COVID-19 Return to High Performance Sport Framework

ACKNOWLEDGEMENTS

Thank you to the following members of the National COVID-19 Return to High Performance Sport Task Force for their contributions to this document.

Anne Merklinger - Task Force Chair, CEO, Own the Podium
Dr. Mike Wilkinson - Chief Medical Officer, Canadian Olympic Committee
Dr. Andy Marshall - Chief Medical Officer, Canadian Paralympic Committee
Lorraine Lafreniere – CEO, Coaching Association of Canada
Paul Melia - CEO, Canadian Centre for Ethics in Sport
Catherine Gosselin-Després - Executive Director of Sport, Canadian Paralympic Committee
Dave Mirota, Director, Olympic Performance, COC
John Atkinson – HPD, Swimming Canada
Rowan Barrett – HPD, Canada Basketball
Eugene Liang - HPD, Triathlon Canada
Marshall Starkman- General Manager, Hockey Canada
Mike Slipchuk – HPD, Skate Canada
Carla Nicholls – Para Performance Lead, Athletics Canada
Ian Mortimer - Director of Development, Canoe Kayak Canada
Kate Boyd - High Performance Manager and NextGen Coach, Nordiq Canada
Dave Ellis – Athletic Director, Canada Ski Cross
Inaki Gomez – Athletes Commission, Canadian Olympic Committee
Erica Gavel – Athletes Commission, Canadian Paralympic Committee
Jocelyn East - Co-Chair, Federal-Provincial/Territorial Work Group on Ethics, Safety and Integrity in Sport
Dale Measner - Co-Chair, Federal-Provincial/Territorial Work Group on Ethics, Safety & Integrity in Sport
Kelly Dearborn - Senior Program Analyst, Sport Canada
Jason Poole - Performance Services Director, Canadian Sport Institute Calgary
Dr. Suzanne Leclerc - Chief Medical Officer, Institut National du Sport du Québec
Dr. Taryn Taylor- U Sports
Mark Hahto -, Director, Summer Sport, Own the Podium
Dr. Patricia Chafe – Director, Winter Sport, Own the Podium
Dr. Andy Van Neutegem – Director, Performance Sciences, Research and Innovation, Own the Podium

The Task Force also extends its grateful thanks to the Australian Institute of Sport for use of THE AUSTRALIAN INSTITUTE OF SPORT (AIS) FRAMEWORK FOR REBOOTING SPORT IN A COVID-19 ENVIRONMENT as a reference and source of information in completing this Framework.

CANADA'S COVID-19 RETURN TO HIGH PERFORMANCE SPORT FRAMEWORK

INTRODUCTION

Canada is proud to be a leading sport nation—both at home and abroad—where all Canadians can enjoy, value, and celebrate the benefits of active participation and excellence in sport. High performance sport is valued by Canadians and is a proven mechanism to strengthen, unite and build Canadian communities in times of crisis. High performance athletes, coaches and support staff want to return to play/work in a manner that protects the health and safety of all participants and the communities they live and train in. The pursuit of excellence for Canada's high performance athletes is their chosen profession and as such return to training is essentially "return to work".
The development and implementation of Canada's COVID–19 Return to High Performance Sport Framework is based on and will be guided by public health expertise and advice and grounded in the values and principles for sport contained in the Canadian Sport Policy.

Sport provides direct benefits to the economy, healthcare, and education; and contributes to social capital through connectivity, resilience and creating stronger, cohesive communities. The current Canadian Sport Policy, effective from 2012 to 2022, sets a direction for all governments, institutions, and organizations to make sure sport has a positive impact on the lives of Canadians, our communities, and our country. In 2018-2019, Sport Canada provided approximately $3.4 million to specifically promote participation in sport for children[1]. In 2017, sport GDP rose 3.3% in 2017 to $6.6 billion, accounting for 0.3% of the total economy [2]. The largest component was organized sport activities, including the hosting of both professional and amateur sporting events. There were 118,000 sport jobs in Canada in 2017, up 3.7% from 2016 and account for 0.6% of total jobs in Canada[3].

