



RETURN TO DODGEBALL
RESTART GUIDE

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WITH SPECIAL THANKS TO



FIBA
We Are Basketball

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This guide has been reviewed by Dr. Darko Sarovic, Medical Director for the WDBF, and edited to reflect the needs of our National Federations.

The original guide can be found here:

<https://www.fiba.basketball/documents/restart-guidelines-for-national-federations-en>

Introduction

This document is an overview of the available information on COVID-19 coronavirus. However, information about the virus is changing all the time, therefore, it is important to regularly review the latest information about COVID-19. Much of the information presented here is available on many international public health websites, particularly the World Health Organization (WHO) website.

General information

The Novel Coronavirus, SARS CoV2 is a new virus first identified in November/December 2019 in Wuhan, China and is responsible for the clinical illness referred to as COVID-19. From the first cases it has now infected well over 18 million individuals and caused hundreds of thousands of deaths. The impact on world human activity has been devastating, including the suspension of international and domestic sport.

The virus belongs to the family of Coronaviridae which includes MERS and SARS, both of which have had devastating health outcomes in the past 20 years. While COVID-19 does not appear to have the same mortality rate, it is more highly infectious and causes significant illness with damage to multiple organs, suppresses antiviral immune responses and predisposes to the development of blood clots in the lungs and brain. Medical science is learning something new about the clinical spectrum of COVID-19 every week.

There is currently no reliable treatment for COVID-19 and a vaccine is not yet available. As such, the only reasonable current strategy is to control its' spread through the implementation of prevention measures through social distancing, isolation, hand hygiene to assist the health care effort while the scientific community works to develop vaccines and treatment options.

Suspension of competitions

WDBF suspended all its international competitions in 2020 due to COVID-19, and many domestic competitions have been suspended following government directions.

All these actions have been put in place to contain the spread of SARS CoV2 virus through communities and the limit the damage done by COVID-19.

Competition restart

The WDBF is now working towards a restart of dodgeball competitions and supporting International and National Competitions in their restarts. Due to the risks associated with COVID-19, this is a slow and careful process that needs to be well planned. This document is intended to serve as a resource in that planning. Most National Federations will restart by following guidance and the lifting of restrictions by their governments and public health authorities. Each will vary due to national and local factors related to the ongoing impact of COVID-19.

Restart Guidance for National Federations and Leagues

This information is intended for National Federations and is not intended to replace the guidance and restrictions of governments and public health authorities.

Key questions to ask before a restart

- What are the local government and public health authority guidance and restrictions and how will they impact the smooth running of a dodgeball competition?
- What is the prevalence of COVID-19 and what are the trends in the rate of infections, hospitalizations and deaths in the community? Is it safe to restart?
- Is the community coping with the medical complications of the COVID-19 Pandemic?
- Is travel safe and permitted, both domestic and international?
- Do you have access to the appropriate expertise and resources to help guide the restart and to provide ongoing monitoring and medical interventions for your competition

Guidelines for a restart

In general, a phased approach to the restart process is required. In the initial phase individual player-training opportunities should be made available with minimal coaching support. Following this, small groups of players can train together with careful attention to distancing such as the allocation of specific training areas. These initial phases are ideally accompanied by frequent testing, otherwise spread can occur within the team once team training commences. In the final phase team training may commence.

Thereafter, when public authorities have granted permission for sport activities to begin, more conventional approaches to training and competition can commence. Bear in mind that public authorities will likely restrict gatherings of large numbers of individuals and therefore spectator attendance may be prohibited as competitions commence. Federations and Leagues should also anticipate that there may be an unwillingness on the part of many to participate in events in settings where crowds are anticipated. In any event, as spectator access is allowed by public authorities, there will be specific expectations regarding social-distancing in spectator areas as well as very specific approaches to regulating entry and exit, monitoring and regulation of crowd activity and a limitation on the use of other than essential venue facilities. Federations and Leagues should be aware that the management of spectators may require specific venue staff training.

Varying national or regional approaches to the gradual resumption of normal activities post-COVID-19 are inevitable – they will have obvious implications for competition and travel.

This list of actions is not exhaustive nor necessarily mandatory but can serve as a checklist to ensure the best chance of a successful start-up. Above all, the planning group should be aware that at any stage, the restart-up may be required to stop, due to emerging COVID-19 infection issues in the sport, venue or wider community. A clear understanding of the circumstances for a suspension of dodgeball needs to be considered and prepared for.

