

WORLD PLAYERS ASSOCIATION

BEST PRACTICE MEASURES TO PROTECT PUBLIC AND ATHLETE HEALTH AT THE TOKYO OLYMPICS



#WorldPlayersUnited

INTRODUCTION

More than a year ago the global sport industry was put on pause as it figured out how to respond to the Covid-19 pandemic. Since then, player associations throughout the world have negotiated and implemented comprehensive return to play protocols (RTP protocols) with their leagues and sport governing bodies (SGBs) to ensure public and athlete health is put first.

These measures have required constant review and adjustment and ongoing expert input from medical professionals, public health experts, sports physicians, epidemiologists, engineers, and workplace health & safety specialists.

Where players and athletes have been effectively represented, RTP protocols have enabled sport to return to play as safely as possible. On the other hand, player and athletes without effective representation have been exposed to unacceptable risks through inadequate measures.

With the Tokyo Olympics less than 100 days away detailed RTP protocols are essential. They must be matched by rigorous implementation and meaningful engagement and communication with athletes, player associations and all other stakeholders. This is essential to ensure the International Olympic Committee (IOC), local organizers and all other stakeholders can fulfil their responsibilities and duty of care to protect athletes, the Japanese public and the wider global community from the risks of Covid-19.



As global efforts to overcome the Covid-19 crisis continue to face immense challenges, all steps necessary must be taken to prevent the Games from becoming a ‘super-spreader’ event.



An overview of the fundamentals required to protect public and athlete health at the Olympics, along with best practice examples from RTP protocols negotiated in professional team sports is outlined in this guidance.

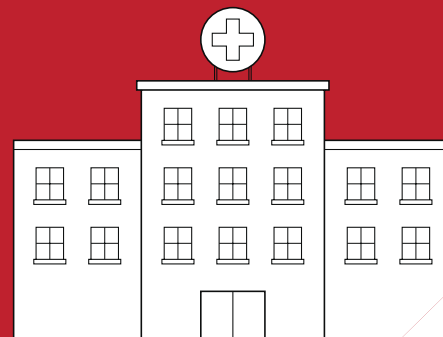
Given hosting the Games will generate billions of dollar's worth of revenue for the IOC, no expense should be spared in ensuring the necessary athlete and public health measures are in place – including in relation to regular testing, the acquisition and provision of personal protective equipment (PPE) such as masks, individual rooms for athletes, ventilation and other matters set out in this guidance.

As global efforts to overcome the Covid-19 crisis continue to face immense challenges, all steps necessary must be taken to prevent the Games from becoming a ‘super-spreader’ event. These challenges include; (1) new and more infectious variants of the virus which see many parts of the world experiencing ‘third’ and ‘fourth waves’ of the pandemic, (2) the ongoing cancellation and postponement of sporting events and (3) issues connected to the global vaccine roll-out, including vaccine equity and concerns over vaccine effectiveness against new and emerging variants.

An overview of the fundamentals required to protect public and athlete health at the Olympics, along with best practice examples from RTP protocols negotiated in professional team sports is outlined in this guidance. Learning from these examples and implementing these measures will help build the trust and confidence required for a safe and successful Games – what athletes, the Japanese public and all stakeholders ultimately hope for.

OVERVIEW:

PUTTING PUBLIC HEALTH FIRST



Although athletes like all others share the common goal of a safe, fair and successful Olympics, the effective containment of the Covid-19 public health crisis in Japan must be a prerequisite.

New, more infectious variants of the virus continue to spread rapidly throughout many parts of the world, and there is a risk that bringing together more than 11,000 athletes, plus support personnel and potentially fans may act as a 'super-spreader' and do great harm to sport's standing and reputation.

Modelling should be obtained and shared in relation to the potential impact of transmission at the Games under different scenarios (for example, with or without fans) to identify and address salient risks and inform transparent decision making. All steps should be taken to safeguard public health, including not diverting resources away from, or interfering with public access to the Japanese health system, that is already under immense pressure. At the same time, it should be acknowledged that the ongoing public health crisis in many countries, along

with travel restrictions, will limit the ability of medical personnel to be on the ground at the Games.

In these circumstances, it is sensible to acknowledge that the public health crisis is at a critical juncture and be transparent about the alternative arrangements being explored should the Games, unfortunately, have to be postponed again.