Specifically, in a COVID-19 environment, the resumption of sport can significantly contribute to the re-establishment of normality in Canadian society. Sport organizations and participants will be faced with complex decisions regarding the reopening of training and competition in the current circumstances. The National COVID-19 Return to High Performance Sport Task Force, in consultation with sport partners, Sport Medicine Advisory Committee (SMAC), has developed a COVID–19 Return to High Performance (HP) Sport Framework to inform the resumption of sport. National Principles for Return to HP Sport were used as a guide in the development of the 'National Framework'.

The National Framework is a tool which consists of a minimum baseline of standards from current evidence, and guidelines from the provincial, territorial, and federal health authorities extrapolated into the sporting context by medical experts in infectious diseases and public health. The National Framework focuses on 'how' the reintroduction of sport activity will occur in a cautious and methodical manner from an athlete, coach, and practitioner perspective.

OVERRIDING VALUE OF HIGH PERFORMANCE SPORT

High performance sport transforms the lives of Canadians, provides role models for our youth and helps define our Canadian culture. For the purpose of this document, high performance athlete is defined as:

- An athlete or representative nominated by the NSO, and
- Identified on the NSO podium pathway as a senior or Next Gen athlete, or
- Receiving AAP funding support.

A resumption of high performance sport is predicated on three overarching value-based principles:

1. First and foremost, high performance athletes, coaches, and support staff, respect the need to return to play/work in a manner that respects the guidelines and procedures developed by public health authorities at the federal, provincial, and local levels of government.
2. The Framework will be consistent with the values and principles for sport contained in the Canadian Sport Policy including, most importantly, protecting the health and safety of high performance athletes, coaches, support staff and all other participants and the communities where they live and train.
3. Return to play/work can help Canadian communities heal, re-build and re-unite post COVID-19.

Given the principles identified above, Canada's national high performance sport partners, strongly urge all relevant authorities to consider the adoption of "return to play/work" measures or guidelines for Olympic and Paralympic high performance athletes, coaches and support staff in a manner consistent with the principles detailed below as soon as possible.

RETURN TO HIGH PERFORMANCE SPORT PRINCIPLES

The National Framework is a tool of minimum baseline measures, for 'how' to return to sport in a safe, responsible, and cautious manner, based on the best available public health evidence to optimize athlete and community safety.
The following principles guide the planning undertaken by a sport organization for a Return to HP Sport Plan:

Health First Principles

1. Return to high performance sport activities can contribute many health, economic, social, and cultural benefits to Canadian society emerging from the COVID-19 environment.
2. Implemented safely, return to high performance sport activities should not compromise the health of individuals or the community.
3. Return to high performance sport activities will be based on objective health information to ensure they are conducted safely and do not risk increased COVID-19 local transmission rates.
4. All decisions about resumption of sport activities must take place with careful reference to these National Principles and in compliance with the guidelines provided by federal, provincial, and local Public Health Authorities.

5. National Sport Organizations seeking specific exemptions to recommence activity, particularly regarding competitions, must seek approvals from their respective local and/or provincial Public Health Authorities regarding additional measures to reduce the risk of COVID-19 spread.
6. Localized outbreaks of COVID-19 may require sport organizations to again restrict activity and those organizations must be ready to respond accordingly. The detection of a positive COVID-19 case in a sport organization will result in a standard public health response, which could include quarantine of a whole team or large group, and close contacts, for the required period.
7. The risks associated with large gatherings for high performance sport will exist for the foreseeable future. If recommenced, they should do so based on public health authority guidelines including currently in a spectator-free environment with the minimum support staff available for the competition.
8. Venues and equipment in the daily training and competition environment should be assessed to ensure precautions are taken to minimize risk to those participating in sport and those attending sport events as spectators (where and when permissible).

Operational Principles

9. Canada's "Return to HP Sport Framework" provides a guide for the reintroduction of high performance sport. The Framework incorporates consideration of the differences between contact and non-contact sport, indoor and outdoor sport and team and individual sport. The three phases of sport re-activation (Level A, B and C) in the Framework provide a general guide for risk management. Individual jurisdictions may provide guidance on the timing of introduction of various levels of sport participation regarding local epidemiology, risk mitigation strategies and public health capacity.
10. Specific needs related to vulnerable participants with high support needs will be addressed in determining resumption plans.
11. International evidence to date suggests that outdoor sport activities are a lower risk setting for COVID-19 transmission compared to indoor sport activities.
12. All individuals who participate and contribute to high performance sport will be considered in resumption plans.
13. The Return to Sport Assessment Tool (R-SAT) is an important methodological step for sport organizations to assess risk in their return to sport plans and protocols for specific environments. The R-SAT was developed by World Health Organization (WHO) and has been validated by infectious disease experts[4]. The R-SAT is not a 'permission to return tool", but simply a strategy in mitigating risk.