More specific requirements and recommendations follow:

Initial preparation

1. Form a restart oversight committee (include CEO or delegate, head of competitions, infectious diseases physician, sports medicine physician, project manager, government liaison, media, etc.)
2. Undertake a full risk and mitigation assessment
3. Develop a restart plan with wide sport consultation and include a benchmarking exercise by reviewing similar team sports or other organisations
4. Liaise with the local government and public health authorities for eventual sign-off
5. Implement the plan but have an exit strategy if directed by government or public health authorities



Potential restart plan items

1. Whole of National Federation dodgeball plan (multiple venues and competitions)
 - a. Overall plan and look for the country or league
 - b. Individual local venue plans to flow from the overall plan
 - c. Awareness and education for players and coaches
2. Training/competition venue and facilities
 - a. Large venues or competitions should have a Restart Committee for planning and implementation meetings and finally to assess progress and compliance
 - b. A risk assessment and plan should be developed for each venue
 - c. Undertake a risk assessment of venue operational personnel
 - d. Develop Go/Modify/No-Go decision modelling
 - e. Assess the venue ventilation to determine attendee and spectator level safety – aerosol spread risk
 - f. Entrance control and signage (mandatory denial for acute viral illness and fever, warning for ‘at risk’ participants, head count control, venue closure policy, hand sanitisers).
 - g. Participant movement planning such as corridor direction markings, separate entry and exit points
 - h. Limit facilities access (canteen, toilets, change rooms, showers, dodgeball officials’ rooms, store)
 - i. Social distancing guidance such as entrance marking, crowd spacing guidelines, head count management, limitations to access, guidelines for seating
 - j. Cleaning plan
 - k. Biosafety oversight, operational and compliance plan
3. Medical and Biosafety
 - a. It is essential for experienced medical personnel to contribute at the planning and oversight committee stage
 - b. Provision of ongoing treatment to players using ‘best practice’ approaches to clinical care including limiting access to clinic room, social distancing, fastidious approach to cleaning and disinfection
 - c. Health clearance and surveillance of players and team officials
 - d. Development of medical emergency scenarios and responses such as a confirmed COVID- 19 case or non-specific acute viral illness
 - e. Access to emergency and medical support
4. Travel and Accommodation
 - a. Biosafety considerations such as small training groups, participant’s personal hygiene, spectator access at the venue
 - b. Participant avoidance of crowds
 - c. Vehicle preparation such as seating arrangements and sanitisation (air and road)
 - d. Single rooms for individuals (where feasible)
 - e. Ensure a room is available for isolation should an individual develop symptoms during an event or while travelling
 - f. Food and fluids hygiene management
 - g. Immunisations
5. Testing for COVID-19 (if applicable)
 - a. Regular health monitoring of participants
 - b. Symptom and temperature checks at entrance to a venue
 - c. Assessment of PCR testing requirements
 - d. Assessment of the value of antibody tests with experts
 - e. Consider Antigen/ELISA tests if available



6. Restart preparation of players and teams
 - a. Allow 3-6 weeks of training prior to the restart
 - b. Start with individual training followed by small groups and then full team training
 - c. Advice to players regarding access to facilities and biosafety preparation of facilities prior to commencement of use
 - d. Team training times and controls to support a safe environment
 - e. Players shower before and after scrimmage sessions – it is preferable that players shower and change into clean clothing at home away from the training or game venue
 - f. Management of shared equipment
7. Education
 - a. Biosafety officials for venues, including accommodation, need specific training
 - b. Roles of other event officials (referees, coaches, bench officials, game commissioners)
 - c. COVID-19 personnel prevention instruction for all participants
 - d. Resources to support the education such as handouts, posters and online information
 - e. Guidance notices at the venue entrance and courtside
8. Venue biosafety
 - a. Stadium attendee control to ensure compliance with government restrictions
 - b. Social distancing guidance such as head count, corridor lanes and organised spaced seating
 - c. Spilt operational personnel and officials into teams
 - d. Messages that reinforce personal hygiene such as hand washing, hand sanitisers, pre- and post-participation showers and change and personal protective gear
 - e. Facilitate fresh air flow through the venue such as open windows and fans
 - f. Management of the ball (rotation and sanitisation system).
 - g. Cleaning of the entire venue with particular attention to high traffic areas, entry points, official's bench, players' bench and the court
 - h. Careful timing of participant access (immediately exit a court post-game, entry to court when empty, 'safe distance' waiting/marshalling area)
 - i. Medical waste management
 - j. A venue shutdown and deep clean plan in the event of a linked COVID-19 detection
 - k. Oversight and compliance assurance, e.g. mandated biosafety and cleaning checklists
9. Spectators (if allowed and safe)
 - a. Spectator access and start-up
 - b. Assess attendee limits (review government restrictions, court capacity, social distancing controls, ventilation, seating limits)
 - c. Head count systems for whole on venue
 - d. Management of non-compliance (security)
10. Management of at-risk individuals
 - a. Warnings at entry (>65 years, chronic illness, immune-compromised)
 - b. Mandatory entrance checks (acute viral illness symptoms, temperature testing)
11. Communication and stakeholder strategy
 - a. Regular communication with government and public health authorities
 - b. Map all stakeholders and have a communication plan
 - c. COVID-19 awareness program for all participants
 - d. Volunteers
 - e. Teams
 - f. Game officials
12. Teams
 - a. Awareness and education training
 - b. Risk assessment of individuals for active COVID-19 infection or infection vulnerability
 - c. Supporting resources
 - d. Compliance checking



