



Medical

Safe Return to Rugby – in the Context of the COVID-19 Pandemic

UPDATE ONE

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INTRODUCTION TO UPDATE ONE

This is an update to the World Rugby Return to Play document created in April 2020. While much of the content is unchanged, there are important updates for symptoms, mask use, testing, high-transmission-risk contact situations in training and play and staff PPE use during training and play. Updated material will be highlighted **IN RED** sections for ease of access.

INTRODUCTION

This is a resource developed by World Rugby to help everyone in the rugby community during the COVID-19 pandemic and to guide a safe return to rugby activities. The first section provides information to everyone involved in the game including players, coaches, support and administrative staff. The second section provides a framework around which **Unions, Competitions and Clubs** can prepare policies and guidelines for return to activity that are appropriate to their local setting. This is a live document, that will be updated regularly, as this fast-evolving situation continues to change and so it should be referred to frequently to stay abreast of changes and developments.

WHO SHOULD READ THIS DOCUMENT?

This document is for the rugby community. Players, coaches, support staff, administrators – we are all part of society and most of the measures needed to combat COVID-19 start in the community and at home. Viral infection does not differentiate between people or locations. Strict observance of measures at work and at team facilities may be undone at home or in social situations. We will look at some of the specifics we all need to take care of in our daily life.

Unions, Competitions and Clubs should use this framework to create policies for return to activity within their own jurisdiction. In doing so, **Unions, Competitions and Clubs** need to be sure to comply with local laws (including health & safety, employment and COVID-19-specific legislation) and any policies implemented by government or local authorities. **Unions, Competitions and Clubs** should monitor changes to such legislation and policies and amend their own policies as required to ensure that the rugby community in their jurisdiction is applying best practice and complying with local requirements.

WHAT IS IN THIS DOCUMENT?

1. Information for everyone in the rugby community
 - [What is COVID-19?](#)
 - [Management in the community](#)
 - Definitions
 - Symptoms
 - What happens if you are in contact with an infected person?
 - What can you do to stay safe?



- Government measures to manage COVID-19
 - The role of testing
 - The role of masks
 - Risk in rugby
 - Personal risk
 - Staged return to rugby
- Guidelines and support

2. [Information for players and coaches](#)

- 10 rules of engagement for safe management of COVID-19
- Safe return to facility use and training
 - PST (Public Gathering Restrictions, Social Distancing, Travel Restrictions)
 - Staggered Return
 - Individual and small group training
 - Full squad training
 - Return to competitive games
 - Travel to games

3. [Information for Administrators: How to manage Return to Activity](#)

- How to prepare in advance of return to activity
 - Appointment of COVID-19 Manager and Operational Leads
 - Documents and policies
 - Insurance
 - Data protection
 - facility management and cleaning
- How to prepare for return to activity and training
 - PST (Public Gathering Restrictions, Social Distancing, Travel Restrictions)
 - Staggered Return
 - Individual and small group training
 - Full squad training
 - Ongoing maintenance plan
- How to prepare to return to competitive matches
- How to prepare for travelling to competitive matches
- Stadium preparation for match day



4. [Appendices](#)

1. Re-conditioning training period
2. Example online self-declaration
3. **Example illustration of the number of stakeholders required to deliver a match without spectators**

5. Further resources are also available online:

- [World Rugby module for players, coaches & support staff](#)
- [World Rugby module for administrators](#)
- WHO COVID-19 Guidelines
 - [Public advice](#)
 - [Hygiene](#)
 - [Advice on PPE use](#)
 - [Mask use](#)
 - [Handwashing video demonstration](#)
 - [Quarantine](#)
 - [Mass gathering risk assessment](#)
 - [WHO mass gathering risk assessment tool](#)
- [CDC mask preparation advice](#)

COVID-19

Coronavirus disease 2019 (COVID-19) is an ongoing Worldwide pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This virus appears to be highly infectious and at present we do not have an effective treatment for it. Most people (80%) who are infected have mild symptoms, some do not have any symptoms at all. Because this is a new virus, there is much we do not know about it. Like other viral infections however, we know that many individuals who are infected, are infectious for up to 2 days before they have symptoms. This means it is easy to spread this disease before you are aware you have it.

While the majority of those who become symptomatic can be managed at home, 15-20% who contract the virus become unwell and may require hospitalisation. A small number (5%) require intensive care, some of whom require breathing support through ventilation. These patients are more likely to be male, older (>60) and have underlying conditions such as cardiovascular disease, hypertension, chronic lung disease, or diabetes.

The exact mortality rate associated with COVID-19 infection is unknown, but it may be as high as 1-2% overall and is higher in vulnerable groups. COVID-19 will likely remain a



potentially deadly virus until an effective vaccine is created, but vaccination is unlikely to be available for several months to years.

Younger healthy people appear to be less likely to develop severe symptoms based on current knowledge. Anyone, however, can spread the disease infecting those they love, their friends, colleagues, and teammates.

Governments and health authorities around the world have instigated social distancing requirements, restrictions on public gatherings, quarantine measures and limited travel to and from other countries to slow the spread of the disease and to enable health care systems to cope with the potential increased demands associated with managing the disease. The rugby community has a responsibility to support these efforts.

This document aims to help rugby players, coaches, support staff, and administrators to live safely during this crisis; and when restrictions are reduced, to guide a safe return to activity in a compliant and safe manner.

Please note that this document reflects the information and research gathered when this document is circulated. The COVID-19 pandemic, and the responses of the public health community and governments to it, remains fluid, data and recommendations will change, this document will be updated to reflect this process.

**NOTE: for Unions, Competitions and Clubs; this document is aligned to World Health Organisation (WHO) guidelines and recommendations, certain measures described (e.g. Distance recommended for maintaining social distance) may differ from local government guidelines. Please ensure when developing Union and Club policies by using the framework or recreating this document that all measures are compliant with local jurisdiction laws, guidelines and policies.*



COVID-19 MANAGEMENT IN THE COMMUNITY

DEFINITIONS

Infected Person

An infected person is a person who has had a positive PCR (laboratory) test confirming the presence of COVID-19. **In this document an ‘infected person’ should be differentiated from a person who may have COVID-19 but has not been tested and therefore is not a ‘known case’.**

Potentially Infected Person

A potentially infected person is someone who:

- Has symptoms or signs suggestive of COVID19.
- Is awaiting results of testing following a close contact (see below).

Close Contact

A close contact is someone who has:

- Had contact with an **infected person** (being contact within 1 metre and for >15 cumulative minutes).
- Provided direct care to an **infected person** without using proper personal protective equipment.
- Stayed in the same close environment as an **infected person** (including sharing a workplace, classroom or household or being at the same gathering) for any amount of time.
- Travelled in close proximity with (that is, within 1 m separation from) an **infected person** in any kind of conveyance.

COVID-19 is most likely spread from person to person through:

- Contact with droplets when an **infected person** talks loudly, laughs, coughs or sneezes.
- Direct contact with an **infected person** while they are infectious (both people are, close enough for disease transfer).
- Touching objects or surfaces that are contaminated by droplets coughed or sneezed from an **infected person**.



Quarantine

This is the restriction of activities of or the separation of people who are **not ill** but who may have been exposed to an infected person or disease. The purpose of quarantine is to monitor their symptoms and ensuring the early detection of cases and preventing possible further disease spread.

Isolation

This is the separation of **ill or infected persons** from others to prevent the spread of infection or contamination.

Disease Cluster

A disease cluster or infection cluster is a group of similar health events that have occurred in the same area around the same time. Disease case clusters may sometimes be pinpointed to certain trips, associations between people or other events.

Community spread

Community spread is spread of a disease among a certain area, in which there is no direct knowledge of how or when someone contracted the disease. While some cases of coronavirus can be pinpointed to certain trips, associations between people or other events, instances of "community spread" are less specific and harder to trace.

WHAT ARE THE SYMPTOMS OF COVID-19 INFECTION?