TRANSMISSION

COVID-19 is highly transmissible from person-to-person and readily spreads to close contacts of infected individuals. The virus is primarily spread between people during close contact, most often via small droplets produced by coughing, sneezing, and talking. The droplets usually fall to the ground or onto

surfaces rather than travelling through air over long distances. People catch COVID-19 by touching these objects or surfaces (fomites), then touching their eyes, nose, or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19. The virus can persist in the air for up to three hours and on a variety of surfaces for up to 5 days (plastics and steel showing some of the longest times)[5].

The virus is most contagious during the first three days after the onset of symptoms, although spread is possible before symptoms appear (pre-symptomatic), and can even be spread from people who may not show symptoms (asymptomatic).[6] Common symptoms include fever, cough, fatigue, shortness of breath, and loss of smell and taste. While most cases result in mild symptoms, some may progress to acute respiratory distress syndrome, multi-organ failure, septic shock, and blood clots. The time from exposure to onset of symptoms is typically around five days but may range from two to fourteen days, one of the factors making this such a hard disease to monitor and control.

MASKS

In areas where COVID-19 activity is present, use of non-medical masks or face coverings is recommended in addition to handwashing and cough etiquette as an added layer of protection when physical distancing is difficult to maintain. There are three main types of masks that are available:

1. N95: These are tight-fitting masks typically used by health workers and are designed to seal around the nose and mouth and screen out 95 per cent of small airborne particles. They are likely to prevent transmission of aerosolized virus — those suspended as a mist in the air.
2. Surgical or medical masks: These are looser fitting, more flexible disposable masks that are considered effective barriers against large droplets released by talking, coughing, or sneezing — the main way COVID-19 is likely transmitted.
3. Non-medical cloth masks: These masks are reusable, washable masks for distribution. These masks are typically porous, and their effectiveness is still a subject of research. They can be used when distancing is difficult to maintain.

When using a mask, the World Health Organization (WHO) recommends:

- Before putting on a mask, clean your hands with soap and water or alcohol-based hand sanitizer.
- Cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it and clean your hands if you do.
- Replace the mask with a new one as soon as it is damp and don't reuse single-use masks.
- Remove it from behind, discard immediately into a closed bin and then clean your hands with soap and water or alcohol-based hand sanitizer.

TESTING

In Canada, indications for conducting testing for COVID-19 have changed over the course of the pandemic, as case definitions have evolved, and testing kits have become more available. A test to confirm the diagnosis of COVID-19 is PCR testing of nasopharyngeal and/or throat swabs, combined with relevant clinical findings. The absence of SARS-CoV-2 on a PCR test on a single occasion is insufficient to definitively rule out COVID-19 infection. Health Canada has recommended using multiple samples over multiple days in those whose symptoms are strongly suggestive of COVID-19[7]. In general, PCR tests for other respiratory viral infections tend to have a high sensitivity and specificity, although there is limited data specific to COVID-19.

As of May 20, 2020, two serology tests have been approved for use in Canada. At this stage, the availability is limited to in Lab use and the reliable (approved) tests are not widely available for community screening. There is still significant debate on how long and to what level a person who has been infected with COVID-19 will maintain immunity or protection from a new infection. At this stage routine serology testing, specifically to enable return to group training or competition, is not recommended. As with everything in this pandemic this may change, and we will continue to monitor for any developments relevant to high performance sport.

At present, testing of asymptomatic individuals using nasal swabs (PCR tests) as a screening tool is not sensitive enough to allow this to routinely be used as a method for clearing an individual for return to play or joining a training group. Research confirms that presently the most sensitive screen is a combination of daily symptom checks, testing of any symptomatic individuals with isolation until test results are available, isolation of any infected individuals and tracing of all contacts. Management of any positive cases must follow local public health regulations and guidelines.

