



IPC CLASSIFICATION HYGIENE AND INFECTION CONTROL GUIDELINES

IN TIMES OF COVID-19

JUNE 2020

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Purpose

This document has been developed to support the safe return to classification activities, in response to the COVID-19 pandemic. These guidelines are intended to support event organisers and classification stakeholders with the delivery of classification.

This document contains both COVID-19 specific recommendations as well as general recommendations on hygiene and infection control. Once the situation changes with regards to the COVID-19 pandemic this document will be revised accordingly.

This document relates to classification for athletes with a physical, vision or intellectual impairment.

Key considerations

These guidelines are specific to the current COVID-19 pandemic; however, they are not intended to replace local laws, regulations or guidance.

Prior to events classification advice should be sought from local public health authorities and all local health and safety legislation and regulations should be complied with. Local government and public health authorities' laws and regulations should be followed and should take precedence over these guidelines.

These guidelines are a minimum recommended standard and classifiers may use additional protective equipment at their own discretion.

General principles

This document has been developed in line with the [IPC Medical Code](#), which encourages:

- all stakeholders to take measures to ensure that sport is practiced in a manner that protects the health of the athlete; and
- implementation of those measures that are necessary to protect the health of all participants.

It is everyone's individual responsibility to protect his or her health and the health of others.

Classification Hygiene and Infection Control Recommendations

1) Sport rules and regulations

- Hygiene and safety requirements should be defined in the sport rules and guidelines and applied with a view to protecting the health of all participants involved in the classification process.
- Classification practices need to be included in sport and venue specific risk assessments and a risk mitigation strategy needs to be formed, prior to any classification activities being resumed.
- Organisations are recommended to seek appropriate medical expertise in their resumption of activities.

2) Classification process guidelines

Waiting area/administration:

- It is recommended that appropriate statements are attached to the athlete classification consent forms related to athletes being healthy enough to complete the classification process. The same statements should be signed by any accompanying person as well. See example in Annex 1
- Postpone assessment for athletes who present with symptoms typical of SARS-CoV-2 infection (see Additional Information section g).
- Athletes and their support personnel should arrive at allocated times to the waiting room (not arrive early) to avoid congestion.
- Advise athletes to bring their own pen for administrative procedures or have enough pens available to allow for cleaning between handling.
- For athletes who use equipment: before the beginning of the classification assessment and prior to final hand hygiene, athletes who use equipment should clean areas that might be touched during the assessment. For example, cleaning push rims, wheels, backrest handles, hand breaks, canes and glasses with a sanitising tissue.
- Any volunteers involved in conducting the administrative procedures should have sufficient space around the check-in desk. I.e. at least 1 metre perimeter maintained around the check-in desk to maintain appropriate distancing.
- Administration assistants should always wear masks.

During the assessment:

- Athletes, classifiers, and any accompanying persons are recommended to wear masks during the classification process (see note regarding masks in the Additional Information section below).
- Classifiers are to wear **non-latex** gloves due to the risk of allergy. Certain Para athletes such as athletes with spina bifida, spinal cord injury, or those who have had repeated multiple prior surgeries may be at an increased risk of latex allergy.
- The number of people apart from classifiers, athletes, translators and NF representatives should be minimised as much as possible, maximum two accompanying persons only. Observers to classification are not recommended during this period.
- Physical transfers: if athletes require assistance to transfer, both athletes and anyone assisting the transfer should wash their hands before and after the transfer, and face masks should be used by all parties.
- Time spent in close proximity to an athlete should be limited and athletes and classifiers should minimise talking when in very close proximity to each other. Classifiers should advise the athlete of this.
- Equipment for technical assessment (sport gloves, tape, etc): should athletes need to apply equipment for the technical assessment they should avoid using their mouths in applying equipment, and assistance should be offered by others. Non-latex gloves should be used when assisting.
- Athletes who present to classification with open wounds:
 - Athletes should be advised to cover up open wounds before arrival to the facility. If the classification assessment can take place without engagement with the athlete's open wound, proceed with care. If the position of the open wound gets in the way of the process and contamination becomes even the slightest of possibilities, the assessment should be postponed. It is advisable for the classification personnel not to attempt to cover open wounds of athletes in the classification area. The procedure itself might compromise the hygiene standards of the room.
 - Classification personnel should consult their own sport rules for any considerations regarding proceeding with classification in the instance that an athlete presents with an open wound.

- Appointments should be scheduled to allow opportunity for disinfection and aeration of the examination room between each individual athlete evaluation.