- If you are unwell and have a temperature you should contact your team doctor or primary care doctor's office by telephone and follow local public health guidelines. Common symptoms of COVID-19 include:
 - Fever (measured or feeling feverish)
 - Cough
 - Sore throat
 - Runny nose or nasal congestion
 - Tiredness
 - Shortness of breath or difficulty breathing
 - Muscle pain
 - Loss of sense of smell or taste
 - Diarrhoea
- Though these are common symptoms, they may be signs you have been infected, and it is vital that you do not infect team-mates, colleagues, or the general public.



WHAT HAPPENS IF I HAVE BEEN IN CONTACT WITH AN INFECTED PERSON?

- The WHO currently recommends that close contacts (see definition above) of an infected person be quarantined for 14 days from the last time they were exposed to the infected person.(1)
- If you are worried that any of these measures may relate to you, you should contact your team doctor or primary care doctor's office by telephone and follow local public health guidelines. Your doctor and COVID-19 manager will be able to further direct you, make sure you let them know if you suspect you have been exposed, or if you have any new symptoms.
- If you have been a close contact, you should isolate at home, and you may have testing performed to exclude infection.
- OF NOTE testing and quarantine guidelines may vary between countries and you should ensure that you follow the directions of your team doctor, primary care doctor or COVID-19 manager.

WHAT HAPPENS IF SOMEONE AT THE CLUB IS A SUSPECTED CASE- AM I A CONTACT?

- If you have any doubt about what you should do, check with your team doctor or COVID-19 manager before attending the training or playing facility.
- All suspected cases will be subject to local public health and/or government authority guidance, your Club or Union will be compliant with this guidance.
- It is vitally important that all infected persons (and anyone potentially exposed to an infected person) are tracked to make sure that individual cases do not become clusters. Your Club should have a record of all players and staff attending training or matches.
 - All possible close contact tracing will be conducted by local public health and/or government authorities.
 - Your level of contact with the infected person will dictate whether you are thought to be a contact. This will be determined by your local public health and/or government authorities.
 - If you are deemed a suspected close contact, you will be asked to quarantine for 14 days following the exposure and you may also be tested.
 - You will need to look out for symptoms during the quarantine period. These include any symptoms, especially fever (measured or feeling feverish or having chills) or at least one of the following: sore throat, cough, runny nose



or nasal congestion, shortness of breath or difficulty breathing, muscle pain, loss of smell or taste, or diarrhea.

- Hygiene measures (outlined below in ‘What can you do to stay safe?’) are even more important than usual.
- If you subsequently become unwell, you need to inform your team doctor, primary care doctor or COVID-19 manager.
 - You will be asked to isolate at home or in a suitable environment.
 - You should ensure that you record any close contacts you have had for 2 days prior to symptoms commencing or being tested positive for COVID-19 so that they may be contacted and quarantined and/or tested.

WHAT CAN YOU DO TO STAY SAFE?

- Wash your hands frequently (2) - regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water (for 20 seconds). Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands. This is a link to advise on safe handwashing.
- **Maintain social distancing** - maintain at least 1 metre (3 feet) distance between yourself and others, especially anyone who is coughing or sneezing (note, exact distance specified for social separation vary between countries). When someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

Remember, you will likely have a far higher risk of contacting an infected person while in regular community activity such as shopping or having a coffee. You should avoid such situations where you can, and when you cannot, wear a cloth mask and hand sanitise after each interaction.

- **Avoid touching eyes, nose and mouth** - hands touch many surfaces and surface to hand transfer can spread the virus. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- **Practice respiratory hygiene** - make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. If using tissues, you should dispose of the used tissue immediately and wash your hands. By following good respiratory hygiene, you protect the people around you from all viruses such as cold, flu and COVID-19.



- **If you have fever, cough and difficulty breathing**, seek medical care early - stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority. National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the appropriate health facility. This will also protect you and help prevent spread of viruses and other infections.

GOVERNMENT MEASURES TO MANAGE THE COVID-19 OUTBREAK

- There are three main types of measure used to reduce the transmission of the virus (see table 1). To aid clarity, the combined Public gathering restrictions, Social distancing measures and Travel restrictions will be referred to as 'PST' measures.

Table 1: Public gathering restrictions

PST measure	Example
Public gathering restrictions	Limitation of public gatherings to various group sizes; <500, <250, <50, <20, <5, <2
Social distancing	Social spacing directives (1-2 metre separation), self-isolation for all close contacts, closure of schools, non-essential shops and services closed, non-essential movement banned, non-essential production stopped, public spaces and parks closed, exercise & outdoor activities regulated
Travel restrictions	Border closure, internal travel restrictions, mandatory self-quarantine following entry to country

- These PST measures aim to reduce spread of the virus and they have been implemented differently around the world.
- Release of each PST measure will support the re-introduction of different rugby activities facilitating a safe return to play, while balancing the risk of increased spread of COVID-19.



ROLE OF SCREENING AND TESTING

Daily clinical screening

Completion of a symptom questionnaire and temperature testing may identify 60% of symptomatic cases.

- Unions, Competitions or Clubs should arrange a daily symptom reporting protocol, preferably completed prior to leaving home. A sample document is attached (appendix 1) and would be most effective if delivered via an online portal such as 'google docs' or similar.
- Alternatively, numerous app-based symptom-check solutions are available commercially.
- Temperature checks on entering the Club facility, should be contact free (to avoid disease spread) and follow a set protocol. Please note that thermometers are of variable quality.
- Players or non-playing staff with a temperature or any symptoms should not attend training or the facility. They should contact their team doctor or primary care doctor by phone to establish the best course of action.

PCR testing (test used to confirm presence of COVID-19 virus)

If an individual is suspected to have an acute infection of COVID-19, they may be tested by having a swab of their nose and throat. The sample is used to culture the virus and confirm whether the individual is infected or not. It should be noted that:

- This testing is not perfect, there are missed cases (false negatives).
 - A negative test may miss an infection, and where a player is symptomatic despite a negative test, the player should be managed and treated as an infected person.
- A positive test means the individual must isolate at home.
- **'Close contacts' of an infected person** (defined above), from 2 days prior to the infected person becoming symptomatic, must also be assessed.



Antibody testing – this is a blood test (taken via pin-prick or venous blood)

This test is under development and aims to measure the presence of antibodies (proteins made by the body to fight the virus) in the blood of individuals who have been exposed to the virus. These tests may identify individuals who have:

- Been exposed and may be immune however this must be determined by scientific research.
- Not yet been exposed and who have a higher risk of infection.
- All these tests are subject to scientific validation, local availability and their role in your local public health and/or government authorities' COVID-19 plan will differ. Your Club will be guided by this local policy. The reliability of these tests is still under investigation.
- In the future, regular testing (possibly both PCR and anti-body testing) will most likely be a component of group training, playing and travelling. The evidence supporting the use of testing is growing quickly and will be updated in this document as it does.

Role of masks

- Guidelines for mask use in public vary significantly between countries.(3) Early recommendations were not to use masks; however, many countries are moving to support their use, especially as supply has increased, in addition self-made (cloth) masks are increasingly supported.(4,5)
- Recent WHO guidelines say player should NOT use face masks during aerobic exercise, as they may reduce the ability to breath comfortably.
- Surgical or N95 masks may prevent contraction and spread of the disease. Masks of this quality are however, in short supply, and should be reserved for health care workers.
- Infected persons may be infectious for up to 2 days before they have symptoms, some infected persons have symptoms so mild that they don't know they are infected Recent studies have proposed that many infections occur when the individual spreading the virus has no symptoms. There is increasing scientific evidence that, routine use of masks when close proximity is unavoidable is a helpful, cost-effective step which shows that you and your Club are doing all they can to prevent the spread of the disease.
- Hand-made cloth masks help to prevent droplet spread from loud talking, laughing, coughing and sneezing. They also prevent users from touching their faces – preventing spread via surface contact.