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RESPONSIVE AND ADAPTABLE MEASURES

As cases of Covid-19 spiked in the Australian state of Victoria during the Australian Football League (AFL) season, 10 out of 18 clubs had to be relocated to other states to finish the season which had many games remaining. Responding to the quickly changing public health situation, required extensive negotiation with the player associations and public health authorities to ensure proper measures were in place and players were supported. It also required making adjustments to fixtures and scheduling, including providing ample time to account for contingencies and ultimately successfully complete the season.

COVID-19 ADVISORY COMMITTEES

Many sports have established dedicated committees that include representatives of player associations, SGBs & Leagues, medical professionals, public health experts, sports physicians and epidemiologists to regularly assess and adapt the measures to be implemented, including through regular liaison with public health authorities. This includes in the amateur sport setting where the Gaelic Players Association, was included on the Gaelic Athletic Association's Advisory Group.

OVERVIEW:

PROTECT ATHLETES FROM RISKS OF HARM



Athletes are the essential workers, without whom the Games are not possible. Just as essential workers across industries have made significant sacrifices to deliver key services throughout the pandemic, athletes will do the same at the Games.

The sacrifice and good faith made by athletes should not be compromised. It is by no means acceptable for athletes to agree to attend the 'Olympic and Paralympic Games at their own risk' as expressed in the current Playbook. Liability waivers should not be permitted, which may be unlawful and undermine the efficacy of proposed measures. Comprehensive insurance should be provided for athletes for the full period of their preparation, competition and return from the Olympics.

Other protective measures should also be considered, including the use of effective and approved vaccines. This should, however, be in keeping with established priority groups and the overall public health situation at national levels, and the informed consent of athletes must be required at all times. However, even where athletes may be able to get vaccinated, the highly vari-

able status of vaccine inoculation and vaccine type at national levels means vaccination cannot be used to dispense with the best practice measures required at the Games.



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NO WAIVERS FOR PLAYERS

The MLBPA negotiated with MLB to ensure players did not have to sign Covid-19 liability waivers. In cases where Covid-19 presented a high risk to players or their families, players were also given the ability to opt-out, and in some cases they could also do so on a voluntary basis.

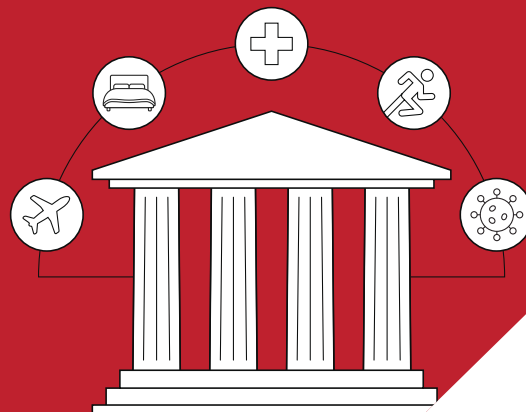
FULL AND COMPREHENSIVE INSURANCE

Many player associations negotiated with SGBs & leagues to have Covid-19 deemed as a workplace injury. This meant they had comprehensive insurance in place including in relation to workers' compensation and total and permanent disability should they contract the virus and have their ability to work and compete compromised.



OVERVIEW:

CLEARLY DEFINED RESPONSIBILITIES FOR ALL STAKEHOLDERS



The International Olympic Committee (IOC), Japanese government, Tokyo organising committee (TOCOG), international federations (IFs) and National Olympics Committees (NOCs) each have a collective and individual duty and responsibility to protect public and athlete health.

Currently, however, there is significant confusion in relation to who is responsible for what and how measures will be effectively implemented, especially in relation to the following key issues:

- **Field of play:** Close contact sports such as rugby or basketball represent higher risks of spreading the virus than those where physical distancing can be more readily

maintained. Some sports are also more likely to have athletes compete from high risk and vulnerable groups, especially parasports. The particular risks arising from participation and competition in each specific sport must be proactively identified, addressed and communicated in comprehensive field of play protocols.

At the same time, steps must be taken to ensure all eligible athletes to compete can compete. This will include equitably resolving issues in connection with disrupted qualification cycles and outlining the respective processes that will be in place for individual and team sport athletes who come into 'close contact' with positive cases.



PROTECTING PLAYER HEALTH IN A CONGESTED COMPETITION CYCLE

Disruptions caused by the Covid-19 pandemic continue to be felt and have resulted in increased load demands for players as competition organisers seek to catch up on time lost in 2020. FIFPRO, the world football players union has highlighted the risks this presents to players and advocated for greater co-ordination around the schedules and fixturing, mandatory rest periods, load management protocols and mental and physical health support. Its call for additional substitutes during UEFA Champions League matches and European competition was embraced by UEFA.