VI assessment:

- For VI assessment: large protective commercially available breath shields for slit lamp are recommended to minimise potential droplet spread through close proximity. These must be cleaned thoroughly between athletes.
- Eye protection equipment (such as goggles or protective surgical glasses) should be made available for VI classifiers. These are recommended to be used at the Ophthalmologist's discretion, since they may interfere with use of slit lamp.

3) Classification facilities and equipment

- Access to first aid/kit.
- Hand hygiene facilities for athletes and classification personnel (access to hand sanitiser/handwashing facilities/soap in bathrooms). Hand sanitisers should be alcohol based (80% v/v for ethanol or 75% v/v for isopropyl alcohol-based products).
- Access to single use surgical disposable face masks and non-latex gloves of various sizes (small, medium, large).
- Access to adequate amounts of disposable tissues, cleaning wipes etc.
- Non touch rubbish bins with closed lids to help contain contaminants. Rubbish bins should be lined with plastic liner and emptied daily.
- Each classification assessment area should have enough space for the number of people present; adequate ventilation and airflow in classification rooms should be ensured.
- Provide a well-ventilated waiting area with adequate space to allow enough space (minimum of 1 metre) between athletes and support staff. Keep number of people in the waiting area to a minimum (avoid planning time slots too tightly). Provide directed seating and managed flow.
- No food/snacks should be stored in the assessment room.
- Any shared equipment that would be touched by different athletes should be cleaned with single use wipes between assessments e.g. optical/vision assessment tools, laptop computers, sports equipment.
- Thorough cleaning of all parts of vision assessment equipment including slit lamps, occluders, trial lens kits, autorefractors, and visual field machines.

- Priority disinfection procedures are adopted: high-touch surfaces (in the classification room and any other areas used during the process - e.g. bathrooms or hallways), door and window handles, light switches, railings, working desks and counter tops, shared computer equipment, taps, sink bowls, toilets to be cleaned/disinfected at least two times during day-session. Use disposable, one-use tissue for each separate high-touch surface. A thorough clean of all facilities should be done at the end of each day with disinfectants.
- Put up signage in toilets that toilets should be flushed with the lid down.
- The amount of time in the waiting room needs to be limited. If the schedule is running behind, then athletes and accompanying persons should be allowed to leave and contacted when their turn is imminent.
- When appropriate, frequently used doors should be kept open to avoid recurrent contamination of doorknobs or high touch contact points.
- Only plastic and non-fabric chairs are to be used in the waiting and examination room. Any valuables should be put into plastic containers under the chairs.

The Chief Classifier/IF classification staff is recommended to make the final decisions regarding the provisions to ensure safety of the environment.

4) Training and development of classification personnel

- Provide hand hygiene and infection control training for classifiers such as:
 - learning activities from European CDC (the first four programs are considered useful for classification personnel)
<https://www.ecdc.europa.eu/en/news-events/online-micro-learning-activities-on-COVID-19>
 - <https://openwho.org/courses/eprotect-acute-respiratory-infections>
 - <https://www.youtube.com/watch?v=3PmVJQUcm4E>

5) Classifier responsibilities

- Classifier to report off sick if not well.
- Only necessary equipment for testing should be present in the assessment rooms - no additional classifier bags/personal equipment should be stored in the assessment room.
- Classifiers to wear a medical face mask and non-latex gloves during physical assessments.

- Classifiers to discard gloves, wash hands for 20 seconds with soap and water followed by application of alcohol based (minimum 80% v/v) hand sanitiser after each assessment. Wear a new pair of gloves before each assessment.
- Cough etiquette is imperative at all times. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
- Keep physical contact and proximity interaction with the athlete to a minimum. Be mindful of hand placement and unprotected forceful exhalation (e.g. laughing, talking loudly) that may not fit in the cough etiquette.
- Classifiers to apply the following cleaning principles after every assessment:
 - Equipment used during classification (bench, wheelchairs, tools etc) should be cleaned with soap and water or a detergent to remove organic matter first, followed by disinfection.
 - Disinfectants: use ethanol at a concentration of 70%-90%, or sodium hypochlorite (bleach) at a concentration of 0.1% (1000 ppm).
 - Manual cleaning (brushing or scrubbing) is the recommended procedure. When disinfectants are to be applied, this should be done with a cloth or wipe that has been soaked in disinfectant.
 - Avoid spraying disinfectants, as they are mostly ineffective in removing organic material and they pose health risks to near-by humans.
 - Contact time of a minimum of 1 minute is recommended for these disinfectants or as recommended by the manufacturers.
 - For equipment that cannot tolerate soap and water, use disinfectant wipes such as for vision assessment equipment, shared laptops, shared sporting equipment.
- Classifiers are to complete any training on hygiene, infection control and use of relevant Personal Protective Equipment (PPE) specified by their IF.

