



Sports Event Planning Considerations Post-COVID-19 **United States Olympic & Paralympic Committee**

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Jonathan Finnoff, DO, FACSM, FAMSSM
USOPC Chief Medical Officer

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Preamble: The USOPC is dedicated to protecting the health and safety of Team USA. The purpose of this document is to provide sports organizations (including National Governing Bodies [NGBs]) with information they can use to assist them with planning a sports event in the context of COVID-19. As a guideline meant to be used by sports as varied as archery and judo in locations as diverse as Minot and New York City by athletes and organizations with vastly different resources, this document cannot be prescriptive; rather, it should spark thoughtful deliberation among event planners to create their own unique event plan that is specific to their sport and situation. These recommendations may not be practical for junior or lower level amateur events. Many of the recommendations rely upon rules and regulations set forth by public health authorities, which will be different across the country and around the world. Furthermore, athletes, staff, media and spectators may travel to the event from around the world, thus increasing the risk of introducing COVID-19 into the event. In addition to the logistical challenges of planning an event in the context of COVID-19, there are also ethical and societal considerations that are beyond the scope of this document. These include, but are not limited to:

- When is the rate of community COVID-19 transmission, and therefore the risk of infection, low enough to allow a sports event?
- If the event is restricted to only athletes and essential support staff, can adequate testing of this group be performed to limit their risk of contracting COVID-19 during the event?
- Is it appropriate for COVID-19 testing to be used for athletes and staff of a sports event when there are national and worldwide shortages of these tests?



- Can event management mandate testing of athletes and essential support staff in order to participate in the competition?
- Can event management exclude athletes from competing in the competition if they test positive for COVID-19 and/or present with signs and symptoms of COVID-19?
- Is it appropriate for athletes, event staff and spectators to be supplied with or use personal protective equipment (PPE) meant for medical personnel when there is a worldwide shortage of PPE?
- Should or can you restrict athletes from participating in an event if they travel from a location with active community transmission of COVID-19?

Finally, although the young and healthy tend to have less severe cases of COVID-19, every case of this disease is potentially life-altering or deadly, particularly in those with risk factors that may occur in our Olympic or Paralympic athletes such as asthma, hypertension, diabetes, liver disease, kidney disease, immune suppression, or neurologic disorders affecting respiration. Furthermore, many essential support staff and spectators will have one or more of these risk factors plus additional risk factors such as age > 65. Even when no or very limited active transmission of COVID-19 is occurring in a specific region, it is likely that easing of public health restrictions or allowing people to travel to the event from distant sites will result in re-introduction of COVID-19 infections into the community and “second wave” outbreaks. Until COVID-19 is either eradicated, a vaccine is developed, or a cure is found, there is no way of completely eliminating the risk of fatal infection. This should always be in the forefront of your mind when planning your event.

Event Planning

1. Financial impact of cancellation

- a. It is likely that events will frequently need to be cancelled due to recurrent outbreaks of COVID-19 making event planning less predictable. One should consider if the financial impact of an event cancellation close to the time of the event will have a significant negative financial impact on the event organizer, associated organizations, athletes, or spectators. Is there significant financial risk associated with event cancellation?
 - i. Yes = proceed to 1b
 - ii. No = proceed to 2
- b. Can the financial risk be mitigated through means such as event insurance, establishing financial impact timelines for cancellation, reschedule the event for a later date, or negotiate a contract that limits negative financial impact (e.g., no guaranteed hotel block, no guaranteed minimum catering costs, etc.)?
 - i. Yes = implement risk mitigation measures and proceed to 2.
 - ii. No = consider not planning the event.



2. Event date

- a. Choose based upon:
 - i. Duration of time it takes for the athletes to adequately prepare for the event
 1. This information should be determined by engaging athletes, exercise physiologists, coaches, and other experts from the target sport
 - ii. Athlete access to training facilities. This will depend upon:
 1. Region where training will take place
 - a. Restrictions will be reduced by public health authorities based upon many factors such as the prevalence of ongoing COVID-19 infection in the region and available public health resources
 - b. Determine what regions are critical for athlete training and when athletes will be able to train in those regions
 2. Type of sport
 - a. Some sports can be practiced independently and have a lower potential for disease transmission (e.g., long distance running), while others require close physical contact with a higher potential for disease transmission (e.g., judo). These factors will impact when an athlete can resume normal training.
 - iii. When public health authorities will allow sports events to take place in the chosen region
 - iv. When the venue will be available
 - v. Miscellaneous factors (e.g., season/weather)

3. Event location

- a. Choose a region with limited or no active coronavirus transmission
 - i. Remember that when people travel from outside the region, they are introducing the risk of the region from which they came. This can be mitigated by having them travel to the event location a minimum of 14 days prior to the event and following the instructions outlined in section 5.g.ii.1 or possibly 5.g.ii.2 as our understanding of these tests evolve and if resources allow.
- b. The area must have the infrastructure to host the event
 - i. Venue, security, medical (public health resources, hospitals, EMS, etc.), transportation, lodging, restaurants, etc.
- c. Factors that may mitigate the risk of infection