"WHAT'S GOOD FOR THE PLAYERS IS GOOD FOR THE GAME"

In the NFL a number of measures were agreed including the modification of workouts, and changes to regular pre-season training and competition. This included no in-person off-season workouts which were done virtually, an extended acclimation period that was designed to reduce a spike in injuries and no preseason games. The outcome of these changes proved that competition can be made safer for athletes and the product will not suffer.

- **Travel to and from Tokyo:** The IOC must work to secure and resource safe international travel arrangements with all participating National Olympic Committees (NOCs) and their governments to and from Japan – this will include an assessment of whether mandatory quarantine is required, where, for how long and ensuring that any costs arising are covered.

Additional matters requiring clarification of responsibilities are set out below, including responsibility for treatment for Covid-19 and all other accidents, illnesses or injuries and life at the Games. The lead responsibilities in each area must be clearly defined to ensure accountability and compliance, just as is expected from athletes.



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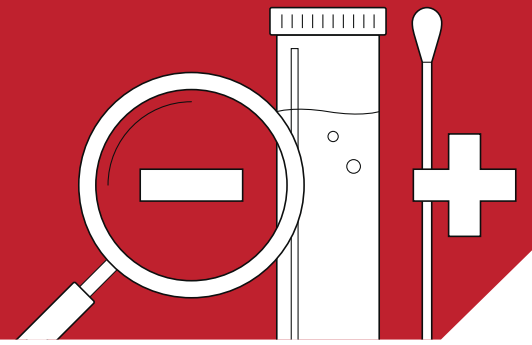


THAT'S CRICKET

International travel is an integral part of cricket and RTP protocols had to be developed to support the resumption of global competition for both men's and women's versions of the game. Relevant travel measures included rigorous pre-departure testing; use of secure and private transport upon arrival and throughout the competition period; mandatory 14 day quarantine at dedicated hotel facilities whilst maintaining access to training and gym facilities in accordance with strict protocols and limiting other interactions, including with opposition team members.

OVERVIEW:

EFFECTIVE TESTING, TRACING AND ISOLATION



TESTING

Testing is essential to identify positive cases and ensure they are treated and isolated to stop the further spread of the virus. Other options such as screening for high temperature or a fever are of limited value in confirming positive cases and may produce misleading and discriminatory results.

Although various testing options are available, RT-PCR testing is considered the most sensitive and readily available diagnostic means. At least daily testing should form the cornerstone of an effective testing program for athletes at the Games.

Rapid antigen testing, which can be useful in other contexts, is less sensitive at detecting asymptomatic cases. Undetected spread of asymptomatic cases may, in turn, compromise the ability of other athletes to train and compete.

Prior to departure for Tokyo, a rigorous, effective testing regimen should be implemented that includes; (1) daily testing five days prior to travel; (2) pre-boarding test at the airport; and (3) testing on arrival. Upon arrival at the Games, athletes should be tested at least daily, and more as the case requires.



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DAILY TESTING, SOMETIMES MORE

In early 2021, the NBPA and NBA agreed to measures to ensure players were RT-PCR tested at least daily and, in some cases, up to three times a day. This was designed to protect players and safeguard against interrupted competition cycles in the event of positive cases. As a result, cases declined, leaving players and their teammates better protected.

CONTACT TRACING

Effective contact tracing is an essential tool to identify and isolate potential and actual positive cases and mitigate against the further spread of the virus. There have been widespread problems when relying on smartphone apps. The smartphone app currently proposed for the Games has experienced a series of technical problems and reliance upon this technology disadvantages athletes without access to it. There has also been insufficient information provided in relation to how it operates and how athlete data will be safely used, stored and protected. Equally, the current proposal to have athletes list all people they are expected to have close contact with provide an incomplete picture of the various exposure and transmission possibilities and will not be effective.

On the other hand, and having due regard to applicable data protection standards, wearable technology has been able to provide an effective system of contact tracing, whilst also helping to maintain social distancing and alert users to isolate if there has been close contact with a positive case.

This information must be supported by a well-resourced system of accredited contact tracing officers and investigators whose role it is to identify, test and where necessary isolate close con-

tacts of positive cases. A single liaison officer is unlikely to be able to meet the onerous responsibilities associated with contact tracing given the large size of most national team delegations – in professional sport, this has typically been a joint effort between a number of key club staff and medical personnel.



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WEARABLE TECH

Players in MLB, NBA and NFL were provided with devices designed to monitor their proximity to other players. Alerts were triggered when two players got closer than the recommended safe distance, and the proximity data collected can be used for contact tracing investigations in the event a positive case is recorded.

