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விளையாட்டுத்துறை மற்றும் இளைஞர் விவகார அமைச்சகம்
Ministry of Sports and Youth Affairs

නො.09 , පිලිප් ගුනවර්ධන මාවත, කොළඹ 07. இல.09, பிலிப் குணவர்த்தன மாவத்தை, கொழும்பு 07. No.09, Philip Gunawardana Mawatha, Colombo 07.

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Date }

President /Secretary
All National Sports Federation /Associations

Guideline for resumption of Sports Activities

Institute of Sports Medicine under the Ministry of Sports and Youth Affairs has prepared guidelines with the approval of the Ministry of Health and Indigenous Medical Services to be adopted to recommence sports activities with concerned parties of sport sector in Sri Lanka.

02. Accordingly, I am forwarding herewith the said guidelines to be strictly adhered to by all relevant parties in the sport sector when engaging sporting activities after this pandemic situation.

03. The date for the commencement of sporting activities should be communicated by the National Sport Association /National Sport Federation to Director General of Sports Development. Director General of Sport Development in consultation with Director General of Institute of Sport Medicine will approve the resumption of sport activities subject to certain conditions which should be strictly followed.


K.D.S Ruwanchandra
Secretary

Cc-

- 01.Secretary,Ministry of Health and Indigenous Medical Services – For information Please
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Background

In high performance sports, it is very vital to engage in periodization training program according to competition schedule to peak your performances at the right time while preventing injuries. However, even two weeks of detraining can lead to a significant decline in cardio fitness. Not exercising for two to eight months leads to loss of virtually all fitness gains. In general, the loss of aerobic capacity occurs more rapidly than declines in muscle strength. High performance athletes who have trained intensely and been fit for a long time experience more gradual declines when they stop working out compared to newer exerciser. For instance, studies have found that when well-trained runners, cyclists, or swimmers abstain from all exercise, they lose on average only a little more than half of their gains in aerobic conditioning in about three months. In contrast, when sedentary people undertake a two-month cycling or running regimen, most lose all their aerobic gains if they stop for two months.

Ministry of Sports (MOS) has issued guidelines for all the athletes to engage in their virtual training sessions in isolation with guidance from their National Coach and released videos demonstrating all type of training as a guide. Physical fitness, Nutritional, sports psychological advice and any general medical advice is provided to all the athletes through specialist in the field from Ministry of Sports.

Sports could be categorized in many ways and one is individual sport and team sports. In individual sports athletes follow their tailor made training schedules alone. In team sports it is a mandatory requirement to train the whole team together for many scientific reasons.

The category - whether the sport is considered a lower or higher risk

- **Lower risk sports** where physical distancing is possible, e.g. archery, shooting and some athletics events. These will be less of a risk if physical distancing advice for athletes, coaches and etc.
- **Higher risk sports** include contact sports, team sports. Physical and close contacts among players increases risk of transmission of COVID-19

International evidence to date is suggestive that outdoor activities are a lower risk setting for COVID-19 transmission. There are no good data on risks of indoor sporting activity but, at this time, the risk is assumed to be greater than for outdoor sporting activity, even with similar mitigation steps taken

National Principles for Resumption of Sport activities

Resumption of sport and recreation activities should not compromise the health of individuals or the community.

Resumption of sport and recreation activities will be based on objective health information to ensure they are conducted safely and do not risk increased COVID-19 local transmission rates.

All decisions about resumption of sport and recreation activities must take place with careful reference to these National Principles following close consultation with National/Local Public Health Authorities, as relevant.

These national general guidelines are providing a guide for the reintroduction of recreational sport and high performance sport in Sri Lanka.

Main objective of these guidelines is to provide High Performance Athletes to return to sports safely in this COVID -19 situation to avoid their Physical and Mental de-training and guide National Sporting Organizations (NSO).

Resumption of community sport and recreation activity should take place in a staged fashion and with an initial phase of small group (<10) activities in a non-contact fashion, prior to moving on to a subsequent phase of large group (>10) activities including full contact training/competition in sport

Significantly enhanced risk mitigation including restriction to non-sport person including officials and parents in to outdoor and indoor sports areas, good hygienic practice including physical distancing and avoidance of indoor facilities use by outdoor athletes must be implemented.

If NSO are seeking specific exemptions in order to recommence activity, particularly with regard to competitions, they are required to engage with, and where necessary seek approvals from Public Health Authorities through Ministry of sports regarding additional measures to reduce the risk of COVID-19 spread.

