CANADA BASKETBALL | WHEELCHAIR BASKETBALL CANADA

BACK TO BASKETBALL

RETURN TO SPORT GUIDELINES

JUNE 16, 2020 - VERSION 1.0

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INTRODUCTION

As communities across Canada begin to return to sports, this document establishes requirements to create a safe environment to protect players, families, and communities, while allowing for the resumption of training and participation in basketball related activities.

Organizers should consult with local, provincial and national government health officials and use this document to develop their own plan that takes into consideration their own unique needs and circumstances. Furthermore, we strongly encourage clubs to complete the Club Risk Assessment and Club Mitigation Checklist Tool prior to a return to training.

The information contained within this document is intended to supplement – not replace – any local, provincial or national regulations with which organizations must comply.

"Back to Basketball: Return To Sport Guidelines" will be a multi-versioned set of documents. Version 1.0 outlines the following several critical categories to ensure the safe resumption of sport:

- The Priority of Public Health Leadership
- Facility Recommendations / Participant Safety
- Return to the Court
- Time to Train

Physical distancing, a reduction in the use of shared objects and spaces, limiting the use of other areas of the facility beyond gymnasium (playing surfaces, washrooms etc.), increased cleaning of the facility and as well as a commitment to personal hygiene on an individual basis will be of utmost importance in preventing the spread of COVID-19 and ultimately creating as safe an environment as possible.

The risk of injury, especially non-contact injuries is significantly increased when returning to training following periods of inactivity. These injuries typically occur due to a significant increase in workload from previous participation levels. Incorporate general physical strengthening and aerobic/anaerobic conditioning to help build foundational levels of fitness prior to returning to high intensity basketball activities (significant jumping/landing, stop/start, and change of direction).

The return to basketball will not be linear and will require flexibility, additional accommodations and responses as cases of COVID-19 in the community continue to develop. This will be a slow and careful process. The resumption of basketball activities must not compromise the health of individuals or communities. It must be understood and anticipated that further outbreaks of COVID-19 may result in a discontinuation of basketball activities.

At this time, only voluntary individual and small group training is recommended. This includes strength and conditioning training as well as skill development. Group size, inclusive of all athletes, coaches etc. to be limited as identified by Provincial Health Officers. Groups of participants should maintain consistency across a training cycle to prevent the potential spread of the virus to other groups.

Competition of any kind (1v1, 5v5 etc.) is not permitted and is not addressed in this version of the document.

Who Should Read This Document?

This document is intended for use by our Provincial/Territorial Sport Organizations (PTSO) members, sport partners and the broader basketball community. Players, coaches, officials, support staff, and administrators will all play a critical role in combating the spread of COVID-19, both on and off the court.

FACILITY RECOMMENDATIONS

- Each facility will have unique aspects (size, number of courts, layout, etc.) that need to be considered and will need to be evaluated and approached on a case-by-case basis, taking into account local, provincial or national regulations (physical distancing, public gathering restrictions etc).
- Initially, facilities should be open for players and coaches only in accordance with the phasing of the reintroduction of basketball.
- A facility official must be identified and assume responsibility for the ongoing management and oversight of the training and other activities occurring within the facility.
- PTSO, clubs etc. should also assign a representative who will be responsible for ensuring that recent and relevant information is regularly circulated to participants.
- An Emergency Action Plan, developed by the facility, should be made available for review prior to entry.

Entering a Facility

- No one should enter any facility if they, a household member, or close contact are feeling sick or have any symptoms associated with COVID-19.
- Clubs should ensure that each facility has an entry procedure in place, developed in consultation with local/provincial standards and recommendations. This may include (but not limited to): symptom checklists, entry waivers, attendance tracking etc.
- Signage should be prominently displayed at the entrance(s) (based on government issued materials where available) to inform participants of the health risks associated with COVID-19 and the preventative measures in place within the facility. Those 65 years of age and above, those with chronic health conditions and/or who are immune-compromised, etc. should be notified of the increased risks of entering the facility.
- Entrance to the facility must be regulated by time (e.g. hourly).
- Hands-free hand sanitizer dispensers and other products should be available at each entry/exit point and other suitable locations within the facility / court (courtside, benches etc.).
- Separate entry and exit routes, as well as corridor direction markings should be implemented. This applies to not only accessing the facility in general but also the court. Separate entry and exit routes will reduce the risk of contact between training groups.

Accessing the Court

- Participants should not enter the court prior to the designated start time of their session to allow for the safe departure of the previous participants and the requisite cleaning.
- Court scheduling should be staggered to allow for a buffer between the conclusion of one session and the start of the next to allow time for the departure of the previous group and for the appropriate dwell time of cleaning products.
- Where possible, leave all doors open to remove/limit the use of touchpoints (door handles, push bars etc.). If this is not possible, touchpoints need to be cleaned following the conclusion of each session.
- While waiting to access the court, all participants are requested to adhere to physical distancing requirements. These spaces should be clearly marked to ensure an orderly and safe space to wait.