- The cloth mask is meant to protect other people if you are infected.
- You should continue to maintain recommended social distancing. The cloth mask is not a substitute for social distancing.
- If you know, or think you are infected you should NOT use a mask to go out or to join the team. You need to stay at home and contact your team doctor or primary care doctor.
- Mask use is advised for indoor activities like meetings and medical appointments but should also be considered if social distancing advice is compromised e.g. certain gym activities.

Risk in Rugby

- Rugby is a contact sport. To fully train and to play matches requires intermittent close physical contact. This type of contact will make all players training and playing close contacts. Therefore, should a team-mate or opposition player in a recent match develop an infection, all their teammates are likely to be close contacts and require isolation and testing.
- Early in the return to training, smaller groups will help to offset this risk.
- When PST measures are reduced enough to allow full squad training, risk will be managed by limiting non-team member access to training facilities. Only essential squad and coaching staff members will attend training.

Personal Risk

- Regular exercise is beneficial for your immune system. Prolonged, high intensity exercise may dampen the immune system, particularly when the individual is not used to such high-level activity. Therefore, there is a potentially increased susceptibility to COVID-19 infection in athletes. This risk is probably small and if a practical approach is applied, where players do not exceed normal training load, they should be at no higher risk than the non-exercising population.
- Those who suffer from underlying illness such as cardiovascular disease, respiratory disease, diabetes and some forms of cancer appear to be more severely affected by COVID-19. So too are older patients (>60) and those who are severely obese (BMI 40+). Ethnicity also seems to be a factor, in the United Kingdom people of Black, Asian and minority ethnicity have been more likely to suffer adverse health outcomes following COVID-19 infection than the rest of society. Similar trends are emerging in the USA.



- Athletes without underlying conditions are **not considered part of the vulnerable group, however household members may be and this must be given consideration when establishing those at risk on the return to training and playing.**
- Players who have suffered a COVID-19 infection should self-isolate for 7 days and not engage in exercise for 14 days or until their symptoms settle.(1) When player symptoms have settled they should consult with their team doctor or primary care doctor for clearance to return to activity.
- Information from China and Italy shows that up to 20% of those hospitalised have cardiac involvement – likely thought to be myocarditis (inflammation of the heart muscle). Specialist Cardiology review may be required after prolonged hospitalisation.(6–8)
- If you have concerns about exercising after COVID-19 infection you should discuss this with your team doctor or primary care doctor.
- **It is important to note that medical teams and players should work together to outline any and all of the additional factors which may complete the overall risk for the player. A risk register is encouraged to formally record these factors and should include:**
 - Any player health issues such as asthma or allergy.
 - Record of COVID-19 infection, the need for cardiological or respiratory follow-up and the impact this may have on return to sport.
 - Whether the player lives with a vulnerable or shielded persons.
 - Whether the player lives with any front-line or primary-care workers.

Staged return to Rugby

- Return to playing rugby is dependent upon your government reducing each PST measure.
- The release of PST measures will be gradual, and depend on local factors like Healthcare capacity, severity of infection peak, and immunity levels.
- It is possible that reduction of PST measures will lead to surges in infection cases, requiring further re-introduction of a PST measure.
- To assist each Union to manage their return to playing rugby, World Rugby has gathered PST measure data from 78 member Unions around the world. **Using this data each Union is encouraged to discuss with Government representatives (pre-release of any PST measure) the link of each PST measure with different training levels and playing rugby. The aim is to **guide Unions, Competitions and Clubs** back to competitive rugby within the Government guidelines.**



- In the sections below we will outline a structure for a staged return to rugby training and play, but the basic principles of hygiene and social distancing will remain extremely important.
- Your Union and Club will implement specific policies based on the framework in the sections below. For further details, please continue to read the rest of the document which is focused on the measures Unions, **Competitions** and Clubs will need to put in place to allow for a return to training and playing in a way that minimises risks. The rest of this document contains a section designed for players, coaches and staff; and a section designed for administrators.

Guidelines and support

Further modules are available for administrators which are available here:

- World Rugby module for players, coaches & support staff
- World Rugby module for administrators
- WHO COVID-19 Guidelines
 - [Public advice](#)
 - [Hygiene](#)
 - [Advice on PPE](#)
 - [Mask use](#)
 - [Handwashing video demonstration](#)
 - [Quarantine](#)
 - [Mass gathering risk assessment](#)
 - [WHO mass gathering risk assessment tool](#)
- [CDC mask preparation advice](#)



INFORMATION FOR PLAYERS, COACHES & STAFF

RULES OF ENGAGEMENT

Until a vaccine is developed for COVID-19 the team environment will be quite different. Every person involved in a rugby team or game will have a responsibility to prevent the spread of COVID-19.

Personal hygiene, self-isolation with symptoms outlined above, social distancing, group numbers and restricting travel are the most effective means of prevention of the spread. In the team environment you will need to be even more careful to avoid exposure and spread. Outlined below are your responsibilities that will remain relevant until a vaccine is developed.

Your 10 Rules of Engagement for safe management of COVID-19 are:

1. **Education** - familiarise yourself with the measures being implemented by your Union or Club.
 - This document is supported by an online module which your Union or Club may need you to complete. Your Union, Competition or Club will have a variety of information available to help you to understand where possible how best to protect yourself as you return to activity.
 - In the interest of your own safety and that of your colleagues, you will need to follow these guidelines.
 - Once completed you can download confirmation of completion and present this to your Club.
2. **Daily screening** - until further notice you will be required to:
 - Complete a symptom COVID-19 questionnaire before leaving home (appendix 1). This will require you to identify if you have any of the common symptoms of COVID-19 (see above). If you do, you should remain at home, contact your team doctor or primary care doctor.
 - Have your temperature checked prior to entering the facility. If your temperature is above 37.5C you will be sent home and advised to contact your team doctor or primary care doctor.
3. **Adhere to hygiene rules**
 - More frequent hand washing, regular disinfection of heavily used areas and surfaces and the use of gloves can reduce the risk of infection. In some situations, such as in the gym or during meetings, the use of face masks should be considered.



- At home you should also either sanitise or wash your hands for 20 seconds with soap (or use a hand sanitiser) whenever you go and come from your house
 - Avoid touching high-contact surfaces such as door handles, public computer keyboards etc.
 - Use hand sanitisers which should be available on entry and in all rooms at your Club
 - Avoid spitting or clearing nostrils
 - Use the crook of your elbow or a tissue (always dispose of used tissues) when coughing or sneezing
 - Do not share water bottles or use team water bottles
 - Do not use communal nutritional supplements
- 4. Observe social distance rules** – office, gym, medical room/ training field (when non-contact training)
- A distance of at least 1 meter between the people present helps to significantly reduce the probability of virus transmission. Due to the movement involved in sports, the distance should be increased to 1.5m when exercising.
 - Office, gym and medical room facilities should be arranged to facilitate at least 1m separation between individuals. Dispersion of respiratory droplets is aided by ventilation. Where possible any communal areas should be well ventilated.
- 5. Reduce body contact to a minimum**
- Shaking hands, clapping hands, embracing and cheering or mourning in a group is to be completely avoided. Until PST measures are reduced, physical contact (including competitive games) must be avoided, so initially only individual training can take place.
- 6. Change and shower at home**
- The use of changing rooms and showers in sports halls and sports clubs should be suspended until further notice from your Club.
- 7. Temporary suspension of car pooling**
- While social distancing measures are in place, the formation of carpools for training and competitions should be avoided – unless travelling with an existing housemate. The use of minivans is equally unsuitable. Your Club will apply specific policies for travelling to matches when competitive rugby resumes.
- 8. Refrain from events such as general meetings and celebrations**
- In order to comply with the distance rules, no social events should be held.
 - While social distancing remains, team meetings should be held outdoors or in spaces which allow for 1 person per 4m²



- Other options include digital/online meeting resources

9. Reduce the size of training groups

- While social distancing and public gathering restrictions are in place, teams will need to train in small groups which are aligned to government measures in place at that time (eg groups of <5, <10). When small groups train, sessions should be staggered with no overlapping between groups. Smaller groups limit infection risk, and should an infection occur, the number of people who need to potentially quarantine is limited.