Prior to any training program MOS will conduct a meeting with the relevant NSO with the public health representative, Sports and exercise science/medicine representatives and administrators to identify the sport related possible risks and to educate all regarding the measures need to be taken pre-, during and after training. If approved following criteria should be met and will be continuously monitored.

If identified any risk by not following the advices, or changing the country's COVID -19 situation, MOS or Public Health Authority could stop activities until further evaluation.

Please note that these guidelines reflect the information and research available at the time of writing with the existing COVID -19 situations in Sri Lanka, and subject to change with new evidence and country's COVID-19 situation in the future

Return to Sport – MOS Guidelines

Return to sport will be advisable in the following order individual training, team training (small groups and whole team), domestic competitions/tournaments and international competition.

Returning to sport after recovering from COVID-19 for athletes and vulnerable groups are discussed below.

However, this document is created to provide guidance to resume training without compromising athletes and officials health by preventing or reducing risk from COVID-19 and highlighting the measures NSO must implement during training in a safer environment.

Training should be design in following phases:

Phase 1.Individual virtual training

Phase 2.Individual training with the coach at the venue

Phase 3.Small group training with the coach and supporting staff at the venue

Phase 4.Group residential training with the coach and supporting staff at the venue

Phase 5.Entire team residential training with the coach and supporting staff at the venue

How to manage COVID-19 risk with training is discussed in the following areas for all phases of training.

1. Key considerations to prevent or reduce COVID-19 risks **BEFORE the training**
2. Key considerations to prevent or reduce COVID-19 risks **DURING training**
3. Key considerations to prevent or reduce COVID-19 risks **AFTER training**

Key considerations to prevent or reduce COVID-19 risks BEFORE the training

Before training of any phase starts the NSO should submit their proposal to MOS for approval. The proposal should be prepared considering all the guidelines in this document. According to the category your sport belongs to COVID - 19 committee of MOS will review the proposal prior to approval.

Phase 1 - Individual virtual training – Recommended to get the workout plan by the national coach or the individual coach. The Type, intensity, frequency, duration with progression of the training program is better to get approved by the coach. Activities may include cardiovascular exercise or strength and conditioning training to keep in good general health and fitness.

Phase 2 - Individual training with the coach at the venue – recommends in areas where health curfew is lifted. While maintaining the social distancing and good general hygiene, athlete could engage in training with the coach at the venue. Coach should provide advice and supervision only. Before starting coach should obtain the approval from MOS by providing a short proposal stating:

- Name of the athlete with National ID number
- Name of the coach with National ID number

- The venue – This should be a place identified as minimum risk venue and pre-approved by the Ministry of Sports. Instructions specific to COVID-19 for a training venue to be approved by the MOS is stated below.

-- The number of days of training per week

- The duration of the training

- means of transport to and from the venue – In **Phase 2** and **Phase 3** shared transport to the venue and from will not be allowed at any time.

- The designed training program - Activities should involve no contact with, or participation alongside, any other individual or partner. Any equipment and instrument should not be shared; hence coach should design activities to suit the criteria of this Phase.

- Any change of rules or conduct of the training/game due to COVID -19 situations

* With this proposal please submit the completed questionnaire attached as **Annexure 1**

Phase 3 - Small group training with the coach and supporting staff at the venue

Small group – less than 10

During this phase athletes and coaching /supporting staff could engage in training but Activities should involve no contact with any of the other members in this “small group”. Coaching staff will only advice and supervise like in **Phase 2**. Social distancing and good general hygiene should be maintain at all times. Before starting coach should obtain the approval from MOS by providing a short proposal stating the necessary information (See Phase 2). Transport will not be allowed shared among athlete or coach/supporting staff in this phase.

Phase 4 - Group residential training with the coach and supporting staff at the venue

The size of the team (the minimum number of athletes and supporting staff to gather) - Ministry of Sports is recommending minimum 10 and maximum of 15 or as advice by the Ministry of health.

The Venue: Training and Accommodation - Whether the training is indoors, outdoors or both. The place those Players and the staff will be residing at. This should be mentioned in the proposal for the MOS for approval. Both these venues should be facilities where disinfection procedures could be carried out according to the public heath guidelines

Facilities provided - General and heath specific facilities to prevent COVID-19 at accommodation and at the training venue

We assume that, most of the training venues have the general facilities and following **specific COVID-19 facilities at a training venue** should be available with a person in charge.