Cleaning / Disposal Methods

- Facilities are required to use Government of Canada approved products for cleaning , and to use them according to instructions that apply to the products used, with respect to requirements for personal protective equipment (PPE) during use, and for required dwell times after application.
- A rigorous approach to the regular, systematic cleaning of all playing areas, equipment and surfaces must take place within each facility.
- Clean and disinfect high traffic areas, shared equipment between use by different people or surfaces frequently touched with hands more frequently to reduce the risk of COVID-19 spread.
- Communal spaces (i.e. stores, water fountains, general seating areas) should remain closed to the general public in accordance with the current public gathering restriction levels.
- Clearly marked methods and locations to safely dispose of personal protective equipment (PPE) and sanitization products that follow facility established requirements, should be made available to attendees.

PARTICIPANT SAFETY

- See "Cleaning and disinfecting public spaces during COVID-19" for additional information. A medical review of vulnerable participants (age, spinal cord injury, spinal cord conditions, compromised immune system conditions) should be undertaken prior to participating in basketball related activities.
- All participants should be encouraged to enter, train and exit in the most efficient way possible to minimize unnecessary contact.
- Participation in on-court activities at this stage is considered voluntary and not a requirement.
- Individuals who are not comfortable participating at this time, will not be subject to any punitive measures.

Symptoms, Isolation and Reporting

- Every organization must take full attendance, and have contact information for every person present at every session. Organizations must be able to provide relevant information to Public Health, if required.
- Prior to leaving home, participants are required to use the COVID-19 Symptom Self-Assessment Tool.
- As per Public Health regulations, participants should not train or access the facility, if they meet any of the below criteria:
  - You have been diagnosed with COVID-19, or are waiting to hear the results of a lab test for COVID-19;
  - You have symptoms of COVID-19, even if mild;
  - You have been in contact with a suspected, probable or confirmed case of COVID-19;
  - You have been told by public health that you may have been exposed to COVID-19;
  - You have returned from travel outside Canada within the last 14 days; and/or
  - You have returned from another province within Canada (i.e. interprovincial travel) with symptoms of COVID-19.
- Should an individual exhibit symptoms while in the facility, they are required to immediately notify a coach, leave the facility as soon as possible and contact their physician for further advice.
- Individuals exhibiting symptoms are strongly encouraged to seek a COVID-19 test as soon as possible.
- After the individual exhibiting symptoms has safely left the facility, any space that the participant may have accessed, will need to be cleaned and decontaminated before they can be used.
- Participants who have been diagnosed and recovered from COVID-19 must receive medical clearance (written note) from their physician before returning to training.

Personal Items

- Participants are required to bring the following items. Each item must be clearly marked, and not be shared with others:
  - Basketball
  - Water bottle(s) filled at home (do not access water fountains or bathroom/facility taps for filling water bottles).
  - Towel
  - Sanitization products, including (but not limited to):
    - Hydroalcoholic gel hand sanitizer (>70% alcohol base)
    - Disinfectant wipes
    - Tissue paper
    - Any necessary medical supplies
  - Personal single-use food items (e.g., nutrition or granola bars)
- Participants should be strongly encouraged to leave any unnecessary and non-basketball personal items (cellphones, etc.) outside of the facility. When this is not possible, all personal items must be kept in a personal bag.
- The area where the bags are stored should be disinfected between sessions.

PARTICIPANT SAFETY

Physical Distancing Measures

- Two (2) metres of physical distancing (linear separation between individuals in all directions) should be maintained at all times. This is equivalent to a minimum of 4 square metres of floor space per participant.
- Physical guides, such as signs and tape on floors, should be utilized, where possible, to encourage physical distancing in high traffic or waiting areas.
- For individual skill work, no more than one player per basket and one ball per player initially.
- Similarly, if requested, one coach should only work with one player. If one-to-one coaching is not feasible, then the coach should be positioned centrally on the court where they are able to communicate with all players. Physical distancing guidelines also need to be strictly followed at all times when coaches are interacting with players (workouts, instruction, etc.).
- Unnecessary physical contact (high fives, handshakes, fist bumps, or hugs etc.) is prohibited.
- Participants should avoid carpooling to and from the facility with members from outside their household or quarantine "bubble".
- Participants must not enter the facility more than 10 minutes before their scheduled time on the court. During this time, players are encouraged to wait in their cars (with guardians), instead of forming a group.

