**Advice for physiotherapists, (massage therapists, and other clinicians in very close contact) treating rowing athletes during and post Covid19 pandemic (clinics, competition and training camp guidelines).**

*Dr Fiona Wilson: Physiotherapist, World Rowing Sports Medicine Commission, Trinity College Dublin.*

*Sarah-Jane McDonnell: Physiotherapist, Sport Ireland Institute.*

*Dr Cliona Ni Cheallaigh: Consultant in General Medicine and Infectious Diseases, St James’s Hospital, Dublin.*

**1.1 Introduction**

Purpose: physiotherapists (and other clinicians working in very close contact with rowers) may be operating in multiple settings (small clinics, acute hospital settings, sports institutes). The aim of this document is to mitigate the risk of transmission for both clinician and athlete.

**1.2 Minimum standards:**

There should be no consultations for symptomatic athletes. See World Rowing’s guideline documents for procedures in the case of an athlete reporting symptoms <https://worldrowing.com/2020/05/29/return-training-advice-for-post-peak-and-post-pandemic-periods/>

Personal Protective Equipment (PPE) should be worn for all for asymptomatic consultations.

\*Vaccination of all medical teams should be implemented where possible in tandem with regular PCR testing.

Clinic set up: physical space requirements must be considered including the ability to socially distance. The clinic must be a well-ventilated space with the availability of running water and wipeable surfaces.

**1.3 Standard Operating Procedures:**

Appointments should consider duration; social distancing; can they be done remotely (or by telehealth); necessity of hands-on therapies such as manual therapy and how rehabilitation will be supervised.

**2.1 Risk assessment and procedures**

Physiotherapists with National Federations should complete a risk assessment exercise prior to use of consultation space. The physiotherapist providing clinic support on any given day will be responsible for setting up the room prior to the first appointment and will ensure:

* The room is clean, ventilated and all contact points e.g., door handles etc are wiped with disinfectant wipes.
* The room can be ventilated for at least 15 minutes prior to the first treatment and after treatments.
* The treatment will be positioned to ensure that when non-contact support is taking place mid consult, the practitioner can stand at least 2 metres away from the athlete.
* Adequate supplies of PPE are available for the clinic.
* There is no sharing of equipment.
* Athletes will wear a fluid resistant, surgical grade facemask for the duration of the consultation which will be provided by the physiotherapist.
* Physiotherapists will wear PPE for the consultation. The apron and gloves will be disposed appropriately of after each athlete consultation (see below, 2.2).
* Prior to the consultation, athletes must complete all National Federation protocols for entry to the training centre or clinic building.
* Athletes will be required to wash and dry their hands thoroughly before entering the clinic space.
* Athletes should not bring any personal belongings into the consultation space. Aside from keys and mobile phone, to be placed in a clear plastic bag.
* Athletes receiving treatment post-training will be required to have showered prior to entering the clinic space.
* Athletes should only attend the clinic at the appointed time, limiting time in the vicinity before the treatment.
* Non-essential manual therapy is not recommended. If used, contact time should be kept to a minimum
* Post treatment, the athlete will hand-sanitise, and leave the clinic space straight away.
* Any follow up reports will be issued to the athlete digitally by email or other agreed means.
* The physiotherapist will disinfect the treatment bed, replace PPE and prepare for the next treatment.
* Any waste materials (including sharps) should be disposed of in accordance with disposal procedures.
* A minimum break of 15 mins must be completed following one treatment before the next treatment may commence.
* There should be a concise record kept of who attended for treatment and at what time, to facilitate track and trace if there is a positive Covid-19 case.

**2.2 PPE2**

PPE should be worn at all times while in contact with a patient and should be applied before they enter the treatment room/area.2 Ensure hands are cleaned thoroughly with soap and water or 70% alcohol sanitizer before putting on PPE. Arms should be exposed from below the elbows and a short-sleeved shirt should be worn to allow this. The following PPE should be worn by a physiotherapist treating a patient according to level of risk assessment2 (see figure and legend below):

* Single use gloves
* Single use apron
* Sessional use (up to 4 hours) fluid-resistant surgical face mask type IIR/ FFP2 / N95 fitted closely across nose and under the chin.2
* Sessional use (up to 4 hours but reusable if cleaned) goggles/full face visor in addition to personal spectacles if worn.
* Professional garment/uniform which has to be changed and washed daily.

![Diagram

Description automatically generated]()

**Illustration of PPE2** *(permission to use from the Lawn Tennis Assoc. and Hodgson et al2)*

Level 1: Where government advised distancing may not be maintained at all times

Level 2: Within 2m social distancing which may include face to face contact

Level 3: For aerosol generating procedures or where there is high potential for aerosol

Safe removal of PPE is critical to avoid self-contamination. Correct discarding of PPE and contaminated equipment according to local clinical waste policy which may require a clinical waste bin should be considered.

**2.3 Personal hygiene**

The strictest hygiene measures should be taken at all times with regular handwashing, correct cough etiquette, daily changing of uniforms and subsequent hot washing of same. There should be no sharing of water bottles and any other equipment such as phones and pens.

**2.4 Ventilation4,5**

Guidelines for room ventilation should be considered for the clinic space. 4,5The use of ceiling-mounted and desk portable fans should be avoided. Windows should be opened, and the room ventilated throughout treatment time if possible. Rooms should be ventilated for at least 15 minutes prior to treatment and again when the athlete leaves.

