

Guidance

Elite sport return to training guidance:

Stage One

Updated 30 May 2020

The coronavirus (COVID-19) pandemic has presented a significant challenge to this country. Everyone's actions, including those of elite athletes and sporting bodies, have helped to reduce the transmission of coronavirus in our communities.

As the UK moves to the next phase in our fight against coronavirus, the most important thing we can do is to stay alert, control the virus, and in doing so, save lives.

Therefore it has been agreed by the Department for Digital, Culture, Media & Sport (DCMS), Public Health England (PHE), the Department for Health and Social Care (DHSC) and UK Sport, working with major sports governing bodies, that a coordinated resumption of elite sporting training and competition will be necessary ahead of any return to competitive sport itself.

This is to minimise the risk to the elite sports community, fans, friends, and family who support them. This is also to minimise the pressure elite sport places on the wider community and healthcare workers during any resumption of training.

Purpose of the guidance

The guidance defines a set of recommended minimum practice for Stage One of 'return to training' (RTT) guidance for elite athletes.

This guidance will assist elite sport organisations to deliver a safe return to organised training for its athletes and staff, while adhering to social distancing guidelines.

The guidance has been produced by a working group of leaders, Chief Medical Officers and partner organisation representatives including institutes, athlete representative bodies and sport venue hosts across Olympic, Paralympic and Professional sports in collaboration with the DCMS, PHE, DHSC and UK Sport.

This guidance does not constitute legal advice or replace any government or PHE advice; nor does it provide any commentary or advice on health related issues. Elite sports and affected organisations should therefore ensure that they seek independent advice from medical practitioners prior to implementing any 'return to training' plan.

For the purposes of this guidance the definition of an 'elite athlete' means a person who is:

- an individual who derives a living from competing in a sport
- a senior representative nominated by a relevant sporting body
- a member of the senior training squad for a relevant sporting body,
or
- aged 16 or above and on an elite development pathway.

For these purposes, a “relevant sporting body” is the national governing body of a sport which may nominate athletes to represent either (a) Great Britain and Northern Ireland at the Summer Olympic and Paralympic Games to be held in Tokyo, or the Winter Olympic and Paralympic Games to be held in Beijing, or (b) England, Wales, Scotland, Northern Ireland, Gibraltar, Guernsey, Jersey and the Isle of Man at the Commonwealth Games to be held in Birmingham in those sports which are not part of the Tokyo Olympic and Paralympic Games programme.

A “senior representative” means a person who is considered by a relevant sporting body to be a candidate to qualify to compete on behalf of (a) Great Britain and Northern Ireland in the Olympic and Paralympic Games to be held in Tokyo or Beijing, or (b) England, Wales, Scotland, Northern Ireland, Gibraltar, Guernsey, Jersey and the Isle of Man at the Commonwealth Games to be held in Birmingham in those sports which are not part of the Tokyo Olympic and Paralympic Games programme.

An “elite development pathway” means a development pathway established by the national governing body of a sport to prepare athletes (a) so that they may derive a living from competing in that sport, or (b) to compete in that sport in the Olympic or Paralympic Games.

Stage One of return to training can be described as a return to a level of organised individual programme training in a defined performance facility while adhering to the government social distancing advice. This might be individual training or groups of individual athletes training in the same facility/space but adhering to social distancing and other steps to minimise the spread of COVID-19. Under step one, travel to training venues is also permitted.

A move to Stage Two will be characterised by the allowance of a level of ‘social clustering’ within the training environment where small groups of athletes and staff will be able to interact in much closer contact (e.g. close quarters coaching, combat sports sparring, teams sports tackling, equipment sharing, etc). The additional guidance necessary for operating under step two will be finalised and communicated once when the government has agreed to move to this step, following advice from PHE and medical experts that it is safe to do so.

Guidance for sports, clubs and support service providers

1. Each sport's/club's Accountable Officer should name an existing member of staff as a COVID-19 officer, who will be responsible for oversight of the COVID-19 risk assessments, ensuring the necessary level of risk mitigations are in place and the minimum guidance are achieved has taken place and that sports and any partners/hosts can adhere to their guidance responsibilities within local constraints.

2. Each sport should have a named COVID medical officer (physician), familiar with the emerging evidence related to post-COVID-19 pathology, who is expected to:

- Lead on ensuring any suspected or confirmed COVID-19 cases are managed in line with the sport's COVID-19 case management protocols and current government guidance.
- Have medical oversight of the return to training of any athletes with suspected or confirmed cases of COVID-19.
- Support the COVID Officer with any medical aspects of the risk assessment and mitigation process.