- i. Availability of lodging with private rooms for all athletes, coaches, event staff and media
- ii. Outdoor venues are preferable as they likely have less risk of infection transmission than indoor venues
- iii. Separate venue access/egress routes for athletes, coaches, event staff, media and spectators
- iv. Adequate space in venue access/egress locations to enable social distancing
- d. Sufficient space and/or venue layout to enable appropriate medical setup
 - i. Easily accessible and appropriately sized room for medical clinic located near venue access/egress route
 - ii. One or more adjacent rooms that can be used for isolation of person(s) with suspected infection
- e. For series of events that are supposed to take place in different locations at scheduled time-intervals (e.g., every weekend), consider limiting the number of locations and repetitively using these locations to reduce the need for travel for athletes, coaches, event staff, media and spectators; improve coordination with local businesses, public health authorities and medical systems; and facilitate infection mitigation procedures.

4. Risk of Infection Transmission

- a. Although there are not yet any specific scientific studies evaluating the risk of COVID-19 transmission in sport, it is logical that certain sports will have a higher potential for disease transmission than others. Furthermore, since COVID-19 can result in critical illness or death, consideration of the inherent potential for disease transmission associated with different sports should be part of the planning process. The following is a proposed stratification scale for COVID-19 transmission in sports from highest risk (Level 1) to lowest risk (Level 3):
 - i. Level 1: sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants
 - 1. Examples: rugby, boxing, judo, karate, taekwondo, wrestling pair figure skating, ice dancing
 - ii. Level 2: sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants OR intermittent close contact OR group sports OR sports that use equipment that can't be cleaned between participants



- vi. Level 3 sports can be planned when public health officials and government authorities will allow the competition and appropriate event planning takes place (see *Event Planning* section)

5. *Event Planning*

- a. Appoint a medical director for the event
- b. Determine who or what group will have decision making authority to modify, restrict, postpone, or cancel the event
 - i. The medical director should be given the authority to cancel the event based upon public health risk
- c. Use the following [World Health Organization resources](#) to help you assess the risk of your event and develop a risk mitigation plan:
 - i. Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak (Appendix 1)
 - ii. Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19 (Appendix 2)
 - iii. Sports event mass gatherings COVID-19 risk assessment tool (Appendix 3)
 - iv. Mass gatherings COVID-19 decision tree (Appendix 4)
- d. Obtain approval for the event from local government authorities
- e. Work closely with county and state public health authorities throughout the event planning process to obtain the most accurate information regarding the local COVID-19 situation, facilitate sharing of information between the event planners and public health authorities, ensure coordination of public health resources, and make certain proper public health policies and procedures are developed by the event planners
- f. Identify local healthcare resources (e.g., urgent cares, emergency rooms, ambulance services), notify them of the event time and location, develop the event's medical plan with their input, create a flyer with the name, address and contact number for local healthcare resources that can be given to athletes, coaches, event staff, media and spectators
- g. Determine who will be allowed at the event
 - i. Group people into Tiers from essential to non-essential and decide which Tiers will be allowed at the event
 - 1. Tier 1 (Essential): Athletes, coaches, officials, event staff, medical staff, security, anti-doping officials
 - 2. Tier 2 (Preferred): Media, volunteers, recovery staff (e.g., massage therapists)
 - 3. Tier 3 (Non-essential): Spectators, vendors



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- ii. Criteria for attending/participating in the event
 - 1. Required
 - a. No signs or symptoms of COVID-19 (Appendix 5) in the past 14 days
 - i. If an athlete has had a case of documented COVID-19 infection, they need a note from their doctor indicating they are cleared to participate in competition
 - b. No close sustained contact with anyone who is sick within 14 days of the event
 - i. Since the signs and symptoms of COVID-19 can be fairly non-specific and not just respiratory symptoms, it is recommended that athletes should not be in close sustained contact with anyone who is sick for 14 days prior to beginning group training. This requirement reduces the risk of introducing COVID-19 into the training group by someone who may have COVID-19 but isn't experiencing any symptoms yet.
 - 2. Additional criteria that could be used for Tier 1 individuals based upon advancements in scientific knowledge, test availability, and athlete/organizational resources*
 - a. Two negative COVID-19 tests separated by 24 hours
 - i. Tests must be performed the week of the event and results must be available prior to the event. Tests would need to be repeated if the individual subsequently:
 - 1. Has close sustained contact with someone with documented COVID-19 infection
 - 2. Develops signs or symptoms of COVID-19 infection
 - b. Coronavirus serology demonstrating prior infection (i.e., presence of IgG), but no current infection (i.e., lack of IgM)
 - i. The test must be performed prior to beginning group training



