players during training or game play.

3.2 Indoor volleyball is played in indoor venues so we consider that it could commence only after indoor venues are allowed to open and upon DCMS approval of the sport specific action plan. Indoor venues should ensure they follow the latest government guidance found [here](#).

3.3 The sport specific action plan has been developed by a working group in conjunction with the governing body and Sue Storey, Volleyball England’s CEO and COVID-19 Officer, in order to ensure that it is robust and proportionate in its approach.

3.4 Volleyball in England is a fully amateur sport and is played in a variety of settings from indoor competitions through to recreational sport played in parks or on beaches.

3.5 Therefore, the sport specific plan has both mandatory requirements (which apply to any volleyball activity that is being undertaken) and also recommendations (which should be applied by the organiser as appropriate and proportionate). In line with the [legal risks and duties of care guidance](#) this will ensure that appropriate, proportionate measures can always be put in place which do not become barriers to participation.

3.6 Volleyball Club’s in England do not own their own facilities (such as club house etc). It is played in hired third-party facilities. Therefore, our sport specific action plan does not include detailed facilities guidance as the relevant leisure centre/venue would already be complying with such UK Government guidance and we advise participation should be in line with (in order of priority) UK Government guidance, venue guidance, sport specific action plan.

24 July 2020
Appendix 1

Return to Volleyball – Sport specific action plan

This plan provides measures that should be taken by players, clubs, officials, volunteers, coaches and event organisers before, during and after all Indoor volleyball activity.

At this stage the sport specific action plan applies to activity in respect of:

- Indoor volleyball – up to 6v6 play.

Further guidance will be issued in due course on sitting volleyball. Until this is issued this activity is not approved to restart.

This guidance only applies in England and is subject to change in response to the current COVID-19 Alert Level, community prevalence of COVID-19 and/or to reflect additional or updated UK Government guidance. For volleyball activity in Scotland or Wales please refer to your devolved administration.

Outside of playing activity in accordance with sport specific action plan below (including during warm up and before/after sessions) the relevant UK Government social distancing guidance should be adhered to at all times. The social distancing guidance for England can be found here.

How to read this guidance

Volleyball has different disciplines and different playing environments. Therefore, the sport specific action plan has been divided into separate sections to deal with each. You should always refer to the relevant section for the activity that you are undertaking.

In undertaking volleyball activity, the guidance should be applied in the following order: a) UK Government guidance; b) guidance provided by the relevant venue; and c) this sport specific action plan.

Given the variety of settings within which volleyball activity is undertaken within England the sport specific action plan has:

- mandatory actions – most actions are mandatory and must be adhered to at all times regardless of the volleyball activity undertaken or its setting.

- recommended actions – where actions are specified as recommended, organisers should consider these in the context of the volleyball activity and its setting to take those that it can and which are proportionate in the circumstances.

Organisers of volleyball activity (whether that be clubs, event organisers, coaches or other groups or individuals) must undertake a risk assessment prior to carrying out their activity. As part of this risk assessment organisers should consider the mandatory and recommended actions in the sport specific action plan.
Volleyball England – Return to recreational team sport – sport specific action plan

and detail those which are proportionate to the event or activity that is being undertaken. Guidance on completing a COVID-19 risk assessment is available on the Volleyball England website.

**Sport specific action plan**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Indoor (up to 6v6 play)</th>
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</table>
| Prior to volleyball activity    | All participants (players, coaches, officials and volunteers) should check for symptoms of COVID-19. In line with [UK Government Guidance](https://www.gov.uk/guidance/covid-19 symptomatic-guidance), if an individual is symptomatic and/or living in a household with a possible COVID-19 infection they should remain at home and follow UK Government guidance. In addition, any participants who have been asked to isolate by NHS Test and Trace because they are a contact of a known COVID-19 case must not exercise outside their home or garden and must not exercise with others.  
  Participants should follow UK Government guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 (found [here](https://www.gov.uk/guidance/covid-19-shielding-and-protecting-clinically-extremely-vulnerable)) if it applies to them.  
  Participant should comply with all public health restrictions and avoid high risk behaviour outside the sports setting to reduce the risk to their fellow participants when they do attend a volleyball activity.  
  Personal hygiene measures should be carried out at home before and after volleyball activity. Participants should bring their own hand sanitiser where possible, but event organisers should make hand washing facilities and/or hand sanitiser available. Strict and frequent hand hygiene measures must be maintained at all times.  
  Participants should follow UK Government guidance on best practice for travel, including minimising the use of public transport and limiting car sharing (found [here](https://www.gov.uk/guidance/uk-government-guidance-on-travel-during-the-coronavirus-pandemic)).  
  For advice on reducing the risk of infection when outside your home please see [here](https://www.gov.uk/guidance/coronavirus-information-for-the-public). |
• all participants are made aware of expected social distancing and hygiene measures during play and whilst at the venue and makes their own and the venue’s risk assessment available to everyone who attends the event to read.

