World Rowing

Covid-19 Pandemic

Return to Training

Advice for post-peak and post-pandemic periods

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Health situation caused by the current Coronavirus (Sars-CoV-2 - Covid-19) pandemic

Return to Training - Advice for post-peak and post-pandemic periods

The Coronavirus pandemic continues to evolve and is in different stages in different parts of the world. Within a country there might be areas in a peak phase with high risk of transmission close to others in which the situation may be even post-pandemic or normal. Therefore, the response to the pandemic is evolving differently across the world, in terms of governmental guidelines, the severity of the impact of COVID19 on different national populations.

Therefore, given the present status, the FISA SMC advice from 27 February 2020 (for the spreading period) and 25 March 2020 (for the Peak period) has been updated to reflect the evolving global health situation.

These guidelines cannot replace the priority provisions of the state governments and the locally responsible health authorities, but serve as a rowing-specific technical contribution.

GENERAL INFORMATION

According to the WHO-definition for pandemic, an outbreak has different phases (Table 1).

Table 1: WHO terminology of outbreaks

Definition	phase	Description	Risk
BEGINNING OF AN OUTBREAK	1-3	Animal to human transmission in single cases and small clusters	Low - Medium
SPREADING PERIOD	4	Human to human transmission in clusters and communities, disease is progressing to likely be declared pandemic	Medium
PEAK PERIOD	5-6	Significant daily community transmission with increasing new cases daily in a country	High
POST PEAK PERIOD		Levels of pandemic virus have dropped due to containment below peak levels with sustained decrease in community transmission	Medium
POST PANDEMIC PERIOD		Levels of virus activity have returned to low (normal) levels, but a new wave can be expected	low - None

FISA strongly encourages each NF to guide their athletes on how to avoid exposure to Covid-19 by following recommendations expected to be promoted by official health authorities, such as local (government and public health) and WHO authorities.

The basic rules to avoid being exposed to virus spread:

- **Wash your hands frequently for a minimum of thirty seconds with soap and water.**
- **Don´t touch your mouth or nose or eyes with your hands.**
- **Practice excellent cough and respiratory hygiene.**
- **Practice physical distancing and keep distance between people.**
- **Avoid mass gatherings** where physical distancing is not possible or where local health care resources may be overwhelmed.

General safety considerations for boat rowing (Detailed phase-related considerations follow)

- As an outdoor and non-contact sport, rowing can be relatively safe due to air flow and distances possible between athletes when rowing.
- Rowing in a single is considered generally as safe.
- In crew boats, a minimum distance of 1.20m is maintained between crew members.
- Clubs are advised to make log books of crews training together so that, in case of infections, people exposed to virus can be traced.
- The virus has been shown to survive temporarily in fresh water, but transmission through fresh water is unknown. FISA water quality guidelines apply.
- The recommendations explicitly apply to recreational and competitive rowing.
- Each rower should adopt the preventive measures, as Covid-19 follows classical dissemination via respiratory droplets and may survive on contaminated surfaces up to a few days.
- Hands should be regularly washed with soap and water (30 sec) or disinfected with alcoholic disinfectant when water is not available.

INFECTION RISK, SPORT AND RETURN TO SPORT

Return to Training Considerations in post-peak and post-pandemic periods:

- Is the rate of community COVID-19 transmission, and therefore the risk of infection, low enough to allow group training or sharing of equipment?
- Are athletes and staff trained sufficiently in hygienic measures and responsible practices?
- Are there appropriate resources (hand washing facilities, soap, disinfectant, face masks) and are hygienic measures secured (cleaning of facilities, surfaces, toilets, …)

Information for risk assessment is provided by the IOC in its COVID-19 section of athlete 365:

- https://www.olympic.org/athlete365/international-federation-updates/

Table 2: Summary of pandemic phases of Sars-CoV-2 - Covid-19, safety levels, distancing and precautions (for details see below)

Phase	Prevalence	Safety level	WHO-recommended Distance (m)	Rowing	Boat house	Weights room	Ergo exercise
SPREADING PERIOD	In clusters and first communities	Level 2 Sport with safety precautions	1.0	Crew *with safety*	According to prevalence	Hygiene	Hygiene
Pandemic phase / ACTIVE OUTBREAK	High community prevalence	Level 3 Sport restricted	1.5	Single	Closed	Closed	Private
Post Peak phase / OUTBREAK UNDER CONTROL	Low community prevalence - widely contained	Level 2 Sport with safety precautions	1.0	Crew *with safety*[1]	Limited access	5 athletes + 1 coach[1] Disinfection[2] and Enhanced cleaning	1.5 m distance between ergometers Good ventilation
CONTAINED OUTBREAK - Post Pandemic phase	Controlled / contained	Level 1 Normal sports Hygiene rules apply always	No regulation	Crew	Open	Open Disinfection Hygiene	Open

- *Overview of Public Health and Social Measures in the context of COVID-19 - WHO/2019-nCoV/ PHSM_Overview/2020.1*
- WHO-2019-nCoV-Mass_Gatherings_Sports-2020.1-eng.

