COVID-19 ACTION PLAN

Many countries have begun to return to sporting activity and community transmission is still common in many countries who are returning to rugby. The rugby community has now entered a phase where community levels of COVID-19 dictate the risk of outbreaks among players. Hygiene measures, wearing a mask, social distancing, screening and testing, all play a part in making the rugby community as safe an environment as possible for all involved. Despite these measures, individual cases of infection, and infection clusters are likely to occur. Each Union, Competition or Club have a duty of care to ensure that these situations do not cause local outbreaks. To support teams and competitions manage these scenarios guidance has been developed and is presented below.

It is strongly recommended that Unions and competitions have the following in place:
1. a COVID-19 detection plan
2. an action plan for the outcome of any COVID-19 testing
3. where applicable travel plans for teams entering the country
4. a post-COVID-19 recovery, return to sport plan

Liaison and alignment with public health and/or government authorities’ guidelines is essential at all times. Where possible, Unions, Competitions and Clubs should agree the suggested action plans outlined within this document with these authorities.

**STEPS FOR EACH PLAN**

<table>
<thead>
<tr>
<th>The COVID-19 detection plan</th>
<th>The COVID-19 positive test Action plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Screening test process</td>
<td>1. Contact infected person</td>
</tr>
<tr>
<td>2. PCR testing program</td>
<td>2. Confirm finding (oversight group)</td>
</tr>
<tr>
<td>3. Agreed definition of close contact</td>
<td>3. Contact Key squad members (coach, player, staff etc)</td>
</tr>
<tr>
<td>4. Formation of oversight group</td>
<td>4. Inform squad</td>
</tr>
<tr>
<td>5. Agreed squad contact list for management of a positive test</td>
<td>5. Arrange cleaning of facilities</td>
</tr>
<tr>
<td>6. Agreed individual action plan for suspected and confirmed COVID-19 cases (depending on PCR status and symptoms)</td>
<td>6. Identify close contacts</td>
</tr>
<tr>
<td></td>
<td>7. Inform public health</td>
</tr>
</tbody>
</table>

**Visiting team preparation plan:**

1. Travel testing and isolation plan
2. Travel plan

**COVID-19 post recovery, return to sport plan:**

1. Confirm symptom recovery
2. Complete secondary illness screen
3. Plan return to fitness programme
COVID-19 DETECTION PLAN:

1. **Screening test process**

   Daily symptom and temperature testing are outlined in the Return to Play document [here](#), they should be completed daily as per normal policy.

2. **PCR testing program**

   Nasopharyngeal swab for PCR testing should be completed by a suitably trained tester.

   The frequency of testing will vary according to community levels of disease, testing availability and suitability of local testing capacity. Discussion with government and local public health authorities in advance is strongly recommended.

   Current evidence suggests that the PCR testing is most effective on day 8 post exposure. In the first 4 days after exposure PCR testing may not detect infection. Symptoms of COVID-19 should not be ignored when a PCR test is negative.

   The PCR test may also indicate infection in an asymptomatic individual who does not have COVID19 (false positive). If doubt persists the oversight group may recommend the test be repeated after 3 days.

3. **Agreed definition of close contact:**

   WHO guidelines defining a close contact can be found [here](#), however each jurisdiction have varying definitions.

   If the infected person is involved in contact play 48 hours prior to diagnosis, all training sessions or matches should be reviewed to identify the high-risk contact events (NB ‘uncut/unedited’ full training session and match videos are required for this purpose). Other sources of data for investigating close contact includes individual training activity logs, training, and match GPS data.

   Unions, Competitions and Clubs should have facilities in place (prior to contact tracing) to be able to identify, where possible which other players are close contacts.

4. **Formation of oversight group**

   This group may include the Union CMO, team doctor, COVID-19 manager, a virologist/infectious diseases specialist, and a potentially a public health doctor (if available).

   The group will be responsible for the interpretation of testing results, liaising with public health, direct isolation, and in-club contact tracing.

5. **Possible contact list for positive test in line with local Public Health guidance**

   - Infected person & family
   - Local public health authority
   - Team management and squad
   - Competition / tournament organizers
   - Cleaning contractors
   - Identified close contacts
   - Communications department
6. **Agreed individual action plan (depending on PCR status and symptoms)**

The COVID-19 manager, Unions, Competitions and Clubs should agree on an individual action plan following a positive case or an individual becoming unwell. An example of these are summarised in table 2 and 3 (thanks to the RFU & PRL for collaborating on this section), they should be agreed with local public health authorities in advance, as they will often have different guidelines, timelines and instructions. We provide an example only.

