

**CYCLING  
CYCLISME  
CANADA**



**CYCLING CANADA NATIONAL TEAM  
POST-COVID RETURN-TO-TRAINING GUIDELINES**

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**PURPOSE**

At Cycling Canada, we are committed to providing and maintaining a safe and healthy environment for all. Consistent with this commitment, Cycling Canada has established these return-to-training guidelines for athletes who have contracted COVID-19.

The objective underlying these Guidelines is to provide a healthy and safe environment for employees, contractors, coaches, athletes, support staff and customers, and safeguard the broader communities in which they live.

These Guidelines are intended to help inform the process for National Team athletes to return to training after contracting COVID. They are not intended to replace individual medical advice as each athlete's situation is unique. Cycling Canada strongly recommends athletes consult with a medical professional prior to resuming training.

These Guidelines are in addition to requirements from facility managers, or provincial or regional health authorities, and do not replace them.

**GENERAL PRINCIPLES**

An athlete who has contracted COVID-19 may contemplate resuming training at least 10 days since their first positive test.

**Who does this apply to?**

- Athletes who for the past 7 days had no symptoms or minor COVID symptoms \*see below table

Illness severity	Defining and common clinical findings
Asymptomatic	Positive COVID-19 test with no symptoms
Minor	Low-grade fever, cough, mild fatigue only, URI symptoms (eg. nasal congestion, sore throat), possibly other symptoms (eg. nausea, vomiting, diarrhea, anosmia, ageusia)
Moderate	Persistent fever (38C [100.4F] or higher), persistent fatigue (at least 7 days duration), pneumonia (CXR <50% lung parenchyma involvement), chest pain not associated with cough, activity-limiting dyspnea, orthopnea, edema, palpitations, syncope
Severe	Dyspnea, hypoxia (SpO <sub>2</sub> <94% on room air), need for supplemental oxygen, CXR infiltrates involving >50% lung parenchyma, requiring hospitalization for medical treatment
Critical	Respiratory failure (ie. mechanical ventilation, ECLS), shock, multiorgan dysfunction

COVID-19: coronavirus disease 2019; RTP: return to play; URI: upper respiratory infection; CXR: plain chest radiograph; SpO<sub>2</sub>: peripheral oxygen saturation; ECLS: extracorporeal life support.

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### Who does this not apply to?

- Athletes who have pre-existing cardiac pathology (history of myocarditis, cardiomyopathy, previous ventricular arrhythmias, hypertension); or significant respiratory pathology such as asthma
- Athletes who have prolonged COVID related symptoms
- Athletes who have persistent shortness of breath, resting a.m. HR > 10 bpm than usual, chest pain, or palpitations

These athletes must be seen by medical physician / team physician for further evaluation prior to commencing any return to training

NEGATIVE TEST. Before commencing any training or activity in the DTE athletes require two negative rapid antigen test results. Athletes *do not* require negative test prior to commencing return to training protocol however.

Athletes ideally should be monitored while progressing through the return to training protocols, until they have resumed normal training.

Activity should be resumed progressively as follows:

- 2 days light activity (less than 70% max HR , 30 mins max)
- 1-2 days moderate activity (less than 80% max HR, 45 min)
- 1 -2 days moderate activity (less than 80% max HR, 60 min)
- Resume normal training

At each of the levels athletes need to monitor resting a.m. heartrate (HR), rate of perceived exertion (RPE) during activity and fatigue levels, as well as presence of shortness of breath, chest pain or palpitations. In the case of persistently elevated resting a.m. HR (greater than 10 bpm more than athletes pre-covid normal), RPE and or fatigue levels more than expected for the level of exercise, or shortness of breath other what would be expected for the activity level, chest pain or palpitations, the team physician should be notified before any further training. The athlete may need slower progression, clinical assessment, investigations before progressing.

Any athlete who has a history of cardiac or respiratory problems, or any symptoms such as chest pain, shortness of breath, significant cough during active COVID infection period, or elevated resting morning HR, should be reviewed by their team physician before starting return to training and may require investigations before returning to training

Also, psychological readiness to return to sport / training should also be assessed for throughout the return to training process and triaged by the MPC team.

### **BOOSTER SHOTS**

Cycling Canada encourages athletes to get a booster (third dose) of the COVID-19 vaccine. However, a booster shot should not be taken less than 10 days after a positive test result, providing fever and other symptoms have resolved. Preferably the athlete should wait at least 14 days from the positive test before getting the booster.