

The IPC's weekly update on coronavirus disease (COVID-19) - 14/05/2020

The purpose of this update is to keep everyone within the Paralympic Movement informed of the latest developments with the COVID-19 pandemic and how it relates to the Paralympic Games and Para sport.

This week our guest contribution to the newsletter is from Dr Stephane Bermon. A sports physician and medical director, Dr. Bermon holds a PhD in exercise physiology. Currently, a physician at the Monaco Institute of Sports Medicine and Surgery and the Director of the World Athletics Health and Science Department, he has a wealth of experience in working with professional athletes and sports.

Since April, Dr. Bermon has been serving as an expert adviser to the IPC Medical and Scientific Department in relation to COVID-19. With some global restrictions being lifted, we thought it might be useful to get some guidance from Dr. Bermon on how organisations will have to plan and develop a 'new normal' for a return to their workplaces.

There is also a link to a World Health Organisation (WHO) webinar on public health and social measures in the workplace taking place on Friday 15 May.

We continue to use the International Paralympic Committee's (IPC's) digital channels to promote and increase awareness of all the positive work that is taking place in the Paralympic Movement right now.

Some of the great content on our *Facebook* channel (with links below) includes:

- Video of Paralympians from all over the world training with their pets – there are lots of dogs, cats and even a calf used for [motivation](#).
- In Iran, their Para athletes have been showing people how to stay active at home with their workout [routines](#).
- Showing how adaptive athletes are in lockdown, Turkish Para swimmer Sümeyye Boyacı demonstrates how she cuts her hair with her [feet](#).
- There is an extended interview by British journalist Andy Stevenson with Nigerian rower Kingsley Ijomah, who despite the lockdown, is aiming to be the first African to win a Paralympic gold in [rowing](#).
- Women's Para Ice Hockey players from around the world take on the [#Dontrushchallenge](#)

We really want to use this mail to highlight initiatives that National Paralympic Committees (NPCs) and International Federations (IFs) are doing, and the efforts they are taking to restart sport. If you would like to let us know about your story or raise awareness of any other initiative, then please get in contact at media@paralympic.org

This week's update contains the following information:

- **Preparing for a new normal way of office working, by Dr Stephane Bermon, expert advisor to the IPC on COVID-19**
- **IPC updates**
- **World Health Organisation update**
- **Latest media statements from the IPC – 'Potential impact of COVID-19 on Para Athletes'**

Preparing for a new normal way of office working, by Dr Stephane Bermon, expert advisor to the IPC on COVID-19

The first thing we should acknowledge about COVID-19 is that there is no crystal ball to tell us what will happen in the future.

This is a brand-new situation and there are many things we can't answer. What does that practically mean for sports organisations as they start planning for restarting sport?

It means we will have to learn to live with the disease for the foreseeable future. It means that we can't yet have the life we had. It means we should adapt to a new normal. Below, I want to look at some of these 'new normal' challenges that sports and their staff face.

I'm going to concentrate on planning and protocols for a return to the office. Many NPCs and sport federations have been working remotely for some time now. Some are preparing for a return to the office environment as lockdown procedures are relaxed.

The reality of this return is that your human resource staff are going to have to perform some organisational gymnastics over the next few months trying to deal with a new normal for office life. The following things to consider are best suited for small- to medium-sized businesses but could potentially be adapted by larger ones.

Create a risk assessment for which staff return first to the office

My preference on staff returning to the office is for a phased approach, building up the numbers of staff. To manage the phases each organisation

needs to create a risk assessment. This is straightforward and can be done with just two axes on an Excel spreadsheet.

On one axis you address what is the importance and urgency of each person being in the office – some staff will have a bigger priority to be in the office for either their skill set or a need to have the tools of their job to hand.

The second axis addresses the social risk of a person returning to work. There will be a need to categorise staff. For example, it's likely the first people back should be those who live locally and can come to the office by walking, bike, scooter or car. The next group would be those in the surrounding areas who can travel safely and avoid public transport. After that would likely be those who have young children and may have no kindergarten support and family members to look after them. Next should be those looking after elderly relatives. Then finally there are those who have chronic medical conditions that could be aggravated by COVID-19, although here also, it is important to adhere to your own privacy protocols.