Appendices: Examples of Supporting Resources

1. Information about COVID-19
2. Information for dodgeball coaches and players
3. Decision making framework for National team international travel
4. References and Links



Appendix 1. Information about COVID-19

Who is susceptible?

All populations are susceptible. The elderly, obese and those with significant chronic disease (e.g. hypertension, heart, respiratory, cancer, kidney, liver, diabetes, immunocompromised, etc.) are particularly vulnerable to the devastating complications that can follow an infection. Children and the young do not appear to be as vulnerable, but infection with the COVID-19 virus and medical complications have been documented in this age group.

How does COVID-19 spread?

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small secretion droplets and aerosol from the nose or mouth of a COVID-19 infected individual when they sneeze or cough. Droplets of infected secretions then land on nearby objects and surfaces. Individuals may become infected with the COVID-19 virus by touching these contaminated objects or surfaces and then contacting their eyes, nose or mouth. People also appear to catch the virus by inhaling infected droplets and aerosol when there is close contact with an infectious individual, particularly when in a confined space.

Many individuals with COVID-19 experience only mild symptoms or none. This is particularly true at the early stages of the disease and in the young. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough or does not feel ill at all. This is another reason why the virus is so insidious and risky.

Symptoms

The most common symptoms of COVID-19 are fever, tiredness and cough. Some patients may have aches and pains, nasal congestion, sore throat, shortness of breath, loss of smell and taste, abdominal discomfort and diarrhoea. These symptoms are usually mild and begin gradually.

About 80% recover from the COVID-19 infection without needing special treatment. However, up to 1 out of every 6 people become seriously ill, usually with breathing difficulties. Older individuals and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. In the current COVID-19 pandemic anyone with symptoms should seek medical attention and testing.

Infection prevention

Be aware of the latest information on the COVID-19 outbreak which is available on the WHO website and through your national and local public health authorities.

It is more than likely your local government will have provided specific instructions on how to prevent the infection. This is likely to include a restriction of the gathering of groups of individuals, the maintenance of social distancing, widespread testing for the virus, tracking of case contacts, restrictions for schools, work and sport. It is essential that everyone follow the guidance provided by their own government.



The other means of preventing infection is to follow basic personal hygiene:

- Regularly and thoroughly wash your hands with soap and water for 20 seconds
- Augment this with an alcohol-based hand sanitiser
- Maintain at least 1.5m distance between yourself and anyone else and further if they are coughing or sneezing
- Avoid touching eyes, nose and mouth
- Follow good respiratory hygiene - covering your mouth and nose with your bent elbow or tissue when you cough, or sneeze followed by its disposal
- Stay home if you feel unwell (e.g. fever, cough, sore throat or difficulty breathing) and call for medical advice
- Keep up to date on the latest COVID-19 hotspots (cities or local areas where COVID-19 is actively spreading)
- Avoid travel if there is significant community prevalence and
- Avoid international travel

There is currently no vaccine for the prevention of COVID-19.

Should I wear a mask to protect myself?