CLUB SPORT

The principles outlined in this document apply equally to competitive club sport in our communities. A *sports club* is often characterized as owning or leasing a facility (sometimes referred to as a 'club house') in which the 'club' is responsible for a physical entity. The sports club should comply with provincial public health requirements in ensuring the facilities and equipment belonging to that club are disinfected/sanitized in line with all mandates. It would also be the responsibility of the club to ensure parking, entry, flow throughout the building and the facility are all coordinated and in line with health authority requirements or guidelines.

Some sports clubs often do not have a 'club house', or training facilities with the responsibility to maintain and ensure they meet local and provincial health guidelines. Clubs that fall within this category will need to work with facility owners and managers to ensure they meet all requirements that are in place, for arrival, entry to the training environment (pool), departure and equipment 'owned' by the facility needs to be maintained, sanitized and disinfected by the facility operator.

A Club Risk Assessment and Mitigation Checklist **(Appendix B**) is provided as a standard of measures to be implemented to best safeguard the club or facility environment from COVID-19 transmission. The Club 'checklist' aligns with the Return to Sport Assessment Tool (R-SAT) referenced in this Framework **(Appendix A)** which was developed for the high performance sport community often characterized by a closed, centralized training environment. In some cases, a sports club may find it more useful to use the R-SAT which is suited for clubs that serve a closed and centralized environment for high performance athletes and should address more mitigation strategies.

VULNERABLE POPULATIONS

Athletes and support staff with medical conditions including respiratory or cardiac disease, hypertension, coagulopathies, diabetes[8], obesity[9], severe asthma, and immunosuppression due to disease, chronic condition or medication may be at increased risk of severe COVID-19 infection. In Canada 68% of all hospitalizations and 96% of all deaths due to COVID 19 have been in those aged 60 years or older[10].

Return to sport protocols for para-sport athletes should also consider the following: increased susceptibility to respiratory infections, immune compromise secondary to spinal cord injury, unique equipment (e.g. wheelchairs) that requires cleaning, accessibility of medical resources, and access to alternate training options. Para-sport athletes that do not have concurrent medical conditions are at no higher risk of serious COVID-19 infection. Recent reports have highlighted that people can be infected with COVID-19 and have no symptoms, yet still transmit the virus to others. This would make close and regular monitoring in para-sport athletes of extreme importance.

Potential interventions for vulnerable para-sport athletes and support staff:

- Delaying a return to sport
- Training scheduled at designated 'lower risk' times (i.e. with no other groups or athletes around)
- Staff working off-site where possible
- Maintaining physical distancing (keeping at least 2 metres away from others)
- Exclusion of 'high risk' athletes or staff from the training environment

Those with concomitant medical conditions need individualized screening and management in consultation with an NSO or Games' Chief Medical Officer or primary care physician prior to return to training or competition environments.

DEFINING MASS GATHERINGS

High profile international sporting events such as the Olympics, Paralympics, or World Cups count as mass gatherings. The size of permitted gatherings at any time is also dependent on the public health regulations in force for the location at that time. Lower profile sporting events can also meet WHO's definition of a mass gathering. In general, an event counts as a "mass gatherings" if the number of people it brings together is sufficiently large that it has the potential to strain the planning and response resources of the health system in the community or training environment where it takes place[11].

In the context of high performance sport, training group size, or what constitutes a mass gathering, should be checked with local public health authorities. Other factors or questions to consider in determining a training group size include:

- Physical distancing (2 metres or greater) or isolation measures during training
- Duration of the event as well as the number of participants (less time and number of athletes limits transmission risks)
- Is the local community experiencing ongoing transmission of COVID-19 which would limit the response of critical care and isolation response?
- Are participants or event staff/volunteers from demographic groups at greater risk of severe disease, such as older adults or people with underlying medical conditions?
- Will participants be participating in activities that promote transmission?
- Will there be restricted points of entrance and exit that force people to be in proximity and/or pass through high-touch areas (e.g. doors and elevators)?

