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(Revised)

# COVID-19 Medical Mitigation Regulation

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| <b>2022 Edits:</b>                             |                 |
| Section 5.2                                    | January 5, 2022 |
| Section 2.6.1; 2.6.2; 3.1.1; 3.1.4; 3.1.5; 3.3 | August 11, 2022 |
| Section 5.1; 5.1.1; 5.1.2; 5.2; 5.3; 5.5; 5.7  | August 11, 2022 |

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#### PURPOSE:

To define the procedure of COVID-19 mitigation and response to positive cases during a World Wheelchair Rugby (WWR) licensed/sanctioned event.

This regulation applies to Championship events (Zonals/Worlds) that teams are required to attend, and not to non-championship events. It is recommended that non-championship event organisers clearly outline what their mitigation strategies are so that teams can make informed decisions on whether to attend.

#### OVERARCHING PRINCIPLES:

The medical services related to COVID-19 mitigation and response provided by the WWR licensed/sanctioned event medical teams and the host country provide first aid medical coverage during the licensed/sanctioned event in compliance with World Health Organization, host country's overseeing health organization and the country/state/local/or equivalent department of health and municipality guidelines.

WWR recognizes that each host country has its own regulations regarding COVID mitigation and management. This WWR Regulation is to be utilized to conform and/or be more stringent, but not more lenient than the host country's regulation. The Regulation will be reviewed monthly.

Please note with effect from January 1, 2022, all participants must be fully vaccinated and have proof of vaccination which will need to be submitted when participants are entered as part of the long list, on arrival in the host country and at registration at the competition.

It is strongly recommended that all participants have booster vaccinations where available.

The host country's Governmental organisations will ultimately decide if different vaccination types are acceptable and what proof of vaccination is required within their jurisdiction.

#### DEFINITIONS:

Participants: includes registered athletes, caregivers, host staff, team staff, technical officials, registered volunteers, exhibitors, sponsors, and other stakeholders.

Quarantine: separation and restriction of movement of people who are exposed to a contagious disease to see if they become sick.

Isolation: separation of people with a contagious disease from people who are not sick.

Host city resident: All participants that reside within the [host city and its designated surrounding area identified by the host country].

Bubble Area: Area that is segregated to prevent cross contamination and limit spread of outbreak.

Bubble/Sub-Bubble: Group of two or more individuals who are determined to have been in close contact prior and during travel to host country. (Ex: Team athlete/staff/caregiver)

## 1. DOCUMENTATION/COMMUNICATION:

- 1.1 Playbook: All host country will develop a playbook which will disseminate COVID-19 related information
- 1.2 Recommend playbook initially disseminated 3 months prior to start of event, and resend every month or more frequently, as necessary

## 2. SAFETY PLANNING:

### 2.1 COVID Management Team

- 2.1.1 COVID team will be established by the host country
- 2.1.2 The team must be able to provide guidance and solution to COVID related issues during the planning and the tournament and at a minimum must include:
  - (1) Manager
  - (2) COVID Medical Committee
  - (3) Clear contact information

### 2.2 Personal Protective Equipment (PPE)

- 2.2.1 Well-fitting and approved face mask(s) will be worn by all participants for the duration of the WWR licensed/sanctioned event
- 2.2.2 Only exception to face mask requirement will be for athletes and referees actively participating in competition on the field/court of play, while eating, and athletes leaving the court with short cool down and to stop sweating (for those who do sweat) before they return to their bench area.
- 2.2.3 For personnel interacting with athletes one on one (ex: classifiers, medical team)
  - (1) For Direct Patient Care (non-aerosol-generating procedure and COVID-19 not suspected): minimal requirement is medical grade face mask (surgical or N95 equivalent) and gloves.
  - (2) Temperature Screening: minimal requirement is a well-fitting medical grade face mask (surgical or N95 equivalent) and gloves.
  - (3) Antigen testing: minimal requirement is a medical grade face mask (surgical or N95 equivalent), face shield, gown, and gloves
  - (4) PCR testing: minimal requirement is a N95 or equivalent mask, face shield, gown, and gloves
  - (5) Engagement with COVID-19 positive individual: a N95 or equivalent mask, face shield, gown, and gloves
  - (6) For disinfecting staff: minimal requirement is a well-fitting medical grade mask and gloves

### 2.3 Cleaning and Disinfection

- 2.3.1 Hand sanitizer/washing station will be placed in all areas of entry and in venue areas
- 2.3.2 Shared location/equipment station:
- 2.3.3 Disinfecting solutions and equipment will be placed in all transportation vehicles, and sanitation will be completed after each bus/transportation run
- 2.3.4 Disinfecting solutions and equipment will be placed at all screening, testing, and venues, and sanitation will occur for all shared equipment (ex: benches, pens, chairs, boards, etc.) between uses

### 2.4 Transportation

- 2.4.1 Procedure for transportation of all participants will be established by the host country and at a minimum must include:
- 2.4.2 Movement within and outside of the bubble/sub-bubble area
- 2.4.3 Movement of positive Ag/PCR test individuals
- 2.4.4 Maximum number of group being transported (spacing and open/closed area situation must be considered)

#### 2.4.5 Cleaning and disinfection of vehicles/equipment between groups/individuals

### 2.5 Spectators/visitor

- 2.5.1 Procedure for management of spectators/visitors will be established by the host country and at a minimum must include:
- 2.5.2 Maximum number of group being allowed (spacing and open/closed area situation must be considered)
- 2.5.3 Admission process
- 2.5.4 Flow from entry to exit process
- 2.5.5 Distance from the athletes and sideline must be clearly identified
- 2.5.6 Interaction with the athletes and staff
- 2.5.7 Consideration should be given to:
  - (1) Not having any spectators; or
  - (2) Limiting the number of spectators; or
  - (3) Insisting that spectators are vaccinated ensuring that there are adequate checking arrangements.