Personal Hygiene

- Participants must clean their hands with hydroalcoholic gel / hand sanitizer upon:
  - Entering the facility;
  - Entering/exiting the court;
  - During every break in training (water, rest etc.);
  - Upon departure from the facility, before entering their vehicle and arriving home.
- Signage should be displayed within washrooms demonstrating proper hand washing techniques.
- Initially, locker rooms should remain closed. Therefore, players should arrive at the venue "dressed to play", and are encouraged to shower at home before and after each session.
- Participants are encouraged to use the washroom at home prior to leaving their homes. However, washrooms must be accessible, if required, and must be cleaned following each individual or group session. Availability and space restrictions due to physical distancing measures will be a limiting factor in the amount of people allowed in the facility.

Spectators

- Spectators are prohibited with the exception of those providing care to children below the age of 12.
- A defined area for parental supervision should be established.
- Those guardians of children must, like all others present, be screened and use hand disinfectant on entry into the facility, and must maintain 2 metres distance from everyone other than those they are caring for.

TIME TO TRAIN

Detraining/deconditioning will occur after even short periods of inactivity, or reduced activity relative to previous participation. Increasing training intensity and/or volume too quickly can increase risk of injuries. Long periods of inactivity (or reduced activity relative to previous levels) can result in large decrements in strength, power and aerobic fitness. Physical training should be considered prior to the resumption of high intensity basketball activities to rebuild the foundational base of strength and power that may have been lost following reduced training volume/activity.

In an effort to mitigate this increased risk of injury, it is important to gradually incorporate general physical strengthening and aerobic/anaerobic conditioning to help build foundational levels of fitness prior to returning to high intensity activities (jumping/landing, stop/start, and change of direction). A variety of guidelines exist to aid in safe progressions of the duration (or repetitions) and intensity of each component of a physical activity or training program [IOC consensus statement on load in sport and risk of injury – Part 1, 2016; CSCCa and NSCA Guidelines].

Return to training should be a gradual process that will take place over a period of several weeks (and months). This is an important step in physically preparing athletes for the rigours of basketball, and reducing their risk of injury. This does not mean that all injuries will be prevented, but a comprehensive training program can effectively prepare the body for high intensity activity when progressively and appropriately implemented.

In addition to the aforementioned recommendations in the document, particular attention should be paid to the following areas upon returning to training:

- Any equipment (including basketballs and wheelchairs for para athletes) must be disinfected before and after use.
- Do not share equipment with others.
- Appropriate physical distancing must be maintained at all times while training indoors or outdoors.
- Athletes should limit touching their hands to their face during the training session. Headband, wrist band, towel etc. should be used to prevent the need for attending to dripping sweat. When possible, the arm/elbow should be used instead of the hand.

Coaches, personal trainers, and/or strength & conditioning coaches working with players/athletes should monitor the volume, and intensity of training sessions to ensure that the athletes are not doing "too much, too soon." Any progression of training volume and intensity (whether it be conditioning sessions, or strength training sessions) must take into account appropriate management of training load/workload, athlete recovery, and athlete fatigue. These factors heavily influence the ability to reduce risk of injury following periods of detraining. It is important for athletes to avoid large spikes in training volume and/or training load as they return to each aspect of physical training (strength training, aerobic and anaerobic conditioning, plyometrics, change of direction, etc) [IOC Consensus Paper on load in sport and risk of injury - Part 1. 2016].

The following return to training information has been developed in consultation with the CSCCa and NSCA guidelines, as well as the FIBA Restart Guidelines for National Federations.

General Recommendations for Returning to Training

- General physical strengthening work
  - Emphasis on strengthening:
    - Lower body (anterior and posterior chain)
    - Upper body (vertical and horizontal strength)
    - Core stability
    - Proprioception training
  - Include lower work to rest ratios (i.e. Increased rest time relative to work time to allow for full recovery between sets) to account for decreased fitness and ability to recover from training sets.
- General aerobic conditioning
  - Aerobic conditioning should be cautiously, and gradually progressed over a number of weeks before returning to full intensity training.
  - Include lower work to rest ratios (i.e. Increased rest time relative to work time to allow for full recovery between sets) to account for decreased fitness and ability to recover from training sets.

TIME TO TRAIN

- Anaerobic Conditioning
  - » Anaerobic training consists of training at high intensities, over shorter training durations.
  - » This training can be integrated after such a time that an appropriate level of aerobic conditioning base is developed (4-6 weeks).
  - » Include lower work to rest ratios (i.e. increased rest time relative to work time to allow for full recovery between sets) to account for decreased fitness and ability to recover from training sets.
- Plyometrics and Change of Direction
  - » Athletes should develop foundational strength prior to implementation and progressions of plyometrics and/or change of direction, as these activities are highly demanding on the lower body.
  - » Plyometrics and change of direction should be gradually integrated into a comprehensive training plan with caution.