**3.1 Special considerations for training camps**

A risk assessment should be conducted prior to travel to camp that there is a suitable treatment space where all procedures outlined in Section 2 (above) can be complied with. This will require prior liaison with the venue owners to ensure that facilities can comply with WHO and national recommendations during the Covid-19 pandemic.

Pre-travel health checks are highly encouraged to ensure exclusion of those with potential additional risks.

**4.1 Special considerations for competition venues**

**\****Please see guidelines at www.worldrowing.com for general health recommendations for competition venues.* [*https://worldrowing.com/2020/05/29/return-training-advice-for-post-peak-and-post-pandemic-periods/*](https://worldrowing.com/2020/05/29/return-training-advice-for-post-peak-and-post-pandemic-periods/)

*Specific considerations for team physiotherapists are:*

Each team physiotherapist should provide their own treatment bed which should be cleaned using procedures outline in section 2.

* PPE guidelines should be followed as for Section 2 following a risk assessment.2 Provision should be made for safe disposal of PPE and removal from the competition site.
* A well-ventilated area should be selected for placement of a treatment bed.4,5 If another bed is to be placed at the same venue, it must be as far away as possible.
* Handwashing facilities must be easily accessed.
* Athletes must use an appointment system and ad hoc visits to the physiotherapist are discouraged unless this is not possible. A one-way system into the treatment area should be used. A no-entry sign should be placed on the treatment area door or tent wall.
* The bed must be cleaned thoroughly, and the space ventilated with a gap of at least 15 minutes before another athlete is treated. Particular attention must be paid to the face hole of a treatment bed.
* Minimize (avoid) use of manual therapy and do not use massage oils/creams if possible.
* The number of athletes within the treatment area must be strictly regulated and a queuing system should be avoided. There should be no communal waiting area.
* An accurate record of who attended for treatment and timing should be maintained.

**References:**

1.Return to training advice for post peak and post pandemic periods. Available at <https://worldrowing.com/2020/05/29/return-training-advice-for-post-peak-and-post-pandemic-periods/>.

2. Hodgson L, Phillips G, Saggers RT *et al* (2021) Medical care and first aid: an inter-association consensus framework for organized non-elite sport during the Covid-19 pandemic. *British Journal of Sports Medicine* doi: 10.1136/bjsports-2020-103622

3. Consideration for sports federations/sports event organizers when planning mass gatherings in he context of Covid 19 *April 2020.* Available at: <https://www.who.int/publications/i/item/considerations-for-sports-federations-sports-event-organizers-when-planning-mass-gatherings-in-the-context-of-covid-19-interim-guidance>

4. Atkinson J, Chartier Y, Pessoa-Silva CL, et al., editors. Natural Ventilation for Infection Control in Health-Care Settings. Geneva: World Health Organization; 2009. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK143277>

5. HSE- Guidance on non-healthcare ventilation during Covid-19. Available from: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/buildingsandfacilitiesguidance/Guidance%20on%20non%20HCbuilding%20ventilation%20during%20COVID-19.pdf>

**5.1 Checklist before physiotherapy appointments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Appointment Process** |  | **Athlete** | **Clinician** |
| **Before Appointment** | If possible, a no-contact appointment should be considered. Telehealth should be an option. If post risk assessment a face to face (F2F) appointment is indicated an appointment can be scheduled in clinic. | The athlete will be provided with clear instructions around what to expect during an F2F appointment: 1. the importance to reschedule should they be/become unwell. 2.The process involved with their appointment (traffic flow, entry/exit, PPE, Social distancing). 3.The need to wait away from the treatment venue until their appointment time. 4.The need to wash/sanitise their hands on arrival into the clinic space. | Clinicians should consider a cover for their mobile phones during their consulting day which can be removed at home time |
| **At the Appointment** | Signs detailing risk factors for COVID-19 and the need to not enter the clinic will continue to  be posted throughout the clinic | Athletes should wait in a designated waiting area until their clinician is ready to see them. They should then be texted to let them know to enter building for their appointment.  If this is their first assessment and they have not yet been screened they will need to complete screening process on entry to building. Athletes will be advised not to bring anything into the treatment area: eg bags, phones or headphones. | Clinicians should ensure that they are running to time. Limit face to face contact where possible (less than 15 minutes). Ensure social distancing where possible (2m separation is advised). Practice fastidious hand washing before and after seeing the patient. Avoid touching their face  Wear appropriate PPE: gloves, surgical masks, apron and eye protection as needed. Be careful with handling of equipment including keyboards, phones. Do not share equipment and sanitise all that was touched. |
|  |  | Any athlete who answers yes to any of the checklist questions should not enter the building. They should be offered a telehealth review. They should be advised to contact their team doctor for further management. |  |
| **After the Appointment** | Bookings should be arranged by the clinician or via email with medical admin. | Any clinic equipment touched by the athlete including chairs and beds should be cleaned down between every appointment with the appropriate alcohol solution. | Clinicans should note the number of different disposable PPE used to help monitor stock levels. Advise medical admin on same. |
|  |  |  | Clinicians at end of day dispose appropriately the PPE waste as per guidelines. Make sure clinic space used is ready for next clinician and hygiene checklist completed. |