



INTERNATIONAL
B L I N D
S P O R T S
F E D E R A T I O N

IBSA CLASSIFICATION HYGIENE AND INFECTION CONTROL GUIDELINES

IN TIMES OF COVID-19

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Annex 1

This document imposes additional obligations on everyone who is participating in the vision classification process during Covid-19. The rules, policies and procedures identified in this document will be enforced just like any other provisions in IBSA's classification rules until such time as an effective and proven vaccine for Covid-19 is discovered and is made readily available throughout the world. Protests and appeals related to the content of this document as they are related to the classification of a specific athlete, shall be conducted in accordance with IBSA's protest and appeal procedures, as set out in IBSA's Classification Rules.

Purpose

This document which relates to classification for athletes with a visual impairment has been developed to support the safe return to IBSA classification activities, in response to the COVID-19 pandemic. These guidelines are also intended to support event organisers and classification stakeholders with the delivery of classification. However, all IBSA sanctioned classification opportunities will be operated according to these guidelines and we recommend that other IFs implement these procedures for VI athletes also.

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 with immediate consequences of the applied rules if another time frame is not given.

It is everyone's individual responsibility to protect his or her health and the health of others by every possible means including the ones mentioned in these guidelines. IBSA assumes no liability and any damages arising as a result if any individual contracts Covid-19, even if these rules are followed precisely.

Key considerations

These guidelines are specific to the current COVID-19 pandemic; however, they are not intended to replace local laws, regulations or guidance. Local laws imposed by the health authority from the country where the event takes place which supplement our guidelines, must be taken into consideration. Prior to event classification, advice should be sought from local public health authorities and all local and national 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, where the local regulations are stricter than these guidelines. These guidelines are a minimum recommended standard and classifiers may use additional protective equipment at their own discretion.

The Chief Classifier is the lead of the process concerning these safety rules (Covid 19) and should make sure that all those guidelines are respected.

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 and connected activities, such as VI Classification of the athletes, are practiced in a manner that protects the health of the athlete, the classifiers, the athletes' guides/ accompanying persons, the interpreters, health technicians and all other people involved in the Classification process in any way, either directly or indirectly.
- implementation of those measures that are necessary to protect the health of all participants.

Appointment of Classifiers and Volunteers

- a) In addition, to the classifiers appointed for the panels, a Chief Classifier should be also appointed. One of the principal roles of the Chief Classifier will be to ascertain that the classification area strictly adheres to the following guidelines.
- b) There should be at least three volunteers to assist the classification rules are adhered to by verifying that the athletes and their accompanying persons follow the rules and that all hygiene tools are in place, frequently checked and are used. One of these assistants will deal with the wiping down of surfaces and emptying of bins etc, which should be completed after each assessment period and also to replace stocks of all necessary hygiene tools.
- c) If the guidelines are not followed by any of the participants in the classification of a specific athlete, all of the affected parties will receive both a verbal and written warning that the classification will not proceed until the guidelines are followed. If they refuse to follow the guidelines, the athlete will be classified as incomplete and they will not be permitted to compete until such time as a proper classification is reached.

Specific points to remember regarding athletes and participants who are blind or partially sighted

- Access to Information - An Athlete's level of vision may impact their access to information such as temporary COVID-19 and other facility signage;
- Physical Distancing - An Athlete's level of vision may impact their ability to tell their distance from others, or see lines and markings on a floor – for Physical Distancing. Some athletes may not be able to see at all, or may not be able to clearly see 2 m from where they are;

- High Touch Points – An athlete who is blind or partially sighted may touch things more often than others as this may be how individuals who are blind or partially sighted navigate (or orient themselves in their environment) in order to move around. It can also be how they may find things such as pieces of sport equipment or their gym bag. It would be advisable to reduce the number of touch points for individuals who are blind or partially sighted to ensure the greatest level of independence as well as safety. The athletes must be informed in person of any classification location specific rules, including any signage which has been posted and the location of such signage.