10. Where possible, outdoor activities are more safe

- Sports and exercise in the fresh air make it easier to keep to distance rules and reduce the risk of infection through the permanent exchange of air. **The risk of contracting COVID-19 during outdoor activities is considerably lower than during indoor activities.**

If you have any questions having read this document, ask for clarification. Your Club/Union may have a nominated COVID-19 manager or a trained medical professional who can help. If these are not available your local public health authority may be able to provide the information you need. It is important that you understand all the risks associated with returning to rugby.

Your Club will be employing several safety measures at Club facilities to aid this process.



SAFE RETURN TO RUGBY FACILITY USE, TRAINING & PLAYING

Family life, shopping and going to a café have all been significantly affected by PST measures. In the same way, how you access Club facilities, return to training and ultimately return to play will be very different to what you are accustomed. This section includes advice on how you will need to alter your behaviours when attending Club training (including gymnasium), medical, rehabilitation and meeting areas (the team facility) under PST restrictions.

An infected individual may contaminate any surface, either by direct contact or via droplet spread. Risk can be minimised by adopting the measures below. These measures are recommended for your Club and yourself:

- Use hand sanitisers regularly
 - At the training and playing facility hand sanitisers should be available on entry/exit and in all rooms.
 - At home you should also either sanitise or wash your hands for 20 seconds with soap whenever you go and come from your house.
- Avoid touching high-contact surfaces such as door handles, public computer keyboards etc.

Avoid use of communal areas such as changing rooms, showering areas and communal dining areas- in many cases these amenities will be closed. In the early stages of return to training, when PST measures are in place, please avoid use of communal facilities, when possible.

This document is aligned to the WHO guidelines, which recommends that the facility be cleaned each day after use. Clubs may not be in a position have such cleaning performed daily, meaning Club facilities would remain unavailable until cleaning can be completed.

Your actions will speak far louder than words, and will affect the health of yourself, your family, colleagues and friends. For coaches, the temptation to progress beyond the measures permitted will be an issue. The following section should be read and understood by everyone planning and managing rugby sessions under PST measures.

RETURN TO TRAINING

When players have been training individually, a reduction in PST measures will signal an opportunity to commence a return to activity plan. Figures 1 and 2 provide an example regarding how reductions in different PST measures may impact first Return to Rugby Training (Figure 1) and Return to Play (Figure 2). As previously identified each government will release PST measures at differing times and your Union and Club will match reduction in PST release and a return to activity. Each government and local public health authority



will closely monitor the impact of releasing PST measures on new cases as this will inform if/when any future PST will be reinstated.

As an example, in Figure 1, it is suggested that once schools and non-essential businesses are re-opened and Group Gatherings < 10 allowed **Small Group Training** would commence. Also, when Group Gatherings < 50 are allowed this would signal the commencement of **Full Squad Non-Contact Training**.

Full squad contact training requires reduction in personal social distancing measures or a specific Government exemption. Once contact is permitted in training, all training participants become 'close' contacts of one another (as outlined in page 2). This has implications for isolation or quarantine should a squad member become infected with COVID-19.

Unions, **Competitions** and Clubs will need to demonstrate an ability to comprehensively screen (temperature and symptom check), test (PCR and antibody test) and contact trace, in line with local government guidelines, during this process.

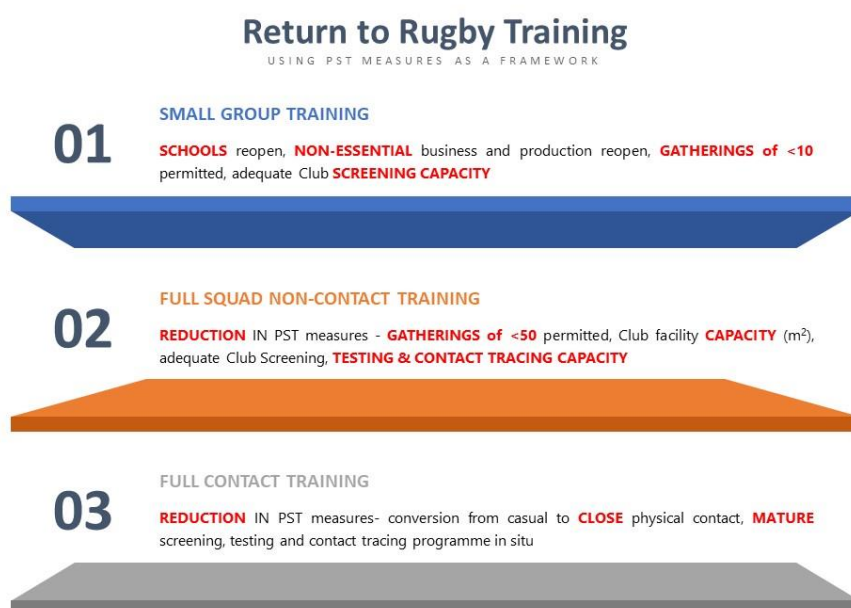


Figure 1: Return to rugby training using PST measures as a framework

Matched PST measure relaxation, and Return to Rugby Activities

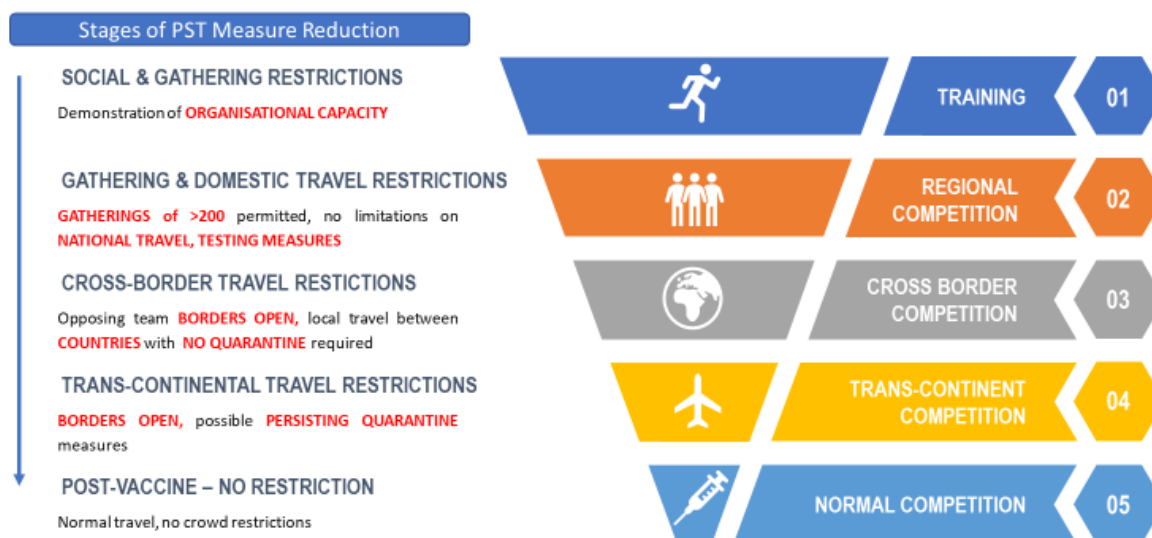


Figure 2: reduction in PST measures matched to phased return to play

RESUMPTION OF ACTIVITY

The duration and intensity of exercise implemented will differ between countries. Those decisions should be made in accordance with local practice and should be agreed between strength and conditioning, medical, coaching staff as well as players and player representatives at both Union and Club level.

Following a period of more than four weeks of no rugby training, there would be significant injury risk if a re-conditioning period is not observed prior to competition.

It is recommended that each territory establishes a sufficient period of time to re-condition players to minimise injury risk.

Unions, **Competitions** and Clubs should agree the individual components of a team's preparation for, and completion of, return to training following a government mandated return to communal group training. Some of this will be undertaken by players on an individual basis where applicable during isolation.

