

## **WHEELCHAIR RUGBY CANADA COVID-19 RETURN TO TRAINING CASE STUDY: AN INTERVIEW WITH JEAN-PHILIPPE LAVOIE, HIGH PERFORMANCE DIRECTOR**

### **Who in the organization was responsible for organizing the return to training and competition plan?**

We took a collaborative approach and established two COVID taskforces in order to develop and deliver on our return to sport framework. The high performance taskforce was led by myself as the High Performance Director (HPD) and included our Head Coach, Performance Services Manager, Lead Medical, Team Doctor, and Chief Executive Officer (CEO), as well as legal and communications staff as appropriate. In parallel our CEO, along with the Performance Services Manager, comprised the taskforce that specifically addressed domestic operations. With the postponement of the Tokyo Paralympic Games, we recognized the need to get our national team back to targeted training. Just as important, we needed to work with the provinces to get the wider sport community back to training as well. While the process was very much focussed on high performance we were able to develop a Return to Play framework that was targeted, safe, and flexible enough to be applicable to different provinces and regions with varying public health restrictions and prevalence of COVID-19 infections.

### **Was a set of guidelines published from the sport to its community?**

Yes, but most likely different from how it was done by other National Sport Organizations (NSO). Wheelchair rugby is a relatively small sport with coaches supporting 12+ clubs and the provincial programs across Canada. Club participants feed the provincial teams and provincial level athletes then feed into the national team. What provided the provinces with the necessary information and framework from a high performance perspective which could then be shared relatively easily within their regional sport communities. Instead of publishing our guidelines online we were able to host virtual meetings (with experts in skills acquisition & development) and present the material directly to the provinces and their coaches. The meetings were recorded and shared with the presentation material that contained details of our high performance return to sport framework. Since we were able to present directly to provincial leaders and coaches, we were able to engage in a dialogue right away to address questions or concerns that people had with our domestic taskforce. For our sport, we believe that this was the most effective way to deliver the material.

### **Were the developed guidelines reviewed and approved by an appropriate medical professional?**

Yes, the National Team Physician for wheelchair rugby is Dr. Andrew Marshall who is also the Chief Medical Officer (CMO) for the Canadian Paralympic Committee (CPC). Dr. Marshall was able to provide guidance and input throughout our entire planning process, as well as providing a direct link to the larger National Return to Sport Taskforce that was created by Own the Podium (OTP). Working alongside our team doctor on the high performance taskforce was our full-time Lead Medical, Marnie McRoberts. Additionally, Marnie played a crucial role in the development and implementation of Wheelchair Rugby Canada's daily health checks for national team athletes and activities. We were incredibly fortunate to have both of these individuals involved in the planning and implementation process.

### **Did the International Federation (IF) provide any resource documents or information to help in the development of the return to sport plan?**

While we could not find any reported cases of COVID-19 for people with quadriplegia, the nature of the impairment would suggest that our athlete population is in a high risk category for potential

complications. The CPC used their connections with other National Paralympic Committees to gather specific information for disability categories such as quadriplegia. Concurrently, we pushed for the IF to create a medical taskforce and to include our team physician, which they did. We wanted to ensure that, as a priority, specific guidelines we developed were made known to ensure both the physical and mental health and safety of our athlete population.

**As a Paralympic sport, what was the process for developing a framework to get athletes back into a training environment?**

Our athlete population, through the process of classification, includes individuals that at a minimum must have a physical impairment in three of the four limbs. The majority of wheelchair rugby players have spinal cord injuries that have resulted in full or partial paralysis of the legs and partial paralysis of the arms. In our world, the reduced lung function in most of our players was the main factor in consideration for building our return to play plans. We have never been concerned about getting back to 'normal' as soon as possible. Our focus was, and still is, the individual needs and health concerns of our athletes throughout any return to training plan. We recognized right away that we could control the 'How', 'What', 'Where', and 'Who', but had little control over the 'When'. As well, we anticipated a second wave to come sometime in the Fall so whatever the first step was, it needed to create a foundation for training that we could always come back to. What we developed was a four-stage approach that would culminate in attending the Tokyo Paralympic Games in 2021. It begins with individual training and skills-based work, to small group training and skills-based work, to small group training including contact, adapted games and team play, and then full competition. In order to work through these stages, we adopted a purpose-based progression that further broke down the process into six phases with transition periods between each. These transition periods allowed time for the athletes to become comfortable and confident with both the training as well as preventative health measures put in place. *Patience is a critical component of our plan.*