COVID-19 RETURN TO HIGH PERFORMANCE SPORT MANAGEMENT

Return to Sport will be governed by public health policy and directives. It is worth noting that different Provinces/Territories may permit the resumption of some sporting activities at different times, dependent on local COVID-19 transmission, resources and other variables influencing local policy. Even within a Province/Territory there could be geographical variability. Relaxing/increasing restrictions may be required in response to fluctuating numbers of COVID-19 cases. Resumption of sporting activity may not be linear and should be guided by local, provincial health authorities.

An initial resumption of sporting activity is dependent on several factors:

- A sustained decrease in COVID-19 transmission
- Healthcare system capacity
- Community sport clubs/groups and individuals making their own risk assessment guided by their local and provincial health authorities

In considering a resumption of sporting activity, vicarious liability should be addressed by an NSO, PSO or competitive community club. Vicarious liability is defined as the holding of a person or entity responsible for damages or harm caused by someone else. In the context of mitigating the risk COVID-19 transmissions, a national sport organization or competitive community club may hold liability for the information and mitigation strategies engaged as part of superior position in a relationship with its employee, athlete, or volunteer.

STAGING A RETURN TO HIGH PERFORMANCE SPORT

A key feature of a sport-specific Return to Sport plan is a staged approach to resumption of sport. The staging is determined by municipal, and provincial/territorial health guidelines and directives.

Staging can be managed or developed using one or more of the following parameters:

- the type and level of organized training that can take place,
- availability and access to a training facility,
- number of athletes or social clustering in the training environment, and
- the extent of physical distancing required to adhere to public health authority directives.

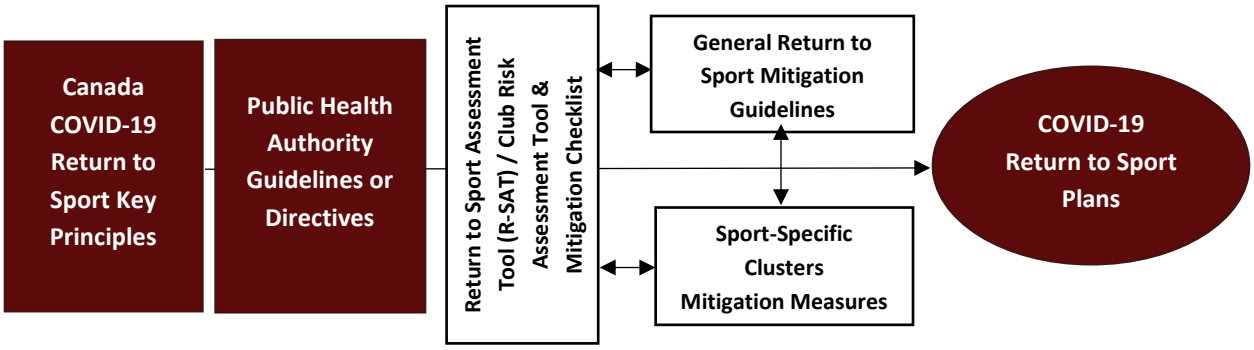
NSOs are encouraged to develop plans with a staged approach in mind and adhering to public health authority guidelines or directives. Each stage of return to sport should be checked or validated against a risk assessment using the R-SAT and corresponding risk mitigation strategies.

COVID-19 RETURN TO HIGH PERFORMANCE SPORT FRAMEWORK

The COVID-19 National Framework for Return to High Performance Sport **(Figure 1)** involves four key components:

1. **Key Principles** – outlines Canada's approach to return to high performance sport in a progressive, methodical process that respects public health authority guidelines.
2. **COVID-19 Risk Assessment Tool for Sport (R-SAT) (Appendix A) –** a functional tool to assess level of transmission risk in a training environment and impact of potential mitigation strategies.
3. **General Return to Sport Guidelines –** provide general guidelines ratified from *WHO Guidelines for Mass Gatherings* and support development of sport-specific risk mitigation strategies.
4. **Sport-Specific Return to Sport Guidelines** - guidelines based on sport context and risk environment and focusing on distancing strategies, training group size and composition, and facility and equipment access and adaptation.