INDIVIDUAL AND SMALL GROUP TRAINING

Current data suggests that reduction in PST measures will occur in a staggered manner according to a country's healthcare system and testing capacity. Early relaxation measures are likely to focus on non-essential business and schools re-opening. These changes could



allow limited groups to meet (eg <10). Because of the heightened risk of infection, all remaining PST measures should be strictly adhered to. Conditioning, skill work and some elements of non-contact set-piece practice could be safely undertaken in a small group, non-contact setting.

All players and staff should continue to carefully observe the '10 rules of engagement' outlined above. Application of these measures means that on returning to the Club facility, all players and staff will need to significantly change their daily routine and work practice. Daily screening, hygiene and social distancing measures should continue to be observed (an example of an online symptoms screening questionnaire is shown in appendix 1). The PST measures at any point in time will impact behaviour in the team environment in several ways.

- When physically active the risk of interpersonal transmission may be higher, and it is recommended that **the distance be increased to at least 1.5 meters** between individuals should be observed to significantly reduce the probability of virus transmission.
- Personal greetings and physical acknowledgement (handshake or hugging) have always been an integral part of the community which is a rugby team. These types of measures however are not consistent with the social distancing required and must be actively avoided.
- Where possible, all players and staff should wear face masks to prevent possible spread from asymptomatic, infected players. Where this is not achievable training should be undertaken outdoors to limit possible aerosol and droplet transmission. Advice on cloth mask preparation may be found [here](#).⁽⁴⁾ When training must be undertaken indoors (e.g. during weight training), social distancing measures should be employed.
- Squads should be divided into groups permitted by local and government health departments (e.g. <10). Training should be planned in a staggered manner to avoid overlap of groups.
- Where possible each group should be assigned a specified coach, who would only supervise that group and not come into physical contact with the rest of the squad. This would limit staff close contact with players reducing the potential impact of a positive case on staff availability.
- Players should avoid showering and eating at their training venues, and travel alone to and from training, unless they are already living in the same household.
- Meetings with coaching staff should be completed digitally, outdoors or if indoors in spaces which will allow one person per 4 m², where possible all players and staff should wear face masks.
- Equipment sharing should be avoided where possible, when it is required (such as in the gymnasium) equipment should be sanitised between groups.



- Personal equipment such as water bottles should be clearly marked and not shared.
- Do not use communal nutritional supplements.

FULL SQUAD TRAINING

- Further reduction in PST measures may be anticipated if earlier relaxations do not cause adverse responses in case rates. A plausible next step is a relaxation on restrictions of crowd gatherings. If measures such as allowing public gatherings of up to 50 people are permitted it may be possible for squads to train together.
- Daily screening, hygiene measures, social distancing and appropriate care will remain the most important means of keeping players and staff safe.
- If there has been a successful introduction of individual and small group training sessions, greater levels of group interaction are a necessary step towards return to normal team activity.
- When full squad sessions return, efforts to maintain social distancing measures outlined above should be continued everywhere away from the field. This will limit exposure to the smallest possible time.
- Rugby is a contact sport and full training will require intermittent high levels of physical contact. Full contact training requires reduction in social isolation measures. If a player or staff becomes an infected person each other player and staff member would be close contacts and will require testing and quarantine. Full-contact training should be planned after consultation with local public health authorities.

PREPARATION FOR COMPETITIVE MATCHES

- When governmental PST measures have been relaxed sufficiently to allow full contact training, a specified period of both conditioning and team practice needs to have been completed to ensure that players are sufficiently conditioned for competitive play.
- This is at the discretion of individual Clubs but agreement between Union, Clubs, competitions, coaching and conditioning staff, players and player representative bodies is strongly recommended.
- The duration of PST measure enforcement will, in turn, have a direct bearing on the nature and duration of this period. The period of training is likely to be a modified version of a regular pre-season.



- Under normal circumstances the pre-season conditioning period culminates in ‘warm-up’ games.
- This will likely require reduction in further PST measures – specifically; expansion of permitted public gatherings to 250 or less, permitted non-essential travel between cities and counties.
- Typically, this would be local teams playing one another with strict limitations on number of non-playing and match day staff.

TRAVELLING TO COMPETITIVE GAMES

Travelling to play opposition will expose the playing squad to risks associated with travel and possibly hotel stays. These present a higher risk than exposure to other players, who will be well screened and aware of hygiene concerns. The mode of transport is important, where practical players should travel individually by car.

All players and staff should ensure prior to leaving home that they are symptom and temperature free. If you have concerns, you should contact your team doctor or COVID-19 manager.

When travelling ensure:

- To observe all government guidelines with regards to travel and possible quarantine following travel;
- To continue to observe hygiene and hand sanitisation methods in use at home and in Club facilities;
- Use individual hand sanitisers and single-use disposable wipes when required;
- Be aware of any change in your symptoms and report any possible signs of COVID-19 immediately;
- If a player or staff member becomes symptomatic while away, they should contact their team doctor or COVID-19 manager. Because different countries have different PST and quarantine measures management may differ, team management will listen to relevant guidance, advice and instruction from public health and/or government authorities in that territory including as to how to travel back to the Club’s home.



INFORMATION FOR ADMINISTRATORS: HOW TO MANAGE RETURN TO ACTIVITY

This section is for administrators and officials who will be creating and/or implementing policies to prepare Clubs for returning players under the ongoing PST measure implementation. Unions, **Competitions** and Clubs are strongly recommended to create written policies and operating procedures. Such policies and procedures must be compliant with WHO guidelines together with local laws and COVID-19-specific policies issued by government and local authorities. This framework document is accompanied by several support documents from the WHO which are useful to ensure player and staff safety.(3,9–11) There is also an operational document attached (appendix 2) that provides a template for a WHO- compliant strategy to manage a return to training, play and competition.

Unions, **Competitions** and Clubs should be conscious of the risks involved in allowing players to return to training and playing. The [WHO mass gathering risk assessment](#)(9) and [measurement tool](#)(10) – for sports federations, are useful measures of an organisation's preparedness for hosting team, and ultimately matches.

HOW TO PREPARE IN ADVANCE OF RETURN TO ACTIVITY

APPOINTMENTS

Each Union should appoint a COVID-19 Manager. The manager should have operational knowledge regarding COVID-19. Where possible, clinical knowledge of COVID-19 is preferable, but if not the COVID-19 manager should have access to appropriate clinical advice. The manager will coordinate efforts within their Union for a phased approach to training and play. They will coordinate with Clubs and competitions providing information and strategic support.

The manager will liaise with local public health and government agencies to present:

- A return to training and play strategy based on sequential reduction in PST measures. This strategy will be aligned to WHO guidelines and risk assessed against the WHO mass gatherings Risk Assessment tool.
- Evidence that all players, coaching, and support staff have undergone appropriate training in personal safety and emergency mitigation measures (including those specifically listed in the WHO Risk Assessment Tool).
- A clear communications strategy between Unions, Clubs, competitions and with national and international government officials, the general public, and the media.
- A public health messaging strategy across Union, Club and Competition platforms.



Each Union should help Clubs and competitions to identify and appoint one or more COVID-19 Operational Leads, to be responsible for implementing the guidance in this document (and all other relevant guidance, advice and instruction regarding COVID-19) in respect of certain discrete elements, such as particular training facilities, Match day venues and team travel.

DOCUMENTS AND POLICIES

Each Union, Competition and Club should create policies for return to activity and playing, making sure to comply with local laws (including health & safety, employment, data protection and COVID-19-specific legislation) and any policies implemented by government or local authorities. Unions, Competitions and Clubs should monitor changes to such legislation and policies and amend their own policies as required to ensure that the rugby community in their jurisdiction is applying best practice and complying with local requirements. A template operational document is available here ([appendix 2](#)) which may be useful to Unions, Competitions and Clubs.