• venue specific requirements such as entry and exit points, use of changing rooms, showers and toilets to maintain social distancing should be met and complied with by all participants. Venues should also implement traffic flow systems where possible and appropriate and ensure that all accessible provision within the site and the facility are available.

• Venues must ensure that clubhouses and hospitality facilities follow Government guidance on hospitality settings. Toilets will also need to be opened for pre-match, match and for 30 minutes following and take steps to ensure social distancing and high standards of hygiene and cleanliness are maintained.

• all volleyballs are cleaned in line with the manufacturers’ instructions before an event.

• time spent congregating at a venue before activity begins is limited as much as possible. Meet up times should reflect this. Where possible participants should arrive changed and ready to begin the warm-up.

• all participants are made aware of the increase in transmission risk associated with partaking even in accordance with this sport specific action plan and ensure that all participants are clear that they are opting to participate in volleyball activity.

<table>
<thead>
<tr>
<th>Event or activity requirements</th>
<th>All participants should sanitise their hands prior to the start of the activity.</th>
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<tbody>
<tr>
<td></td>
<td>No event or activity should involve a group of participants (including players, coaches, officials, volunteers and event organisers) that exceed 30 people. It can take place indoors. Organisers should consider a lower cap on maximum number of attendees for their event based on the size of venue and equipment available.</td>
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<tr>
<td></td>
<td>Participants should enter the venue and prepare their personal equipment whilst maintaining social distancing. Each participant must bring all personal equipment (distinctively marked water bottles, resistance bands etc) and not share such equipment. Where possible, players and officials should arrive in kit.</td>
</tr>
<tr>
<td></td>
<td>Where any equipment is shared participants must practice strict hand hygiene before and after use and the equipment must be cleared before use by another person. More information is available here.</td>
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<tr>
<td></td>
<td>In line with current UK Government guidance, clubs should not prepare food for participants. Individuals should bring their own food and drink – water bottles or other refreshment containers should not be shared.</td>
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</tbody>
</table>
Please ensure you are familiar with the Government’s advice on face coverings, particularly when to wear one.

Contact details of all participants must be collected and retained by organisers for 21 days after conclusion of the activity to facilitate UK Test and Trace. This must be done in compliance with data protection legislation.

| During training activity | No exercises or drills can be completed which involve physical contact between one or more participants (including coaches). Congratulatory touches are not permitted. Training and warm up activities should be designed as far as possible in order to limit face to face to face proximity of less than one metre for more than three seconds at any time. This should be considered in each individual action and also the number of repetitions of the action completed in the warm-up/training activity. Players should be encouraged not to touch their face, mouth, nose or eyes. Shouting should be discouraged. Each player should sanitise hands at each break in training and before eating or drinking (and as a minimum every 30 minutes during the session). Mandatory – Spectators should remain socially distanced at all times and refrain from all contact with the ball e.g. returning it to the field of play. Spectator groups must be restricted to discrete six person gathering limits and spread out, in line with wider UK Government guidance. Recommended – balls are wiped every 30 minutes during training (or other period considered reasonably based on the number of balls used during the relevant session). Injuries during play should still be treated. The best way to protect yourself and others is through rigorous cleaning, personal hygiene and regular hand hygiene. An increased frequency of cleaning and disinfection of all surfaces and equipment, using standard household cleaning and disinfection products, is recommended. Face coverings are also advisable when undertaking treatment. After contact with an injured participant, clean your hands thoroughly with soap and water or alcohol hand sanitiser at the earliest opportunity. Avoid touching your mouth, eyes and nose. Physios and first aiders, or their equivalents, should keep a record of each participant they have come into contact with for the NHS test and trace purposes. For more information, please refer to the Government’s guidance for first responders. |

| During competitive match or training match play | Congratulatory touches are not permitted. No handshakes are required with officials or opposition and alternative pre-match protocols can be implemented by the officials. |
Each player should sanitise hands between each set and in any time-out and before eating or drinking.

