



COVID-19:

GUIDING CONSIDERATIONS FOR A SAFE

**RETURN TO
WORK AND
PLAY**

WORLD PLAYERS
ASSOCIATION



Introduction

With the professional sport industry in the process of re-emerging from a global pause, the issue of when to safely return to play is one of the most challenging to navigate. On the one hand, there remain serious concerns about the significant harms COVID-19 poses to players and the community. On the other hand, there are serious economic pressures to 'return to play' to ensure the economic viability of professional sport at the national, regional and global levels.

Although these economic pressures are real and increasing, so much remains unknown about the harmful nature, transmission and long-term health impacts of COVID-19 that has devastated communities and livelihoods globally. Even though players share the general enthusiasm to return to play, like every other worker, they must be provided with the highest possible standards of workplace health and safety.

These guiding considerations - developed with expert input from medical professionals, public health experts, sports physicians, epidemiologists, workplace health & safety specialists and liability lawyers – are supporting player associations in return to play negotiations. Although numerous return to play protocols (RTP protocols) are being developed, it is important for some common questions to be addressed and to provide a framework for monitoring a safe return to work and play. These living considerations will evolve to reflect the challenges and lessons arising from the return to play process. In no way do they limit the responsibilities of sports bodies, leagues and teams to provide a safe workplace for players, their families and others affected by the sporting environment.

Guiding Considerations

I. The public health crisis must be under control

The successful containment of the public health crisis is a pre-requisite prior to enacting any return to play policy. This requires not diverting resources away from, or impeding access to, the public health system that is under immense pressure. It also requires doing everything possible to assess and mitigate against the risk of the transmission of COVID-19 between players, the key personnel involved in making competition possible and the wider community. This includes not only the risk of transmission among direct participants in the return to play process but also against those well documented risks in sport that arise through encouraging the congregation of large groups. The public health advice of all relevant authorities must be heeded and convening professional sport in more permissive, yet less safe, jurisdictions must be avoided. Similarly, the relaxation of public health measures must not undermine fundamental player health and safety requirements.

Key questions:

- *Advice from authorities:*
 - o Has the advice of local, national and international authorities been obtained and followed?
 - o Has the advice been freely and independently developed?
 - o Does the advice incorporate all relevant and necessary expertise?
 - o Is the advice consistent with ongoing requirements to provide a safe and healthy place of work and play?
- *Transmission rates:*
 - o Is community transmission sufficiently low to allow for a safe return to play?
 - o Has modelling been obtained on the impact of the various return to play scenarios and projected transmission rates (i.e. with or without fans?)
- *Risk assessment:*
 - o Has a risk assessment been undertaken identifying the salient risks that return to play may be linked, cause or contribute to?

II. Players must be protected against the unique individual and environmental risks COVID-19 poses to their health & safety

Significant concerns are emerging in relation to several individual and environmental factors that may place players at a heightened risk of contracting COVID-19 in the course of their employment. Individual risks may include high body mass indexes (BMIs), pre-existing medical conditions including pulmonary diseases like asthma, reduced immunology connected to strenuous exercise, the nature of medication players may consume affecting the receptors in the lungs, and belonging to particular ethnic groups. Salient environmental risks include those related to the use of equipment, locker-room and stadia facilities, travel and especially the close physical contact that is an inherent part of many sports. Frequent and accurate testing, environmental modifications, along with effective education and the provision of personal protective equipment (PPE) are all essential to protect player health and safety. This must be complemented by the highest standards of ongoing care, treatment and rehabilitation for players and their families if they contract COVID-19.

Key questions:

- *Negotiation & consultation:*
 - o Have RTP protocols been developed and implemented in consultation with player associations to ensure that players are key decision makers in the process?
- *Best available science & expertise:*
 - o Have experts including epidemiologists, infectious disease physicians, computational biologists, and public health officials been consulted in the development of the RTP protocols?
- *Education:*
 - o Have potential risks arising from return to play been clearly communicated to players?
 - o Is education and training available to ensure players can easily understand and follow the RTP protocols, including preventative measures around social distancing and hygiene?
- *Testing and data protection:*
 - o Will frequent, accessible and scientifically supported methods of testing be available?

- o Can testing be implemented as needed without diverting resources away from the public health system?
- o How is the secure collection, storage, and transfer of sensitive player data being ensured, including the necessary safeguards around player privacy?
- *Training, travel and match-day modifications:*
 - o Have training and game day practices and facilities been modified to as far as possible mitigate against the risk of the contraction and spread of COVID-19?
 - o Have travel and accommodation arrangements been modified to as far as possible mitigate against the risk of the contraction and spread of COVID-19?
 - o Have players been provided with all necessary PPE including while training, travelling or competing?
- *Case management and treatment:*
 - o Do the RTP protocols contain effective evidence-based measures to mitigate against the spread of COVID-19 in the event of suspected or positive cases?
 - o Will the highest standards of ongoing care, treatment and rehabilitation be available to support players who contract COVID-19? Will these measures be extended to a player's family given the high risks of person to person transmission?
 - o What procedures are in place to track, monitor and support players who have contracted COVID-19?