- Only one gate to enter and one gate to exit – where there is only one gate please make necessary arrangements to separate this gate by a code or equal material separating entry and exit
- Should maintain a registry for the users. All the athletes, coaches and supporting staff should be recorded (name, ID number and contact details) with their entry time and exit time daily
- Provision of disinfectant wipes and door handles, toilet handles, bathroom faucet handles, etc. in all areas several times per day to be disinfected
- Disinfect the facility according to the health ministry guidelines and should be recorded the person who attended to this task, time it was carried out and signature of the person responsible
- Washbasin/s at the entrance with soap
- Person to check the temperature of athletes and supporting staff before entering
- Hand sanitizers inside the venue, positioned in pre-identified/ recommended places
- Closed dustbins inside the venue, positioned in pre-identified/ recommended places
- Educational posters and “sign boards” placed at visible places eg: hand washing, general hygiene, prevention strategies from COVID-19 (Health promotion unit or WHO posters could be used)
- Measures, how athletes and team staff will be notified of a case and COVID-19 situation where they are training
- Predetermine emergency contacts Doctor and with local health authorities
- Medical masks be ready for use by the medical staff and sick individuals
- Isolation room for a COVID-19 suspected individual

At Accommodation following COVID -19 specific facilities should be available

- Single occupancy for all members
- Pre-identified place, where an individual diagnosed with COVID-19 will be cared for and isolated while awaiting patient transport to a medical facility
- Place, where a contact of a confirmed cases will be quarantined
- Measures, how athletes and team staff will be notified of a case and COVID-19 situation
- Predetermine emergency contacts Doctor and with local health authorities
- Medical masks be ready for use by the medical staff and sick individuals
- Provision of disinfectant wipes and door handles, toilet handles, bathroom faucet handles, etc. in all areas several times per day to be disinfected
- Provision of individual prevention packages for athletes containing:
 - small personal packages of disposable tissues and plastic bags for tissue disposal
 - small laminated prevention card with key reporting information
 - medical mask to wear if they are ill (any symptoms, including fever, cough, shortness of breath)
 - thermometer
 - hand sanitizer
- Means of transport to and from the venue from the accommodation should be pre-identified and during the period of training transport provider will be also considered

as team member. Hence, he/she is not allowed to travel home but to reside at the same accommodation.

Risk communication – Education and awareness, ensuring public health advice to all athletes, coaching staff, and other relevant stakeholders before commencing training and during training with daily updates.

Team staff in charged to confirm and ensure that their teams are briefed on the protocols for a suspect and confirmed patients, on infection prevention and control measures and on where to find more information.

Also **develop and make available risk communication on:**

- clinical features of COVID-19 and preventive measures, especially respiratory etiquette and hand-hygiene practices
- the criteria for asking individuals with symptoms to leave the training venue or retreat to a designated area
- information on physical distancing
- information on the use of face coverings and medical masks
- the meaning and practical implications of quarantine, self-isolation and self-monitoring in the context of the training
- Cover the mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing. Practice respiratory etiquette (maintain distance: at least 1 m), cover coughs and sneezes with disposable tissues or flexed elbow, wash hands). If coughing persists, isolate and seek medical advice
- Avoid contact with anyone if ill
- Towels should not be shared
- Athletes should not share clothing, bar soap or other personal items
- Recommend that towels are for single use only
- Avoid shaking hands
- Avoid steam rooms or saunas and Gym (if previously not approved)
- Be aware of regular cleaning of frequently touched items (door handles, elevators, gym equipment, etc.)

Testing - To arrange testing for the athletes and officials before pooling them and before dismissing them where necessary according to the existing guidelines through MOS.

Athletes and staff should proactively and regularly check their health status (including taking their temperature, and monitoring for any symptoms). Specially to conduct PCR testing before commencing training and repeat this testing after 6days during their training provided that the team will have no outside contacts during this period.

Key considerations to prevent or reduce COVID-19 risks DURING training in all Phases

- Team to be aware of and cooperate with team medical staff in taking their temperatures each day, any temperatures above 37.5°C to be reported to the medical lead/chief medical officer before leaving for training from accommodation. The team has to be informed of the procedure if a player or an official tested

positive with or without symptoms during the training session. In such a case the whole team will be quarantine in the same premises for the period of 14 days or instructed by the MOH representative.

- Venue in charge at the training venues to check athletes and officials' temperatures each day, any temperatures above 37.5°C should be reported to the medical lead/chief medical officer
- Wash hands often with soap and water. Use an alcohol-based hand sanitizer if soap and water not available. Hand sanitizer stations should be available at the training venue, the accommodation, and on team bus.(recommended to wash hands frequently even while training)
- Make tissues and containers to dispose of used tissues with lids available on the bus and in training venue changing rooms.
- Provision of first aid and sport medical services, including designated medical providers who are able to triage and refer suspected cases for COVID-19 testing.
- Ensuring the capacity to isolate suspected cases: team/officials and other supporting staff
- Ensuring availability of rubber gloves to team staff and volunteers handling laundry, towels, etc
- Provide each athlete with a clean water bottle for personal use. Recommended protocol for the use of water bottles:

- Good team hygiene includes ensuring all players, officials and staff has their own water bottles to prevent the transmission of viruses and bacteria.

