

viaSport DSO Return to Sport webinar

Sport Medicine, Sport Science

Kevin Bowie - viaSport Host, Moderator

Dr. Andy Marshall - Chief Medical Officer for Canadian Paralympic Committee

Dr. Briar Sexton - Neuro-Ophthalmologist

Dr. Chris West - Cardiovascular Physiologist UBC and ICORD

Dr. Jaimie Borisoff - Canadian Research Chair, Rehabilitation Engineering and Assistive Device Design, BCIT ICORD, 2 time Paralympic Gold Medalist

Dr. Marshall: Are there additional screening measures or recommended testing protocols that would better protect athletes with a disability? What measures should you consider when screening someone that may show a symptom for COVID 19 that is “normal” for that individual? Is it appropriate to hold that athlete from participating?

From a screening point of view, what we find is, this athlete group has often been more careful all their lives. They are also much more aware about how to live with the risk factors they have. The next area of focus we will see in Canada is adding enhanced contact tracing measures. Likely this will come through an app that is going to be released in Ontario first, but eventually distributed national wide. In terms of screening between an athlete’s typical symptoms, allergy, cough etc., it’s worth considering assessing these athletes against major changes. Is there a change in headache symptoms as an example. Focusing on the unusual symptoms like loss of taste or smell. Try and keep the motto ‘when in doubt, sit out’.

Dr. Marshall: Are there scenarios where PPE could be useful in the training environment? Would it make sense for sports that may require some contact in order to participate safely, ie. Transfers and Lifts - Water Sports (swimming and rowing) or Wheelchair Rugby (low point athlete – day chair to game chair). Can you touch on the risk of transmission through sweat?

Reliance on a mask can create a false sense of security. PPE/Mask can be appropriate in some cases where physical distancing can’t be achieved. An example of this is rowing, athletes and coaches may where a mask through the process of getting the boat on the water or completing a transfer. Once the athlete is out on the water the mask can be removed. The reason we are not recommending a mask is that they can become saturated with moisture and decrease the effectiveness. There is also increase risk in removal or face touching since not all users are well versed or comfortable with a mask on.

If people are bubbled, there is no need to use PPE. This includes transfers and lifts or close work with a performance partner. A good example is Boccia, many of these athletes are bubbled with their

performance partner. In this case PPE is not necessarily an appropriate measure. Other IST that are not within the bubble, a mask could be reasonable. Regarding gloves, we are currently advising against it. The preference is to see regular hand washing. The reason to recommend against gloves is that people tend to forget to sanitize after removal, then go on to touch many other surfaces. Frequent handwashing is preferable. Good protocol is to education your support staff to complete all necessary tasks with one athlete, then sanitize/change PPE, and move on to the next athlete.

Dr. Sexton – a good practice with PPE can be to use a buddy. They should be honest and let you know when you PPE has been compromised (ie. touch your face without disinfecting first). Active education and enforcement is critical to the process.

Dr. Sexton: Considering surface contacts for individuals with a visual impairments, can you suggest ways that organizations can look to collaborate with facilities in order to enhance cleaning protocols and improve safety for participants?

This will vary a lot from sport to sport. When we think about running or biking, with one athlete and one assistant, it is not possible to physically distance. This makes it more difficult to manage sanitation in the environment if these individuals are not in the same bubble. More distant sports, like a tapper in swimming, are going to be easier, person to person. The built environment for these sports, as well as team sports, is where the difficulty will be. Working with the facility ahead of time to better understand the measures being taken can be significant in preparing the athlete with clear expectations.

Dr. Sexton: Are there effective physical distancing measures that will allow guides and athletes to work together in a safe way? How do these distancing measures change given the sport context, running/cross country skiing vs cycling vs aquatic? Are there scenarios where you could see PPE utilized?

Outdoor sport is much easier to manage. A reasonable distance is still the most effective. If you need to coach your athlete, keeping them further away than 2m can be helpful if heavy breathing is involved ie. runner or xcounrty ski athlete. Indoor sports are going to be difficult. Regular disinfecting of your hands before and after touching any equipment or surface will be important. Being self reliant by having personal sanitizer can be very helpful. If you do need a guide or support, ensure that the contact is as sanitary as possible. This may be a place to use a mask or could be an opportunity to develop strengths in audio commands.

Dr. West: Given recent research related to the impact of COVID 19 on heart and lung health, even after an athlete is “symptom free”, is there a greater risk for athletes who have reduced lung capacity or heartrates that are not able to rise in the same way as able bodied athletes? What are the recommended testing measures these athlete should follow before a safe return to sport is possible?