Figure 1 – COVID-19 Return to High Performance Sport Framework



The three levels (Levels A, B, C) of sporting activities are based on the risk of transmission in the context of a training or competition environment **(Table 1).** This risk assessment is based on the first six questions in the initial R-SAT risk assessment. For each level, permitted activities based on physical distancing, training group composition and skill tasks, and equipment management are provided as recommendations to sport clusters for specific mitigation measures before the resumption of sport.

Table 1 - Risk Assessment Levels

Initial Risk Rating (R-SAT)	Negligible	Very Low	Low	Moderate	High	Very High
Level of Mitigation Strategies	**Level A Initial Risk Assessment-** Under Level A the disease is contained, but there is still a low risk of community transmission. The objective of these guidelines is to minimize the risk of transmission of the virus, and to be able to rapidly track and isolate any cases that may arise.			**Level B Initial Risk Assessment-** Under Level B the disease is contained, but there is still a moderate risk of community transmission specifically in vulnerable populations. The objective of these guidelines is to minimise the risk of transmission of the virus, and to be able to rapidly track and isolate any cases that may arise.	**Level C Initial Risk Assessment-** Under Level C the disease is not contained, and there is a high risk of community transmission. Non-essential activities should be restricted, and people should stay at home and only go out for essential services.	

USING THE FRAMEWORK

The Framework provides a 'road-map' to develop resources and mitigation measures to inform sport-specific plans. It is not meant to replace effective planning but rather provide as much direction and context for effective decision-making.

Phase 1 - Risk Assessment

1. Become aware of local health authority guidelines and level of transmission for the region of the training environment.
2. Determine initial environment risk level using R-SAT (first 6 questions: Negligible, Very Low, Low, Medium, High, Very High).
3. Consult the risk level (Level A, B, C) mitigation strategies **(Table 2)** required as you start planning return to sport.

Phase 2 – Mitigation Strategies

4. Answer the questions for section of the R-SAT Mitigation Strategies.
5. For each section, use the *General Guidelines for Return to Sport* **(Table 2)** and *Sport-Specific Guidelines for Sport* **(Table 3)** to develop your strategies.
6. Based on your strategies, and responses to the questions, calculate your overall risk in the training or competition environment using the R-SAT calculator.
7. If you have scored a High or Very High score, improve your mitigation strategies and re-take the R-SAT questions to lower your overall risk score.

General Guidelines for Return to Sport – High Performance Sport (Table 2)	
Risk Assessment Tool Mitigation Categories	**High Level Baseline Mitigation Guidelines** *Summary of Considerations that should be applied to all high performance training environments*
Staff Knowledge	Training of coaches, athletes, staff re. personal protection, safety, personnel flow https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html https://www.canada.ca/en/public-health/services/video/actions-stop-spread-covid-19.html https://www.canada.ca/en/public-health/services/video/covid-19-hand-washing.html https://www.canada.ca/en/public-health/services/publications/diseases-conditions/about-coronavirus-disease-covid-19.html
Public Health Awareness	Monitoring local public health information
Isolation Capacity	Identification and management of symptomatic athletes, Isolation procedures, care of athletes in isolation https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-how-to-isolate-at-home.html
Risk Communication	Communication plans, management of information
Emergency Preparedness	Contact and tracing plans, response leaders, link to PHA, Cleaning and PPE, transportation plans https://www.canada.ca/en/public-health/services/publications/diseases-conditions/cleaning-disinfecting-public-spaces.html https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/being-prepared.html https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html
Logistical Coordination	COVID -19 operations team. Link to health authorities in case of outbreak https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms/provincial-territorial-resources-covid-19.html
Specific Mitigation Measures	Health Checks, monitoring https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html Facility & Equipment access and use https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html#tbl1