Training Monitoring

When feasible, training volume and intensity should be monitored via training logs, or other measures to ensure that a gradual and progressively planned training program is being implemented. Training load and volume should be monitored individually, as athletes respond to training differently.

Training Volume, Intensity and Progressions

Coaches, personal trainers or strength & conditioning professionals should refer to the CSCCa and NSCA Guidelines on returning to training following periods of inactivity for feedback on volume and intensity progressions (Return from ER, EHI, or long inactivity ion pg. 11 in Table 2 – Overview of recommended guidelines for training after transition periods in CSCCa and NSCA Guidelines) for conditioning, physical testing, weight training and plyometric training. Generally, training volume/load should increase by no more than 5-10%, per week [IOC Consensus Statement on load in sport and risk of injury- Part 1, 2016]

With detraining and deconditioning, there is an increased likelihood of exercise-induced muscle damage and delayed onset muscle soreness (DOMS) following the return to training and increased workload. Muscle damage and muscle soreness can negatively influence exercise performance [CSCCa and NSCA Guidelines].

This progression and return to training will not be linear, and will vary by athlete. Teams should provide guidance on how to regain fitness (volume and intensity) in a gradual and prescribed manner. There should be no pressure or competition to return to physical training at original intensity, or volume following this prolonged period of inactivity or reduced training.

For additional information, please consult the following documents:

IOC Consensus Statement on load in sport and risk of injury- Part 1, 2016

CSCCa and NSCA Guidelines

THE MENTAL ASPECTS OF RETURNING TO TRAINING

The mental aspect of returning to training is complex and varies depending on the individual, context, sport, and environment. Each person, athlete or coach, can experience a variety of emotions, fears, and subsequent behaviours. We must be aware and understanding of these individual differences.

We use a staged approach to describe the mental aspects of returning to training. It is important to note that these three stages described below are not necessarily linear – meaning that not everyone will experience these stages similarly, and each person can move through each stage at a different pace, and can also return to a previous stage.

Stage 1 – Emotional Phase

It must first be acknowledged that a major disruption to daily training and daily life has in fact occurred. The initial part of isolation brought with it uncertainty, imbalance, and a variety of emotions. Isolation, for many, was sudden, and the subsequent weeks brought major uncertainty – not just for athletes but for all of the general public.

Sudden events and major disruptions can serve as a magnifying glass to both resiliency skills and challenges, and this must be acknowledged.

Following a period of re-established routines, the return to training also brings with it another period of unpredictability and uncertainty, no matter if it is welcomed or not. This new period of disruption also brings to light the potential for additional mental and emotional changes.

Athletes and coaches can expect to experience varying levels of comfort and motivation in returning to training. We must be aware, understand and accept these individual differences. The idea here is not to categorize or reduce the emotional experience, but to illustrate the continuum of possible psychological reactions to return. Some individuals may be happy to return, resistant to return, or careless and indifferent to return. In addition to these psychological reactions, some individuals may also have been directly impacted by the pandemic (e.g. death or illness of a loved one, loss of employment, etc.). It is important to note that any one person can feel any or all of these. That is, you can be excited to return and resistant to return as well.

In the initial stage of returning to training, we can also expect athletes and coaches to experience some varying levels of fear. For example:

- fear of returning to training (the "uphill climb")
- fear of getting sick
- fear of being behind (behind other countries, competitors, teammates, etc.)

It is important to acknowledge and accept these differences and have increased emotional awareness of ourselves and others around us. We want to be prepared for a wide range and potential flood of emotions and subsequent changes in behaviours.

Tips & Recommendations

- First few training sessions (1-2 weeks) should prioritize relationships and reconnection over training. If small groups of athletes/coaches are training together, it is important to allow time for each to reconnect with each other, and with the training environment, while following public health guidelines. This reconnection is important for emotion management and management of potential fears. It is also important to adapt to the new training environment, which will likely look and feel quite different since the start of isolation.
- Focus on understanding, empathy, and compassion to each person's situation and experience.
- Be aware of your own emotions – identify them and acknowledge why they may be useful. For example, if I feel afraid, perhaps it is useful to be more vigilant with my health habits and recovery.
- Use facts and reliable information from public health officials and Chief Medical and Health Officers – and remember, science can evolve. Inform yourselves.
- Be open and creative in training differently. Prepare yourself to train in an adapted environment. It is helpful to openly communicate with athletes of what the new training environment will look like – use virtual meetings and videos to help prepare.

THE MENTAL ASPECTS OF RETURNING TO TRAINING

Stage 2 – Rational Phase

The second phase is when we reconstruct our meaning and return some focus to **gradual** training.