There is no specific data that demonstrates an impact to the wider disability group. The most impacted group will likely be those with spinal cord injury as they have respiratory systems and often have complications related to heart rate. The challenges for this group will be monitoring intensity. This can be more difficult with this population. Using a simple 1-10 scale may be the best practice. Looking at keeping intensity low to medium during return to sport would be recommended.

Dr. West: Are the transmission risks significantly greater for athletes with a disability compared to the able bodied population?

No evidence indicates that a person with a disability is more likely to contract Covid 19 than their able bodied peers. Comorbidities are the leading factor in becoming a part of the high risk group. Some groups within SCI do have a slightly elevated risk factor for severe infection, but are not at a higher risk to contract the disease.

Dr. Borisoff: What are some reasonable cleaning and sanitation considerations athletes with a disability should undertake, given increased touch points, to reduce risk of transmission? How does this change in the training environment when using their own, or shared, equipment? How should these protocols adjust when athletes require staff assistance?

It's important to appreciate how experienced people with disabilities are in directing people, working with care workers, and managing individual needs on a daily basis. This will be an advantage for your athletes when returning to sport. One area to focus on with athletes, once they get into a facility and back on the court, is looking at ways to reduce reliance on the mouth as a way to support taping, licking hands or adjusting assistive devices. This can be an area where athletes want more help. This could be managed by staff taking appropriate measures.

Regarding cleaning equipment – check out SCI-BC guidelines for enhanced cleaning. <https://sci-bc.ca/wp-content/uploads/2020/04/handhygieneforsci-english11x17.jpeg> and <https://www.healthline.com/health/how-long-does-coronavirus-last-on-surfaces#different-surfaces>

There is no 100% perfect measure. Being prepared as an athlete with the things you need from home. Trying to understand the contact points you have in your individual process and taking steps to stay as sanitary as possible. Looking at measures to sanitize competition equipment, as well as your hands, prior to transferring. Most materials involved in sport equipment are hard touch surfaces and pretty good in that they aren't currently shown to support the virus for long. Going a day or two between training sessions may be sufficient but having a method to improve sanitation by pre cleaning is preferable

Dr. Borisoff: Can you provide some general considerations, from an athlete perspective, for managing athlete health when participating in sports where lifts, transfers, or staff support is necessary? (S&C environment, supported assistance between day chair and sport equipment)? Are there assistive devices or techniques that can help in improving opportunities to physically distance?

There are some considerations to distancing perspective that may be different for athletes who use a wheelchair. Think about height of the athlete, there is an enhanced likelihood of transmission simply because the athlete may be below the height of the droplets within a two meter radius. It may also be worth considering, and working with your facility, ways to improve flows between groups in your training or competition environment. In tight hallways, it's difficult for a para athlete to move laterally. Ensuring that flows are one way can help to manage the paths of people to ensure distance can be achieved.

Dr. Marshall & Dr Borisoff: What are the thoughts around winter sports, working with gloves, scarves etc. How does that impact volunteers and coaches who may be in contact with athletes?

These athletes are at a lower risk because they are outdoors and often have enhanced personal safety with face coverings, gloves etc. Much of this equipment is handled exclusively by the person using it, so that would place them at lower risk as well. Sanitation of surface touches, including enhanced cleaning of the sit ski are recommended. If the athlete needs to be supported by others, the sanitation should still be high. Washing hands and disinfecting touch surfaces, and reminders not to touch the exposed face with gloves are recommended.

Dr. Marshall: Is there an understanding as to whether the virus can survive in ice arenas or in the cold?

There is not significant data that indicates a reduced risk from cold alone.

Dr. Marshall: What about recommendations for individuals participating in multiple sports, given many people participate with different organizations. Is one sport at a time the best way to go?

Learning from other sectors, the research around multi environment transmission is clear. The message should be slow and steady. Start with one sport, and move out from there as health guidelines relax. This is the best way to reduce spread.

Note on additional support for PSO's with integrated VI programming:

If you need further support, related to guiding athletes with VI, please connect with BC Blind Sports. They are happy to connect you with experts in orientational mobility. They have also developed a set of guidelines to support those with a visual impairment based on best practices in the blindness community. Guidelines include working with athletes and their sport guides to modify guiding techniques in a sport specific way. Jane D. Blaine jane@bcblindsports.bc.ca