Sport-Specific Guidelines for Return to Sport – Mitigation Strategy Levels (Table 3)			
	Level A ***(Initial Risk Negligible, Very Low or Low)***	**Level B** ***(Initial Risk Moderate)***	**Level C** ***(Initial Risk High or Very High)***
Team Sport	Training group size should be limited to recommendations from public health authority. Cleaning of equipment and physical distancing should be practiced and conform to recommendations from public health authority. No modification to skills training required. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Training sessions in small groups as, limited by public health authority after sufficient period of self-isolation based on recommended health authority guidelines. Non-contact skills such as passing, shooting, defending and team structure. No tackling, grappling, lifting, or holding. Training activities should be modified to control use of equipment between one or more athletes and sanitation procedures need to be implemented between training session and different groupings. Low risk activities only to avoid injury and minimize the requirement for medical care. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Closed training environment. Training group size as limited to recommendations of public health authority and after sufficient period of isolation. Aerobic and strength training solo only. Travel to training facilities may be restricted or not permitted based on travel advisories from public health authorities. Proper control and cleaning of equipment or training space to control incidental transmission. No sharing of equipment such as passing of balls. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.
Individual Sport	Training group size should be limited to recommendations from public health authority. Cleaning of equipment and physical distancing should be practiced and conform to recommendations from public health authority. No modification to skills training required. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Training sessions on own, or with coach, or with one training partner after sufficient period of self-isolation based on recommended health authority guidelines. Training activities should be modified to control use of equipment between one or more athletes and sanitation procedures need to be implemented between training session and different groupings. Low risk activities only to avoid injury and minimize the requirement for medical care. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Closed training environment with no additional coach or in person training partner. Travel to training facilities may be restricted or not permitted based on travel advisories from public health authorities. Proper control and cleaning of equipment or training space to control incidental transmission. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.

Contact Sport	Contact activity can take place in outdoor and indoor facilities with public health measures implemented based on public health authority. These include sanitation/hygiene guidance, advisory to minimize non-essential travel and conditions on gatherings. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell. Contact sports can take place, including in outdoor place that can be readily accessed from home.	No contact sports outside closed training environment (follow self-isolation guidelines from public health authorities prior to entering closed training environment). Group sizes restricted to minimum number of athletes as possible to control risk of transmission. Can train at home or outside with team members if personal contact is limited to a closed training environment, and activity is low risk of transmission of bodily fluids. Any associated travel to training environment is associated with self-isolation required from local health authorities. Low-risk activities only: care must be taken not to be injured and minimize the risk of requiring external medical care. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	No contact sports outside your closed training environment (follow self-isolation guidelines from public health authorities prior to entering closed training environment). Cleaning of equipment and training garments required after each training session. Solo athlete training with virtual coach and modified skill development to reduce risk of transmission via equipment surfaces. Can train alone at home, or places readily accessible from home without the need to drive. If exercising outdoors, maintain physical distancing. Low-risk activities only: care must be taken not to be injured and minimize the risk of requiring external medical care. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.
Non-Contact Sport	Training group size should be limited to recommendations from public health authority. Cleaning of equipment and physical distancing should be practiced and conform to recommendations from public health authority. No modification to skills training required. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Training group size should be limited to recommendations from public health authority. No sharing of equipment, cleaning of equipment and physical distancing should be practiced and conform to recommendations from public health authority. Low-risk activities only: care must be taken not to be injured and minimize the risk of requiring external medical care. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Training solo or with one training partner after period of isolation as recommended by public health authority in a closed training environment, preferably outdoors Travel to training facilities may be restricted or not permitted based on travel advisories from public health authorities. Proper control and cleaning of equipment or training space to control incidental transmission. Low-risk activities only: care must be taken not to be injured and minimize the risk of requiring external medical care. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.

Outdoor Sport	Training group size should be limited to recommendations from public health authority. Cleaning of equipment and physical distancing should be practiced and conform to recommendations from public health authority. No modification to skills training required. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Training group size should be limited to recommendations from public health authority. Cleaning of equipment and physical distancing should be practiced and conform to recommendations from public health authority. Full training with appropriate distancing between athletes. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Closed training environment with no additional coach or training partner. Travel to training facilities may be restricted or not permitted based on travel advisories from public health authorities. Proper control and cleaning of equipment or training space to control incidental transmission. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.
Indoor Sport	Training group size should be limited to recommendations from public health authority. Cleaning of equipment and physical distancing should be practiced and conform to recommendations from public health authority. No modification to skills training required. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Training group size should be limited to recommendations from public health authority. Small groups only that allow for physical distancing as recommended by public health authorities. Cleaning of equipment and training space between sessions and avoid matches or scrimmages. May use communal facilities (e.g. pools) with limited numbers, strict access control and enforced distancing. Low-risk activities only: care must be taken not to be injured and minimize the risk of requiring external medical care. Any member of team including athletes, coaches and support staff must be aware and follow protocol for medical response if unwell.	Solo training only with physical distancing and closed training environment. Travel to training facilities may be restricted or not permitted based on travel advisories from public health authorities. Proper control and cleaning of equipment or training space to control incidental transmission.