Training must be gradual and progressive. Athletes and coaches must also be adaptable and creative. Expectations must remain manageable. Athletes will not be on the same level physically as pre-isolation, however they have not "lost" their skills. Athletes may also be "ahead" in terms of recovery, mental skills, creativity and artistry.

It is important to engage in effective short-term goal setting during this phase. Focus on small incremental progress. The major goal is to avoid overtraining, injury, and burnout in athletes and coaches.

Recovery is an essential part of performance just like training itself. Be aware of your energy management. For example: athletes may have the reflex of training more to "compensate".

While we likely have not been expending as much physical energy in isolation, we have likely been expending much more mental and emotional energy. Energy is energy is energy – make time to rest and recover.

Athletes and coaches may have different levels of motivation. Some will come back and want to continue "full force", while others may question their return. Effective and collaborative goal setting techniques and strategies can be helpful to manage expectations and celebrate incremental progress. It can also be useful for athletes and coaches to explore and find their "why."

Lastly, athletes and coaches need to remain adaptable in the event of an increase in or return of restrictions (for example: a second wave of the virus).

Tips & Recommendations

- Play an active role in goal setting and continue to engage in daily process goals to help regulate the pressure of being "back to your old self".
- Celebrate your daily successes.

Stage 3 – Action Phase

In this phase, we continue to adjust to our new adapted training environment and begin to get into a new training routine. The same principles of gradual and progressive training from Phase 2 must be continued. The use of short term, process-oriented goal setting continues to be important. Measuring and tracking progress will help with longer term goals and motivation.

It can be helpful to draw on experience in injury rehabilitation/recovery during this phase. One major difference, however, is that you may feel more ready physically to push yourself compared to returning from injury. It is very important to continue to focus on recovery in between training sessions. In particular, focus on mental recovery. While physically we may be energized, mentally, there is potential for fatigue. Engage in mental and emotional self-care. These can include (but are not limited to) participating in mindfulness practices, breathing exercises, spending time with friends and family (in person or virtually) outside of the gym, going for a walk in nature, enjoying an activity or hobby like crafting, music, or cooking.

Tips & Recommendations

- Trust the process – shortcuts not advised – it is NOT a race.
- Challenge any thoughts of "I am behind" – provide yourself with evidence that this is NOT the case.

Sources:

Bryce Tully, CSCA

Dr. Lori Dithurbide, CSCA

Dr. Amelie Soulard, INS

Gameplan

COC COVID Mental Health Task Force

BACK TO BASKETBALL PHASES

Phase 1: Education & Individual Training begins

- Athletes (and parents), coaches, etc. to review *Back to Basketball: Return To Sport Guidelines*.
- Clubs are encouraged to receive a copy of and review the facility Emergency Action Plan.
- Individual strength and conditioning (as per Time to Train guidelines).
- Individual skills work:
  - » Maximum 45 minutes to 1 hour per session.
    - ◊ Sessions are encouraged to initially be scheduled closer to the lower end of the range to gradually build up an athlete's basketball fitness.
  - » No sharing of equipment ("One player, one ball, one basket"); no passing.
  - » Non-contact training.
  - » Physical distancing (2 metres / 6 feet) measures maintained.
  - » Adhere to local public gathering restrictions:
    - ◊ Consistent training groups (to allow for contact tracing).
    - ◊ Ex. 5 people public gathering restriction = 4 players + 1 coach at centre court.
    - ◊ Ex. If public gathering restriction is greater than 5, and the court has 6 baskets, only 6 players + 1 coach at centre court.
- No competition.
- Iindividual shooting / dribbling challenges at own baskets permitted. Players must retrieve their own basketball or use alternative methods (i.e. avoid touching with hands, use feet, etc.) to return basketballs to fellow players.
- No spectators.
- Reminder the maximum number in this phase is restricted to one player per basket, with one coach supervising and to maintain physical distancing in adherence.

BACK TO BASKETBALL PHASES

Phase 2: Individual Training Continues and Begin Small Group Training

- Individual strength and conditioning continues (as per Time to Train guidelines)
- Small group skills and drills development:
  - » Maximum 1 hour to 1.5 hours per session.
    - ◊ Sessions are encouraged to initially be scheduled closer to the lower end of the range to gradually build up an athlete's basketball fitness.
  - » No sharing of equipment ("One player, one ball"); no passing.
  - » Two players/basket (not sharing a ball and staying at the same basket with the same partner).
  - » Non-contact training.
  - » Physical distancing (2 metres / 6 feet) measures maintained.
  - » Adhere to local public gathering restrictions:
    - ◊ Consistent training groups (to allow for contact tracing).
    - ◊ 6 players + 2 coaches (2 separate groups).
- No competition (shooting / dribbling challenges at own baskets permitted). Players must retrieve their own basketball or use alternative methods (i.e. avoid touching with hands, use feet etc.) to return basketballs to fellow players.
- No spectators.
- Reminder the maximum number in this phase is restricted to 2 players per basket and maintaining physical distancing / adherence to local gathering restrictions.