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.
- New and adapted classification practices need to be included in sport classification and the venue in question according to the specific risk assessments. A risk mitigation strategy needs to be formed, prior to any classification activities being resumed. Organizers should send in advance a complete report concerning how they will apply these rules. The report is mandatory to include a plan of the area with distances measured and marked. LOC should send in advance to IBSA a short report with all additional measures taken and certifying that guidelines are fully adhered to. It is important to mention where classification will take place – Hospital / Clinic / hotel. Specific isolated areas should be made available for VI Classification and a plan of the classification area with measurements and one or two photos need to be added. Only after approval of the plan can the classification be permitted to go ahead by IBSA.
- Keep an updated register with all the people enrolled in the Classification: Classifiers, volunteers, athletes, team support staff, etc. It should include the register of incoming day and hour, and outgoing day and hour, direct individual mobile phone contact - mandatory (and in the case of teams the team leader mobile phone contact), areas where he/she walked, accommodation location / room number, people in the same room, guides, in order to fulfil an eventual need of an epidemiological inquiry. The forms should be marked private and confidential and treated as personal health information under the applicable IPC International Standard related to the protection of health information. These records should be destroyed within three weeks after the event, unless there are any pending protests or appeals. In such a case, the records will be destroyed within three weeks of the protest or appeal being concluded.

2) Classification process guidelines

Waiting area/administration:

- Body temperature must be measured in all athletes and everyone arriving including classifiers just before starting each classification period /assessment.
- 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 filled individually and signed by any accompanying person and interpreters as well. See example in Annex 1. One volunteer should be assigned to this task.
- The assessment for athletes who present with symptoms typical of SARS-CoV-2 infection will be postponed/cancelled (see Additional Information section g).
- Athletes and their support personnel should arrive at allocated times to the waiting room (arriving early or staying afterwards is not allowed) to avoid congestion.
- Advise athletes and accompanying persons to bring their own pen for administrative procedures.
- Athletes who use equipment before the beginning of the classification assessment should respect hand hygiene rules: clean areas that might be touched during the assessment e.g. canes and glasses with a sanitising tissue.
- Any volunteers involved in conducting the administrative procedures should have sufficient space around the check-in desk - at least 1 to 2 metres perimeter maintained around the check-in desk to maintain appropriate distancing.
- All people attending the classification area: athletes, coaches, administrators, classifiers, volunteers, administration assistants should wear masks. The mask should cover mouth and nostrils full time when inside the classification area (and in transport provided by organizers). Taking off or not using the mask full time implies the immediate exclusion of the person from classification.
- Walking areas need to be well marked on the floor with distances of 2 metres.

During the assessment:

- It is mandatory for all athletes, classifiers, and any accompanying persons 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. These should be discarded after each athlete assessment.

- The number of people apart from classifiers, athletes, translators and NF representatives should be minimised as much as possible, maximum two accompanying persons only for 1 team and 1 interpreter for all teams (unless they are a larger team and will be attending two different panels with their athletes). However, in the panel room only 1 accompanying person is allowed + 1 interpreter when needed). Observers to classification are not permitted at present, unless specifically allocated by IBSA.
- Classifiers and volunteers will not guide athletes; teams must provide support staff to fulfil this role.
- 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 rule.
- In the classification panel room, all people should stay seated as well as in the waiting area except when classifiers and athletes need to move around for classification purposes.
- Appointments should be scheduled to allow opportunity for disinfection and aeration of the examination room between each individual athlete evaluation by the volunteer assigned for these tasks. Equipment should be cleaned before the first use in the morning, after each use, before use after any breaks, and at the end of the day.
- The athlete may be asked to apply surgical tape to the top of their mask in order to prevent condensation from their breath forming on glasses, trial lenses, or any equipment. A classifier may also ask the athlete to adjust their mask, if necessary, for classification procedures. The athlete will sanitize their hands before and after touching their mask.

3. Classification facilities and equipment:

- For VI assessment: large protective commercially available breath shields for slit lamp are mandatory to minimise potential droplet spread through close proximity. These must be cleaned thoroughly after each athlete is classified.
- 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 the use of slit lamp.

