

GENERAL GUIDANCE ON COVID-19 RISK MANAGEMENT TOWARDS THE RESUMPTION OF KENDO TRAINING

Version: 1

KENDO BOARD, AUSTRALIAN KENDO RENMEI

3 June 2020

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Issued by

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1. PREAMBLE

The pandemic of a coronavirus disease (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) led public health directions to be issued at both federal and state levels to assist in containing, or respond to, the spread of COVID-19 within the community in March 2020. Federal and State Governments have recently developed plans to ease health restrictions¹. The *Roadmap to a COVIDSafe Australia, A Three Steps Pathways for Easing Restriction*² is one of the governmental initiations by Federal Government.

In response to the above, the Kendo Board of the Australian Kendo Renmei (AKR) has considered it appropriate to advise state and territory affiliations and affiliated clubs of general guidance on the management of COVID-19 related-risks towards the step-by-step based resumption of kendo training, with the following intentions:

- Ensuring that state and territory affiliations and their affiliated clubs are aware of risks associated with kendo training, and assisting them to make an informed decision to take optimum risk control measures in compliance with public health directives in the respective jurisdictions,
- Prevent the kendo community in Australia from being exposed to infection risks potentially arising from kendo training.

State and Territory Governments will manage public health risks at different times in response to local and regional conditions. In addition to this, training venues may have venue specific requirements. As such, this document alone cannot provide a 'fit for all' solution to the affiliations and clubs. **It is therefore essential for the affiliations and affiliated clubs, while referring to this document as a guide, to consider the following:**

- **Discuss local conditions and requirements with relevant public authorities and venue management,**
- **Assess the health conditions of members,**
- **Monitor and evaluate risks; and**
- **Control and review measures on a regular basis.**

Based on the foregoing, the Kendo Board recommends that the affiliations and affiliated clubs prepare a state/territory-specific and/or club-specific management plan that addresses the *Roadmap to a COVIDSafe Australia, A Three Steps Pathways for Easing Restriction* as well as complying with relevant legislative requirements.

A summary of government websites for public health advice is presented in **Appendix A**. A general description of COVID-19 and associated risks, and public health advice is summarised in **Appendix B**.

¹ For example, Prime Ministers of Australia, Media Statement, 08 May 2020. Available at <https://www.pm.gov.au/media/update-coronavirus-measures-08may20>. Last viewed on 26 May 2020

² Covidsafe, Roadmap to a Covidsafe Australia. Available at <https://www.pm.gov.au/sites/default/files/files/covid-safe-australia-roadmap.pdf>. Last viewed on 26 May 2020.

2. RECOMMENDED RISK CONTROL MEASURES

2.1 Risk Implications of Kendo

Kendo is a **full-contact and bare-foot martial art** involving **strong vocal utterance**. It is undertaken typically in a **dense group environment** inside a **closed indoor facility** and **the activities occur in close distance**. Given these characteristics, kendo training is regarded as a **high-risk activity** during which the virus can be transmitted from one person to another via respiratory droplets containing the virus and contact with virus-contaminated surfaces, thereby warranting a need to address risks potentially arising from kendo training.

2.2 Model Framework of Risk Management

It is recommended that the *Australian Institute of Sport (AIS) Framework for Rebooting Sport in a COVID-19 Environment Executive Summary*³ (referred to as the AIS Framework) be referenced as the model framework of risk management in preparing a state/territory-specific and/or club-specific management plan. **It should be stressed that kendo is not included in the AIS Framework, as such kendo-specific considerations need to be taken into account in planning risk control measures.** These considerations are presented in **Sections 2.3 and 2.4.**

The AIS Framework comprises three levels (Levels A, B and C), each of which is described briefly as follows:

- **Level A:** Activity that can be conducted by a solo athlete or by pairs where at least 1.5m can always be maintained between participants. No contact between athletes and/or other personnel;
- **Level B:** As per Level A plus: indoor/outdoor activity that can be conducted in small groups (not more than 10 athletes and/or other personnel in total) and with adequate spacing (1 person per 4m²);
- **Level C:** As per Level B plus: full sporting activity that can be conducted in groups of any size including full contact (competition tournaments, matches). Wrestling, holding, tackling and/or binding (e.g. rugby scrums) are permitted. **It should be emphasised that public health rules remain effective at Level C and as such precautionary measures should continue to be in place. Whether full contract mass events (e.g. tournaments and seminars) are compatible with the definition of Level C is yet to be confirmed and will need to be assessed carefully in compliance with relevant legislative requirements.**

A brief description of the management levels mentioned above, together with general hygiene measures, is presented in **Appendix C**. Please refer detailed information to the AIS Framework.