Additional details on the remaining phases will be developed and included in future versions of this document. Successful completion of the first two phases will be of the utmost importance before advancing to additional phases.

Phase 3: Whole Team Split Training Sessions Begin; Internal 3x3 Team Competition Permitted

Phase 4: Whole Team Training Sessions; Internal Team 5v5 Competition Permitted

Phase 5: Whole Team Training Sessions; Local Competition Resumes

ABOUT THIS DOCUMENT

Canada Basketball and Wheelchair Basketball Canada assembled a task force to develop these requirements, which included medical doctors and our team physicians, therapists, sports scientists, as well as basketball operations directors who understand the sport of basketball and the unique risks it presents.

This document is also based on the National Return to Sport Framework as developed by the National COVID-19 Return to Sport Task Force, in consultation with sport partners, Chief Medical Officers (CMOs), Sport Medicine Advisory Committee (SMAC), as well as the recommendations outlined in the FIBA COVID-19 Restart Guidelines for National Federations.

Legal Disclaimer

The information included in this guide is current for the time of publishing and is aligned with the current recommendations from national and international bodies, including the World Health Organization (WHO) and Public Health Canada. However, recommendations may change depending on local, provincial, national and global COVID-19 situation reports; local resources should also be consulted for up to date information. Where anything in this guide conflicts with applicable law and recommendations from local public health authorities, members must comply with applicable law and that public health advice and adapt their approach.

As new information is made available, efforts will be made to update and revise this document, and to circulate revisions to members. The information and recommendations outlined within this guide should be used to develop individual plans that evaluate the unique risks that each training environment presents. This document is to supplement and not replace the information outlined by public health authorities.

Individuals, in consultation with a medical professional, are also required to assess and evaluate their own personal risks.

THANK YOU

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ADDITIONAL RESOURCES

Coronavirus disease (COVID-19)

Health Canada COVID-19 Self-Assessment Tool

Provincial Guidelines for Return to Sport

FIBA Restart Guidelines for National Federations (FIBA)

COVID-19 Risk Assessment for Sport

Club Risk Assessment and Mitigation Checklist Tool

Considerations for Youth Sport (CDC)

APPENDIX A: KEY RISK MANAGEMENT QUESTIONS

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?

APPENDIX B: CLUB RISK ASSESSMENT AND CLUB MITIGATION CHECKLIST TOOL

Click here to download

If movement restrictions (provincial, local) and physical distancing measures remain in place, the Risk Assessment may not apply as public health restrictions (e.g. maximum number of people together, quarantine post movement, etc.) take precedence and by their very nature may preclude any training.

Routine planning includes conducting risk assessments to determine the overall risk of disease spread. In view of the current outbreak of COVID-19, a disease-specific and sport-specific risk assessment and mitigation checklist has been developed to assess the specific risk of COVID-19 at sport-specific clubs.

In order to accurately provide answers to the following risk assessment and mitigation checklist, those responsible must be knowledgeable on the current COVID-19 outbreak. They should reference the daily provincial, local and global COVID-19 situation reports provided by WHO, Health Canada and provincial health authorities.

The tool must be completed in the Excel spreadsheet as the scores are automatically calculated there.

It must be ensured that this risk assessment is conducted with input from local public health authorities, and preferably personnel with expertise in risk assessment, epidemiology, and infectious disease control measures are included from the initial stages of planning.

For the overall determination, factors under consideration include:

- The current stage of the COVID-19 outbreak where training is to be and known transmission dynamics
- The geographical distribution of and number of participants, and their individual risk profile
- The risk assessment tool
- The mitigation measures that are currently in place or feasible to implement

It is important to remember that while mitigation measures can reduce the risk of COVID-19 infections, they cannot completely eliminate the threat. It is the Sport Medicine Advisory Committee (SMAC), Canadian Public Health and

WHO's view that all regions with community transmission should seriously restrict gatherings that bring people together and have the potential to amplify disease and support the recommended best practice of physical distancing.

This tool was adapted from the WHO Mass Gathering Risk Assessment and Mitigation Check List and the Canadian RATs tool specifically for sport-specific clubs in Canada to conduct a risk assessment and mitigation checklist to minimize the risk of COVID-19 transmission when resuming club based training.

Special thanks to Rowing Canada Aviron, in particular Dr. Mike Wilkinson and Jennifer Fitzpatrick, for their leadership in developing the original risk assessment and mitigation checklist for rowing clubs across Canada.