3. Additional considerations when deciding who can attend/participate in the event
 - a. COVID-19 prevalence and active transmission rates in the location from which an individual is traveling
 - b. How long they have been in the event region
 - c. If they have had a prior case of documented COVID-19 from which they have recovered
- iii. Using multi-modal communication strategies (e.g., flyers, social media, website, etc.), encourage individuals at high risk for severe illness not to attend the event. Risk factors include:
 1. > 65 years of age
 2. Moderate to severe asthma
 3. Chronic lung disease
 4. Serious heart conditions
 5. Immunocompromised
 6. Severe obesity
 7. Diabetes
 8. Liver disease
 9. Living in a nursing home or long-term care facility
- iv. When possible, special accommodations should be made to reduce the risk of attendance for those with risk factors for more severe infection such as:
 1. Alternative means of entering the venue with fewer people and/or greater social distancing
 2. Separate spectating area with improved air circulation and a lower density of spectators to promote greater social distancing
- h. Develop event medical plan with particular attention to COVID-19 factors. This plan should include:
 - i. Establishing medical team leadership structure
 - ii. Determining required number and type of medical personnel
 - iii. Clearly defining roles and responsibilities of medical team members
 - iv. Determining necessary medical supplies. Specific to COVID-19, be sure to order the required personal protective equipment (PPE) for anyone who will be in close contact with those with a possible infection (i.e.: ushers, vendors, security personnel and medical personnel should wear gloves and face masks). When evaluating someone with possible COVID-19, medical personnel should wear N95 face masks that are fit tested, gowns, gloves and goggles/face shields.



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- v. Determining medical clinic location(s), isolation room location(s), medical personnel locations outside the medical clinic (e.g., by the field of play, in the spectator locations, etc.) and ambulance location
- vi. Identifying access/egress routes for medical personnel to key locations in the venue (e.g., from the field of play to the ambulance or medical clinic, from the medical clinic to the ambulance, etc.)
- vii. Creating lines of communication between medical team, local emergency medical services, event organizers, event staff, athletes, coaches and spectators
 1. Ensure all stakeholders are educated on how communication will take place, and how to contact the medical team
- viii. Developing infection prevention measures (see *infection mitigation procedures* section)
- ix. Identifying individuals with possible infection by:
 1. Screening everyone at the venue entrances for signs and symptoms (including temperature checks) of COVID-19 (Appendix 5)
 2. Having designated event staff (e.g., security and medical personnel) observe athletes, coaches, event staff, media and spectators at the venue for signs or symptoms of COVID-19
 - a. If an individual is identified with these signs and symptoms, the appropriate event staff (i.e., medical and/or security) should be notified, they should don their PPE, approach the potentially sick individual, provide them with a face mask, and escort them either out of the venue (if they are not an athlete or their signs and symptoms are obvious) or to the medical clinic (if they are an athlete or their signs or symptoms are questionable).
 - i. If they are escorted out of the venue, they should be given a flyer with information regarding local medical resources and instructed to either contact their medical provider or one of the local medical resources for further evaluation.
 - ii. If they are taken to the venue medical clinic, they should be assessed in the isolation room by medical personnel wearing appropriate PPE to



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determine if they have signs or symptoms of COVID-19.

1. If they do not have signs or symptoms of COVID-19, they can be released back into the venue
2. If they do have symptoms of COVID-19,
 - a. **Non-athletes** should be escorted out of the venue by a staff member wearing appropriate PPE, given a flyer with information regarding local medical resources and instructed to either contact their medical provider or one of the local medical resources for further evaluation. Coaches and event staff should notify their team or supervisor so they can plan accordingly.
 - b. Arrangements should be made for **athletes** to be evaluated and/or tested for COVID-19 at a local medical facility
 - c. If the event medical team or organizers are notified that an athlete or non-athlete who was at the event subsequently tested positive for COVID-19, the communication process outlined in section 5.j.iv should be activated.
3. Promoting self-monitoring for signs or symptoms of COVID-19 (Appendix 5) through multi-modal communication before (e.g., e-mail, event website, social media, etc) and during (e.g., handouts, posters, announcements, texts, etc) the event.
 - a. Those with signs or symptoms of COVID-19 **prior to the event** should be encouraged not to come to the event and event policies and procedures regarding screening and who will be allowed into the event



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should be clearly communicated. Instructions regarding what to do (i.e., self-quarantine) and who to contact (i.e., event medical [athletes], their healthcare provider or local medical resources) if they are experiencing any of these signs or symptoms.