³ Available at https://ais.gov.au/_data/assets/pdf_file/0006/730374/35845_AIS-Framework-for-Rebooting-Sport-Summary.pdf. Last viewed on 26 May 2020.

2.3 Considerations for Risk Management

The Kendo Board considers that, from a general community perspective, kendo training is classified as indoor community sports. On this basis, the Kendo Board recommends that the affiliations and affiliated clubs take into account the following considerations when preparing a management plan:

- Relevant legislative requirements;
- Public health rules:
 - Physical distancing (**a minimum of 1.5 m physical distancing at all times**);
 - A minimum of 4 m² per person when staying in an indoor facility;
 - Hand hygiene;
 - Respiratory hygiene; and
 - Frequent environmental cleaning and disinfection.
- Australian Institute of Sports (AIS) and relevant state and national technical guidelines;
- Local and regional situations – active cases, clusters, number of tests;
- Venue conditions (including floor sections, amenities and high use contact areas);
- Overseas situations;
- Research findings;
- Vulnerable members (**Appendix B**);
- Advice from suitably qualified medical and public health professionals; and
- Directives from venue management.

In addition to the consideration mentioned above, the Kendo Board makes the following recommendations for the affiliations and affiliated clubs to consider in order to control personal movement in, between and among training venues in order to mitigate infection/transmission risks:

- Clubs using community venues which are shared with other users (e.g. public shared facilities such as community facilities, indoor sports facilities, schools and universities) discuss risk management with venue management and implement coordinated cleaning/decontamination processes;
- Members should limit their trainings within their own club only without making inter-club visits;
- Whilst members who practises multiple arts are considered as individual members for each of the art, they should minimise inter-art training and limit training to a specific art;
- Small clubs who regularly train together may declare themselves a 'group' with members restricted to training within that 'group' only; and
- Visitors should receive permission from club management. Any visit should be pre-arranged with a sufficient amount of time given to the management for consideration.

The Kendo Board recognises that mask or mouth guard products have been used in kendo training in some countries. At the same time, a multiple number of fatalities resulting from breathing problems due to the use of mask products have been reported overseas. As such, careful and rigorous attention should be paid to the use of these products, whereby relevant risks are assessed, particularly when training involves vulnerable members and/or physically intensive training is considered.

The Kendo Board understands that the All Japan Kendo Federation (AJKF) is currently developing kendo-specific protective equipment used for preventing the spread of respiratory droplets⁴. The functional and medical effectiveness is yet to be endorsed formally. The Kendo Board will assess the equipment and communicate with relevant stakeholders in due course.

2.4 Individual and Group Responsibilities

The Kendo Board recommends that **members, club management and instructors take the responsibility of the management of personal health and implement risk control measures, respectively in a coordinated manner.**

Table 1 presents a summary of typical measures for consideration.

Table 1 – Recommended Individual and Group Responsibilities

Responsible Party	Responsibilities
Individuals	<p>Stay Away from training: if you are unwell with cold/flu/COVID-19 symptoms. Typical COVID-19 symptoms are presented in Appendix B. Any cold/flu-like symptoms must be taken as seriously as COVID-19. Anyone with the body temperature exceeding 37.5 °C must assess health conditions, seek medical advice and refrain from attending any training. Any risks or symptoms may contribute to unnecessary stress, and potentially affect people’s family and livelihood. Please be considerate.</p> <p>Old people and those having underlying health issues (vulnerable members) are at greater risk of more serious illness with COVID-19. A description of these groups are described in Appendix B. Please assess your health conditions and make informed decisions with consultation with your family, medical professionals and club management. Please do not assume that you are fit for training. The Kendo Board does not recommend that any person at risk participate in any training until a medical professional confirms that the person’s health conditions are satisfactory and suitable for training.</p> <p>If you have confirmed or suspected symptoms:</p> <ul style="list-style-type: none"> • Follow government guidelines about testing and isolation; • Immediately notify club management about your personal situation and update the club when situation changes/results outcome as required; and • It is noted that information given by you to the club will be shared with the relevant affiliation to assist the affiliation in making an informed management decision. Confidentiality will be observed. <p>If recovered from COVID-19:</p> <ul style="list-style-type: none"> • Follow Section ‘<i>Returning to sport after recovering from COVID-19</i>’ (Page 17) of the <i>AIS Framework for Rebooting Sport in a COVID-19 Environment</i>⁵. It is emphasised that recovered persons must

