

WWR Return to Train and Play Advisory Guidelines

And Checklist – Version 1

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Return to Wheelchair Rugby Advisory Guidelines and Checklist

Background

This Advisory and Guidelines checklist has been developed as a result of WWR Member Nation Organisations (NMO) requesting such a document as they felt that Governmental and National Sports bodies guidance and advice whilst good in general terms did not address the specific issues facing those involved with wheelchair rugby. The WWR is very grateful for the work undertaken by the Medical Advisory Group put together for this purpose.

Principles

Any decision to allow access to a club or training facility is subject to the National, Local Governmental and Public Health regulations in force at that stage. These public health regulations take precedence over any club regulations or WWR advice. Wheelchair rugby organisations should also take advice about their insurance provisions.

These guidelines and checklist are **advisory** and are there to assist the recommencing of wheelchair rugby training and competition whilst minimising the risks associated with Covid 19. This will mean we can facilitate athletes and all those supporting them to enjoy the sport they love.

These guidelines may be adapted for meet local requirements subject to the meeting of Governmental and National Sports bodies guidance. The guidelines have also been produced on the basis that athletes and staff are travelling to a facility and may have to be amended to cater for training camp environments where the athletes and staff are accommodated.

NOTE:

Any reference to staff/team relates to any persons who are not athletes who are associated with a training or playing environment and may include but is not limited to coaches, medical team, support individuals, technical officials and volunteers of any kind.

Sections: Education (Page 3), Public Health Awareness of COVID-19 (Page 3), Athlete and Staff/Team Specific Measures (Page 4), Facility Access and Flow (Page 5), Cleaning, Hygiene and Sanitisation (Page 6), Equipment (Page 7), Medical and Public Health Response Plan (Page 8)



New and Suspected Cases (Page 9), Checklist for Athletes (Page 10).

Торіс	Advice	Done	Notes
Education	 All members of the team should be educated on status of COVID-19 outbreak in their local/national setting. Regular briefings on changes should be discussed and posted and any relevant adjustments made before the next training group arrives. Information posters with clear rules should be visibly posted along with the consequences if they are adhered to being immediate, including removal from the facility. All should be educated in the steps to limit spread of COVID-19, including respiratory etiquette hand washing physical distancing No spitting or clearing of nasal except into a disposable tissue that is to be hygienically disposed of immediately Provide information on the meaning of the following measures: quarantine, self-isolation, and self-monitoring? 		
Public Health Awareness of COVID-19	 Provide Information on the at-risk populations to all athletes and staff so they may make an informed decision on their attendance based on their personal risks. At-risk populations include anyone with compromised immune systems, individuals over 65yrs, those with co-existing medical conditions including, but not limited to:, diabetes, cardiac disease, severe asthma, chronic lung conditions / impaired respiratory function and autoimmune diseases. Extra precautions should be taken for these categories - e.g. before contact is permitted. 		



Topic	Advice	Done	Notes
Athlete and Staff/Team Specific Measures	 All team members should be screened prior to entering the facility for any recent contact, risk factors or symptoms of illness. Anyone with a history of "COVID-19 like" illness or close/sustained contact with someone with similar symptoms should not enter the training environment for at least 14 days after the last contact or 10 days post symptom resolution AND after medical clearance. Anyone with respiratory symptoms or fever (>38 deg C) should NOT enter the facility or train and should stay home and isolate and contact the medical lead and coach in advance. All team members should sign an undertaking to abide by this rule. Reporting processes and response need to be clear and recorded (coach, manager, monitoring lead, etc.). Athletes should be maintained in as contained a node as possible. This includes living and commuting arrangements. Athletes living together should train together. Training groups should be kept consistent to minimize any group cross-over. All athletes should have their own water bottles and towels, etc. Water bottles should be filled at home (or a safe source) and stored in their own container/bag. No sharing of equipment. Athletes should not use common areas in the club or parking lot - "Get In, Train, Get Out". Traffic flow and scheduling must avoid crowding and bottlenecks where congregation may occur. The local physical distancing rule should always be enforced. Group size limits may vary across jurisdictions and at the different risk levels. The risk levels in place may be increased or decreased at any time by public health authorities. Group size includes staff and distancing guidelines should be met. 		



Торіс	Advice	Done	Notes
Facility Access and Flow	 Social congregations in the parking area should be avoided. Facilities should be unlocked by designated staff BEFORE any training groups arrive and locked after the last group departs. Common meeting rooms and weight rooms should be out of bounds and not to be used by the training groups until public health regulations permit. Non-essential rooms should be locked. Facility showers should not be used. Washroom use should be minimized to essential use. A virtual setting for all meetings and team debriefs should be encouraged. No catering or food preparation should be allowed in the kitchen areas. A flow pattern through the facility should be established to avoid congestion. Changing areas used by different groups in the same building should be physically separated from each other (e.g. large plastic sheets). Monitor the number using a sign-in sheet (preferably non-touch online) to ensure the group size rule and to allow for contact tracing if needed (e.g. Google Sheets) 		