- Bottles should be labeled and washed (with dishwasher soap) after each practice

- Submit a report to the ISM/MOS regarding the ongoing training weekly
- When entering the venue:

- Temperature will be checked

- Athletes and coaches should thoroughly clean hands with soap and water at the entrance

- Except the water bottle, ground mat and any personal training equipment no bags should be allowed in to the venue

- Athlete and coach should register at the entrance and mark your attendance

- At all times during training athlete/coach should

- come in "playing kit" and avoid using changing rooms at the venue

- maintain at least 1.5 meters distance (one person per 4m²) between athlete and coach at all times

- follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands/ or use the sanitizers placed in the venue

- Not share training instrument/ equipment at any point, hence coach should design training to suit these criteria. eg: even though badminton is not a contact game , shuttle will be shared to play, in this Phase 1, 2 and 3 it is not recommend to do such training. This type of training with shared instruments is recommend and permitted at the Phase 4 at residential training only.

- Not use the gym for training (Only is Phase 4 this is recommend and permitted

- Not to spit out at any time

- Not change/wash at the common changing/ washing rooms after training, athlete should return home to wash in Phase 2 and 3 (permitted only in phase 4)

Key considerations to prevent or reduce COVID-19 risks AFTER training

- Submitting the final report(summation of weekly report) by the team management to the MOS within 48hours after dismissing the team in Phase 4

Specific instructions to Phase 5 will almost same as in Phase 4 and will be allowed start for the sports who has finished their Phase 4 training only.

Vulnerable groups

Vulnerable groups such as Para-athletes and others with medical conditions may be at increased risk. Those with concomitant medical conditions need individualized management in consultation with their regular treating doctor(s) prior to return to training environments. Considerations include increased susceptibility to respiratory infections, unique equipment (e.g. wheelchairs) that requires cleaning, accessibility of medical resources, risk of medical sequelae from COVID-19, and access to alternate training options.

Athletes/other personnel with concurrent medical conditions including; respiratory or cardiac disease, hypertension, diabetes [64, 65], obesity [29] and immunosuppression due to disease or medication may be at increased risk.

Potential interventions for vulnerable athletes/other personnel include:

- Delaying a return to sport
- Training scheduled at designated 'lower risk' times (i.e. with no one else around)
- Staff working off-site where possible

- Maintaining social distancing measures
- Exclusion of 'high risk' athletes/other personnel from the training environment

Returning to sport after recovering from COVID-19

There are two separate points to consider for athletes and other personnel who have been infected with COVID-19, prior to returning to sport:

- Ensure they no longer pose any infection risk to their community and
- Ensure they have sufficiently recovered to safely participate in exercise (specifically for athletes and other personnel undertaking physical roles).

In both instances, **clearance from their doctor is required.**

Assessment of athletes and officials prior to resumption of training following COVID 19

The assessment process will depend on multiple factors including medical resources, athlete risk factors and sport-specific risk factors. It may be appropriate for an initial screening to be conducted via telehealth, with follow up examination and investigations as required. Clinical assessment could include:

- Clinical history to confirm absence of respiratory symptoms and relevant risk factors (e.g. exposure to known COVID-19 case)
- Physical examination including vital signs and systems review
- Blood tests including, but not limited to full blood examination (FBE), C-reactive protein (CRP) and ferritin
- In exceptional circumstances, sporting organizations could give consideration to PCR testing to detect asymptomatic carriage or antibody testing to identify prior exposure to SARS-CoV-2
- COVID -1 9 (PCR or antibody) should not be conducted without prior approval of MOS/relevant Public Health Authority
- There is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection
- A general musculoskeletal review, and counselling on the risk of injury if they have not been able to train during the social isolation period, given the known risk of injuries associated with sudden increase in training loads.

Monitoring and Evaluation

Once training has resumed, it is important that a structured monitoring process is in place to ensure early detection of illness within the training group.

Monitoring of athletes/other personnel

Athletes/other personnel should be educated regarding early reporting of respiratory symptoms.

- For sports utilizing daily wellness monitoring, adding a respiratory symptoms checklist, with automated follow up of reported symptoms, should be considered.
- If medical resources are available, regular screening (brief symptom check, resting heart rate and temperature) of athletes should be considered.

