



Advisory on COVID-19

SPORT MEDICINE ADVISORY COMMITTEE UPDATE:

Disease Update

The number of confirmed cases of COVID-19 is over 3.7 million with 1,242,000 recovered and 258,295 deaths. There are documented cases in over 213 countries or territories. Mortality rate worldwide is at 6.93%. We are continuing to see prolonged second waves in countries that had relaxed their restrictions including Singapore and are monitoring this closely as this will have an impact on how other countries, including Canada, manage restrictions and relaxations in the future.

In Canada we have over 62,000 cases, 4,000 deaths and 27,000 (43%) recovered. Of the 31,000 presently active cases in Canada 97% are classified as mild. Several provinces have gone more than 14 days without any new cases, and this has prompted government officials to start to come out with plans for loosening restrictions. This progressive relaxation of restrictions will have an impact on training and access to facilities, but timing will differ across regions and across different sports and is yet to be finalised or confirmed.

Training

As per the previous updates we strongly encourage athletes to take this enforced self-isolation period to work with their Coaches, HPDs, IST and CMOs to address any known biomechanical and physical deficiencies that are easily addressed with home training and NOT to be attempting to reach peak performance this summer (the rationale has been addressed in earlier releases). In addition we would recommend taking this opportunity to also work on mental resilience and mental training.

Institutes and Training Facilities

At this stage all Canadians remain under national and provincial public health guidance and as such all institutes and public training facilities remain closed at this time. As information changes it will be updated.

Return to Training in Groups

As many are aware several countries especially in Asia and Europe have begun to allow training and return to sport. Many of these countries are at a different point on the curve in terms of when cases started and spread of the virus in their local areas. The SMAC is gathering these protocols and reviewing and integrating them with the Return to Sport Task Force that has been created (meetings started this week). Any decisions regarding return to group training would ultimately be in conjunction with provincial / local health authorities, provincial / local government bodies, your sports associations as well as OTP, CPC and COC.

It cannot be emphasized enough that groups, teams or sports should go through this risk assessment process carefully in planning for the safety of their athletes, coaches and the larger population in general when the return is possible. Ultimately local health officials will need to be on board as different provinces, regions and cities are affected differently with COVID-19 and as a result may have unique policies regarding gatherings of individuals that will determine when and how group training may resume in different regions.

Testing for COVID-19

A subgroup of the Sport Medicine Advisory Committee is creating testing and monitoring protocols for returning sports which may include testing through the Canadian Sport Institutes or local testing centers.

More information will be forthcoming as this work is completed. This will be integrated into the recommendations from the above Task Force.

Mental Health Update

Psychosocial Phases of the COVID-19 Pandemic

The COVID-19 pandemic, and its impact on society as a whole and on sport more specifically, is nothing like a crisis we know; it is unprecedented. The Psychosocial Phases of Disaster model (see Figure 1) is helpful to understand the phases through which populations go when facing a global crisis or pandemic. The model can assist us in anticipating needs and providing appropriate support and resources as we move across each phase. While there are typical collective responses to a pandemic, there are also individual differences, leading people to respond in unique ways to challenges, restrictions, and disruptions. These differences must be taken into consideration in the development and provision of support and resources throughout any pandemic.

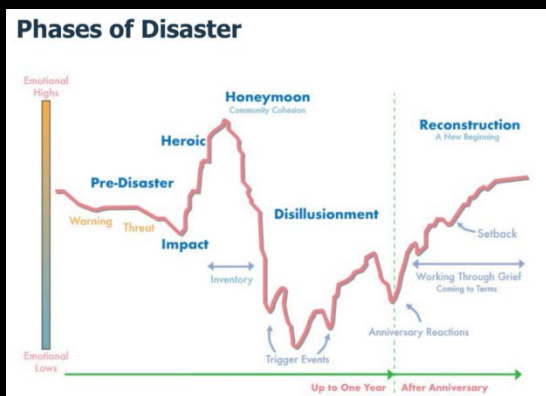


Figure 1. Psychosocial Phases of Disaster
(adapted from Zunin & Meyers, 2000)

NOTE: The intensity and duration of these phases vary and may also overlap. People and subgroups may experience different phases at any one time.

Following is a brief summary of each phase, with examples of how they may be currently manifesting themselves in the sport context. It is beneficial for us to reflect on each phase to be able to recognize when we may be progressing or regressing from one phase to the next. Identifying examples supporting our experiences in each phase can foster not only self-acceptance and self-compassion, but also self-awareness to recognize specific needs we may have to effectively cope and overcome challenges. Take some time to contemplate the phase that best characterizes you and your NSO at the moment within this COVID-19 pandemic.