- b. Those with signs or symptoms of COVID-19 **during the event** should:
 - i. Contact the event medical team to arrange for an evaluation if they are an **athlete**
 - ii. Leave the venue and contact either their healthcare provider or local medical resources if they are **anyone else**. Coaches and event staff should notify their team or supervisor so they can plan accordingly.
- i. Infection mitigation procedures
 - i. Education
 1. Ensure all event medical personnel have completed COVID-19 education
 2. Prior to the event, provide multi-modal communications (e.g., e-mail, social media, website, race packet, etc.) regarding infection mitigation procedures (i.e.: hand washing, avoid touching face, social distancing, etc.)
 3. During the event, provide multi-modal communications (e.g., handouts, posters, overhead announcements, texts, event program, etc..) describing infection prevention measures
 - ii. Screen everyone who enters the venue for infection and prevent those with suspected infection from entering the venue (see *Identification of individuals with possible infection* section)
 - iii. Use different entrances for Tier 1 individuals verses Tier 2 and 3
 - iv. Develop a procedure that ensures social distancing at venue entrances, exits, aisles, spectating locations (e.g., every third seat, every third row, designated/marked standing locations for spectators with six feet between each standing location, etc.) and between Tier 1 individuals (e.g., athletes enter stadium one by one, decreased number of competitors per heat, etc.)
 - v. Create clear separation between different Tiers of people at the venue
 - vi. Monitor people at the venue for signs or symptoms of infection (see *Identification of individuals with possible infection* section)



- vii. Provide hand sanitizer in multiple targeted locations throughout the venue (i.e., near areas/items frequently touched by multiple people such as doorways, drinking fountains, etc.)
- viii. Provide facial tissue throughout the venue with adjacent trash receptacle
- ix. Establish frequent cleaning schedule for high touch areas using disinfectant before, during, and after the event**
- x. Clean equipment between each athlete use if relevant and possible OR have athlete use their own equipment and prohibit sharing of equipment**
- xi. Janitorial/facilities staff performing cleaning and laundering should wear appropriate PPE (e.g., gloves, face masks) to prevent contact with potentially contaminated surfaces/items, and protect from toxicity associated with cleaning products
- xii. Have athletes bring their own food and hydration. If the event requires “hand-ups” of food and/or hydration, have hand-ups performed by single individual for each athlete to minimize the number of people who touch their food and hydration, and have that individual follow proper infection prevention measures (i.e., use hand sanitizer or wear gloves when touching the food or water bottle, etc.)
- xiii. Have athletes only use their own towel and hygiene products (e.g., soap, deodorant, etc.)
- j. Communication
 - i. Establish communication with public health authorities
 - ii. Multi-modal communication (e.g., newsletter, webinar, email, website, social media, event packet, etc.) with event athletes, coaches, event staff, media and spectators regarding plans that have been developed to identify those with a potential infection, how this will be addressed, and infection mitigation measures taken by the event planners
 - iii. Place informational posters throughout venue describing:
 - 1. How to prevent the spread of infection
 - 2. Signs and symptoms of COVID-19 and what to do/who to contact if they have these symptoms
 - 3. How to contact medical personnel
 - 4. Who is at risk for more severe infection
 - iv. Create notification process for all event athletes, coaches, event staff, media, spectators and vendors if the organizers/medical personnel learn of suspected or confirmed cases of COVID-19 at the event



- v. Determine communication strategy for risk mitigation to ensure clear, accurate communication with event athletes, coaches, event staff, media, spectators and vendors
- vi. Provide post-event summary to athletes, coaches, event staff, media, spectators and vendors

This concludes the USOPC Sports Event Planning Considerations post-COVID-19 document. If you have comments or suggestions to improve its content, please contact jonathan.finnoff@usopc.org.

*COVID-19 testing is currently restricted in many regions to individuals hospitalized with signs and symptoms of COVID-19 infection. As testing becomes more available and the demand for tests decreases, testing will likely be made available to community and/or asymptomatic individuals under the direction of a doctor. Viral serology tests are being developed, but most do not have FDA approval. Furthermore, it is currently unknown how much immunity people with prior COVID-19 infection have to future infection, making interpretation of the results challenging. Both COVID-19 testing and serologic testing have an associated expense, which may limit the ability to perform widespread testing of athletes.

** Cleaning of living spaces and training facilities should follow the [CDC recommendations for cleaning and disinfecting community facilities](#). Frequently touched areas (e.g., door handles, light switches) should be cleaned multiple times daily. Work-out equipment should be cleaned with anti-septic cleansers prior to use, between use by different athletes, and after use.

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APPENDIX 1

Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak

Interim Guidance
14 February 2020



1 Introduction

Mass gatherings are highly visible events with the potential for serious public health consequences if they are not planned and managed carefully. There is ample evidence that mass gatherings can amplify the spread of infectious diseases. The transmission of respiratory infections, including influenza, has been frequently associated with mass gatherings.¹ Such infections can be transmitted during a mass gathering, during transit to and from the event, and in participants' home communities upon their return.