In cases where a player is asymptomatic, and the positive PCR test is suspected to be a false positive the oversight group may liaise with public health and re-test at day 3.

Infected persons who have recovered may subsequently have positive PCR tests in the absence of clinical findings, the CDC recommends avoiding further PCR testing in this group for 90 days unless they are subsequently symptomatic. This should be discussed with local public health authorities.

<table>
<thead>
<tr>
<th>PCR result</th>
<th>Symptoms</th>
<th>Potentially Infected Person</th>
<th>Team</th>
<th>Household</th>
</tr>
</thead>
</table>
| Positive   | Present  | • 8-day isolation and until asymptomatic* for 48 hours  
• Team doctor prescribed activity for 7 days after symptom resolution*  
• Reintegrate with team after minimum 14 days and formal secondary illness clearance from team doctor  
• No retesting, consider removing from weekly testing pool for 90 days | Quarantine of all potential close contacts until confirmed by oversight group and public health authorities | Quarantine for 14 days  
Contact tracing on advice from public health authorities |
| Positive   | Absent and remains absent throughout | • 8-day isolation but consider retest after 3 days (decision of oversight group)  
• Second test negative:  
  • Possible reintegration with team after oversight group review and formal secondary illness clearance from team doctor  
  • Second test positive:  
  • Complete initial 8-day isolation period and reintegrate with team after oversight group review and formal secondary illness clearance from team doctor  
  • Consider removing from weekly testing pool for 90 days | Quarantine of all potential close contacts until confirmed by oversight group and public health authorities | Quarantine until second test result  
Second test negative: quarantine concluded  
Second test positive: Complete 14 days quarantine  
Contact tracing in consultation with public health authorities |
| Positive   | Absent but present prior to second test | • Follow PCR Positive result and symptoms present process above | Quarantine of all potential close contacts until confirmed by oversight group and public health authorities | Quarantine for 14 days  
Contact tracing in consultation with public health authorities |
| Negative   | Present  | • Retest after 3 days after onset of symptoms*  
• Second test negative:  
• Possible reintegration with team on confirmed symptom resolution* and formal secondary illness clearance from team doctor  
• Second test positive:  
• 8-day isolation period from onset of symptoms until asymptomatic  
• Reintegrate with team after minimum 14 days and formal secondary illness clearance from team doctor  
• No retesting but recommences within weekly testing pool | No routine quarantine unless second test is positive, then quarantine of all potential close contacts until confirmed by oversight group and public health authorities | Quarantine for 14 days if second test is positive  
Contact tracing in consultation with public health authorities |

*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...
<table>
<thead>
<tr>
<th>PCR result</th>
<th>Symptoms</th>
<th>Individual</th>
<th>Team</th>
<th>Household</th>
</tr>
</thead>
</table>
| N/A        | Present in household member | • Immediate quarantine until household member gets PCR test  
• If test is positive, then individual quarantines for 14 days  
• If test is negative reintegrate with team after discussion with public health authorities | N/A unless also in household | If test is positive household member isolates for 8 days and asymptomatic with rest of household quarantining for 14 days |

Table 3: Management of a symptomatic household member

# ACTION PLAN FOR POSITIVE COVID-19 PCR TEST:

1. **Contact the infected person** – advise them that they should self-isolate until further notice and advise them that once you have informed the remaining players and staff and discussed the issue with your local health department you will be in contact.

2. **Collate finding** details– contact the laboratory and inform the oversight group and ensure the correct identification and outcome. The group will take all factors into account, including clinical presentation.

3. **Communication to key stakeholders** – COVID-19 manager, COVID-19 Medical lead, coach, manager, logistics

4. **Inform squad** – inform the squad of results and advise that contact tracing will be completed prior to next communal contact session. While awaiting further contact player should self-isolate, preventing further possible spread.

5. **Arrange cleaning of facility** – where results are received and processed after completion of the daily activity, the overnight comprehensive clean will occur prior to facility use. If the squad (including the infected person) has already attended the facility, consider closing the facility for cleaning. To prevent this outcome, it may be useful to plan the return of testing results after the squad has left the facility.