APPENDIX C: FEDERAL, PROVINCIAL AND TERRITORIAL COVID-19 HEALTH LINKS

CANADA	NOVA SCOTIA
ALBERTA	NUNAVUT
BRITISH COLUMBIA	ONTARIO
MANITOBA	PRINCE EDWARD ISLAND
NEW BRUNSWICK	QUEBEC
NEWFOUNDLAND AND LABRADOR	SASKATCHEWAN
NORTHWEST TERRITORIES	YUKON

APPENDIX D: PROVINCIAL/ TERRITORIAL SPORT ORGANIZATION (PTSO) RETURN TO SPORT GUIDELINES

ALBERTA BASKETBALL	BASKETBALL NOVA SCOTIA
BASKETBALL BC	ONTARIO BASKETBALL ASSOCIATION
BASKETBALL MANITOBA	BASKETBALL PEI
BASKETBALL NEW BRUNSWICK	BASKETBALL QUEBEC
NEWFOUNDLAND AND LABRADOR BASKETBALL ASSOCIATION	BASKETBALL SASKATCHEWAN
BASKETBALL NORTHWEST TERRITORIES	BASKETBALL YUKON

APPENDIX E: COVID-19 WAIVERS

Liability waivers (samples attached) may help protect Canadian sports organizations from legal liability for transmission of COVID-19 through sporting activities. However, it is important to remember that risk mitigation is still required, through the development and implementation of measures to protect the health and safety of participants from the risk of contracting COVID-19. Also required is good communication with your insurer.

The waivers are intended for use not only by athletes, but also by other participants such as directors, officers, members, committee members, volunteers, employees, interns, persons under contract, and all persons working with athletes, such as coaches, medical and paramedical personnel, representatives, and other support persons.

Event Participation Waiver

The Event Participtation Waiver is drafted as a unilateral (one way) agreement, to be executed by an individual participant (or, in the case of a minor, their guardian) for the benefit of the organizer of a sporting event such as a hockey game, a track & field meet, or a swimming competition. This is an event specific waiver and should be signed by the participant for each event.

Facility Waiver

Similar to the Event Participation Waiver, the Facility Waiver is drafted as a unilateral (one-way) agreement, to be executed by an individual person (or, in the case of a minor, their guardian) for the benefit of the organization that hosts athletes or participants on their premises.

Remote Training Waiver

Like the Event Waiver and the Facilities Waiver, the Remote Training Waiver is drafted as a unilateral (one way) agreement, to be executed by an individual person (or, in the case of a minor, their guardian) for the benefit of the organization in cases where the participant is training remotely. This is intended as a one time waiver that the organization will keep on file.

The Remote Training Waiver is designed to apply to activities undertaken by athletes and others as a result of their membership or affiliation with the organization, but that do not take place at the organization's facilities or at a particular event. Such activities might include dry-land training, cycling, etc.

Combined Remote Training and Facility Waiver

Daily Attestation

The Daily Attestation does not waive any liability against the organization. It should be used along with one of the waivers above as appropriate. The Daily Attestation instead requires the participant to confirm that they do not knowingly have COVID-19 or its symptoms, has not knowingly been exposed to COVID-19 during the last 14 days (the incubation period), or frequented areas or individuals at a higher risk of exposing one to the virus. The Daily Attestation is not a one time use document, but should be completed by participants before participating at an event or utilizing the organization's facilities. Completed Daily Attestations should be kept on file by the organization or the facility.

The Daily Attestation requires the participant to confirm that they have been following recommended guidelines, including physical distancing, and agree to do so while participating at the event or while utilizing the organization's facilities. Importantly, the participant will also agree to immediately depart from an event or facility should they experience the known symptoms of COVID-19.

For participants that have had COVID-19, the Daily Attestation confirms that they have been cleared as non contagious by provincial or local health authorities, and has provided written confirmation from a medical doctor of this to the organization.

For additional information on waivers, please consult the COVID-19 Waiver User Guide.

Legal Disclaimer

The contents of this page, including the sample waivers and guide attached hereto, are not and should not be relied on as legal advice. It is recommended that legal advice be obtained by users of these waivers with respect to their content prior to use and/or prior to the creation and use of any waiver using these materials.

APPENDIX F: ABOUT CORONAVIRUSES AND COVID-19

If you need information on COVID-19, specific to your province, refer to these resources pages.

- If you have additional questions that are not answered on the Government of Canada website:
  - » Call: 1-833-784-4397 (interpretation services are available in multiple languages)
  - » Email: phac.covid19.aspc@canada.ca
  - » App: Canada COVID-19 Support (Health Canada)

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19.