The purpose of this document is to outline key planning considerations for the organizers of mass gatherings in the context of the novel coronavirus (COVID-19) outbreak. It should be read in conjunction with WHO's *Public health for mass gatherings: key considerations*,² which provides general advice on the public health aspects of mass events. It is also adapted from the interim planning considerations that were previously released by WHO addressing mass gatherings in the context of pandemic (H1N1) 2009 influenza and guidance for international meetings attended by individuals from countries affected by Ebola virus.^{3,4} Updated technical guidance on the COVID-19 disease outbreak should also be consulted (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>).

2 General information about the COVID-19 virus

Coronaviruses are a large family of viruses found both in animals and humans. Some infect people and are known to cause illness ranging from the common cold to more severe diseases, such as Middle East respiratory syndrome (known as MERS) and severe acute respiratory syndrome (known as SARS).

¹ Rashid H, Haworth E, Shafi S, Memish ZA, Boov R. Pandemic influenza: mass gatherings and mass infections. *Lancet* 2008;8:526–7. doi: 10.1016/S1473-3099(08)70186-5.

² Public health for mass gatherings: key considerations. Geneva: World Health Organization; 2015 (<https://apps.who.int/iris/handle/10665/162109>, accessed 19 February 2020).

³ Interim planning considerations for mass gatherings in the context of pandemic (H1N1) 2009 influenza. Geneva: World Health Organization; 2009 (https://www.who.int/csr/resources/publications/swineflu/h1n1_mass_gatherings/en/, accessed 19 February 2020).

⁴ WHO interim guidance for international meetings attended by individuals for Ebola virus disease-affected countries. Geneva: World Health Organization; 2014 (<https://apps.who.int/iris/handle/10665/135751>, accessed 19 February 2020).

A novel coronavirus is a new strain of coronavirus that has not been previously identified in humans. The new, or novel, coronavirus, now called the COVID-19 virus, had not been detected before the outbreak that was reported in Wuhan, China, in December 2019.

So far, the main clinical signs and symptoms reported in people during this outbreak include fever, coughing, difficulty in breathing and chest radiographs showing bilateral lung infiltrates. As of 27 January 2020, human-to-human transmission was confirmed largely in Wuhan, but also in some other places in China and internationally. Not enough is known about the epidemiology of COVID-19 disease to draw definitive conclusions about the full clinical features, the intensity of human-to-human transmission, and the original source of the outbreak.

In planning appropriate preparedness measures, meeting organizers may want to consider the following three phases:

- **planning phase** – the period (weeks or months) before the event begins, when operational plans for health and security services during the event are developed, tested and revised;
- **operational phase** – the period after plans are finalized and the delivery of the event services begins; this may be several weeks before the event commences if teams arrive in advance to complete their training or preparations;
- **post-event phase** – the period after the event finishes when participants are returning to their home countries and organizers are reviewing the event delivery and any follow-up actions that are necessary, as well as reviewing any lessons learned and the event’s legacy.

3 Planning phase

Good planning should ensure that robust systems and processes are in place to manage public health issues during mass gatherings. Organizers should review their plans to ensure they are fit for purpose. Additional advice could be sought through consultation with global experts.

General advice on planning for the public health aspects of an event is set out in WHO’s key considerations document (mentioned in Section 1). Specific actions to be taken in relation to the COVID-19 outbreak are discussed in this section.

3.1 Liaison with local and national public health authorities

- Event organizers should establish direct links with local and national public health authorities. This should include the local provider of health services for the event.
- There should be a nominated liaison person in the organizing team and also one in the designated public health agency. Contact information should be shared, and contacts should be available 24 hours.
- Regular contact should be maintained throughout the planning period to share information, risk assessments and plans.
- Channels of communication between agencies and organizers, and with the public, should be agreed in advance.

3.2 Risk assessment

The decision to proceed with a mass gathering or to restrict, modify, postpone or cancel the event should be based on a thorough risk assessment. Event planners should undertake such an assessment in partnership with local and national public health authorities.

For highly visible or particularly large events, WHO may provide advice and technical support to the host country to help with assessing the public health risks associated with the event.

3.2.1 General considerations

General considerations include the following.

- A comprehensive risk assessment should be undertaken at the beginning of the planning phase, reviewed regularly during planning and updated immediately prior to the handover to the operational phase.
- The risk assessment should include input from the public health authority and should take into account the security assessment for the event.
- In relation to COVID-19 disease, the risk assessment should include consulting WHO's updated technical guidance and ensuring that there is an up-to-date evaluation of the epidemiological situation.
- The risk assessment for the event must be coordinated and integrated with the host country's national risk assessment.

3.2.2 Specific considerations in relation to COVID-19 disease

Specific information that is necessary for the risk assessment includes:

- the global COVID-19 situation report as provided by WHO;
- the national COVID-19 situation report.

The risk assessment for COVID-19 disease should consider both general features and specific features.