4. Waiting room and transport guidelines

- Provide a well-ventilated waiting area with adequate space to allow enough space (minimum of 2 metres) between athletes and support staff. Keep the number of people in the waiting area to a minimum (avoid planning time slots too tightly). Provide directed seating and managed flow.
- All people need to stay seated with masks at the waiting area. Chairs cannot be moved and should respect 2 meters distance with seats turned all to the same side.
- Different waiting areas and transit areas need to be provided for different national teams. Transport provided should not mix different national teams and other people
- 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.
- Avoid teams coming with all their athletes at the same time as usually happens. Maximum people in a team waiting area can never be over 6 persons. Teams should be informed of this ahead of time in order that they can plan for appropriate staffing for guides and support staff during classification as well as in transport etc.
- Arrange for more transport in order for as few people as possible to be in the waiting room at any one time.
- Put up signage in toilets that toilets should be flushed with the lid down. This should also be explained to teams and athletes ahead of time as VI athletes may not see the signage. Toilets should be also cleaned before the first use in the morning, after each use, before use after any breaks, and at the end of the day
- 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. No valuables should be brought into the classification areas and any bags should be wrapped in plastic bags or containers and kept under the chairs. If containers are used, they should be cleaned first thing in the morning and after each use.
- Hand hygiene facilities for athletes and accompanying 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).
- Hygienizing alcohol (80 %) or sanitizing alcoholic gel mix should be accessible in a convenient number and all places - mandatory in each waiting area, transport buses, each panel room, toilets, rooms for specific medical tests, other classification staff rooms.
- Each person entering (upon each entry), and leaving (upon each departure) should sanitize their hands – entering and departing from the waiting room, entering and departing from the classification room.

5. Classification assessment rooms

- Hand hygiene facilities for 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 a plastic liner and emptied after each classification period.
- Each classification assessment area should have enough space for the number of people present; adequate ventilation and airflow in classification rooms should be ensured.
- No food/snacks are to be stored in the classification area. Eating and drinking in the classification area is forbidden except for water carried individually by athletes. LOC should provide enough individual water bottles for classifiers and other classification staff but bottles used in a classification period must be stored in the classification panel 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, lens frames, trial lenses, 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.
- After each athlete classification period, the full area - furniture, chairs and equipment - needs to be disinfected.
- Slit lamps, autorefractors and other equipment need to have a fully protective acrylic separation between the operator and athlete. It requires to be disinfected on both sides after each observation by the classifiers on a panel if both classifiers use the equipment to observe the athlete.
- Open windows in the panel room for 5 minutes after each classification
- Each panel room should have a washing hand facility with soap and disposable paper towels
- 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 each half day-session. Use disposable, one-use sanitizing tissue for each separate high-touch surface. A thorough cleaning of all facilities should be done at the end of each half-day period with disinfectants. The Chief Classifier and classification staff are recommended to make the final decisions regarding the provisions to ensure safety of the environment.

- The Chief classifier is empowered to cancel a classification when those rules are not strictly adopted. Also, when the classification area furniture and equipment does not correlate with the plan previously sent and certified in advance by IBSA (IPC etc). In the same way, the Chief classifier can exclude an athlete's accompanying persons etc, not strictly following these guidelines.

6) 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>

7) Classifier responsibilities

- Every classifier must report if they are sick for any reason and especially if showing any symptoms of COVID-19.
- 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. A plastic bag or cleaned storage container will be provide for each classifier for their personal equipment.
- Classifiers must wear a medical face mask and non-latex gloves during physical assessments, as well as protective glasses all the time if it is possible.
- Classifiers must 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. They also must wear a new pair of gloves before each assessment. Masks should be discarded after every 6 athletes' observation, and/or a 4 hours continuous period and/or discontinuous periods, or any time the mask becomes moist.
- 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. No one who is guiding an athlete should use their bent elbow.
- 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 must make sure the following cleaning principles are respected after every assessment:
 - Equipment used during classification (chairs, medal equipment, tools etc) should be cleaned with soap and water or a detergent to remove organic matter first, followed by disinfection. (This should be done by a volunteer from the LOC)

- Disinfectants: use ethanol at a concentration of 70%-90%, or sodium hypochlorite 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.
- For equipment that cannot tolerate soap and water, use disinfectant wipes such as for vision assessment equipment, shared laptops, shared sporting equipment.
- NOTE: ophthalmic clinical equipment should be disinfected only by the classifiers. Classifiers are to complete any training on hygiene, infection control and use of relevant Personal Protective Equipment (PPE) specified by the IF holding the classification.

8) Provision of information

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

Additional Information

a. Physical distancing

Maintain a physical distance (a minimum of 1 metre or a greater distance if stipulated by the national health authority) from other individuals and between the classifier and an athlete as much as is 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. 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 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. It is also recommended that guides should wear gloves when accompanying the athlete.

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>

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

e. 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>

f. 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>

Annexe 1

COVID-19 AND HEALTH DECLARATION*

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

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 at this time. 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.

NAME

COUNTRY

IBSA MEMBER -NPC/Association

SIGNATURE

SIGNATURE OF GUARDIAN

DATE

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.