All Unions, Competitions and Clubs should ensure that their policies require confirmation from players and staff that they have completed such training as recommended by their Union, so that they have been explained, to the best available evidence the known risks involved in returning to training and playing. Completion of the World Rugby COVID 19 – Return to Play Awareness Module for Coaches & Players is an example of an appropriate resource that Unions, Competitions and Clubs may use. Persons availing of the resource will be issued a certificate on successful completion of the module.

INSURANCE

Each Union and Club should ensure that it has liaised with its insurers before permitting return to activity or play to ensure that any such activity is adequately insured and that any additional steps required by a particular insurer are considered.

DATA MANAGEMENT

Unions, Competitions and Clubs should ensure that they have adequately dealt with any data protection requirements of local law (e.g. **General Data Protection Regulation**) in relation to the collection of data and information specific to managing return to activity/play. For example, the collection and storage of information relevant to contact tracing or the sharing of a player or staff member's medical information with teammates, opposition teams or media would need to be considered.



FACILITY PREPARATION

This section includes advice on preparation of Club training, rehabilitation and meeting areas (the team facility) for use under PST restrictions.

An infected individual may contaminate any surface, either by direct contact or via droplet spread. Risk can be minimised by adopting the measures below.

This document is aligned to the WHO guidelines, which recommends that the facility be cleaned each day after use. Clubs may not be in a position have such cleaning performed daily, meaning Club facilities would remain unavailable until cleaning can be completed.

Early return to training and training facilities will be subject to significant restrictions while PST measures are in place. Administrators will need to budget for significant cleaning programmes, hygiene measures, contact tracing requirements, and a requirement at initial stages to manage small group training.(1,2,11)

Prior to return of players, coaching and support staff, administrators will need to liaise with the COVID-19 manager to ensure:

- Any measures implemented are in line with the WHO or relevant public authority policies.
- That the facility should be ‘thoroughly cleaned’ in accordance with the latest guidance by the WHO or relevant public health authority.(11)
- That the facility has been upgraded to comply with hygiene standards including; separate exit and entry areas with hand washing/sanitising stations, hand sanitisers dispersed throughout the facility, appropriate stock of appropriate PPE equipment is present and appropriate public health information signage is displayed.
- An appropriate system for recording of all individual data who enter and leave the facility is in place. This data will facilitate contact tracing and should include:
 - a. Date b. Venue c. Name d. Telephone number e. Email Address of participants
- Permission to retain all data for 1 month according to local data protection guidelines.
- There is a dedicated isolation area for management of an individual who becomes unwell at the facility.

ONGOING MAINTENANCE PLAN

When individuals have returned to the team facility, a maintenance plan should be agreed between their COVID-19 lead and local health authorities to comply with PST measures, and WHO hygiene guidance. These measures should be maintained until it is mutually agreed that they are no longer necessary. The plan should include:



- A thorough cleaning programme with the appropriate method of recording.
- Where practical heavily used equipment and high contact surfaces should be cleaned more often.
- The use of changing rooms and showers should be suspended until further notice from your Club. Relaxation in these restrictions will be guided by local health authority PST measure policy.
- Doors should be wedged open, so that handles use is not needed (unless being utilised as a fire door).
- Have a clear isolation plan in place to manage the possibility of an individual becoming unwell this would include:
 - Isolation in pre-ordained room
 - Notify local health authority and manage the individual appropriately
 - Provide necessary close contact detail for contact tracing
 - Arrange for through cleaning of the isolation area post-use.
 - If an individual at the facility is confirmed as an infected person or potentially infected person, the facility should be thoroughly cleaned as outlined by the WHO or relevant public health authority. There is no requirement to close the facility unless required to do so for cleaning. It is recommended that the COVID-19 manager liaises with local government and health authorities to guide appropriate actions.

QUARANTINE, ISOLATION AND CONTACT TRACING PLAN

Every country has different case prevalence and growth rates for COVID-19. In many countries where PST lockdown measures are being relaxed there is still community spread.

In countries where COVID-19 case prevalence is high and community spread is present, Unions and Competitions should ensure that Clubs have a set of plans to manage suspected cases in both training and playing situations. They should liaise with their local public health and/or government authority to create an action plan which ensures that any potential spread is prevented. As the course of the COVID-19 pandemic progresses, local public health guidelines for quarantine for suspected cases is likely to change so regular contact with the pertinent authorities is crucial.

- If an infected person enters the facility and trains or plays with the squad, a plan will be required to deal with quarantine and testing for those players and staff who are deemed close contacts.



- Contact tracing is a crucial part in the prevention of disease spread and Rugby must play an integral part in preventing any possible infection clusters. A copy of WHO guidance on contact tracing is [available here](#). This will be managed by local public health and/or government authorities, and team collaboration will ensure an efficient means of dealing with emergent cases.
- In such an event the Club must have details of everyone who was at the facility with the infected person and be able to contact any person who has been a contact.

When a person (players, coaches, support staff) at a facility or ground develops symptoms of COVID-19 (fever (measured or feeling feverish), cough, sore throat, runny nose or nasal congestion, tiredness, shortness of breath or difficulty breathing, muscle pain, loss of smell or taste, diarrhoea) they should immediately notify a medical practitioner and/or the COVID-19 manager. The management should include:

- Immediate isolation of the person in the dedicated Isolation area.
- Contact with public health authorities to arrange transfer of the person, testing and isolation.
- The facility should be thoroughly cleaned in accordance with all instruction from relevant public health and/or government authorities.
- Management of isolation for those who are exposed to close contact with the infected person will be directed by the relevant public health and/or government authorities.

Many Unions and Competitions will implement a testing protocol, most likely PCR testing of a nasopharyngeal swab. We have already seen in sports which have returned around the world, that asymptomatic persons may have a positive PCR test. These players should isolate and follow public health guidelines prior to returning to facilities.

If the infected person is a player or staff member who has been a close contact of other members of the squad this will impact availability to train and play:

- The squad should avoid close contact training until they have consulted with public health and/or government authorities, and thorough contact tracing procedures are completed.
- Unions, Competitions and Clubs need to give consideration to the postponement of fixtures in relation to individual and/or squad cases of suspected or confirmed COVID-19. Public health and/or government guidance should always be obtained to guide this process. Contingency planning for such an event should be agreed prior to commencing competition.



RETURN TO TRAINING FOLLOWING COVID-19 INFECTION

Return to the Club facility and training following COVID-19 infection should be carefully coordinated between local public health and/or government authorities, Club medical staff, coach and strength and conditioning staff.

- We still do not know when a player who has been infected presents a low infection risk. A number of guidelines are now available which recommend resumption of normal activity at set points after onset of symptoms AND resolution of fever AND clinical improvement of other symptoms for at least for three days.(12) Individual responses to the disease will vary however, and no player should resume individual training until they have been cleared to do so by their team doctor. Similarly return to the Club facility and communal training must be decided by the team doctor in coordination with local public health and/or government authorities.
- Any player confirmed with (or who is suspected to have had) COVID-19 and who has recovered must seek the advice of a medical practitioner prior to returning to strenuous exercise. Particular attention should be given to the respiratory and cardiac systems during assessments.
- Due to limited but growing evidence that individuals may suffer from cardiac pathologies during or following COVID-19, it is recommended that medical practitioners should consider a cardiology assessment for symptomatic players prior to returning to training.(7)
- Where applicable, re-conditioning training periods related to an individual's role must be considered prior to returning to competition.
- If a Union Club or Competition has implemented a PCR testing programme and an asymptomatic player tests positive for COVID-19 they should isolate as if they are symptomatic. A continued absence of symptoms at day eight may facilitate earlier return to training. Repeat PCR testing may be prudent in this setting and any return to training should be cleared with local public health and/or government authorities.

ANTIDOPING TESTING

World Rugby remains committed to the 'Keep Rugby Clean' programme. COVID-19 presents specific challenges to testing both at facilities and at player's homes. World Rugby will be working with each Union's NADO (National antidoping organisation) and specific guidance around training facility requirements can be found here. <https://playerwelfare.worldrugby.org/?documentid=227>



PERSONAL PROTECTIVE EQUIPMENT (PPE) USE FOR SUPPORT STAFF

The use of PPE will depend on local public health and/or government authority policy, and in particular may be influenced the prevalence of COVID-19 in the community.