- General features of COVID-19 disease include
 - transmission dynamics
 - future likely spread of the epidemic
 - clinical severity
 - treatment options
 - potential for prevention, including available pharmaceuticals and vaccine.
- Specific features of the event that should be considered include
 - crowd density;
 - the nature of contact between participants (for example, a concert or religious event, indoors or outdoors, the layout of the venue);
 - whether the event will be attended by registered and non-registered participants;
 - the profession of the participants and their possible previous exposure;

- the number of participants coming from countries or areas affected by the COVID-19 outbreak within 14 days prior to the event;
- the age of participants; because elderly people who have co-morbid conditions appear to be more seriously affected, mass gatherings composed principally of this cohort may be associated with increased transmission;
- the type or purpose of event (for example, sporting, festival, religious, political, cultural);
- the duration and mode of travel of participants; if the duration of the mass gathering is longer than the incubation period for COVID-19 infection (14 days), then most event-associated cases would be expected to occur while the event is under way. In contrast, if the duration is shorter, most cases would likely occur after the event as people travel and return to their home communities.

WHO's [Public health for mass gatherings: key considerations](#) can be consulted for a detailed discussion of the general principles and elements of risk assessment and management. Additionally, online training is available [about public health preparedness for mass gatherings](#).

3.3 Specific action plan for COVID-19 disease

Action plans should be developed to mitigate all risks identified in the assessment. Some actions will be the responsibility of the public health authority to deliver, some will be the responsibility of the local health service provider, and the event organizer will be responsible for others; each action plan should specify who is responsible for delivering each action, the timescale for delivery, and how and by whom delivery will be ensured. Action plans should include:

- integration with national emergency planning and response plans for infectious diseases;
- command and control arrangements to facilitate the rapid communication of information and efficient situation analyses and decision-making;
- any appropriate screening requirements for event participants – for example, will participants be screened for COVID-19 symptoms on arrival?
- disease surveillance and detection – for example, how will the disease be recognized and diagnosed in participants?
- treatment – for example, how and where will ill participants be isolated and treated?
- decision trigger points – for example, who will decide whether affected participants can continue or resume their role in the event? What trigger points will indicate the need to reconsider or revise the plans? What would trigger postponement or cancellation of the event?

If the decision is made to proceed with a mass gathering, planning should consider measures to:

- detect and monitor event-related COVID-19 disease;
- reduce the spread of the virus;
- manage and treat ill persons;
- disseminate public health messages specific to COVID-19 disease.

3.4 Capacity and resource assessment

Some of the capabilities and resources to be considered when planning for an event include the following.

- National health authorities should assess whether additional resources and capacity are needed to deliver appropriate risk-mitigation actions to the local community during and after the event, for example, by adding diagnostic testing capacity, isolation and treatment facilities, and resources for contact tracing.
- Event organizers should assess the capacity needed and the resources available to deliver all specific COVID-19 risk-mitigation actions that arise from the risk assessment.
- Capacity and resources should be coordinated with the public health authority and health service provider to avoid duplication or gaps.

3.5 Risk communication and community engagement plan

Event organizers should agree with the public health authority how participants and the local population will be kept informed about the health situation, key developments and any relevant advice and recommended actions.

4 Operational phase

There is no published experiential data specific to planning and implementing a mass gathering during the current COVID-19 outbreak. However, arrangements must be in place to ensure regular communication between event organizers and the public health authority.

These arrangements should include:

- regular and full sharing of information by organizers and public health authorities;
- arrangements to provide participants with information about how to access health advice;
- arrangements for ongoing, dynamic risk assessments to be conducted by the public health authority and organizers as the event progresses;
- arrangements for communicating with participants and the local population to ensure messaging is consistent.

To date, there is no scientific evidence that supports the screening of participants as a cost-effective measure.

4.1 Risk communication

Risk communication is an integral part of mass gatherings. The following measures should be considered.

- Key messages for the local population and event participants must be coordinated and consistent.

- Consideration should be given to how messages about risk can be delivered to the population and to participants quickly if an unusual event occurs.
- Messaging should include:
 - an overall assessment of the local risk;
 - advice on preventive measures, especially respiratory etiquette and hand hygiene practices;
 - advice about how to access local health care if necessary, including how to do so without creating a risk to healthcare workers;
 - advice on self-isolation and not attending the event if symptoms develop;
 - information about disease signs and symptoms, including warning signs of severe disease that require immediate medical attention;
 - advice on self-monitoring for symptoms and signs for participants travelling from affected countries, including checking their temperature;
 - information that WHO does not currently recommend quarantine for healthy travellers or other travel restrictions;
 - information that wearing a face mask is recommended for participants who have respiratory symptoms (for example, cough); it is not recommended for healthy participants.

Event organizers in collaboration with public health authorities may wish to consider whether specific information or advice is needed about the potential risks that persons already at increased risk of severe disease might face in the setting of a mass gathering, especially if the COVID-19 virus is circulating in the community.