### 2.6 Food service:

- 2.6.1 Mitigation procedure for food/dining service will be established by the host country and at a minimum must include:
- 2.6.2 No shared utensils or other equipment
- 2.6.3 Maximum number of group being allowed (spacing and open/closed area and bubble cohort situation must be considered)
- 2.6.4 Schedule of service to spread out
- 2.6.5 Flow from entry to exit process

### 2.7 Behavior:

- 2.7.1 Procedure for processing individuals/groups who violate the rules and regulation will be established by the host country and at a minimum must include:
- 2.7.2 Process of discipline (ex: committee/individual)
  - (1) Reporting
  - (2) Evaluation
  - (3) Decision
- 2.7.3 Course of action (ex: progressive vs. decisive)
- 2.7.4 Monitoring of conformance of disciplinary action

### 3. BUBBLE AREA and BUBBLE/SUB-BUBBLE groups:

- 3.1 Clearly identify bubble areas that will assist in group movement and containment of bubble/sub-bubble group
  - 3.1.1 Avoid large group gathering
  - 3.1.2 Prevent contamination
- 3.2 Clearly identify Bubble/Sub-Bubble groups and enforce movement and activities as a group.
- 3.3 Minimize exposure other than within the group

### 4. COVID-19 SCREENING:

- 4.1 Screening A Procedure for screening will be established by the host country At a minimum, include the following:
  - 4.1.1 Initial screening PRIOR to registration which requires verification of COVID vaccination
  - 4.1.2 Follow up or serial screening during the duration of the tournament
  - 4.1.3 Initial compliance check:

- 4.1.4 Verification of proof of COVID-19 vaccination
- 4.1.5 Verification of proof of compliance with the appropriate process for un-vaccinated participants
- 4.1.6 Symptom identification
- 4.1.7 Temperature reading
- 4.1.8 Information required to provide notifications and contact in case of positive screen
- 4.1.9 Clear procedure for those participants who screen positive.

## 5. COVID-19 TESTING

- 5.1 Highly recommend that participants perform Ag test 24-48hrs prior to arrival of host country.
  - 5.1.1 Home test kits are acceptable
  - 5.1.2 If positive, DO NOT TRAVEL.
- 5.2 Upon arrival at the host country, COVID-19 Ag test will be optional for all participants and should be available.
- 5.3 Confirmatory Polymerase Chain Reaction (PCR) Test is optional and should be available to be offered.
- 5.4 Consult with WWR CMO during early part of planning for most current guidance
- 5.5 Antigen (Ag) testing (Optional). Procedure for Ag testing will be established by the host country - At a minimum, include the following:
  - (1) Process for initial testing
  - (2) Process for follow up or serial testing
  - (3) Location and times and staffing guideline clearly identified
  - (4) Process of record keeping (electronic and/or hard copy)
  - (5) Test administering process
  - (6) Notification process of results
  - (7) Clear procedure for those participants who test positive during this phase
  - (8) Confirmatory PCR testing must be completed on all participants who test positive on Ag testing
- 5.6 COVID-19 Confirmatory Polymerase Chain Reaction (PCR) Test (Optional)
  - 5.6.1 Procedure for PCR testing must be established by the event leadership
  - 5.6.2 Identify the hotel/convention center/venue facility COVID procedure (establish if procedure not in place)
  - 5.6.3 At a minimum, include the following:
    - (1) Process for initial testing
    - (2) Process for follow up or serial testing
    - (3) Location and times and staffing guideline clearly identified
    - (4) Process of record keeping (electronic and/or hard copy)
    - (5) Test administering process
    - (6) Notification process of results
    - (7) Clear procedure for those participants who test positive during this phase

## 6. CONTACT TRACING

- 6.1 Procedure for contact tracing must established by the host country -At a minimum include the following:
  - (1) Identification process
  - (2) Tracker selection
  - (3) Process of daily tracing
  - (4) Contact tracing process when positive tests are identified

- (5) Privacy consideration for health information or personal indefinable information
- (6) Notification of at-risk cohort
- (7) Notification process
- (8) Script for notification (recommend following WHO other accepted medical organization)

Example:

"Consistent with our COVID tracking protocol, you are being notified that you have been identified in the vicinity of an attendee that has tested positive for COVID-19 on [date] At this time, you should self-monitor for symptoms to include:

- (1) Fever or chills
- (2) New loss of taste or smell
- (3) Cough
- (4) Sore throat
- (5) Fatigue
- (6) Shortness of breath/difficulty breathing
- (7) Muscle or body aches
- (8) Headache
- (9) Nausea or vomiting
- (10) Congestion or runny nose
- (11) Diarrhea
- (12) Headache

Should you experience any of these symptoms during your travels home or upon arrival, please contact your medical professional to receive further instructions."

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Date: August 2022 (Revised)

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Date: August 2022 (Revised)

**WWR Chief Medical Officer**