COVID-19 SWAT TEAMS

The NFL put in place contact tracing SWAT teams comprising the League's Chief Medical Officer, representatives from the NFLPA, epidemiologists, and other experts to oversee and undertake contact tracing. They would review the available information before assigning to a specialist group who were tasked with getting the full picture of the player's interactions. In turn, this would include interviewing the player, their teammates and others to identify and isolate 'close contacts' and prevent further spread within the team and community environment.

ISOLATION

Dedicated hotel facilities separate from the Games environment should be available for athletes who test positive. For these athletes, this will be a devastating end to their Olympic aspirations and they should be afforded a proper level of comfort and wellbeing. This should include single occupancy rooms with private bathrooms, and the delivery of no-contact healthy meals and required medication. Access to common facilities including gyms, bars and restaurants, should be prohibited until given medical clearance.

While in isolation, athletes should at all times receive the appropriate level of care (see treatment below), including mental health support and be readily transferred to a medical facility if the case requires.

Mandatory isolation should be ended where;

- If asymptomatic, upon the passage of 10 days since the first positive test, provided the athlete has remained asymptomatic throughout self-isolation, and medical opinion confirms there is no risk of transmission.
- If symptomatic; 1) on the basis that 10 days have passed since the onset of symptoms and at least 24 hours have passed since the last display of prominent symptoms, i.e., cough, fever, shortness of breath. Or; 2) on the basis of two negative tests after the resolution of any fever and improvement in symptoms.

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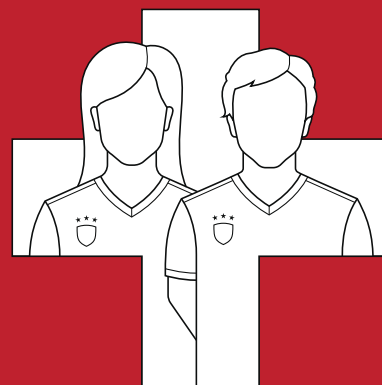


DEDICATED FACILITIES

In many leagues, dedicated hotel facilities separate from the rest of the team environment have been provided to athletes who have tested positive. Whilst in hotel isolation, they are provided with a proper level of comfort and care, including the health and wellbeing oversight and support that their case requires.

OVERVIEW:

TREATMENT FOR COVID-19 AND PROTECTION AGAINST ALL OTHER ACCIDENTS, ILLNESSES AND INJURIES:



Covid-19 presents serious health risks for anyone, including otherwise fit and healthy people. Athletes have suffered the effects of 'long Covid', and reported cases of myocarditis (the inflammation of the heart) is of particular concern. Given the long-term impacts Covid-19 may have on an athlete's health and career, a proper treatment and rehabilitation program must be provided.

As soon as athletes begin to develop the leading symptoms of Covid-19 (high fever, cough, shortness of breath), they should immediately report to the team doctors of their NOC to determine next steps. In critical cases where athletes are acutely ill or medically unstable, immediate clinical follow-up, treatment and care must be provided for. This should extend to medical evacuation from Japan where required.

In non-critical cases, athletes must be referred to a dedicated hotel isolation point as described, where they shall remain in daily contact and receive remote care from appropriate medical staff until certified fit to leave. This should principally be with team staff who athletes have an established rapport with.

There should be measures in place to monitor and assess the recovery of athletes who have had Covid-19, especially access to cardiac screening, which is a requirement for returning to rigorous training and competition in many professional team sports.

At the same time, the necessary steps must be taken to ensure the full range of medical treatment ordinarily required at the Games to guarantee athlete health and wellbeing is not compromised. These measures should include consideration of:

- a) obtaining the necessary level of competition fitness to compete safely and without risk of injury
- b) modifications to rest periods, permitted substitutions and game duration
- c) additional measures necessary to safeguard athletes against the risk of competing, for example, identification of outdoor competition formats and implementation of necessary heat policies



EFFECTIVELY MONITORING ATHLETE HEALTH

In many leagues, mandatory cardiac screening is required before athletes are certified as fit to return to play. Athletes also have had tailored treatment and rehabilitation programs developed for them depending on the severity of symptoms experienced. Additionally, athletes have been provided with devices to assist with the everyday monitoring of their health and detect any changes that may be cause for concern in relation to body temperature, blood volume pulse, movement and sleep.