Managing a suspected COVID-19 case

If an individual is being tested for COVID-19:

They must immediately self-isolate and discontinue training until COVID-19 has been excluded and they have been medically cleared by a doctor to return to the training environment

Isolation of close contacts will be a decision for medical staff, based on case specific details

Definition of close contacts:

- “Face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case, or
- Sharing of a closed space with a confirmed or probable case for a prolonged period (e.g. more than 2 hours) in the period extending from 48 hours before onset of symptoms in the confirmed or probable case
- Contact is considered to have occurred within the period extending 48 hours before onset of symptoms in the patient, until the patient is classified as no longer infectious by the treating team (usually 24 hours after the resolution of symptoms)”

Managing a confirmed COVID-19 case

COVID-19 is a notifiable disease and Local public health authorities must be informed. Training facilities may be closed on the instruction of the local Public Health Authority or the CMO. Re-opening of the training facility should only occur after close

Following guidelines will also be available at ISM from June 1st 2020.

1. Guidelines for Individual/entire team training before competition
2. Guidelines for domestic Competition
3. Guidelines for International competition
4. Guidelines for traveling for sport

By Institute of Sport Medicine - Ministry of Sports

REFERENCES

Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19 Interim guidance 14 April 2020- WHO

Key planning recommendations for Mass Gatherings in the context of COVID-19 Interim guidance 19 March 202 – WHO

Latest circulars and guideline -<http://www.epid.gov.lk/web/index.php?lang=en>

All technical guidance -<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

AIS Framework for rebooting of sports activities

Annexure 1

1. What are the key issues your sport needs to consider regarding the Covid-19 crisis?
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2. What are your calendar events for this year? Locally and internationally?
මෙම වර්ෂය සඳහා ඔබගේ දින දර්ශන සිදුවීම් මොනවාද? දේශීය හා ජාත්‍යන්තර වශයෙන්
3. Before COVID-19 curfew was imposed, were the national squad and national coach being selected?
COVID - 19 ඇදිරි නීතිය පැනවීමට පෙර, ජාතික සංචිතය තෝරා ගෙන තිබේද?
4. Before COVID - 19 curfew was imposed, were your National squad was engaged in residential training?
COVID - 19 ඇදිරි නීතිය පැන වීමට පෙර, ඔබේ ජාතික සංචිතය නේවාසික පුහුණුවේ යෙදී සිටියාද?
5. Did athletes from your Federation/Association, engaged in individual training in isolation during this period? Is it under the guidance of your Federation/Association?
මෙම කාල සීමාව තුළ ඔබේ සම්මේලනයේ / සංගමයේ ක්‍රීඩක ක්‍රීඩිකාවන් හුදෙකලා පුහුණුවීම් වල නිරත වී තිබේද? එය ඔබේ සම්මේලනයේ / සංගමයේ මඟ පෙන්වීම යටතේද?
6. If return to sports be considered, according to your knowledge, what are the potential risks that need to be considered regarding your sport?
ක්‍රීඩාවට නැවත පැමිණීම සලකා බැලුවහොත්, ඔබේ දැනුමට අනුව, ඔබේ ක්‍රීඩාව සම්බන්ධයෙන් සලකා බැලිය යුතු අවදානම් මොනවාද?
7. If residential training is allowed, do you have a place for this? Or do you expect Sports Ministry to provide a place?
නේවාසික පුහුණුවට අවසර තිබේනම්, ඔබට මේ සඳහා ස්ථානයක් තිබේද? නැතහොත් ක්‍රීඩා අමාත්‍යාංශය ස්ථානයක් ලබා දෙනු ඇතැයි ඔබ අපේක්ෂා කරනවාද?
8. According to your knowledge, when might return to competition be able to happen for your sport? Locally or internationally?
ඔබගේ දැනුමට අනුව, ඔබේ ක්‍රීඩාවට නැවත තරඟයට පැමිණිය හැක්කේ කවදාද? දේශීය හෝ ජාත්‍යන්තර වශයෙන්?
9. With this COVID-19 situation, according to your knowledge, what rule changes or modifications to the game need to be considered?
මෙම COVID - 19 තත්වය සමඟ, ඔබේ දැනුමට අනුව, සලකා බැලිය යුතු නීති රීති වෙනස්කම්, හෝ වෙනත් වෙනස් කිරීම් මොනවාද?
10. What support do you expect from Institute of Sport Medicine for you to return to sport? Training and competition?
ඔබ නැවත ක්‍රීඩාවට පිවිසීමට ක්‍රීඩා වෛද්‍ය ආයතනයෙන් බලාපොරොත්තු වන සහාය කුමක්ද? පුහුණුව සහ තරඟය?