⁴ All Japan Kendo Federation (AJKF) announced that equipment used for preventing the spread of respiratory droplets is currently developed for medical assessment (source: <https://www.kendo.or.jp/information/20200525/>. Last viewed on 27 May 2020).

⁵ Available at https://ais.gov.au/data/assets/pdf_file/0008/730376/35845_AIS-Framework-for-rebooting-sport_FA.pdf. Last viewed on 3 June 2020.

Responsible Party	Responsibilities
	<p>satisfy the Communicable Disease Network of Australia (CDNA) criteria to ensure they are no longer infectious. Refer detailed information to</p> <ul style="list-style-type: none"> ○ CDNA Coronavirus Disease 2019 (COVID-19)⁶; and ○ Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units⁷. <ul style="list-style-type: none"> • Report the outcome of testing result to the relevant affiliation and affiliated club.
Affiliation/Club Management	<p>Develop an affiliation- and/or club- specific COVIDSafe plan in consultation with venue management. A typical kendo-specific COVIDSafe Plan will include processes for the following items:, as a minimum:</p> <ul style="list-style-type: none"> • Hand hygiene; • Respiratory hygiene; • Foot and floor hygiene; • Venue sanitisation/decontamination; • Social-distancing; • Entrance-exit process; • Equipment hygiene; • Air ventilation; • Pre- and post- training cleaning; and • Pre- and post- training routines such as changing and showering. <p>Adhere to entry and exit control measures before and after training. These measures include:</p> <ul style="list-style-type: none"> • Control queuing when entering/exiting; • Make hand sanitisers available at entrance/exit; • Temperature assessment⁸; and • Pre/post-training gatherings. <p>Keep detailed record (with contact details if not on file) of attending club members and the record keeper at every training.</p> <p>Observe personal information confidentiality.</p>

⁶ Available at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>. Last viewed on 27 May 2020.

⁷ Available at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/\\$File/COVID-19%20SoNG%20v2.11.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/$File/COVID-19%20SoNG%20v2.11.pdf). Last viewed on 27 May 2020.

⁸ Temperature check at training venues without the presence of suitably qualified health professionals should be taken as a 'peace of mind' measure only. Readily available thermometers are generally not designed to measure core body temperatures unless otherwise specified, and may be expensive and user-specific. Symptoms may also be masked by medications in use. Some people may not show symptoms even when sick. It is recommended that specialist advice should be sought for intended uses.

Responsible Party	Responsibilities
	<p>Manage a recovered member's return. A management flowchart is available in Section 'Recommended assessment of athletes/staff prior to resumption of formal training' (Page 24) of the <i>AIS Framework for Rebooting Sport in a COVID-19 Environment</i>⁹.</p> <p>Immediately notify the relevant affiliation and AKR of positive cases and status.</p> <p>Cooperate with public authorities by assisting with contact tracing. Consider recommending members to download and use the COVID Safe App.</p> <p>Sanitisation and decontamination: high use contact areas such as training floor sections, change rooms, toilets, door handles and power switches should be included as surfaces of potential concern to be cleaned before and after training.</p> <p>Communicate with members and venue management on:</p> <ul style="list-style-type: none"> • Legislative requirements; • State/territory affiliation's policies; • Club and venue policies; • Minimise sharing of equipment – develop a cleaning procedure if equipment sharing is absolutely necessary; • Return to training procedures and processes; and • Entry and exit procedures in place.
Instructors	<p>Consider the recommended training programs presented in Section 2.5.</p> <p>Ensure that training programs, coaching methods and supervision strictly comply with public health rules and other legislative requirements stipulated by the respective state/territory government and venue management.</p> <p>Observe confidentiality of personal information including medical records.</p>

⁹ Above n 5.

2.5 Training Programs Based on the AIS Model

The Kendo Board suggests that in order to manage relevant risks in compliance with legislative requirements, state/territory affiliations, and affiliated club management and instructors:

- Consider kendo specific training programs based on the AIS Model Framework with staggered/rostered training arrangements; and
- Assess a need to provide dedicated training timeslots for vulnerable members.