III. **Players must not bear the legal, economic and health based risks of return to play**

Players are in good faith making sacrifices and complying with requirements that would not ordinarily be part of their employment to enable return to play. However, players must not bear the adverse legal, economic and health-based risks that may arise from return to play. Players accordingly must be able to opt-out from situations where they have genuine concerns for their health and safety without facing adverse consequences. They must also be provided with the necessary legal and social protections in relation to the various ways they may contract COVID-19 in the course of their employment, including through training and competition, travel, accommodation or treatment for injuries.

Equally, measures must not be implemented to erode the good faith displayed by players. This includes requests to sign liability waivers, that may be unlawful and merely transfer the

risk of return to play elsewhere including the public health and social security systems where these are already under immense pressure. Players also must not be penalised or prevented from competing if they do not comply with measures that are not supported by science, or are necessary to protect player and public health. Any non-compliance with RTP protocols must be approached from a health and wellbeing perspective and not be used as pretext for the integrity creep of sporting organisations to treat such issues as disciplinary matters.

Key questions:

- *Removal from harm:*
 - o Has a process been developed to safely report and monitor concerns in relation to player health and safety?
 - o Can a player freely choose not to return to play, without facing adverse consequences, where they have genuine concerns for their health and safety?
- *Social protection and insurance:*
 - o Have arrangements been assessed and, where necessary, renegotiated to ensure players are covered from the risks of contracting COVID-19, including risks in relation to economic loss, career ending injuries, total permanent disability and death?
 - o Are there any limitations on coverage and entitlements including in relation to damages, wages and treatment? If so, can these be addressed?
 - o Will coverage be extended to a player's family given the high risks of person to person transmission?
- *Disciplinary:*
 - o Are measures in place to ensure any non-compliance with RTP protocols is approached from the perspective of promoting player and public health and not as a disciplinary matter?

IV. Adequate mental health and social wellbeing support mechanisms must be available

Players, like many others in the community, have been significantly impacted by this period of anxiety and uncertainty. This may impact upon their physical, mental health and social wellbeing in different ways when it comes to return to play. For example, some players may have had to end their careers early, while others may have been prevented from returning

to their family environments during this period. Some players, like so many others, may also have tragically experienced the loss of family members or friends. These challenges will continue to arise, especially for those players that will have to spend extended periods of time away from their family and support networks to support return to play. The ongoing delivery of adequately resourced player development and wellbeing programs is essential to respond to these challenges.

Key questions:

- *Player support:*
 - o Has the physical, mental health and social wellbeing of players been supported including through ongoing access to player development and wellbeing services?
 - o Has particular attention been paid to vulnerable players including those isolated from their family and support networks, at precarious stages of their careers and those who may have experienced loss?
 - o Has the return to play process been transparently and inclusively communicated?
- *Maintaining family and social support:*
 - o Are players being asked to limit or sacrifice interactions with family, friends and other support networks to support return to play?
 - o If so, can a safe return to play be delivered through less restrictive, or alternative measures?

V. Essential medical protections and treatment must not be compromised

The inherent risk of injury that is a part of many professional sports may be exacerbated upon return to play. Many players will not have had access to the necessary training methods to ensure that they have the necessary fitness and conditioning to compete. At the same time, many sports will be eager to make up for lost time and revenue which may result in compressed schedules and elevated demands on playing and training load. Furthermore, the convening of sport in designated remote environments may compromise access to necessary medical facilities and present additional risks to player welfare in terms of local conditions. Essential player health and safety standards including those around returning to competition fitness, load and essential care and treatment must not be compromised in the return to play process.

Key questions:

- *Return to competition fitness:*
 - o Are players being provided with enough time to return to competition fitness in accordance with recognised best practices?
 - o Can players participate in all required aspects of their regular training programs, including contact training, considering the public health measures in place?
- *Load and environmental:*
 - o What measures are in place to protect players from excessive load demands?
 - o Are modifications to rest periods, permitted substitutions and game duration being implemented to mitigate against load related risks?
 - o Are additional measures necessary to safeguard players against the risk of playing in atypical environments or at unusual seasonal times, for example heat policies?
 - o Where appropriate, is the necessary co-ordination occurring at domestic, regional and international levels to mitigate against risks arising from scheduling bottlenecks?
- *Essential care:*
 - o In the event of an injury, will players have ready access to the full range of treatment and rehabilitation ordinarily required?

VI. Contingency plans must be developed and communicated

Return to play policies are relying on several assumptions in relation to community transmission rates and the presently available public health, medical and scientific information. Relying on these assumptions is precarious given changes may rapidly occur in relation to what is known about the nature, transmission and long term health impacts of COVID-19 and the real possibility of a second wave of community transmission resurfacing where strict public health measures will have to be reimposed. Contingency plans must be developed, communicated and capable of swift implementation to safeguard against the various risks return to play may represent while the public health crisis is ongoing.

Key questions:

- *Monitoring, evaluation and implementation:*
 - o Are clear processes in place to monitor and evaluate the public health situation where return to play is occurring?
 - o Are processes in place to ensure players continue to receive the best possible information in relation to COVID-19 and its potential adverse health impacts?
 - o Are the RTP protocols capable of quick and effective adaptation in the event the public health situation escalates?
 - o Are there clear lines of responsibility at all levels of a competition to enable effective decision making in the event of a crisis?

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*The **World Players Association** is the exclusive global voice of organised players and athletes across professional sport. A sector of UNI Global Union, it brings together 85,000 players through more than 100 player associations in over 60 countries. Its role is to ensure that the voice of organised players is heard at the highest levels in the decision-making of international sport.*

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