Sports who do not have a medical officer to cover these responsibilities should secure medical cover to oversee these processes prior to resuming organised training. Regular screening for symptoms within the training environment may be carried out by an appropriately trained healthcare professional working with a set of protocols defined in the risk assessment mitigation plan and signed off by the medical officer.

3. Organised training should only be resumed where [government guidelines on social distancing](#) can be followed, considering any terms of dispensation allowed for elite sport.

4. Sports should prepare a risk assessment and risk mitigation plan to be completed before resumption of Step One training at each venue that determines and communicates what can or cannot be achieved training wise in the local context. The risk assessment and mitigation plan should include but not be restricted to:

- Ensuring that prior to the resumption of training, all athletes and staff who are engaged in the training environment are formally appraised of the risks and all mitigating steps being taken. It will be for individual sports to agree with their athletes any conditions for their return.
- Agreeing a clear position on how athletes and staff who are deemed vulnerable or are in a household with vulnerable individuals interact with the training environment, which must be in line with government advice on clinically vulnerable individuals. Clinically extremely vulnerable individuals or those continuing to live with anyone deemed clinically extremely vulnerable should not be engaged in the training environment in line with current government advice.
- Identifying additional actions that need to be taken to enable any Paralympic athletes who need support with complex impairments, or the consequences of these impairments to interact safely with the training environment in line with [government guidance](#). This should include a decision on whether these actions can be achieved or where engagement of athletes with the environment is not feasible.
- Outlining how regular screening for COVID-19 symptoms will take place before each entry to the training environment. Updated information on the most common symptoms can be found on the [NHS website](#). Screening should include a questionnaire as a minimum.
- Outlining clear protocols to manage any person who becomes symptomatic at the venue as per [government guidelines for employers and businesses](#) as the most relevant information.
- Outlining how staff who are returning to the training environment from isolation due to suspected or confirmed cases of COVID-19 or other COVID-19 related reasons should be medically assessed prior to return.

- Ensuring any practitioners who need to work in close contact with potentially symptomatic members have access to personal protective equipment (PPE) and are [trained in their appropriate usage and disposal](#). More generally, medical staff should only use PPE appropriate for the setting. If suitable PPE cannot be procured without taking away supply intended for key workers then the practice or work requiring the PPE should not take place.
- Ensuring any support staff within the training environment are operating to the minimum standards of practice that ensure any professional body endorsement and professional indemnity insurances they require are still valid.
- Ensuring training choices are made to minimise the injury and illness risk/NHS burden as a priority consideration.
- Ensuring an appropriate level of medical staffing is in place within the training environment to manage any injuries and illness in training, while also meeting the demands of any COVID symptom screening.
- Ensuring local emergency medical cover/assistance can be accessed in the event of a potential life or limb threatening injury requiring immediate extrication and urgent medical care or hospitalisation.
- Ensuring minimum but necessary training staffing levels are calculated to balance training need, distancing protocols and reducing risk of burden to the NHS.
- Outlining how equipment being brought into the training venue will be suitably cleaned and disinfected to manage the possible transmission of COVID-19 (e.g. specialist technical equipment, wheelchairs).
- Forming an agreement with hosts/venues on what steps need to be taken to ensure social distancing and appropriate hygiene measures are maintained in the training environment, in line with the government's guidance.
- Outlining the steps to determine maximum capacity levels for the various spaces in use with hosts/operators.
- Outlining (via agreement with venue hosts as necessary) how all areas will be cleaned between sessions for different groups of athletes.
- Outlining how any equipment/items that must be shared within the training venue (e.g. gym equipment) will be cleaned/disinfected between each user.

5. All athletes and support staff should be engaged in a 1:1 check-in prior to resumption of organised Step One training to ensure they have understood the sport specific risks and mitigations, training site protocols in place, are physically and mentally well enough to engage in return to training and have actively 'opted in' to engaging in Step One return to training. It will be for individual sports to agree with their athletes any conditions for their return. All athletes and staff should also be clear on their route to 'opt out' of the organised training environment under Step One conditions at any time without unreasonable steps being taken against them consequently.

All athletes and staff should adhere to [government rules on social distancing](#) when travelling to and from the training venue and should not come within the 2m social distancing range of anyone outside their household whilst travelling to and from training.

6. Sports should clearly and regularly communicate any updates to protocols around training, prioritisation of access to venues and any necessary risk mitigation steps to their athletes and any home support network (e.g. parents).