An additional time out shall be included for hand sanitising when the first team reaches 15 points. This time-out shall be called by the referee (or scorer where a buzzer is used) and shall be for 60 seconds.

Players should be encouraged not to touch their face, mouth, nose or eyes. Shouting should be discouraged.

Any participants not on court (such as libero/substitutes or coaches) should maintain social distancing and not share a bench where social distancing cannot be observed.

Recommended – balls are wiped between each set. Where practicable, this should be completed by a player that has been touching the ball throughout and after wiping the balls the player should sanitise their hands.

Officials should be kept to a minimum. One scorer should be used and no line judges unless deemed necessary.

Recommended - Officials should wear face coverings where possible.

Officials should use a handheld or electronic whistle only (and not whistle with their fingers or use a mouth whistle). Officials should avoid all contact with the ball after checking the pressure (and should sanitise their hands after these checks are completed).

The official should remind players before each match to adhere to social distancing when the ball is not in play, to avoid handshakes and congratulatory touches and to ensure they (and any scorer) wash and sanitize their hands in-between sets.

Where scoresheets are to be signed by players this should be done using the players own pen (and not that used by the scorer). Where no separate pen is available the official may authorise that the scoresheet remains unsigned.

Officials may sanction or expel a player who deliberately spits on the ground or at another player, coughs on another player or engages in any other conduct unnecessarily which may, in the official's reasonable opinion, increase the spread of transmission.

Injuries during play should still be treated. The best way to protect yourself and others is through rigorous cleaning, personal hygiene and regular hand hygiene. An increased frequency of cleaning and disinfection of all surfaces and equipment, using standard household cleaning and disinfection products, is recommended. Face coverings are also advisable when undertaking treatment. After contact with an injured participant, clean your hands thoroughly with soap and water or alcohol hand sanitiser at the earliest opportunity. Avoid touching your mouth, eyes and nose. Physios and first aiders, or their equivalents, should
keep a record of each participant they have come into contact with for the NHS test and trace purposes. For more information, please refer to the Government’s guidance for first responders.

| After volleyball activity | All participants should sanitise their hands after the completion of activity.  
Participants should leave the venue whilst maintaining social distancing.  
One representative of the organiser should be responsible for collecting and disinfecting all balls in accordance with the ball manufacturer’s recommendations – available on the Volleyball England website.  
Organisers should encourage all participants to report any infection of their household to the NHS Test and Trace system following participation to limit the spread of the virus. |
| Additional advice for Children’s activity | For children maximum group sizes of 30 should include at least one qualified coach and comply with Volleyball England safeguarding requirements. All groups must be self-sufficient.  
Parents should drop off and collect participants via a protocol that maintains social distancing.  
Parents should be encouraged not to stay and spectate. Where they do they must maintain social distancing. |
| Additional advice for organisers | These measures cannot cover every eventuality and organisers must conduct a risk assessment, ensuring appropriate measures and put in place to keep all participants safe.  
Playing and coaching volleyball in itself carries some degree of risk and whilst being mindful of the guidelines regarding COVID-19, organisers and coaches should not lose sight of the normal safety rules or safeguarding standards relating to playing and coaching volleyball which continue to apply and must be complied with (DBS, safeguarding, first aid etc). Organisers and coaches should ensure all participants are aware of these guidelines and adhere to them for the safety and wellbeing of all participants. |
Appendix 2

COVID-19 Code of Behaviour

This code applies to everyone who takes part in volleyball activity in England as well as those who represent England as volleyball players. This is in addition to existing Volleyball England Codes of Conduct.