Heroic Phase

- In the immediate aftermath, the heroic phase prioritizes survival and promotes safety of others.
- The community focuses energy and activities into assisting others, providing emergency responses, and attending to impacts of the disruptions.
- Sport context examples: Getting teams/athletes back to Canada, national team athletes reaching out to youth to help them through challenges, health prioritized over all else.

Honeymoon Phase

- This phase is characterized by optimism in the community/individuals and formal assistance becomes readily available.
- Community bonding occurs as a result of sharing the experience and giving/receiving support.
- Mental health supports are visible and seen as helpful, they are more readily accepted, and provide a foundation for the future. The difficulty of what is to come becomes apparent and fatigue sets in.
- Sport context examples: #ONETeamCanada, posting group workouts, optimism through social media, concerns about access to training and future.

Disillusionment Phase

- In this phase, the reality of the disruption sets in (economic impacts, strenuous rebuilding process).
- Fatigue sets in, symptoms related to stress intensify, and hope decreases.
- Complaints related to abandonment, unfairness, and incompetence become vocalized.

- Sport context examples: Frustration that the 'goal post' continues to move (no training for weeks, now months), anxiety about job security, fatigue and decreased motivation with modified training routines.

Recovery and Reconstruction Phase

- This phase involves rebuilding what was lost and there is an ongoing need to readjust and grieve losses.
- The repair and mitigation efforts initiated in the early phase become apparent and impact personal growth.
- There is an ability to see opportunities and re-examine life priorities, and confidence is built by building relationships and overcoming challenges.
- Sport context examples: Reintegrating into group and center training, crafting new training and competition goals and plans, grieving lost opportunities, restructuring given economic impacts.

It is possible that many of us are currently oscillating between the 'honeymoon' and 'disillusionment' phases. With disillusionment comes accumulating fatigue, frustration, impatience, boredom, and decreased motivation. Therefore, mental health must be regularly monitored at this time, and mental performance skills (e.g., goal-setting, stress management, mindfulness, self-talk) should be used to cope with unproductive thoughts, emotions, and behaviors. Uncertainty about the future may persist, however, it is important that we keep in mind that reconstruction and recovery are around the corner, if not already initiated.

Discussions regarding group-based training, use of training facilities, and new training and competition plans are imminent or already underway. All of this may be generating mixed emotions, which are normal in these circumstances. Regardless of the phase in which we find ourselves, it is vital that we continue to respect regulation and restrictions.

In summary, while we all have different coping mechanisms and timelines to work through challenges during this pandemic, it is essential that be proactive about protecting our mental health throughout each phase to help flatten the mental illness spike that may emerge without a preventative approach. We also must maintain hope, optimism, social connection, and support, and adopt a growth mindset to foster resilience and maintain mental health during the Recovery and Reconstruction phase. If you would benefit from further support, please consider this resource document ([**GamePlan Resource**](#)).

AN UPDATE WILL BE PROVIDED EVERY SECOND WEDNESDAY AT 4:00 PM EDT OR AS REQUIRED.

CORONAVIRUS

Covid-19 or 2019-nCov



WHAT IS IT? Q

COVID-19 is a new virus and so health officials are still learning about its impact and severity. At this time, it appears to cause an illness similar to the flu with the most common signs of infection being fever, cough and shortness of breath. In severe cases patients can develop pneumonia, severe respiratory distress, kidney failure and death.



PREVENTION



Stay at home when you are sick



Avoid touching eyes, nose, & mouth with unwashed hands



Avoid close contact with people who are sick



Clean & disinfect frequently touched objects and surfaces



Wash your hands at least 20 seconds



Use a hand sanitizer that contains at least 60% alcohol



Cover your cough or sneeze with a tissue



Avoid crowded places and all unnecessary travel



SYMPTOMS

Common Less typical



INCUBATION

Because the early symptoms of COVID-19 are similar to other respiratory illnesses, if you have any of the common symptoms (fever, cough and shortness of breath) you should contact your doctor's office and arrange to have a consultation.

Updated links from the Government of Canada and WHO

- <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html#faq>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- [Provincial Information](#)

Further Questions:

Further information about COVID-19 may be obtained from your NSO Chief Medical Officer or Team Physician, or the Chief Medical Officers of the Sport Medicine Advisory Committee.

- Dr. Mike Wilkinson, Canadian Olympic Committee: mwilkinson@olympic.ca
- Dr. Andy Marshall Canadian, Paralympic Committee: amarshall@paralympic.ca
- Dr. Suzanne Leclerc, Institut National du Sport du Québec: sleclerc@insquebec.org
- Dr. Doug Richards, Canadian Sport Institute Ontario: drichards@csiontario.ca
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