

Guidance on the phased return of sport and recreation

Correct as of 14th May 2020

The UK Government has published guidance which 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 has been aimed to support the phased return of sport and recreation in the UK as we move to the next phase of the UK Governments planned response.

This guidance only applies to England at the moment as the advice from the Scottish government remains that individuals should only leave their house in limited circumstances. However given the stakeholders involved in producing the advice it could be expected that this guidance will be rolled out across the UK when it is appropriate to do so. SGBs should use this opportunity to consider how they will resume sport once lockdown restrictions are lifted.

SGBs are encouraged to familiarize themselves with the content of the guidance and how they can look to implement the guidance in practice. The UK Government stresses that the 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. SGBs should therefore be careful to take appropriate legal, medical and other advice when designing their plan to return.

Guidance for sports, clubs and support service providers

The key points of the guidance are detailed below.

1. Each sport's/club's Accountable Officer should name an existing member of staff as a COVID-19 officer. This COVID Officer 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. They will also need to ensure that any partners/hosts can adhere to their guidance responsibilities within specific 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.

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. When completing the risk assessment consideration will have to be given to issues to ensure social distancing, regular screening for COVID symptoms, supply of PPE, ensuring activities carried out minimize injury risk so not to burden the NHS, cleanliness of equipment and facilities and any special steps required to support para-athletes.
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.

6. SGBs 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.
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.

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 public health 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 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.

Get in touch

SGBs can access the **sportscotland** legal expert resource helpline by email at sportscotlandinfo@harpermacleod.co.uk or by calling 0141 227 9333.