Minimum standards of behaviour and conduct:

- Indoor volleyball can return so long as an event or activity does not exceed 30 participants (including players, coaches, officials, volunteers and event organisers).
- All participants must maintain social distancing while entering the site, preparing their own equipment and leaving the site.
- All participants should sanitise their hands prior to the start of activity.
- Volleyballs can be shared but the sharing of other equipment should be limited where possible.
- Where equipment such as volleyballs are shared, participants must practice strict hand hygiene before and after use and the equipment must be cleared before use by another person.
- Players should refrain from spitting or rinsing out their mouths and should maintain respiratory etiquette if they cough or sneeze.
- Players, coaches, officials and spectators should refrain from shouting.
- Congratulatory touches are not permitted.
- Hand sanitiser should be used during all breaks in activity and prior to consuming any food or drink.

If a participant continually breaks this code of behaviour, they will be asked to leave the activity.
Appendix 3

6v6 gameplay analysis

Introduction
During a 6v6 volleyball match, players are in relatively close proximity to each other. Volleyball England analysed some gameplay to investigate just how much time players spend face-to-face with other players within one metre, as we know there is a higher risk of being directly exposed to respiratory droplets when you are close to someone and have face-to-face contact with them. We also looked at three specific match situations where close contact is common – during a service, proximity to teammate and at the net – to see if any rule changes or adaptations would be needed.

Method
Six male and six female athletes from two randomly chosen matches were analysed for one set. The analysis was conducted using myDartfish, and videos reviewed in slow motion or frame by frame. Markers were added for each incident. An incident was classified as when the athlete was within one metre and face-to-face with someone else. The marker would start once both criteria were met and stop when either was no longer met.

Each marker was then categorised for player and match situation. The three situations were defined as:
- Service – player is waiting for a service to take place.
- Teammate – player has an incident with a teammate, e.g. moving around the court or playing the same ball.
- At the Net – when a player is near the net during open play.

Certain events were excluded – such as celebrations, team huddles, high-fives/handshakes and timeouts – as these actions would be removed from the game completely in line with return to volleyball guidance.

While there were no direct measures of distances available, estimates were made based on a nine metre court baseline and UK average height of 168cm leading to an estimated arm span of 84cm. Face-to-face was also determined from frame by frame reviews of the footage. Similarly, duration was measured from the start of the incident to the end to the nearest second.

Results
Data was processed and descriptive statistics generated. The results showed an average of 24.42 ± 8.78 incidents per athlete per set, with an average duration of 58.67 ± 23.36 seconds per athlete per set and an average duration of 2.40 ± 0.46 seconds per event. A breakdown of the results per match situation can be seen below.

<table>
<thead>
<tr>
<th>Match Situation</th>
<th>Average Number of Incidents (M ± SD)</th>
<th>Average Total Time of Incidents (seconds, M ± SD)</th>
<th>Average Time per Incident (seconds, M ± SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>4.33 ± 2.46</td>
<td>19.92 ± 12.18</td>
<td>4.83 ± 1.76</td>
</tr>
<tr>
<td>Teammate</td>
<td>5.58 ± 3.73</td>
<td>10.58 ± 6.23</td>
<td>2.02 ± 0.85</td>
</tr>
<tr>
<td>At Net</td>
<td>14.50 ± 5.04</td>
<td>28.17 ± 11.54</td>
<td>1.93 ± 0.29</td>
</tr>
</tbody>
</table>

Reference 1
Conclusion
The results suggest that a volleyball player would be face-to-face and within one metre of another player less than 25 times per set, which roughly equates to less than one minute per set. For context, 6v6 volleyball can have a maximum of five sets, each lasting 20-25 minutes, which means that, in most cases, players are likely to spend around five minutes face-to-face and within one metre of other players during a match.

Based on the Government’s ‘team sports risk exposure framework’, this would suggest 6v6 volleyball has a medium risk as the accumulation of game events that force players to be face-to-face and within one metre of each other is less than 15 minutes.

The results also suggest few rule changes would be needed as all of the match situations would be within the permitted timeframe.

It is important to acknowledge the limitations of the data; a more direct measurement of the distances between players would improve the accuracy and reliability of testing and would be beneficial. In addition, increasing the sample size would allow greater generalisation of these findings and the number of interactions with the ball could add depth to the likelihood of transmission. There are also several situational factors that could influence results. For example, ability of players, quality of opposition, length of game and length of set.