7. Athletes who are returning to the training environment from isolation due to suspected or confirmed cases of COVID-19 or other COVID-19 related reasons must do so under the direction of a physician/medical officer, familiar with the emerging evidence related to post- COVID-19 pathology and following the most up to date return to training steps. This should include a check-up with the same medical officer before re-engaging with the training environment. As a minimum these return to training steps should follow the latest version of the Home Countries Institutes of Sport (HCSI) graduated return to training protocols which are updated every two weeks (see an example only in Appendix One) unless a sport has more advanced guidance in place. Should a sport wish to utilise these protocols they should contact their relevant HCSI to gain access to the most up to date version as the scientific knowledge base is changing rapidly.

8. Should a known or suspected COVID-19 case occur in the training environment or an individual be identified as a contact of a known case the individual/s in question should be placed in isolation and follow the [PHE guidelines](#). The designated medical officer should be immediately informed if not involved with identifying and isolating the case at the training venue.

9. Athletes or staff deemed '[clinically extremely vulnerable](#)' should continue to follow government advice. This currently includes maintaining '[shielding](#)' and therefore, should not return to organised training outside of the home.

10. Sports and hosts (as applicable) will need to discuss and agree how any abnormal costs that arise from mobilising a facility for use during restricted periods will be handled prior to training being resumed.

Guidance for elite training centre venue hosts and operators

1. The resumption of organised elite sport training should not in any way limit the hosts/operator's ability to support ongoing usage of the facility for supporting the NHS or key worker requirements.

2. Each facility which is an elite training host / operator should have its own named COVID-19 officer if the venue is not sport run. The officer should be responsible for oversight of the venue's COVID-19 risk assessment and mitigation plan, ensuring the necessary level of risk assessment and mitigation has taken place and that sports and hosts can adhere to the guidance within their facility.

3. All hosts/operators must ensure staff supporting elite sport return to training are formally appraised of the risks, mitigating steps being taken and requested to actively 'opt in' if they are comfortable to return to working within the training environment by way of written consent.

4. Where multiple sports/clubs are utilising the same training site/s all COVID-19 officers should share their risk assessments and operational plans to ensure alignment and avoid any potential conflict between plans.

5. Hosts/operators of venues being used for Step One return to training should ensure that all areas to be accessed by elite athletes, support staff and facilities staff are deep cleaned prior to return to a

standard which follows government guidance for [post-COVID case non-hospital facilities cleaning](#) as a minimum.

6. Hosts/operators of venues being used for Step One return to training should ensure that all areas to be accessed by elite athletes, support staff and facilities staff are cleaned at the beginning and end of the training day to a standard which follows [government guidance for non-hospital facilities cleaning](#) as a minimum.

7. Hosts/operators of venues should agree with sports/clubs in advance about how any relevant areas will be cleaned between sessions for different groups of athletes.

8. Hosts/operators should ensure their cleaning staff have all the necessary levels of PPE and cleaning material needed to complete deep cleaning and daily cleaning protocols.

9. Hosts/operators should ensure their cleaning staff have the necessary levels of training needed to complete deep clean and daily cleaning protocols prior to organised training resuming.

10. Hosts/operators should ensure that government advised [social distancing guidelines](#) can be maintained within their facility and work with sports/clubs to determine maximum capacity levels for the various spaces in use.

11. A single host/operator liaison should be appointed daily and made known to the sports/clubs to be the single interaction point as necessary. Interaction should be kept to that which is essential.

12. Hosts/operators of venues being used for Step One return to training should only agree to operate where they are able to comply with law, current government and PHE advice and all the normal essential insurance cover that is required to run the facilities are in place and remain valid.

13. The venue should take reasonable steps, in partnership with the sport/club to ensure only approved elite athletes and those staff required to support their training enter the site. This should be in keeping with all applicable rules, including relevant Health and Safety requirements and Fire Regulations.

14. Host/ operators should note - whilst some athletes, such as swimmers or divers, may normally use public venues, under the current rules only official elite training venues can be used.
15. Host/ operators should note - for official elite training venues, gyms and swimming pools can be used by elite athletes.
16. Sports and hosts (as applicable) should discuss and agree how any abnormal costs that arise from mobilising a facility for use during restricted periods will be handled prior to training being resumed.

Authorship

The guidance has been produced by a working group of leaders, Chief Medical Officers and partner organisation representatives including institutes, athlete representative bodies and sport venue hosts across Olympic, Paralympic and Professional sports in collaboration with the DCMS, PHE, DHSC and UK Sport.