6) Provision of information

- Share information with classification personnel on local health services and other health emergency procedures.

Additional Information

a. Physical distancing

Maintaining physical distance (a minimum of 1 metre or a greater distance if stipulated by the national health authority) from other individuals; between the classifier and an athlete as much as practical. This, of course, means that the classifier should strictly refrain from shaking hands with athletes or their representative and should avoid any other direct contact where possible. Some specific situations may not allow the recommended distance to be maintained at all times. For example, physical assessments are acceptable reasons to temporarily make allowances for closer distance. The classifier should also inform athletes at the beginning of the assessment process that, while all efforts will be made to maintain the recommended distance, there will be times when this is not possible. In situations where social/physical distancing is difficult to maintain, the classifier should explain that wearing a medical face mask provides a barrier between classifiers' respiratory droplets and the people and surfaces around them.

<https://www.who.int/westernpacific/emergencies/covid-19/information/physical-distancing>

b. Hand washing

Performing hand hygiene frequently with an alcohol-based (80% v/v for ethanol or 75% v/v for isopropyl) hand rub if available and if your hands are not visibly dirty or with soap and water if hands are dirty; provide clear instructions to classifiers on hand washing, specifically when classifiers and athletes should wash their hands.

Hand hygiene:

https://www.who.int/infection-prevention/campaigns/clean-hands/WHO_HH-Community-Campaign_finalv3.pdf?ua=1
https://www.who.int/gpsc/clean_hands_protection/en/
<https://www.who.int/infection-prevention/tools/hand-hygiene/en/>

Hand sanitisers:

https://www.who.int/gpsc/5may/Guide_to_Local_Production.pdf?ua=1

c. Non-latex gloves

While gloves are not a substitute for hand hygiene, it is recommended that classifiers wear non-latex gloves throughout the classification process and that athletes are also given the choice to wear non-latex gloves, where this does not impede with the classification process. As a result, provide clear instructions on when a classifier should wear gloves. Gloves that are removed should not be put back on.

How to safely remove gloves:

<https://www.globus.co.uk/how-to-safely-remove-disposable-gloves>.

d. Face masks

Medical masks need to be made available to both the athlete and the classifier during the classification assessment. For an accompanying person and/or translator a non-medical face mask can be considered (i.e., something constructed to completely cover the nose and mouth, without gaps, and secured to the head by ties or ear loops). Therefore, provide clear instructions on how to safely put them on and remove them. See WHO guidance:

<https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/protect-yourself/infographics/masks-infographic---final.tmb-1920v.png>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

[https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-and-masks>

e. Cough etiquette

This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.

https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/protect-yourself/blue-3.png?sfvrsn=b1ef6d45_2

f. Cleaning and disinfecting surfaces

Surfaces should be cleaned with soap and water or a detergent to remove organic matter first, followed by disinfection. Use ethanol at a

concentration of 70%-90%, or sodium hypochlorite (bleach) at a concentration of 0.1% (1000 ppm).

<https://www.who.int/publications-detail/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19>

g. COVID-19 symptoms

The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhoea, loss of taste or smell or a rash on skin or discoloration of fingers or toes. These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>

ANNEX I

EXAMPLE ONLY:

COVID-19 AND HEALTH DECLARATION*

Separate forms to be completed by each athlete and support personnel attending classification.

*this form should be developed in consultation with appropriate IF medical advice

The health and well-being of all is our highest priority.

As a result of the COVID-19 outbreak, we are applying screening processes and hygiene measures to safeguard athletes, their support staff and classification personnel. As a condition of proceeding with the classification process, please answer the questions below and adhere to the additional hygiene processes requested of you.

SELF-DECLARATION	YES/NO
Are you presenting with any of the following symptoms relating to COVID-19? <ul style="list-style-type: none"> • Fever • Cough • Shortness of Breath 	
Have you in the past 14 days been in contact with someone diagnosed with coronavirus to your knowledge?	

If you respond 'YES' to any of these questions, then as a precautionary measure, you will be unable to proceed with classification. We ask for your full support as we all have a shared responsibility to minimise the risk of exposure and protect our individual and collective health.

Include statements that relate to data retention such as:

Self-declaration records will be used and disclosed for managing classification site access during the risk period only and as required by law. Records will be kept securely and retained for a period required under our retention schedules in compliance with privacy laws and regulations. Please let us know if you have any questions or concerns and thank you for your co-operation.

NAME

SIGNATURE

DATE