For rugby, the primary concern is that close contact creates transmission risk. To assess this risk, we can evaluate the probability of encountering an infected person in a group of people who are together for the purposes of training for and playing the sport.

This probability will vary in different countries, but is a function of two factors:

- i. how many active cases are present in that community or region in question (the prevalence);
- ii. The size of the group to which the person is exposed, with increases in size increasing the risk of exposure and thus transmission.

For example, if the prevalence of active cases is low (as is the case in New Zealand and Australia), then the probability of exposure to an active case and thus transmission is very low. In contrast, countries, regions, communities, or clubs where prevalence of cases is higher have a naturally increased probability of encountering such an active case within a group of people of any size.

We therefore advise every Union, Competition and Club to assess its own prevalence, and resultant probability of exposure to an active COVID-19 case. This probability may then be used to inform the requirements for PPE, with higher probability of exposure or encountering a case necessitating a more stringent requirement for PPE in medical staff.

World Rugby has developed a calculator to assist in assessing the likelihood (given disease prevalence) that an infected individual would be encountered in a random group of 50 people drawn from a given community (an arbitrary figure to represent a typical rugby squad – this figure may be altered to determine how exposure risk is affected). On June 25th, for example, the probability of a random exposure to an infected person in the UK is 12.1%, in Italy it is 9.0%. Over time, as the active case numbers decline in these countries, the probability decreases, and is expected to be 8.6% and 5.6% on August 22nd, for the UK and Italy, respectively.

Using source data for active cases or estimated active infections, you may calculate the probability of an infected person being found in a random sample of 50 people for your country/region [here](#):

The figures used in the examples above are estimates, and the calculated probability will vary depending on the ability to accurately identify the prevalence in the source community. However, this probability calculator may help provide a guide to planning for PPE use in competition and at training. The UK is a good example of a country which is emerging from lockdown, starting to commence elite sporting activity, but still has high rates of community transmission. The elite sports groups in the UK have prepared a document outlining the PPE required for use in their jurisdiction, [it is attached here](#). Where a country has a high disease prevalence the use of level I, II or III PPE (figure 3) may be required.

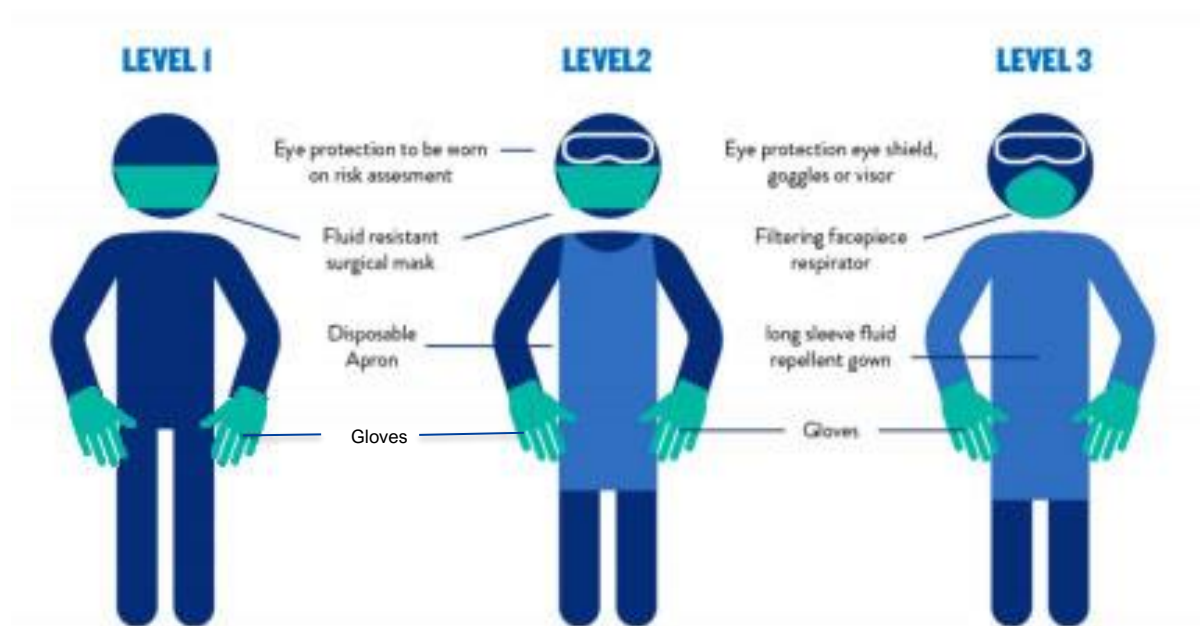


Figure 3: Illustration of Personal Protective Equipment (reproduced and adapted with permission from Hodgson et al. Pitch side emergency care and personal protective equipment: a framework for elite sport during the COVID-19 pandemic)

Care should be taken to protect not only players, but also match officials and staff. The following guidelines should be considered at facilities and in match situations.

For countries with lower disease prevalence, level 1 PPE may be sufficient for doctors and physiotherapists on the side-line and on the pitch with increasing probability suggesting more stringent PPE level use.

Unions, Competitions and Clubs should liaise with public health and/or government authorities to discuss the disease prevalence and determine the level of PPE that is most appropriate and ensures compliance with local policy.

At Club facilities:

- The use of masks by all (players, support staff and coaches) at facilities when not training is encouraged. In the medical treatment area, a combination of social distance where practical and mask use will help to mitigate risk of prolonged contact between staff and players. Unions Competitions and Clubs should be guided by local public health and/or government authorities – where mask use is mandatory in public transport, use in the team facility is likely to be strongly advised.
- During matches the following should be considered; Mask use for side-line medical staff may be advisable particularly if medical staff are not full-time and work in practice away from the facility.
- Where community disease transmission and high disease prevalence is present when teams return to play, and staff have a higher risk of either exposing others, or being exposed to infected or symptomatic persons:



- World Rugby recommends that all efforts are made (screening and testing) to prevent symptomatic players taking to the pitch. If measures are in place to the satisfaction of local public health authorities it may be agreed (with them) that level of PPE protection is sufficient.
- In situations where government advised distancing may not be maintained a surgical mask is advised
- Where COVID-19 prevalence) is high, both staff and players have a higher risk of exposing others or being exposed to infected persons.
 - i. Unions, Competitions and Clubs should assess this remaining compliant local public health and/or government regulations but may use the prevalence-probability calculator to guide their assessment of the risk in order to inform their PPE decisions.
- Airway management, such as the use of airway adjuncts, or any form or mechanical ventilation are aerosol generating procedures and extra care needs to be taken to avoid staff exposure. In this situation where community transmission is high Unions, Competitions and Clubs should consider having a dedicated member of the immediate care team ready to don level III PPE to deal with this, where this is practically possible.
- The team doctor and physiotherapist managing an unconscious player should assess airway breathing and circulation and maintain inline stabilisation. If the player requires extraction and or airway management, this should be performed by the dedicated immediate care team member in level III PPE.

HOW ORGANISATIONS SHOULD RETURN TO PLAYING COMPETITIVE MATCHES

Advance planning for such events between Union COVID-19 manager, local and governmental health officials, Club and player representatives would include risk assessment for these events including travel arrangements, stadia where games would be held and any other relevant information.

We have outlined a graded return to match-play plan which runs parallel to reduction in PST measures. When social distancing has been reduced to allow close contact and public gatherings of up to 250 people, match play is possible, but spectators will not be permitted to attend.