The Kendo Board recommends staged training programs in general accordance with the AIS Model Framework. A summary of the recommended programs is presented in **Table 2**.

If there is a need to estimate timeframes (e.g. at a club or state/territory level) the following considerations should be taken into account conservatively:

- Injury prevention and gradual fitness building with a **gradually** increased level of training intensity;
- Monitoring of any emerging COVID-19 cases at club, state/territory and general community levels before proceeding to the next stage; and
- Compliance with relevant legislative requirements; and
- **All practices should be performed without strong vocal utterance (kiai) until the end of Level C. Strong vocal/respiratory actions including cough and sneeze are considered to release respiratory droplets and particularly micro airborne particles which can migrate over the current stipulated physical distance of 1.5 m¹⁰.**

¹⁰ NHK World Japan, Fighting a Pandemic. Available at <https://www3.nhk.or.jp/nhkworld/en/ondemand/video/5001289/?cid=wohk-yt-2003-corona01-hp>.

Table 2 – Recommended Training Programs

AIS Level	Suggested Training Program	Comments
AIS Level A Full restrictions/outdoor activities only (Current Position)	Individual training only – please discuss individual club’s requirements and standards.	Any group outdoor trainings with or without kendo equipment may potentially contravene public health rules and relevant legislative requirements Consultation with the venue management of any outdoor facility for training should be sought. Advice should also be sought from state/territory affiliations regarding the implications of the AKR insurance policy for group outdoor trainings that you are planning to perform. Whether training is solo or group based, care should be taken to assess health and safety risks in any outdoor environment in strict compliance with relevant legislative requirements.
AIS Level B – In small groups as per state guidelines on group size. In clubs with numbers greater than prescribed state/territory group limits, rostered group return is recommended (e.g. one group trains in the first hour and the other group in the second hour). Members should not switch between groups. Rostered class training based on different levels may be desirable, depending on training and venue conditions.	Club members in rostered groups only Lectures on, for example, theory and equipment care. Group: non-contact training only such as footwork training and <i>suburi</i> , <i>kata</i> and <i>bokuto ni yoru kendo kihonwaza keiko ho</i> . If paired and/or group training is performed, secure a minimum of 2.0 m clearance or 4 m ² square space between participants at any stage of training (i.e. the participants are not in close contact but can see each other and aim at targets). Any programs which involve close distance techniques (e.g. <i>tai-atari</i> , <i>tsuba-zeriai</i> and <i>hikiwaza</i>) are not recommended. Individual: image training, <i>suburi</i> , <i>waza</i> -based movement, visualization, <i>kata</i> and <i>bokuto ni yoru kendo kihonwaza keiko ho</i> .	The indoor use of <i>shinai</i> s is considered permissible. Kendo equipment used at Level B, other than <i>shinai</i> s, may include <i>kendo-gi</i> and <i>hakama</i> . The affiliations and affiliated clubs have the discretion to use <i>bogu</i> components at Level B. However, care needs to be taken to assess and control the hygiene of equipment used and particularly that of <i>bogu</i> components (i.e. <i>men</i> , <i>do</i> , <i>tare</i> and <i>kote</i>) that may not be thoroughly sanitised readily. A risk assessment is recommended. This should then be followed by planning and implementing decontamination measures for the equipment. A needs assessment should be undertaken to determine dedicated training timeslots for vulnerable members. For paired training, cuts are to be received on <i>shinai</i> only with the minimum distance between paired persons in accordance with the physical distancing rules. All practices should be performed without <i>kiai</i>.
AIS Level C Full contact activities potentially viable.	Club members in rostered groups only Levels B plus: <ul style="list-style-type: none"> Standard paired and group training programs (e.g. <i>jigeiko</i>) with the use of a full <i>bogu</i> set. 	It is currently unforeseeable when legislative requirements associated with Level C can be satisfied in full, and/or when it might be possible to resume training that was undertaken in a pre-COVID-19 environment. With the assumption that all the requirements are met, the use of a full <i>bogu</i> set in training may be viable with the proviso that decontamination measures for equipment used are in place as required at Level B. Assess a need to provide dedicated training timeslots for vulnerable members as required. All practices should be performed without <i>kiai</i>.