More information on COVID-19 risk communication and community engagement can be found in *Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)*.⁵ WHO's advice for the public about COVID-19 disease can be found [here](#) and information about myths can be found [here](#).^{6,7}

4.2 Surveillance of participants

Some of the key features to consider for surveillance include the following.

- Detection and monitoring of event-related COVID-19 disease should be considered in the context of surveillance schemes that are already in place and if new or enhanced surveillance is deemed necessary.

⁵ Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV): interim guidance v2, 26 January 2020. Geneva: World Health Organization; 2020 (WHO/2019-nCoV/RCCE/v2020.2; [https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-\(ncov\)](https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-(ncov)), accessed 19 February 2020).

⁶ Coronavirus disease (COVID-19) advice for the public. In: WHO/coronavirus disease 2019 [website]. Geneva: World Health Organization; 2019 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>, accessed 19 February 2020).

⁷ Coronavirus disease (COVID-19) advice for the public: myth busters. In: WHO/coronavirus disease 2019 [website]. Geneva: World Health Organization; 2019 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>, accessed 19 February 2020).

- Organizers will need to work with local public health authorities to ensure that systems are in place to identify indicators of illness arising in the local population or in event participants, such as increases in the number of people experiencing symptoms or a rise in the use of proprietary medicines.
- Surveillance systems will need to operate in real time or near-real time to support rapid response actions.
- Surveillance systems should be linked to risk assessments, so that any abnormal signal in the surveillance systems triggers an immediate revision of the risk assessment

4.3 Testing and diagnostic arrangements

Organizers need to consider with the local health authority how and where participants presenting with COVID-19-like symptoms will be tested. In the current absence of commercial testing kits for the COVID-19 virus, organizers will need to ensure that their health provider has access to appropriate testing tools, probably from the national public health agency. This will also require prior agreement about how to transport specimens or participants to a testing facility.

4.4 Treatment facilities

Some considerations for treatment facilities include the following.

- Event organizers should consider the need to provide isolation facilities at the event site for participants who develop symptoms and need to wait for a health assessment. Whether this is necessary depends on the nature of the event and the extent to which the event will provide its own medical services rather than depend on the local health service to do so. Preparing for an isolation facility includes training healthcare workers, implementing infection control and prevention measures in any healthcare setting, and preparing personal protective equipment to be used by staff.
- Organizers need to consider where any participant who becomes unwell with COVID-19-like symptoms will be treated and how they will be transported to a treatment facility. This is likely to be in a national health facility where there is appropriate containment capacity and expertise, so participants will not be able to remain in the event's medical facility. Agreements about any consequent funding issues should be confirmed in advance.
- Participants at events sometimes expect that they will be returned to their home country for medical treatment rather than be treated in the host country; this will not be possible for anyone diagnosed with COVID-19 illness except through the use of specific medical evacuation flights that have appropriate isolation and containment facilities: such facilities are scarce and expensive and not readily available for illnesses such as COVID-19 infection.
- Organizers need to consider how any affected participants will be transferred home if their illness extends beyond the end of the event and pre-arranged travel is no longer available.
- Event organizers working with public health and healthcare officials need to assess national healthcare capacity to deliver supportive treatment, including admitting participants to an intensive care unit and providing ventilator support. Such care should be provided near to the mass gathering.
- National plans for deploying and providing access to medical supplies, such as antibiotics, ventilators, and personal protective equipment (known as PPE), should be reviewed.

4.5 Decision-making

In collaboration with local health authorities, organizers should also agree in advance the circumstances in which risk-mitigation measures would need to be enhanced or the event postponed or cancelled. Prior agreement on potential trigger points will facilitate these discussions if they become necessary.

4.6 Operational practices for reducing event-related transmission of the COVID-19 virus

The basic general principles for reducing transmission of the COVID-19 virus are applicable to a mass gathering.

- People should be advised to stay away from the event if they feel ill.
- Persons who feel unwell (that is, have fever and cough) should stay at home and not attend work or school and avoid crowds until their symptoms resolve. This applies to participants as well as staff.
- Promoting appropriate hand hygiene and respiratory etiquette in mass gathering venues requires providing informational materials that reach a range of age groups and varying reading and educational levels. In addition, soap and water or alcohol-based hand sanitizers and tissues should be easily accessible in all common areas, and especially at medical treatment sites at the event.
- People who become ill while at the event should be isolated.
- Organizers should plan for the likelihood of persons becoming ill with fever and other typical symptoms of COVID-19 infection during the event. Organizers should consider establishing isolation areas in on-site medical treatment clinics or facilities where such persons can be initially assessed and triaged. Persons who are ill can be provided with a mask to help contain respiratory droplets generated from coughing and sneezing. The isolation area should be equipped with the necessary supplies to facilitate hand hygiene and respiratory etiquette. In addition, medical staff attending persons who are ill should wear a mask, dispose of it immediately after contact with someone who is ill, and cleanse their hands thoroughly afterwards.
- The usual precautions should be practiced with travellers arriving from international destinations.
 - If travellers have symptoms suggestive of acute respiratory illness before, during or after travel, they should be encouraged to seek medical attention and share their travel history with the healthcare provider.
 - Public health authorities should provide to travellers information about reducing their general risk of acute respiratory infections through health practitioners, travel health clinics, travel agencies, transportation operators and at points of entry.
- Crowding should be minimized where possible, and event organizers should consider using distancing measures to reduce close contact among people during the gathering (for example, by increasing the frequency of transport, staggering arrivals, diverting departures and minimizing congregation at sanitary stations and food and water distribution areas).