Absolutely wear a mask if you are ill with COVID-19 symptoms or are looking after someone who has COVID-19 infection or are instructed to do so by government or a medical professional.

There is growing evidence that the use of a mask when in public areas and particularly in circumstances where maintaining social distancing may not be possible, will reduce the risk of COVID-19 infection. Many health authorities are requiring the wearing of masks as a primary prevention strategy.



Appendix 2. Information for dodgeball coaches and players

Do not attend training or games if you are unwell

- Be aware of the symptoms of COVID-19 infection
- Notify your doctor by telephone if you are unwell
- Do not return to team activities until cleared by a doctor
- Individuals that are a 'close contact' to someone who has or is suspected of having COVID-19
- Maintain isolations as directed by national and local health authorities
- Do not attend training

Avoid close contact

- Travel in your own vehicle to and from the dodgeball venue
- Maintain social distancing defined by governments and public health authorities when not training or playing
- Maintain social distancing on the bench
- No unnecessary physical contact such as hugs, handshakes, high fives or fan engagement
- No unnecessary physical contact with an opposition team, referees or match officials
- Utilise your own towel and drink bottle
- Shower with soap and change immediately before and after training or play to reduce contact risk
- Use hand sanitisers regularly but particularly at substitutions and breaks
- Use hand sanitisers and clean the equipment after every use when in the weight room

Team

- Conduct awareness and education regarding COVID-19 and its prevention
- Only necessary individuals should be with the team
- Train in small groups
- Regular cleaning of team facilities
- Rotation and sanitisation of dodgeballs
- Train in a well-ventilated venue
- Monitor the hygiene practices of individuals in the team
- Medical monitoring for illness and fever
- Consider regular COVID-19 testing

Travel

- Have a biosafety plan for travel
- Manage vehicle transport including air travel (masks, sanitisation of seats, personal hand sanitisers, individual food and drink, avoidance of crowds)
- Single rooms and ensure room available for isolation should symptoms emerge while travelling
- Careful selection of freshly cooked food



Appendix 3. Decision making framework for National team international travel

Any consideration for travel should include consultation with the government health agencies and an assessment of the destination health and safety risks. Given that COVID-19 has been labelled as a pandemic and circumstances are rapidly evolving with information changing daily, the World Health Organization and local national health websites should also be consulted.

The issues around COVID-19 are complex and create difficulty when planning international travel. Apart from issues of health, sporting organisations need to consider factors such as medical support, infection spread trends, travel restrictions to the initial destination and the possibility that spending time in the initial destination may restrict opportunities to travel to secondary destinations.

This framework is not intended to be an exhaustive or prescriptive decision-making tool. It is intended to highlight the specific needs and challenges for teams who are considering international travel to destinations of elevated risk of COVID-19, without formal travel restriction.

Is it safe?

Once travel restrictions have been removed, the decision for a sporting team to travel internationally should be made on a case-by-case basis carefully balancing the benefits, risks and risk mitigation options. A framework to assist National Federations and National teams work through their options should include the following considerations:

Benefits

- Why is the team travelling?
- What is the specific aim of the training camp or competition?
- Is the travel optional or mandatory according to the applicable regulations?
- Are there any suitable lower risk locations or events available that can provide the same or similar benefit?
- What is lost by not travelling to an 'elevated-risk' location?

Risks

- How many people are in the travelling group and how long will they be together?
- What are the current known risks and travel recommendations?
- Could these suddenly change?
- Are there likely to be updates to the current travel recommendations?
- How capable is the destination medical system?
- Is a doctor travelling with the team?
- What if someone gets sick?
- What are the implications of a travel shutdown if outbreaks occur?
- Are members of the team minors?



Appendix 4. References and Links

Please find the original “FIBA Restart Guidelines, Version 2.0 (6 August 2020)” here:

<https://www.fiba.basketball/documents/restart-guidelines-for-national-federations-en>

WHO COVID-19 Pandemic information

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Australian Institute of Sport COVID-19 information

https://ais.gov.au/health-wellbeing/covid-19#covid-19_and_sport_faq

European Center for Disease Prevention and Control (ECDC) cleaning information

<https://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf>

Links

WHO

<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/travel-advice>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/videos>

Centres for Disease Control and Prevention (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

ECDC

<https://www.ecdc.europa.eu/en/all-topics-ztravellers-health/infectious-diseases-aircraft>

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<http://91-divoc.com/pages/covid-visualization/>