Once all of this is in the Excel table, you should be able to determine who should come back to the office first and who will be the last to reintegrate.

This also is just the beginning of the new normal, and there are several staff protocols that it would be advisable to have clear processes to follow. It is important to be transparent with your staff explaining why you are doing this and ensure it is maintained daily.

Determine the maximum numbers of people in common areas

You need to minimise the risk of a large group of people being in one area at one time. This will be different for every office because of its size and configuration, but there are some obvious things to ask yourself. If you have a common kitchen room, are staff going to be able to use it? If the answer is yes, then you should seek to limit the number of people in there at one time. Likewise, with meeting rooms, every room should have a maximum amount of people. Numbers are different for regions and countries, so check what is right locally for you.

Anything used by many people needs to be cleaned regularly

Do an assessment of your office – what is used or touched a lot? The obvious things are kitchens, kitchen appliances (fridges, coffee machines, etc), toilets, doors, light switches, etc. These should all have a special cleaning process.

On entering the building, staff need to screen and clean

There should be a process for entering the office: washing of hands, putting on a mask (which I'll discuss further below), cleaning of electronic keys or ID badges, mobile phones, etc. After that people should go directly to their workstation. People should also limit their movement in the office – this seems old fashioned but using the phone or email rather than visiting a colleague is advisable.

Create a mask usage policy that is right for your office

If the advice from your government or local authorities is to wear masks at work then there are things to consider on mask usage, from protocols to types of mask used.

In terms of protocol, there is no reason to wear a mask if you travel alone to work in your car. However, you should wear one when you get into the office. Those travelling in the street or by public transport should consider having masks for travel and masks for the office. However, staff need to be able to safely store the mask they use for travelling. Also, as a rule, everyone should wear a mask unless they have their own office or the office floor they are on is empty.

There are also several different types of mask people can wear.

- Re-usable and home-made masks are likely to be the most popular as people adapt, but these masks should be washed regularly at 60 degrees, without abrasive chemicals.
- Surgical masks are also common, but you need to change every four hours. Staff will need two a day and have the procedures to safely dispose of used ones.
- Another option is plexiglass, the type you have seen hospital staff use. These are as efficient in the workplace as a surgical or home-made mask and have the advantage of being easy to clean and reusable – they just might take a little getting used to.
- You could also do combinations between re-usable, surgical and even plexiglass.

For all this change and uncertainty, I remain optimistic that humans will behave properly. One thing is for sure, that for months and likely years, we will have to live with this virus and other types of virus.

We really do have to change our mindset to public health, basic hygiene, ways of working and awareness around the world in these matters. And the sooner we do, the quicker the new normal just becomes normal.

Additional information

- Last weekend, the WHO developed new considerations for public health and social measures in the workplace in the context of COVID-19 – the document can be found [here](#) and will be of particular use to HR employees.
- WHO is hosting a webinar on public health and social measures in the workplace on Friday 15 May (times: 14:00 Geneva; 17:30 Delhi; 08:00 Washington). You can register in advance for this webinar [here](#).

IPC updates

Tokyo 2020 Qualification

There will soon be another IPC update on Tokyo 2020 qualification, but here are the current updated qualification regulations for 11 of the 22 sports on the programme of the Tokyo 2020 Paralympic Games: archery, athletics, boccia, goalball, powerlifting, rowing, shooting, swimming, triathlon, wheelchair basketball, and wheelchair fencing. Together these sports represent almost 3,000 of the available 4,400 athlete slots.

We are in regular contact with all IFs, and we hope to have a complete set of qualification regulations published by the end of May 2020.

The most up-to-date version of the Tokyo 2020 qualification regulations can always be found here: <https://www.paralympic.org/tokyo-2020/qualification-criteria>

Para sport event postponements and cancellations

The list of cancelled Para sport events remains on the IPC website and is being regularly updated. You can find details [here](#).

World Health Organisation update

According to WHO's latest Daily Situation Dashboard on 14 May 2020 15:33 CEST, the number of confirmed worldwide cases has risen to nearly 4.25 million. John Hopkins University of Medicine is reporting that over 1.5 million people have fully recovered.

Over the past week, several countries have started lifting stay at home orders and other restrictions in a phased way. Many countries have used the time to ramp up their ability to test, trace, isolate and care for patients, which is the best way to track the virus, slow the spread and take pressure off the health systems.

