**HIGH RISK PARTICIPANTS: ATHLETES WITH A DISABILITY**

*Taken from Public Health Agency of Canada and Special Olympics Inc.*

Having an intellectual disability alone may not put someone at a higher risk for getting COVID-19 or having a severe illness if they do get COVID-19. However, some people with intellectual disabilities might be at a higher risk of infection or severe illness because of their age or underlying medical conditions, which could put them at greater risk of being exposed and acquiring the infection.

The known underlying health conditions that put one at greater risk for COVID-19 include:

- Endocrine disorder (like diabetes)
- Metabolic disorders
- Brain and spinal cord disorders (ie. cerebral palsy, epilepsy, stroke)
- hypertension
- asthma
- chronic lung disease
- severe heart conditions
- chronic kidney disease
- obesity
- weakened immune system

Some of the other factors that may make a person with a disability more at risk of acquiring COVID-19 or progressing to more severe COVID-19 infection, other than age and underlying chronic conditions, include:

1. The nature of some disabilities may put individuals at a higher risk of infection. For example, people who have difficulties washing their own hands, blind or low-vision Canadians who must physically touch objects for support or to obtain information, and those with trouble understanding and/or following public health guidance on physical distancing may be at higher risk.

2. Individuals with disabilities living in communal environments such as group homes, foster homes or assisted living may face a higher risk of contracting COVID-19 due to proximity to others and the need to come in contact with people living outside their accommodation.

3. Individuals with disabilities interacting with multiple care providers/supports and friends have an increased risk of contracting COVID-19 due to increased exposure.

4. Visitor and support person restrictions in hospitals, long-term care homes, congregate and individual dwellings helps reduce virus transmission, but can put persons with disabilities who require assistance communicating their symptoms and personal care choices at risk. It is important to consider that social isolation may impact people with disabilities' physical, social, mental and emotional health and well-being.

5. Persons with disabilities may face barriers to accessing COVID-19 public communications and response services and programs, particularly where intersecting vulnerabilities are present, e.g. economic, social, rural/remote communities, language, race, age and gender. There may be a need for assistance to navigate community supports and frequent communications with new information. Information will need to be communicated in a variety of ways and be made available through a variety of mediums.

6. Treatment of unrelated health conditions may put a person with disabilities at risk if the health care system is overloaded by COVID-19. This could present barriers to health services for persons with disabilities, and would be felt acutely by persons with multiple disabilities.

7. The loss of important services and supports provided through community programming, employment, access to therapies and school can also be detrimental to a persons' overall health and well-being and lead to regression in positive development for some persons with disabilities.

***It is very important that those who work and live with those with disabilities are aware of the considerations needed during COVID-19. Adapting and being creative and proactive at this time is essential to ensure the voices of those with disabilities are heard and responded to. And as usual, if a person with a disability or their support persons/friends have any questions or concerns regarding any health issues, their primary healthcare providers should be consulted.***

In addition, SOI indicates that the biggest risk for people with ID is not their underlying health conditions, but their lack of access to healthcare. More than 80% of healthcare providers are not trained to treat people with intellectual disabilities. Please see resource section for "Getting Ready for Your COVID-19 Health Care Visit" and "about me" forms which will help with any healthcare visit.

**What that means for Special Olympics in Canada:**

As programs approach return to play initiatives there are potential interventions worth considering for high-risk athletes/other personnel including:

- Delaying a return to sport/programs
- Greater focus on individual training or virtual training
- Maintaining social distancing measures
- Delay the return of 'high risk' athletes/other personnel from the training environment
- Consideration given to timelines and the need to be adjusted based on a vulnerable sector (Return to sport might look different than that of generic return)
- Selecting sports based on minimal risk, human contact and opportunity for sharing of equipment

The foundation for our guidelines to return to sport and programs is the health, safety and wellbeing of our community, especially athletes and volunteers. It is recommended, that the final decision for involvement by High-Risk participants be done in consultation with a healthcare provider, caregiver (if applicable), the P/T Chapter, and be based on the guidelines and recommendations from the P/T Government and Health agency. All participants will be required to sign a waiver and declaration form before returning to programming.