Topic	Advice	Done	Notes
Cleaning, Hygiene and Sanitisation	 Permanent or portable handwashing stations should be placed in a visible and accessible spot at the entrance and exit to the facility and consistently filled Paper towels with a lidded disposal container should be provided. Soaps should be kept resupplied and checked regularly. Stations should be cleaned regularly and sanitized at least twice daily or more frequently as required. Washrooms should be equipped with sufficient hygiene and sanitation products. Hand sanitizer and alcohol rubs/gels, tissues, frequently replaced soap canisters, paper towels for drying hands. Closed bins for safe disposal of hygienic materials (e.g. tissues, towels, sanitary products) in washrooms and changing rooms. Washrooms should be cleaned before and after training groups. ALL chairs and balls should be cleaned immediately after the session. The ENTIRE chair should be washed with appropriate disinfectant, detergent and water with a brush and sponge in a common wash area. Balls should be wiped or sprayed with disinfectant. Cleaning equipment should be to be rinsed post wash and stored in an accessible area. Chairs should have a labelling system to indicate they have been cleaned and sanitized 		



Topic	Advice	Done	Notes
Equipment	 All club equipment should be assigned to specific individuals. If assigned to more than 1 individual, they should be in staggered training groups with enough time in between for thorough washing and sanitization. Privately owned equipment that is stored in club facilities should follow the same storing, cleaning, and sanitization rules. A clear log of use must be kept for contact tracing. If the athlete performs their own adjustment only their personal tools should be used. If chairs are adjusted by anyone other than the athlete, then any chair requiring maintenance or adjustment should be washed and sanitized first and clearly marked for adjustment. Athletes are not to stay at the repair area while adjustments are made. Wherever possible adjustments should be made at home prior to training or playing. Club tools should be utilized by one individual at a time and thoroughly cleaned and sanitized BEFORE and after EACH repair or adjustment. Coach and staff equipment should be assigned to a coach/staff member for their exclusive use. If exclusive use is not possible, a schedule with sufficient cleaning and sanitation time between coaches should be enforced. Possible group sizes depend on the public health rules in place at the time and maintain local distancing rule. The use of common equipment, including weight equipment, SHOULD always adhere to public health regulations. 		



Торіс	Advice	Done	Notes
Medical and Public Health Response Plan	 Each program/ club should have a designated Medical Lead who is a qualified health care professional. A Medical Plan needs to be developed in conjunction with, reviewed and approved by the Medical Lead in cooperation with local health authority. All local public health and the club's medical process should be followed. There should be clear contact tree contained in the plan. The medical area needs to be cleaned and sanitized after each use. Establish a process for reporting medical conditions related to COVID in line with the established club medical and/or local public health process. Establish isolation room(s) where sick members are dealt with appropriately where no one is permitted unless they are ill and awaiting transport. A process for monitoring a sick individual should be put in place. Applicable Personal Protective Equipment (PPE) should be available in the isolation room(s) (mask for the individual who is ill and masks, eye protection and gloves for individuals who are monitoring). Every athlete and coach/staff/volunteer should be screened prior to starting at the facility. (SEE ATHLETE / STAFF SPECIFIC MEASURES SECTION ABOVE). A designated person should establish a daily self-assessment for ALL participants before arriving at a facility. UNDER NO CIRCUMSTANCES ARE SICK OR SYMPTOMATIC INDIVIDUALS TO ENTER THE FACILITY AND TRAIN. A protocol should be produced for the designated medical person to make the appropriate contacts for reporting suspected cases and request testing and epidemiological investigations. Contact numbers for the local Public Health Office should be included in the protocol. 		



Торіс	Advice	Done	Notes
Management of New or Suspected Cases	 A clear process should be put in place to manage any anyone in the training group that becomes unwell and requires assessment and testing for COVID-19. This would include: communication to other members of the team, what the ill individual should do, and the involvement of facility and local public health authorities ensuring compliance with local guidelines ALL possible cases will need to be notified to public health authorities in accordance with the COVID-19 regulations (COVID-19 is an immediately notifiable disease). Clear and easily understood processes should be in place for reporting to external multi-sectoral stakeholders and disseminating risk communication messages (media). 		



Wheelchair Rugby Athlete Return to Train and Play – Checklist for Athletes

	Advice		
Medical	 On arrival at the training facility you will be screened for any recent contact, risk factors or symptoms of illness. If you have a history of "COVID-19 like" illness or close/sustained contact with someone with similar symptoms you should not enter t training environment for at least 14 days after the last contact or 10 days post symptom resolution AND after medical clearance. If you have respiratory symptoms or fever (>38 deg C) you should NOT enter the facility or train and should stay home and isolate and contact your coach and medical staff. If you feel unwell or have any of the following symptoms – DO NOT try to enter the training facility and report the matter to your coach and medical staff. 		
	 Most common symptoms: 		
	Fever • Dry cough • Tiredness		
	 Less common symptoms: 		
	Aches and pains Nasal congestion Conjunctivitis Sore Throat		
	Diarrhoea Loss of taste and smell Rash on skin or		
	discoloration of fingers or		
	toes		
	These symptoms are usually mild and begin gradually (Source WHO)		
General Preventive Actions	 Arrive changed, leave changed - "Get In, Train, Get Out". Maintain the locally prescribed Physical Distancing/Facial Covering When changing to the sports chair make sure you have sufficient space Do not congregate with others in car parks or public areas Follow all signage instructions Wash hands regularly and use sanitising gels where provided No spitting No clearing of nasal passages except into a disposable tissue that is to be hygienically disposed of immediately 		
Equipment	 You MUST have your own water bottle and towels, etc. Water bottles should be filled at home (or a safe source). These MUST NOT BE SHARED No sharing of equipment, tools, strapping, towels etc. Make sure your chair is washed with appropriate disinfectant, detergent and water with a brush and sponge after each session. Ensure balls are be wiped or sprayed with disinfectant. If you do your own adjustment to your chair only use your own tools and clean them before and after use. If possible, do your chair maintenance at home. 		



• Ensure that your **gloves are cleaned** after each use.