**Can you describe the initial phases of the framework that are critical to your return to sport plans?**

Our return to play plans started with home-based training. As we were experiencing confinement at home, it became clear home-based training must be taken into consideration as one of the daily training environments an athlete is experiencing in this new normal. The initial return to training consisted of establishing a routine that athletes could complete in their home. We provided the National Team athletes with ergometers, bands, and other specialized equipment to continue with a training program while confined. Additionally, we have been working on Inertial Measurement Units (IMUs) for competitions and adapted this innovation to work as a means for monitoring the home training. Again, this standardized home-based training set-up was to become our foundation for all further steps of the return process. Depending on how the pandemic progressed, we need to be prepared to move backwards to this phase if necessary. Once the initial home-based training was established and athletes had adapted to both physical and general wellness, the next phase was to have the athletes training at one of our hub locations in Montreal, Toronto, or Vancouver at a Canadian Olympic and Paralympic Sport Institute (COPSI) facility. While a seemingly simple step forward in the process we needed to provide the athletes the time to get comfortable with the home training program, and then be comfortable with leaving that confined environment into one that would involve training with a few other athletes in their region. Again, *patience* has been a critical consideration for us, and we were not

in a rush to bring larger groups together for training. We kept the focus on our Tokyo Games top 14-16 players.

### **How have you moved from individual training to camp based group training?**

After our athletes had gone through the first two phases of our plan, we moved onto hosting small regional camps in Phase 3. These camps were hosted in August and September in Quebec and Ontario. Depending on the location, we invited between nine and eight athletes with a very limited number of staff. The intent of these camps was two-fold: 1) we needed to progress in our return to sport framework and introduce group training that involves aspects of team play; and 2) we wanted to trial our preventative strategies and camp logistical planning for a larger National Team camp. Based on the success of hosting these regional camps, we continued with our plans for Phase 4 and hosting a full National Team camp in September at the same location in Ontario as the regional camp.

### **Who attended your first national team camp in September?**

Fourteen athletes were invited with all accepting to attend our nine-day camp inclusive of travel days. In addition to the athletes we had the Head Coach, Assistant Coach, HPD, Equipment Manager, Performance Analyst, and three additional medical staff for the entire duration of the camp. Our full-camp medical staff was structured in such a way as to provide redundancy in support as a means to prepare for the unlikely event that one staff member became ill and unable to work. The third position was actually split between the team manager and medical support as required. In addition to the individuals involved in the entire duration of the camp, we included our National Team Physician for the first few days to assist in setting up the camp and to ensure we were strictly following the public health measures. Finally, we included both our Mental Performance Consultant and Exercise Physiologist for short periods of time in order to target specific camp objectives. Ultimately, we had 21 full-time attendees at the camp with an additional three individuals brought in for brief periods of targeted support.

### **What was your approach to screening and travel for all the attendees coming into the camp? Have you utilized regular COVID-19 testing of asymptomatic individuals as a way to maintain the integrity of your training camp?**

For the National Team camp, all attendees had to be COVID-19 tested prior to travel. At the time, both symptomatic and asymptomatic individuals could be tested through their regional health authorities, so we used the public testing system. Once the individual was tested, they were then required to self-isolate at home in order to minimize any chance of contracting the virus prior to their planned departure date for camp. Wheelchair Rugby Canada provided all attendees with travel kit guidelines in the Players & Staff Camp Package Information (re: schedule, COVID-19 protocols, emergency action plan, etc...). All attendees had to procure the various personal protective equipment (PPE) items listed in the guidelines before traveling. Our COVID-19 travel kit guidelines ensured that all would have the appropriate supply of hand and surface sanitizing products, as well as strict guidelines around travel safety that included directives such as not purchasing food on the plane. In planning flights, all attendees were offered the option of taking only a single flight into Toronto followed by a personal vehicle rental to complete the trip to London, Ontario. In doing this we limited the time spent in a confined space with others on an aircraft. Upon arrival at the hotel, all attendees were provided with an additional kit with more PPE and hand/surface sanitizers for their room and movement within the hotel.