- [1]Number of crew members or group size depends on local prevalence and conditions and on assessment by public health authorities
- [2]Disinfection of each equipment contact point before and after use

It is expected that the post-peak phase can be long and there can be new or second wave outbreaks. According to the WHO, the risk of transmission for COVID-19 can differ between and within countries. Health authorities should adjust and tailor their approach to the local context (Table 3).

Table 3: Risk attribution according to different regional scenarios of Sars-CoV-2 - Covid-19

Risk	Scenario	Region / County: New Cases per 100.000 inhabitants in 7 days	WHO-recommended Distance (m)	Rowing	Boat house	Weights room	Ergo exercise
High	Countries / Regions experiencing larger outbreaks of local transmission (Community transmission).	More than 50 cases per 100,000 in 7 days	1.5	Single	Closed	Closed	Private
medium	Countries / Regions experiencing cases clusters in time, geographic location, or common exposure (Clusters of cases);	Less than 50 cases per 100,000 in 7 days	1.0	Crew *with safety*	Limited access	5 athletes + 1 coach[1] Disinfection[2] Enhanced cleaning	1.5 m distance between ergometers Good ventilation
Low	Countries / Regions with one or more cases, imported or locally detected (Sporadic cases);	Less than 20 cases per 100,000 in 7 days	1.0	Crew[3] *with safety*	Limited access	5 athletes + 1 coach[1] Disinfection[2] Hygiene	Good ventilation
No	Countries / Regions with no cases (No cases);	Not applicable	No regulation	Crew	Open	Open Disinfection Hygiene	Open

WHO Critical preparedness readiness and response actions COVID-10 2020-03-22_FINAL-eng
WHO-2019-nCoV-Mass_Gatherings_Sports-2020.1-eng.

[1] Number of crew members or group size depends on local prevalence and conditions and on assessment by public health authorities

[2]Disinfection of each equipment contact point before and after use

[3]Crew size can be increased to big boats due to local prevalence and conditions

When new clusters of Sars-CoV-2 - Covid-19 appear in a region, the relevance for this population and the risk of transmission has to be assessed by local health authorities. When the outbreak is contained (e.g., in a work place, nursing home …) it may be of lower risk for the overall population.

MITIGATION OF RISK

1. Minimize risks in all areas (at all times)

a. **Athletes and support staff must not participate in training if they show any symptoms of illness or have been exposed to a COVID-positive person**. They must stay at home or in isolation and call their family doctor and follow their instructions; this also applies to accompanying persons. The training group or other contacts must be informed immediately. The use of common facilities and training rooms for ill athletes is not permitted.

b. **Training is not allowed if there are symptoms of illness**.

c. Typical symptoms of Sars-CoV-2 - Covid-19 illness are fever, dry cough, disturbed smell and taste, conjunctivitis, mild diarrhea, tiredness or shortness of breath.

2. Observe distance rules

Table 3 and local assessment by public health authorities

a. When training outdoors alone, a person has a low risk of infection. The risk can be increased secondarily by the proximity to training partners and the length of time in that proximity. It is therefore important to keep a distance according to the risk phase (Table 1) when interacting on the boathouse premises, especially when maintaining equipment and launching the boats.

b. Wearing of a mouth and nose mask decreases risk of transmitting the virus to others, particularly when distancing is not possible (work place or at the dock). Community masks may decrease droplets depending on material between 10 and 95% (dense cotton seems to be best), surgical masks by 85-97%. Eye protection inhibits further infection. Ensure proper training on how to handle a mask.
c. With increased risk, rowers should wear a mask in the boat house and on the dock at all times.