The good news is that there has been a great deal of success in slowing the virus and ultimately saving lives. However, such strong measures mean there is a socio-economic impact of the lockdowns, which have had a detrimental effect on many people's lives.

Therefore, to protect lives and livelihoods, a slow, steady, lifting of lockdowns is key to both stimulating economies, while also keeping a vigilant eye on the virus so that control measures can be quickly implemented if an upswing in cases is identified.

Last weekend, the WHO published further guidance outlining the three key questions countries should ask prior to the lifting of lockdowns:

1. Is the epidemic under control?
2. Is the healthcare system able to cope with a resurgence of cases that may arise after relaxing certain measures?
3. Is the public health surveillance system able to detect and manage the cases and their contacts, and identify a resurgence of cases?

These three questions can help determine whether a lockdown can be released slowly or not. Early serological studies reflect that a relatively low percentage of the population has antibodies to COVID-19, which means most of the population is still susceptible to the virus. WHO is working closely with governments to ensure that key public health measures remain in place to deal with the challenge of lifting lockdowns.

Until there is a vaccine, the comprehensive package of measures is the most effective set of tools to tackle the virus.

The IPC continues to use the WHO and their [site](#) as its main source of information regarding the COVID-19. It provides regular situation reports and have a wide range of guidance on health and protection, travel advice, as well as extensive myth-busting and technical guidance sections.

WHO's WhatsApp messaging service

WHO's WhatsApp messaging service is providing the latest news and information on coronavirus in seven languages: Arabic, English, French, Hindi, Italian, Portuguese and Spanish.

Arabic

Send "مرحبا" to +41 22 501 70 23 on WhatsApp

wa.me/41225017023?text=مرحبا

English

Send "hi" to +41 79 893 18 92 on WhatsApp

wa.me/41798931892?text=hi

French

Send "salut" to +41 22 501 72 98 on WhatsApp

wa.me/41225017298?text=salut

Hindi

Send "नमस्ते" to +41 22 501 73 41 on WhatsApp

<https://wa.me/41225017341?text=नमस्ते>

Italian

Send "ciao" to +41 22 501 78 34 on WhatsApp

<https://wa.me/41225017834?text=ciao>

Spanish

Send "hola" to +41 22 501 76 90 on WhatsApp

wa.me/41225017690?text=hola

Portuguese

Send "oi" to +41 22 501 77 35 on WhatsApp

<https://wa.me/41225017735?text=oi>

Latest IPC media statements

Potential impact of COVID-19 on Para Athletes (drafted 18 March, reviewed 30 April)

At the IPC the health and well-being of Para athletes is our top priority and we are working hard to gather as much information as possible on the potential impact of COVID-19 to provide appropriate advice.

Concern has been raised that Para athletes may be at more risk of severe disease from COVID-19, in the same way as has been stated for elderly people and for people with certain underlying health conditions.

However, the Paralympic athlete population is not a homogeneous group. Para athletes are all individuals with very different underlying conditions and health needs, so the notion of a one-size-fits-all approach to COVID-19 is not appropriate or representative of an individual athlete's risk.

Nevertheless, because of the severity of the impairment or any associated immune deficit or chronic condition, some athletes could be more vulnerable. There are no current studies on the potential impacts of coronavirus on Para athletes. The honest answer is that we don't know because this is a new strain of coronavirus and there are very little data available.

Consultation with the IPC Medical Committee and International Federation medical experts, as well as information provided by the World Health Organization (WHO), indicates that there has been no evidence that an athlete with disability in general have a higher risk of contracting COVID-19.

Para athletes are also more experienced than is the general population to following hand hygiene, coughing etiquette and general infection avoidance procedures as part of illness prevention education - this has been a principle of Para athlete education for some time. However, at this time we all should be even more vigilant in this regard.

The IPC will continue to seek advice from the WHO, but ultimately athletes are the best judge of their own body and their medical needs.

Our advice for Para athletes is that they should follow the current medical guidance from the WHO and their national guidelines on prevention and seek advice from medical professionals. We would urge any athlete displaying the symptoms to report to their local medical authorities without delay.

Important website links

- [World Health Organisation](#)
- [Centers for Disease Control and Prevention](#)