COVID 19 Return to High Performance Sport Risk Management Plan

Risk Assessment

Initial Risk Rating (R-SAT)	Negligible	Very Low	Low	Moderate	High	Very High
Level of Mitigation Strategies	Level A			Level B	Level C	

Key Risk Management Questions (from R-SAT)
The following questions should be at the forefront of the return to sport protocols:

Specific Measures to Limit Transmission
What specific measures will you take to reduce the risk of transmission for athletes and staff? Be sure to be venue specific.

Staff Knowledge
What specific plans will you implement to increase the understanding and knowledge, amongst your staff (including venue support staff), of the current COVID-19 situation?

Public Health Awareness
What specific steps will you take to keep athletes & staff fully apprised of current local public health information regarding COVID-19?

Emergency Preparedness
What specific strategies are you preparing to respond effectively to emergencies? Please include any screening measures you will implement and the type of diagnostics tests (if any) that are being utilized to screen asymptomatic and symptomatic individuals.

Isolation Capacity
What specific arrangements are in place to isolate athletes or staff if required?

Coordination & Logistics
1. What specific plans are you making to enhance communication and collaboration with your partner organizations?
2. What specific policies and procedures will improve the coordination of logistics between agencies?

Risk Communication
1. What specific action will be taken to communicate the risks associated with training during the COVID-19 pandemic?
2. What processes will limit the impact of misinformation from other sources?

Sport-Specific Risk Management Plan: Mitigation Measures for Return to Sport	
Sport:	
Baseline Mitigation Strategies to Limit Transmission	
Staff Knowledge	
Public Health Awareness	
Emergency Preparedness	
Isolation Capacity	
Coordination & Logistics	
Risk Communication	
Specific Mitigation Strategies:	Personal Hygiene Facility & Equipment Use Health Checks
Sport-Specific Mitigation Strategies to Limit Transmission – Sport Cluster(s)	
Group Size	
Physical Distance	
Sanitation/Equipment Cleaning	
Skills Training	

[1] Heritage Canada. *Financial Support for Organizations*. Available from: https://www.canada.ca/en/canadian-heritage/services/sport-participation.html

[2] Statistics Canada. *Economic importance of culture and sport in Canada*. Released 2019. Available from: https://www150.statcan.gc.ca/n1/daily-quotidien/190425/dq190425b-eng.htm

[3]Statistics Canada. Sport gross domestic product up in all domains. Released 2019. https://www150.statcan.gc.ca/n1/daily-quotidien/190425/dq190425b-eng.htm

[4] World Health Organization. *How to use the WHO mass gathering religious addendum risk assessment tool in the context of COVID-19 2020.* https://www.who.int/publications-detail/how-to-use-the-who-mass-gathering-religious-addendum-risk-assessment-tool-in-the-context-of-covid-19

[5] US Department of Health & Human Services. *New coronavirus stable for hours on surfaces*. March 2020. Available from: https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces

[6] Government of Canada. Coronavirus disease (COVID-19): Symptoms and treatment. Available from:https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html

[7] Health Canada. *Types of testing devices for COVID-19*. Released from: https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/covid-19/serological-testing.html

[8]. Hartmann-Boyce, Jamie , et al. The Centre for Evidence-Based Medicine: Diabetes and risks from COVID-19. 2020 8 April 2020; Available from: https://www.cebm.net/covid-19/diabetes-and-risksfrom-covid-19/.

[9] Goyal, Parag, et al., Clinical Characteristics of Covid-19 in New York City. New England Journal of Medicine, 2020

[10] https://www.who.int/news-room/q-a-detail/what-is-who-s-role-in-mass-gatherings

[11] World Health Organization. *Definition of Mass Gathering*. December 2019. Available from: https://www.who.int/news-room/q-a-detail/what-is-who-s-role-in-mass-gatherings