DEDICATED MENTAL HEALTH SUPPORT

Bubble type quarantine environments have demanded significant sacrifices from athletes that have had a significant impact on their family and personal life. In rugby and many other sports, player associations have responded to these challenges through the provision of on the ground mental health support, a dedicated network of counselling services and ongoing liaison with player development and wellbeing personnel – all of which is designed to respond quickly to the various challenges athlete's face.

OVERVIEW:

PROPER PERSONAL PROTECTIVE EQUIPMENT AND MEASURES

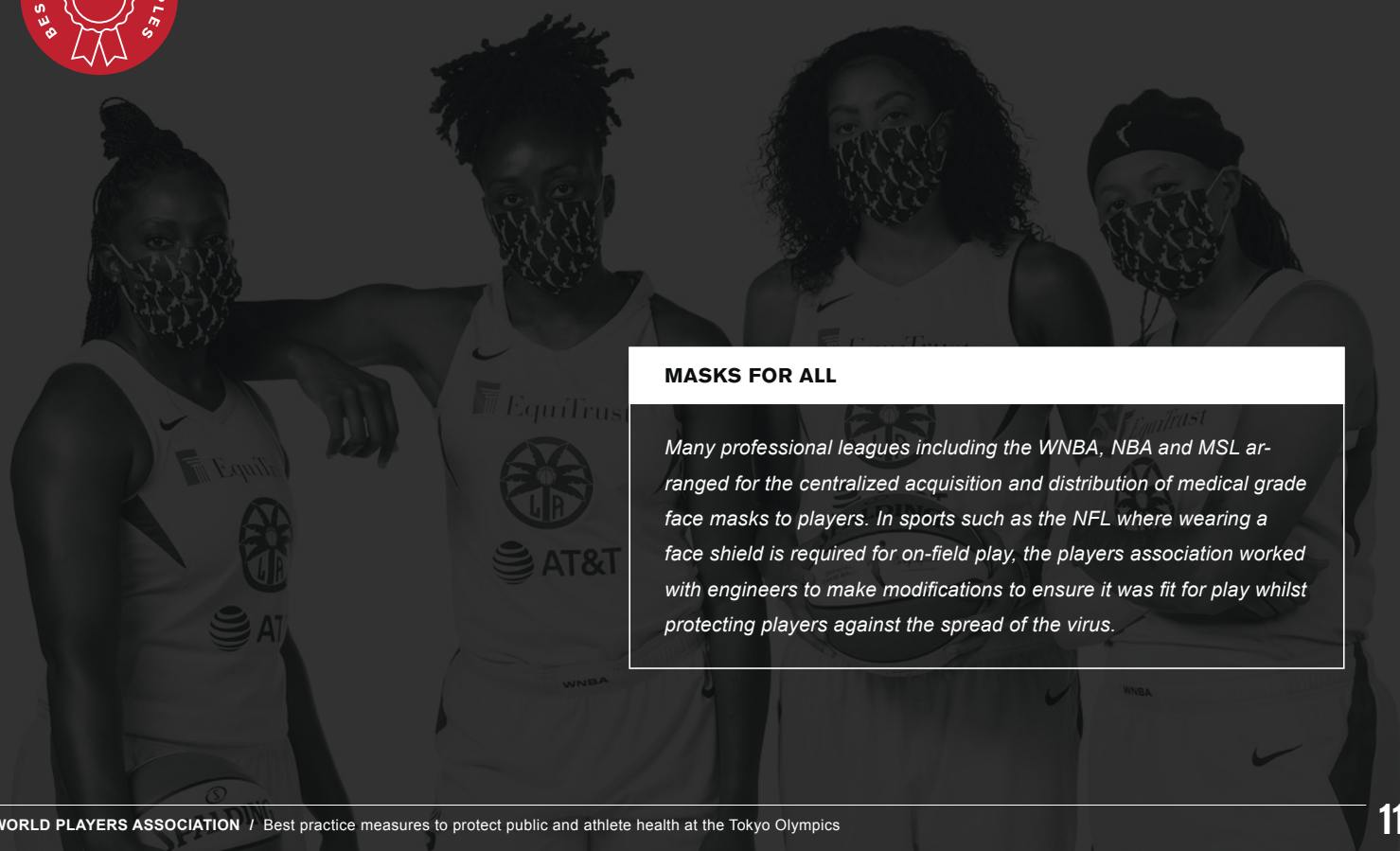


Athletes must be provided with and able to readily access masks. Protecting public and athlete health is too fundamentally important to make athletes responsible for their own supply. In accordance with best practice, proper masks include medical-grade masks or 3-layer cloth coverings (or at least two cloth layers with a filter).