3. Reducing the size of training groups in the post-peak period (risk medium)

Table 3 and local assessment by public health authorities

a. Water training is permitted in singles.
b. Training in a crew is possible if all members are from a household or quarantined together.
c. Training in a crew boat may also be possible when permitted by local regulations and risk is low (Table 3).
d. Reduce the size of a training group to 5 persons plus the coach.
e. Training group should not be changed in terms of personnel.
f. If the respective legal regulations concerning the distance or composition of groups require it, an intermediate seat can be left free in boats. Official regulations regarding the extent of contacts are decisive for the composition of crews / training groups.
g. If a coxswain is participating, mouth and nose protection should be worn.
d. Oar handles should be cleaned and disinfected after training. Disinfectant cleaning agents approved by health authorities are recommended.

4. Boat house use

a. Reopening of rowing clubs and national training centers is upon discretion of the health authorities.
b. FISA SMC recommends strictly limiting the use of boat house facilities, particularly dressing rooms, showers and training facilities, depending on risk assessment. (Table 2). If possible, rowers should change and shower at home rather than at boat house facilities. When the risk is rated low by health authorities, reopening should be considered.
c. Rooms should be ventilated regularly.
d. Daily cleaning of all facilities and maintaining hygiene is mandatory. Washrooms, toilets (surfaces and contact points) and door handles should be disinfected frequently. Do not use fan hand dryers; use single user paper towels. Close the hood in toilets before flushing.

5. Exercise and weight rooms

a. Access to exercise and gym rooms must be strictly controlled to ensure cleanliness and hygiene. For room occupation where indoor training is permitted, a room size of 5 sqm per person, with controlled flow patterns to ensure distancing, is recommended. This could be eased when risk is only low (Table 3).
b. Ergometer exercise should be done with open windows and a distance > 1.5 m between ergometers when risk is medium (Table 3).
c. Prior to first-time use, all surfaces and the floor must be treated with an approved disinfectant cleaning agent. This must be repeated at least weekly; daily cleaning is recommended.
d. All equipment, ergometers, dumbbells, etc. must be treated with an approved disinfectant before and after use at allcontact points and exposed surfaces.

e. Except during ergometer training, a mask should be worn. Hands must be washed before and after training.

6. Competition and regattas:

a. The risk in rowing events is related to the number of persons gathered and the possible transmission by inadvertent carriers. Thus, distancing and hygienic rules have to be observed carefully.
b. Pandemic-specific regulations of local health authorities have to be followed,
c. The WHO Risk assessment tool helps to asses risks, mitigate spread, and enhance communication with local health authorities: https://www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak.
d. Covid-19 Resources for NOCs and IFs: Contains most relevant guidelines on COVID-19 related topics, aimed mainly at event organisers, IFs and NOCs. https://www.olympic.org/athlete365/covid-19-resources/
e. When risk decreases, athletes and staff will have to adjust to the situation and gain competition experience initially through local smaller events.

7. Prevention:

a. Where air travel is necessary, face masks and eye protection should be used, but will not fully protect against infection. In the plane, disinfection of the seat tray is recommended. Personal containers of hand sanitizer or disinfectant should be carried and used regularly.
b. A varied, vitamin-rich diet with sufficient vegetables and fruit helps prevent infections or reduce symptoms by improving immunity. Athletes should also drink enough to keep mucous membranes moist. In cold weather, the immune function of the mucous membranes is particularly disturbed, so keep the respiratory tract as warm as possible.
c. Food should not be served in buffet style. Wash hands with soap before and after meals.

8. Drawing up a hygiene plan

a. Clubs are requested to draw up a hygiene plan and document the measures taken. This should include the maximum occupancy according to the risk evaluation.
b. For events, a hygiene plan is necessary. WHO guidelines on mass gatherings and FISA guidelines should be considered. Local health authority regulations should also be followed.

GENERAL INFORMATION ABOUT DEALING WITH COVID-INFECTIONS

The basic rules for those who are infected or do not feel well:

- **Typical symptoms are fever, dry cough, disturbed smell and taste, inflammation of the eyes - conjunctivitis, mild diarrhea, but also tiredness or shortness of breath can be felt.**
- **You should stay in self-quarantine at home and communicate with your doctor.**
- **Avoid sports practice in groups.**
- **Go into self-quarantine. Do not get close to your partner, family members or other people, keeping a minimum distance of 2 meters.**
- **Eat separately and use a separate toilet.**
- **Wash your hands regularly with soap.**

- **Contact your medical doctor and others by phone.**
- **Only when cleared by your doctor can you return to your normal routine.**

1. If athletes feel sick

a. With the above typical symptoms, athletes and entourage should take a break from training and call their team or family doctor and follow their instructions. They should inform team members and other recent contacts.

b. Such athletes and entourage should be separated from the rest of the team, self-isolate and carefully disinfect their hands. They should wear a face mask during acute symptoms and ensure that the mask is used correctly.

c. The separation should be at least 2-3 days more than the actual signs of infection and should be decided by the attending doctor. It is wise to have separated toilets for such athletes to break the transmission of virus on hard surfaces.