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally.

How Is It Spread?

Coronaviruses cause infections of the nose, throat and lungs and are most commonly spread from an infected person through:

- respiratory droplets when you cough or sneeze
- close personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands

These viruses are not known to spread through ventilation systems or through water. Current evidence suggests person-to-person spread is efficient when there is close contact.

Symptoms of COVID-19

Those who are infected with COVID-19 may vary from very mild to more serious and have little to no symptoms. You may not know you have symptoms of COVID-19 because they are similar to a cold or flu.

Symptoms have included:

- cough
- fever
- difficulty breathing
- pneumonia in both lungs

Experienced any of these symptoms? Use the COVID-19 Symptom Self-Assessment Tool.

In severe cases, infection can lead to death.

Symptoms may take up to 14 days to appear after exposure to COVID-19. This is the longest known incubation period for this disease.

Recent evidence indicates that the virus can be transmitted to others from someone who is infected but not showing symptoms. This includes people who:

- have not yet developed symptoms (pre-symptomatic)
- never develop symptoms (asymptomatic)

While experts know that these kinds of transmissions are happening among those in close contact or in close physical settings, it is not known to what extent. This means it is extremely important to follow the proven preventative measures.

If You Have Symptoms of COVID-19:

- stay home (isolate) to avoid spreading it to others
- if you live with others, stay in a separate room or keep a 2-metre distance
- call ahead before you visit a health care professional or call your local public health authority
- tell them your symptoms and follow their instructions
- seek a COVID-19 test safely
- if you need immediate medical attention, call 911 and tell them your symptoms

Difference Between Quarantine (self-isolate) and Isolate

There is a difference between advice to quarantine (self-isolate) and advice to isolate. These measures are in place to protect the health and safety of Canadians.

Quarantine (self-isolate)

Quarantine for 14 days if you have no symptoms and any of the following apply:

- you are returning from travel outside of Canada (mandatory quarantine)
- you had close contact with someone who has or is suspected to have COVID-19
- you have been told by the public health authority that you may have been exposed and need to quarantine

Isolate

You must isolate if any of the following apply:

- you have been diagnosed with COVID-19, or are waiting to hear the results of a lab test for COVID-19
- you have symptoms of COVID-19, even if mild
- you have been in contact with a suspected, probable or confirmed case of COVID-19
- you have been told by public health that you may have been exposed to COVID-19
- you have returned from travel outside Canada within the last 14 days; and/or
- you have returned from another province within Canada (i.e. interprovincial travel) with symptoms of COVID-19.

Diagnosing Coronavirus

Coronavirus infections are diagnosed by a health care provider based on symptoms and are confirmed through laboratory tests.

Preventive Measures for COVID-19 Disease

Canadians should continue to think ahead about the actions that they can take to stay healthy and prevent the spread of COVID-19 in Canada. This includes staying at home as much as possible and being prepared in case you or a family member becomes ill. Everyone should be practicing physical (social) distancing. Even if you do not have symptoms of COVID-19, you could become infected by others.

As we continue to see transmission of the virus within different communities, we know that everyone must take precautions, even those who have not travelled outside of Canada.

In an effort to prevent the spread of COVID-19 within communities and across the country, all Canadians are advised to:

- practice physical (social) distancing at all times
  - » avoiding crowded places and non-essential gatherings
  - » avoiding common greetings, such as handshakes
  - » limiting contact with people at higher risk like older adults and those in poor health
  - » keeping a distance of at least 2 arms-length (approximately 2 metres) from others
- stay home if you are sick to avoid spreading illness to others
- wash your hands often with soap and water for at least 20 seconds
- avoid touching your eyes, nose or mouth, especially with unwashed hands
- avoid close contact with people who are sick
- when coughing or sneezing:
  - » cover your mouth and nose with your arm or tissues to reduce the spread of germs
  - » immediately dispose of any tissues you have used into the garbage as soon as possible and wash your hands afterwards
- clean and disinfect frequently touched objects and surfaces, such as toys, electronic devices and doorknobs
- wear a non-medical mask or face covering (i.e. constructed to completely cover the nose and mouth without gaping, and secured to the head by ties or ear loops) to protect the people and surfaces around you

Personal Hygiene

Proper hygiene can help reduce the risk of infection or spreading infection to others:

- wash your hands often with soap and water for at least 20 seconds, especially after using the washroom and when preparing food
- use alcohol-based hand sanitizer if soap and water are not available
- when coughing or sneezing:
  - » cough or sneeze into a tissue or the bend of your arm, not your hand
  - » dispose of any tissues you have used as soon as possible in a lined waste basket and wash your hands afterwards
  - » avoid touching your eyes, nose, or mouth with unwashed hands


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