This is especially important given the highly infectious new variants, where airborne transmission indoors has shown distancing measures may be less effective at preventing spread. Equally, while measures such as washing hands are good hygiene, it should be clear this is in no way as effective as wearing a mask in limiting the transmission of the virus.



Protecting public and athlete health is too fundamentally important to make athletes responsible for their own supply.



MASKS FOR ALL

Many professional leagues including the WNBA, NBA and MSL arranged for the centralized acquisition and distribution of medical grade face masks to players. In sports such as the NFL where wearing a face shield is required for on-field play, the players association worked with engineers to make modifications to ensure it was fit for play whilst protecting players against the spread of the virus.

OVERVIEW:

EFFECTIVE EDUCATION



Player buy-in and understanding is essential for the successful implementation of RTP Protocols. Effective, consistent and on-going education must be provided to all athletes due to compete at the Games.

Education must at a minimum cover the following key aspects; Covid-19 symptomology; infection prevention measures; travel and transportation requirements; testing, tracing and isolating; social distancing requirements for various settings; safe-work out, training and competition measures; interactions with fans, the media and others.

The education and key principles required to prevent the spread of the virus must be reinforced through appropriate posters, signage and other communications such as easy to understand pamphlets and other written materials.



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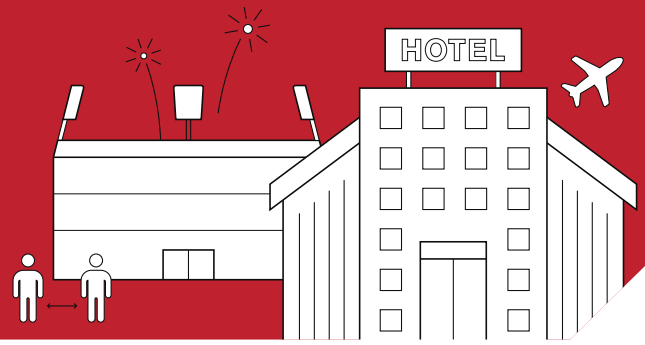


JOINT EDUCATIONAL INITIATIVES

Many player associations and leagues worked on joint initiatives to effectively educate athletes on the RTP protocols to be put in place. In the NFL, this included the development of video materials and standardized powerpoint presentations provided electronically. Live virtual educational sessions were also convened that gave players the opportunity to ask questions in relation to measures they may not have understood. Written materials were also provided along with subsequent educational sessions and regular updates as needed – in particular in the event of positive and rising cases.

OVERVIEW:

LIFE AT THE GAMES



Tokyo will be a unique athlete experience and will require sacrifice and modifications to ensure it is safe for athletes. All aspects of everyday life at the Games, including sleeping arrangements, use of gyms, eating and drinking, and modes of travel, require special attention given the potential risks of transmission they present.

Measures must be implemented to encourage social distancing and mitigating against the spread of the virus. This should include individual rooms for all athletes, along with assessing and modifying all indoor environments, such as gyms, bathrooms, arenas, locker rooms, hotel rooms, and common dining areas and defining and enforcing corresponding capacity limits.

At the same time, heating, ventilation, air conditioning and refrigeration (HVAC-R) systems must be reviewed and modified to mitigate against airborne transmission of the virus and ensure proper airflow.

Private transport should be provided for athletes throughout the period of preparation, competition and return from the Games.

This should similarly be modified to optimize social distancing and measures including dedicated seating should be implemented.

Wherever possible, it should be promoted and ensured that activities that can be done outside, including dining and team meetings which is an effective way of preventing the spread of the virus.



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NBA BUBBLE

The NBA bubble was an incredibly effective way of limiting the spread of the virus. Prior to entering the bubble players were tested regularly. Upon arrival, they were then required to self-isolate in their rooms and pass two RT-PCR tests before being released from quarantine. All players were provided with individual rooms, each team had dedicated dining areas and there was access to a wide range of health and wellbeing facilities, including dedicated mental health support. To preserve the integrity of the bubble, the requirements did not just extend to athletes but all other support staff.

IMPROVING AIRFLOW IN STADIA AND ELSEWHERE

The NHL and NHLPA have negotiated dedicated guidance for stadia to mitigate against potential airborne spread and exposure to Covid-19. The guidance includes review and modification of existing heating, ventilation, air conditioning systems and various measures designed to improving airflow and increase outdoor airflow to all occupied spaces.



O U R V A L U E S



Inheritance Leadership Support Legacy



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