### **How were you able to create and maintain your training ‘bubble’ for the national team camp?**

If you reference the definitions of training bubbles and nodes from the Sports Medicine Advisory Committee, it became apparent that we were somewhere in the middle. Much like a bubble, we brought the entire athlete group and the majority of staff into an environment in which we all traveled and lived together and were pre-tested prior to attending. However, like a training node we also had targeted support staff come in for periods of time and maintain their physical distancing, except where needed for training. We created and shared a national team camp information package for all attendees that not only explained all camp logistics and public health requirements, but also emphasized that our priority was the health and wellness of our group with the actual training opportunity as a secondary benefit. The hotel booking was fairly standard for our team. The group is not large enough to have the majority of the hotel to ourselves so we needed to plan on how to maintain a relatively isolated environment separated from other general public guests. All attendees were provided single occupancy rooms. We booked a very large ballroom as a team meeting and connection space and for meal service. We worked with the hotel management to designate the same staff that would serve dinners to our group for the entire duration of the camp. All meals were individual service (not buffet), and the room was set-up so that we could have three individuals at a large banquet type table which allowed for the appropriate physical distancing. The athletes very quickly developed a good level of comfort as they always saw the same staff every day. Travel to the venue was done through personal cars if possible and, if not, then each member was assigned to a specific transport van that remained the same throughout the entire camp. Everyone in vehicles were required to wear a mask for the ride. At the venue we had a private entrance into the facility with two dedicated change rooms that were sanitized twice daily. Once in the morning before our arrival and again after we finished our training session. Compared to a ‘normal’ team camp, the training was modified with a goal to build complexity, intensity, and player interaction over the duration that culminated with some intra-squad games. We were up-front with the attendees that at any time the camp could be cancelled due to an outbreak in the community, and therefore focussed on maximizing our training opportunities each and every session. For us, this camp was a great opportunity to not only define the new ‘normal’, but more importantly, to learn how to thrive and not just adapt to this challenge.

### **What has been your approach to daily symptom monitoring during the training camp?**

We have an athlete group and medical staff that have a great understanding of personal individual needs and regular symptom presentation that is normal for this athlete population. We had all attendees do our own Wheelchair Rugby Canada daily health check-ins (as they do at their respective training hub daily) and any abnormal issues were immediately flagged to the medical staff for follow-up if necessary.

### **What was your approach to quarantine and isolation requirements if there was an identified need at the National Team camp?**

We have a fully developed & detailed Emergency Action Plan (EAP) that includes COVID-19 specific protocols and articulated roles and responsibilities of each team member in the event that infection was suspected. In addition to this, we planned for redundancy in our medical support so that there would be an additional provider ready and available to deal directly with the management of potential attendee isolation and subsequent support to be tested through the public health system. As we booked single occupancy rooms as a key mitigating strategy, we did not need a quarantine room.

**Did you have to go through any special processes to ensure that athletes and staff had appropriate medical insurance in place that covered COVID-19 infection and treatment?**

We did not have any special COVID-19 insurance in place for the first full camp. Given that we were not leaving the country, specialized medical coverage was not an issue. Options for medical coverage will be investigated prior to travel out of the country. Legal advice and coverage have now been secured through August 2021.

**Were there any additional steps you need to take once CCES resumed their anti-doping testing?**

We have great communication with CCES as the logistics of anti-doping testing can be complicated with quadriplegics. We had a plan for our treatment space to be converted to a safe CCES testing space if necessary.

**Looking back over the past six months, what were the biggest 'wins' for your organization with respect to the return to sport process?**

The successful implementation of our return to play plans are built upon key operational pillars of the high performance taskforce: clear and transparent communication; a strong connection with our staff and players throughout the implementation of our plans; and a holistic approach to athlete wellness and performance. Our biggest win has been our ability to deliver a national team camp in a safe, controlled, and purposeful way. The fact that we could bring our team together and play rugby was huge, and we did it without any compromises on health and safety. Throughout our entire return to sport process we have been able to stay true to our overriding organizational and team principles. Decision making has been purpose based with extensive and frequent debriefs at every step of the way. It is also important to mention that hosting this camp not only allowed us to gain important insight into the physical state of our athletes, it also provided us with critical data to help inform our Tokyo 2020 high performance planning process.

**On the other side of that question, what lessons have you learned or what would you have done differently?**

Our biggest concern at this point is staff burnout. We are very confident in the plans we have developed to host National Team group training, but these plans rely on a core group of key individuals. We need to ensure that staff supporting our camps have the appropriate rest and recovery, and that they are able to do that in a safe and responsible way. It would be nice to simply give someone the day off, but with the pandemic situation, what does that even look like when you are on the road and staying in a hotel? Staff excitement and motivation to be involved and help the sport work towards defining a new normal is really high and has driven the process. As we prepare for the Tokyo Games, we need to plan even more staff redundancy at team camps and events so that our core individuals have the energy to optimally support the team when it matters the most. Getting to and through the Games is a marathon, not a sprint.