6. **Identify close contacts** – using predetermined definitions (agreed with public health) for close contacts. The activities of the previous 48 hours should be carefully reviewed to identify whether any teammates or staff have been close contacts. This list should be prepared for sharing with the steering group and local public health authorities.

   All players and staff identified as close contacts should remain in self-isolation and await contact from public health. Staff and player not identified as close contacts should be informed that they may resume normal activities including training.

7. **Inform public health authorities** – ideally public health would have input to all plans and structures in place and would have agreed the methods for identifying close contacts in advance. We strongly encourage early, regular interaction with your local authority.
VISITING TEAM PREPARATION PLAN:

International travel is an integral component of many elite competitions, and international rugby. Travel between countries is subject to governmental policy, and this may change according to disease prevalence and growth rates. All competitions requiring travel should have a plan to deal with teams travelling to play. It should include:

1. **Travel testing and isolation plan** – travel agreements between governments may facilitate sporting exemptions to incoming team quarantine. These types of exemption are based on teams maintaining a ‘bubble’ while travelling and preparing to play. Careful protection of the team environment and in-depth squad education will aid in this process.

   Where a quarantine period is required, it may be possible to negotiate performing some of the quarantine on home soil prior to travel. Agreement between national public health authorities would include squad isolation requirements, testing strategy and results required prior to travel.

   A suggested example of this would include 7 days isolation at squad hotel and training facility with all players and staff remaining within the squad bubble. PCR testing day 1, 3 and 5 with last result available prior to travel. On arrival to host country testing is again repeat day 1, 3, 5 so the entire squad would return 6 negative PCR tests prior to playing game 1.

   At that point the team has adequately isolated and the PCR should be repeated in time to gain results prior to the next game (game 2 and 3 for example) or as per competition guidelines.

2. **Travel plan** – travelling presents unique challenges. Good hygiene, mask use and limited airport time are all crucial to limiting risk. It is recommended that a detailed travel plan is established well in advance of travel that includes but isn’t limited to; travel to and from the departure/arrival airport, access/egress within airports (or airside departures/arrivals), transport within the arrival destination, hotel stays and considerations for repatriation should a member of the team become ill.

COVID-19 POST RECOVERY, RETURN TO SPORT PLAN:

1. **Symptom recovery** - While most infected persons 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.

   Symptom resolution is an important milestone in recovery. In the case of a positive PCR swab in an individual who is symptomatic, resolution of symptoms must be confirmed by the team doctor and in the case of a player controlled activity should be planned away from the team for 7 days after symptom resolution. If the player remains well and tolerates activity, they should proceed to secondary illness screen prior to engaging in activity about 75% intensity.

2. **Secondary illness screen** - There is a possibility that prolonged or severe infection may lead to residual systemic illness or deficits (respiratory, cardiological, neurological or psychological). It is important that all infected persons are fully and appropriately screened prior to returning to the team facility. For players is it important that they are fully cleared of any remaining issues following infection before returning to full training and play.

   World Rugby has partnered with the IOC in the development of a screening tool following infection with COVID-19 to document any residual symptoms which should be investigated via specialist review. This is part of an ongoing IOC study into the medical complications of COVID-
19. Players have the option to withhold consent for their FULLY ANONYMISED data being shared with the IOC study group. All questionnaire data will be made available to the doctor conducting the study.

A link to the questionnaire is found here. All players and staff returning from infection should complete this with their team doctor and be followed up appropriately.

Recent studies have identified cardiac inflammation in patients (some of whom were asymptomatic) who have suffered COVID-19 infection. Team doctors should have a low threshold for player referral to a cardiologist with an interest in elite athletes for review, prior to commencing high-intensity exercise. Particular care should be taken when the infected person has been unwell and/or hospitalised.

3. **Return to fitness** – Individual player return to fitness should be agreed between strength and conditioning, medical, coaching staff. The duration and complexity of this protocol should reflect the length of absence due to injury and any underlying systemic illness experienced. Particular care should be taken to respond to any positive findings in the secondary illness screen, as this may identify areas where greater care is required.

For non-playing staff, it is important to ensure that complete recovery has occurred, and that any secondary issues are resolved.