3. LIMITATIONS

The contents of this document have been prepared on the basis of readily available public information and should be read as a general guide only. The document does not consider health or safety conditions specific to local conditions. Should there be a need to address state, territory or training-venue specific conditions and/or requirements, relevant authorities and stakeholders should be consulted.

The Kendo Board has compiled this document in good faith, exercising all due care and attention. The Kendo Board does not accept responsibility for any inaccurate or incomplete information supplied by third parties. No representation is made about the accuracy, completeness or suitability of the information in this document for any particular purpose. The Kendo Board must not be liable for any damage which may occur to any person or organisation taking action or not on the basis of this publication.

Appendix A – A Summary of Government Websites

Each of federal, state and territory governments has the respective legislative requirements. State and Territory affiliations and affiliated clubs should consult relevant public health requirements with public authorities and venue management. As at 26 May 2020, the following links are available for general advice. It is noted that public health advice may change, and as such information must be checked regularly.

- Federal Government (<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>)
- Australian Capital Territory (<https://www.covid19.act.gov.au/home>)
- New South Wales (<https://www.nsw.gov.au/covid-19>)
- Northern Territory (<https://coronavirus.nt.gov.au/>)
- Queensland (<https://www.covid19.qld.gov.au/>)
- South Australia (<https://www.covid-19.sa.gov.au/>)
- Tasmania (<https://www.coronavirus.tas.gov.au/>)
- Victoria (<https://www.vic.gov.au/coronavirus>)
- Western Australia (<https://www.wa.gov.au/government/covid-19-coronavirus>)

Appendix B – A General Description of COVID-19

What is COVID-19?

COVID-19 is a respiratory illness caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Currently there is no treatment for COVID-19¹¹. COVID-19 was first confirmed in Australia in late January 2020.

What are Typical Symptoms?

Symptoms of COVID-19 can range from mild illness to pneumonia. Some people will recover easily, and others may get very sick very quickly. People with coronavirus may experience symptoms such as:

- Fever;
- Respiratory symptoms;
- Coughing;
- Sore throat; and
- Shortness of breath.

Other symptoms can include runny nose, headache, muscle or joint pains, nausea, diarrhoea, vomiting, loss of sense of smell, altered sense of taste, loss of appetite and fatigue.

To stop the spread of COVID-19, people with even mild symptoms of respiratory infection are encouraged to seek medical advice.

If you are concerned you may have COVID-19:

- Use the symptom checker (<https://www.health.gov.au/resources/apps-and-tools/healthdirect-coronavirus-covid-19-symptom-checker>);
- Seek medical attention - call the government hotline (1800 020 080) if you are seeking information on coronavirus (COVID-19); and
- Seek about testing - states and territories may adjust their testing criteria based on local needs. For latest information check your state or territory health website.

Infection/Transmission Pathways

The virus can spread from person to person typically through:

- **Close contact with an infectious person** (including in the 48 hours before they had symptoms);
- **Contact with respiratory droplets from an infected person's cough or sneeze;** and
- **Touching contaminated objects or surfaces** (e.g. doorknobs or tables) that have droplets from an infected person, and then touching your mouth or face.

COVID-19 is a new disease, so there is no existing immunity in our community. This means that COVID-19 could spread widely and quickly.

¹¹ Available at <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/what-you-need-to-know-about-coronavirus-covid-19>. Last viewed on 26 May 2020.

Personal Responsibilities

According to the *Roadmap to a COVIDSafe Australia, A Three-Step Pathways for Easing Restrictions*¹², the following personal responsibilities are stated:

- Maintain 1.5 m physical distancing;
- Maintain hand hygiene;
- Practice respiratory hygiene;
- Stay home when sick; and
- Download the COVIDSafe app.

Each state/territory may have other public health rules. Please refer to relevant governmental websites on public health.

Who is at Risk?

According to HealthDirect¹³, the following people are **at risk**:

- Travellers who have recently been overseas or cruise ship passengers;
- Those who have been in close contact with someone who has been diagnosed with COVID -19 (including in the 48 hours before their symptoms appeared);
- People in aged care facilities;
- People in detention facilities; and
- People in group residential settings.

People at most risk of serious infection from COVID-19 include:

- Older people;
- People with weakened immune systems;
- People with diagnosed chronic medical conditions (such as high blood pressure, heart and lung conditions, kidney disease and diabetes); and
- Aboriginal and Torres Strait Islander people, who have higher rates of chronic illness.