2. How can I exclude Coronavirus (Sars-CoV-2 / COVID-19) infection if I have symptoms?

a. Fever is uncommon with most colds and upper respiratory infections but is more common with COVID-19 and the flu.

b. The probability of infection with the coronavirus (Sars-CoV-2 / COVID - 19) is very high in regions where the infection is widespread (community infection). Caution is generally required for any contact outside the family.

c. Most infections with Coronavirus (Sars-CoV-2 / COVID - 19) are mild (in many there may be very few or no symptoms), but more severe complications may arise, particularly in older and immunocompromised people.

d. Coronavirus (Sars-CoV-2 / COVID - 19) infection should be considered a possible cause of infection in acute respiratory illness and should be assessed by a medical doctor.

e. Transmission time appears to be 14 days. During that time an infected person may transmit the virus to others, even if there are no clinical signs of infection. During this asymptomatic period, the virus may also not be detectable by the PCR (Nasal swab) or serological (Blood) test.

3. Return to Sport after Coronavirus infection (SARS-CoV-2 / COVID-19)

(NOTE: All the recommendations for return to sport after COVID-19 are expert consensus; no controlled studies available).

a. Athletes and entourage **who are ill and had contact** with an infected individual or someone who traveled to affected regions should seek medical advice in a public health office where Coronavirus (Sars-CoV-2 / COVID - 19) testing can be performed (following and according to local health instructions).

b. **A work-up-plan for athletes** can be found in Nieß et al.: Dtsch Z Sportmed. 2020; 71: doi:10.5960/dzsm.2020.437

c. All athletes with symptoms should be seen by their sports medicine doctor before resuming training.

d. In athletes with a **positive SARS-CoV-2 test WITHOUT** signs of infection or symptoms, a 14-day-quarantine will likely be required, but it is important to follow local public health or WHO recommendations regarding further testing and isolation. Only light activity for 2 weeks and then return to training should be considered.

e. Athletes with a **positive SARS-CoV-2 test WITH symptoms** but WITHOUT confirmed pneumonia, should be examined by their doctor. No heavy training for 2 to 4 weeks, then gradual return to training should be considered.

f. In athletes with a **positive SARS-CoV-2 test WITH pneumonia,** exercise testing with measurement of oxygen saturation should be performed.; Further examinations should take place as recommended. No sports for at least 4 weeks, then gradual return to training under doctor's supervision should be considered.
g. In athletes with **positive SARS-CoV-2 test WITH suspected or confirmed myocarditis** with/without pulmonary involvement, cardiac testing should be performed. If there is no evidence of myocarditis, return to sports may be permitted. if myocarditis is diagnosed, no sports for at least 3 months with gradual return to training after reevaluation by and under the supervision of a cardiologist.

4. Is there a role for vaccination?

a. There is no vaccination presently available for Coronavirus (Sars-CoV-2 / COVID-19).
b. FISA SMC continues to recommend annual vaccination with quadrivalent flu vaccines against viral influenza for athletes and their entourage. However COVID-19 is not an influenza strain and is not prevented by this vaccine. The recommendation is to prevent influenza. Flu vaccination is most effective in the northern hemisphere in November and in the southern hemisphere in June and is updated annually by the WHO.

5. Where is information available?

FISA and the IOC are regularly assessing all information available.
The following webpages allow the most recent international information:
https://www.olympic.org/athlete365/covid-19-resources/
https://www.who.int/emergencies/diseases/novel-coronavirus-2019
https://www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak
https://www.cdc.gov/coronavirus/2019-ncov/community/parks-rec/aquatic-venues.html
https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19

Return to Sport after Covid:
https://www.germanjournalsportsmedicine.com/archiv/archive-2020/issue-5/position-stand-return-to-sport-in-the-current-coronavirus-pandemic-sars-cov-2-covid-19/
University of Leipzig repository of COVID research here
http://plus.sponet.de/topic/3781

Updates in treatment
https://emcrit.org/ibcc/covid19/