The Union COVID-19 manager and relevant parties would again need to formally risk assess this escalation in travel and risk, they would also need to consider:

Travel to games – this will likely initially be over short distances, and where possible overnight stays should be avoided. The Club's COVID-19 Manager or relevant Operational Lead(s) should:



- Minimise the number of individuals attending to those deemed essential only (usually agreed between Club and Union). **An example illustration of the number of stakeholders required to deliver a match without spectators can be found in appendix 3.**
- Where reasonably practical, minimise the duration of travel and stay. Travel in individual cars is preferred (unless attendees already living in the same household) but if travelling to and from the Match by bus, formally arrange for the bus to have been thoroughly cleaned before and after each journey made for the entire duration of travel.
- If a hotel stay is required:
 - Arrange for hand-sanitisation points (with suitable products/equipment) to be installed at suitable locations in the hotel for the duration of the stay.
 - Arrange for all rooms to be 'thoroughly cleaned' prior to arrival and on departure.
 - Where possible, arrange for all team members to have individual rooms, arrange for the entire travel party to have accommodation on the same floor of the hotel, and arrange for the travel party to meet in private rooms for meals and team meetings.
 - Arrange for food preparation and delivery should observe infection prevention and control measures, for example by staggering meal times and limiting the use of communal buffet style food service.

Travel to international games - If Clubs within a Union have successfully staged local games, and there is a further reduction in PST measures, limited overseas travel for games may be discussed with **local public health and/or government authority**, Competitions, receiving Unions and player representatives.

Practically, the teams of both countries would need to have relaxed border control measures to allow proposed visiting teams and players to enter – requiring reduction in border and quarantine restrictions. An example would be travel to nearby countries with similar border control and quarantine measures.

Competitive games with greater distance travel including transcontinental travel, would likely be between countries where travel and quarantine restrictions are at different stages. In these circumstances, the restrictions may include an organised team quarantine measure on arrival to the country. Team administrators should consider the following;

- Ensure that the Club understands and has adequate insurance to cover financial and other implications of Players or other staff falling ill and needing to be repatriate.
- Ensure, in advance that Union, Clubs, competitions and public health departments of both countries have agreed upon measures required should a player or staff member become unwell during the travel or match period. To be clear, local or airline policy may preclude travel and alternative arrangements should be in place.
- When flying to and from the Match, where reasonably practical, arrange for fast-track security and a separate holding room for use prior to departure by the travel party on each leg.



STADIUM PREPARATION FOR MATCH DAY

The practical operations of any stadium hosting matches will depend to a significant extent on whether spectators are permitted to attend or not.

When PST measures are relaxed further to allow gatherings of 500 or more people a Union, Club and competition may be able to discuss limited crowd attendance with government and local public health authorities. Large traditional crowds are unlikely in the absence of an effective and freely available vaccine for COVID-19.

This section is written assuming that matches will initially be held ‘behind closed doors’. No crowds will be permitted and minimal staff will travel with playing squads. Appendix 3 **gives an example illustration of the number of stakeholders required to deliver a match without spectators**. The risk of infection and outbreak can be further reduced if broadcast and television staff (where present) are isolated from players and non-playing staff.

Before any Match is held at a designated venue the Union COVID-19 manager and relevant parties would again need to clarify the suitability of the venue and formally risk assess hosting a game at this venue, they would also need to:

- Ensure that the playing group move directly to the dressing room and from there to the pitch. The areas of the venue in use should be thoroughly cleaned immediately prior to match day.
- Ensure that there are in place appropriate controls over who enters and leaves the venue and an appropriate system for recording who enters and leaves the venue (the controls and the system ordinarily in place when matches are not being held might need to be enhanced if the number of likely match day attendees is significant).
- Ensure an itemised accreditation and operations plan with contact details of all personnel to be obtained by the COVID-19 Manager or nominated Operational lead 48 hours ahead of the match.
- Ensure that at the venue there is an appropriate stock of appropriate personal protective equipment (for use by all medics, including Club Medics from the away Club), and a suitable method of safely disposing of that equipment.
- Carefully consider which attendees at the Match are characterised as essential and only accredit these attendees.
- Communicate to all those likely to attend the Match (including relevant Club Managers, Club Coaches, Club Medics, Players, other Club representatives and staff members, Match Officials, Match Day Medical staff, Commercial Partner representatives and Broadcast partner representatives) relevant details of the procedures that will be in operation on Match day, including:



- Details of the locations of the hand-sanitisation and/or hand-washing/drying points at the venue.
- Details of the controls over who may enter and leave the venue.
- Details of the dedicated isolation areas for use by any individuals who exhibit symptoms of COVID-19.
- That all attendees should, as a precondition to being granted permission to enter the venue, give written confirmation to the COVID-19 Manager or nominated Operational Lead that:
 - i. They are to the best of their knowledge currently free from COVID-19.
 - ii. They have not had any symptoms related to COVID-19 in the 14 days immediately prior.
 - iii. They have to the best of their knowledge not been in contact with an infected person or potentially infected person in the 14 days immediately prior.
 - iv. Club medical personnel have taken all infection prevention measures with the addition of the appropriate Personal Protective Equipment (PPE) when reviewing an infected person or potentially infected person in the 14 days immediately prior.
 - v. Where available, providing written evidence of any relevant COVID-19 testing or immunisation of the individual (whether swab testing, antigen testing, antibody testing, immunisation or otherwise).
- All attendees should practice appropriate respiratory and hand hygiene/sanitisation techniques, bringing their own individual hand sanitisers and single-use disposable wipes.
- Implement a suitable system so that any attendees (including players) that subsequently exhibit symptoms of COVID-19 must notify the home Club's COVID-19 Manager and/or relevant COVID-19 Operational Leads, and appropriate steps then be taken in respect to contact tracing and COVID-19 testing where available.



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APPENDIX 1

Example online self-declaration, it is important to note that each Organisation or Competition should consider data protection laws within their own territory

COVID-19 symptom checker

This form must be utilised to ensure that you are free from COVID-19 symptoms and pose limited risk to others

***Required**

Date *

DD

MM

YYYY

Name *

Contact details - email *

Contact details - mobile phone number * *

Are you currently diagnosed with or believe you may have COVID-19? *

☐ Yes

☐ No

Have you had any of these symptoms of COVID-19 in the past 14 days?

High temperature (fever) *

☐ Yes

☐ No

A new continuous cough *

☐ Yes

☐ No



New unexplained shortness of breath *

- ☐ Yes
- ☐ No

Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days *

- ☐ Yes
- ☐ No
- ☐ Maybe

If you have answered YES to any of these questions you should stay at home and inform your line manager and medical practitioner. You should follow your territories current Public Health guidance.

Please note the next question is only for medical personnel

Have all infection prevention measures been implemented with the addition of the appropriate Personal Protective Equipment when reviewing patients with confirmed or suspected COVID-19 in the previous 14 days?

- ☐ Yes
- ☐ No
- ☐ N/A



APPENDIX 2

Template operational document which may be used to operationalise return to play, kindly supplied by Mr Prav Mathema, Mr Clint Readhead et al.

<https://playerwelfare.worldrugby.org/?documentid=223>



APPENDIX 3

An example illustration of the number of stakeholders required to deliver a match without spectators

Personnel	Number
Home team players	15
Visiting team players	15
Home team substitutes and bench support	11
Visiting team substitutes and bench support	11
Home team travelling reserves	3
Visiting team travelling reserves	3
Home team roving Doctor	1
Visiting team roving Doctor	1
Home team roving Physiotherapist	1
Visiting team roving Physiotherapist	1
Home team Technical box (water carriers)	2
Visiting team Technical box (water carriers)	2
Home team Coaches box	5
Visiting team Coaches box	5
Match Day Doctor	1
Immediate Care Lead	1
Medical room video viewer	1
Paramedics	6
Other medical specialists	2
Medical room video operator	1
Security guards	4
Referee	1
Assistant Referee	2
Side-line Referees, time keeper, statistics and communications	7
Television Match Official	1
Citing Commissioner	1
Ball team and ball team supervisor	7
Match Manager	1
Match Director	1



Administration	10
Broadcaster pitch-side crew (cameramen, line runners & floor manager)	20
Commentators	6
Outside broadcasting van	15
Stadium operations	8
Big screen and PA announcer	2
TOTAL	174