Health Direct states that *'people 70 years of age and older, those 65 years and older with chronic medical conditions, people with weakened immune systems and Aboriginal and Torres Strait Islander people 50 years and older with a chronic medical condition are strongly advised — for their own protection — not to leave the home unless absolutely necessary. Wherever possible, you should ask family, friends, neighbours or community members to shop for groceries or collect medicines for you.'*

According to the Centres for Disease Control and Prevention¹⁴, based on currently available information and clinical expertise, ***'older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19'***.

¹² Available at <https://www.pm.gov.au/sites/default/files/files/covid-safe-australia-roadmap.pdf>. Last viewed on 26 May 2020.

¹³ Available at <https://www.healthdirect.gov.au/coronavirus-covid-19-groups-at-higher-risk-faqs>. Last viewed on 26 May 2020.

¹⁴ Available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>. Last viewed on 26 May 2020.

Appendix C – An Excerpt of Level A, B and C activities for community and individual sport recommended by AIS¹⁵

	Level A	Level B	Level C
General Description	<p>Activity that can be conducted by a solo athlete or by pairs where at least 1.5 m can always be maintained between participants. No contact between athletes and/or other personnel. Examples for all sports — general fitness aerobic and anaerobic (e.g. running, cycling sprints, hills).</p> <p>Strength and sport-specific training permitted if no equipment required, or have access to own equipment (e.g. ergometer, weights).</p> <p>Online coaching and resources (e.g. videos, play books).</p>	<p>As per Level A plus:</p> <p>Indoor/outdoor activity that can be conducted in small groups (not more than 10 athletes and/or other personnel in total) and with adequate spacing (1 person per 4 m²).</p> <p>Some sharing of sporting equipment permitted such as kicking a football, hitting a tennis ball, use of a skipping rope, weights and mats.</p> <p>Non-contact skills training. Accidental contact may occur but no deliberate body contact drills.</p> <p>No wrestling, holding, tackling or binding.</p> <p>Commercial gyms, boot camps, yoga, Pilates, dance classes (e.g. barre, ballet, hip hop, not partnered), cycling 'spin' classes permitted if other measures (above) are met.</p>	<p>As per Level B plus:</p> <p>Full sporting activity that can be conducted in groups of any size including full contact (competition, tournaments, matches). Wrestling, holding, tackling and/or binding (e.g. rugby scrums) permitted.</p> <p>For larger team sports, consider maintaining some small group separation at training.</p> <p>For some athletes full training will be restricted by commercial operation of facilities.</p>
General Hygiene Measures	<p>No sharing of exercise equipment or communal facilities.</p> <p>Apply personal hygiene measures even when training away from group facilities — hand hygiene regularly during training (hand sanitisers) plus strictly pre and post training. Do not share drink bottles or towels. Do not attend training if unwell (contact doctor).</p> <p>Spitting and clearing of nasal/respiratory secretions on ovals or other sport settings must be strongly discouraged.</p>	<p>Communal facilities can be used after a sport-specific structured risk assessment and mitigation process is undertaken.</p> <p>'Get in, train and get out' — be prepared for training prior to arrival at venue (minimise need to use/gather in change rooms, bathrooms). Minimise use of communal facilities (e.g. gym, court) with limited numbers (not more than 10 athletes/staff in total). Have cleaning protocols in place for equipment and facilities.</p> <p>Hand hygiene (hand sanitisers) on entry and exit to venues, as well as pre, post and during training. Thorough full body shower with soap before and after training (preferably at home). Where possible maintain distance of at least 1.5 m while training.</p> <p>No socialising or group meals.</p> <p>Spitting and clearing of nasal/respiratory secretions on ovals or other sport settings must be strongly discouraged.</p>	<p>Return to full use of sporting facilities. Continue hygiene and cleaning measures as per Level B.</p> <p>If any massage beds are being used, hygiene practices should include no bed linen except single use towels. Cleaning of treatment beds and key surfaces should occur before and after each athlete treatment. Appropriate hand hygiene before and after each treatment.</p> <p>Limit unnecessary social gatherings.</p> <p>Spitting and clearing of nasal/respiratory secretions on ovals or other sport settings must be strongly discouraged.</p>

¹⁵ Above n 3.