5 Post-event review

After the conclusion of the mass gathering, the following should be considered.

5.1 After the event

After the gathering, if public health authorities suspect that transmission of the COVID-19 virus has occurred, organizers and participants should support the response of authorities.

- Meeting organizers must liaise with public health authorities and facilitate the sharing of information about all symptomatic participants (such as their itineraries, contact information, visa procedures, hotel bookings).
- Individuals who develop symptoms during the mass gathering and their stay in the country should isolate themselves, seek medical attention and inform the appropriate public health authorities about their potential exposure, both in the country where the event was held and upon returning to their country of residence.

5.2 Risk communication for departing participants

- It may be necessary both for clinical reasons and under International Health Regulations to notify the home countries of returning participants of any people who developed COVID-19 infection while attending the event.
- Organizers also need to ensure that test results reported after the event are notified to the participant and, possibly, to the home country's public health system.

5.3 Lessons identified

As always, it will be important for lessons from any event to be identified through review after the event so that they can be passed on to future event organizers.

5.4 Legacy

Organizing mass gatherings during a global health emergency is unusual, but it can be done depending on the risk assessment. Organizers should see any such event as an opportunity to enhance their ways of working and to pass this learning on to both future events and the host country.

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WHO reference number: [WHO/2019-nCoV/POE mass gathering/2020.1](#)



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APPENDIX 2

Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19

Interim guidance
14 April 2020



Background

This sports addendum should be read in conjunction with the [WHO key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak](#) which provides general advice on the public health aspects of such events.

This addendum has been developed to provide additional support to sports event organizers in assessing the specific additional risks, identifying mitigation activities and making an informed evidence-based decision on continuing to host any sporting event. Additional guidance is provided in the specific WHO COVID-19 mass gatherings sports addendum risk assessment tool and mitigation checklist.

Updated [technical guidance on COVID-19](#) should also be consulted. These documents will be reviewed and updated as the pandemic evolves.

Key issues and mitigation options

The key factors for consideration for each sporting event are included in the WHO COVID-19 mass gathering sports addendum risk assessment tool. These key factors address the specific issues that should be taken into consideration when planning a sporting mass gathering event. The table below provides an overview of and background information on some of these additional factors, including mitigation measures that will also be captured during the risk assessment process.

Key considerations	Comments	Risk factors and mitigation checklist
Are there sports that could be considered a lower or higher risk?	<p>Lower risk sports where physical distancing is possible, e.g. archery, shooting and some athletics events. These will be less of a risk if physical distancing advice for athletes, coaches and spectators is followed.</p> <p>Higher risk sports include contact sports. Physical and close contacts among players increases risk of transmission of COVID-19.</p>	<p>See details in the mitigation checklist.</p> <p>Consider:</p> <ul style="list-style-type: none">• daily health check of competitors• Physical (at least 1 meter) separating of competitors, officials, spectators and support staff• thorough disinfection and cleaning after/between bouts/competitions• sharing of equipment should be prohibited, in particular ensuring that water bottles and cups are not shared• consider safe utilization of the closed containers for all disposable and reusable hygiene materials (e.g. tissue, towels, etc.).

<p>Size of event</p>	<p>The size of the sporting event affects the risk.</p> <p>Physical distancing of spectators must be maintained if spectators and support staff are to be present during the event. Other factors must also be considered across the different target groups:</p> <ul style="list-style-type: none"> • participants (includes officials) • spectators • host country (international events) • other participating countries (international events). <p>The numbers of participants relative to spectators in sporting events are usually low. Participants are also a known group so easier to advise, support and follow up if needed so it could be possible to consider holding events in closed stadia.</p>	<p>See details in the mitigation checklist</p> <p>Conducting sporting events with designated seats in arenas with widely spaced spectators for at least 1-metre physical distancing, numbered seats for contact tracing, temperature monitoring at entrances and provision of visual reminders such as stickers or wrist stamps may reduce the possibility of incidental contact.</p>
<p>Indoor or outdoor locations</p>	<p>Outdoor events will be better ventilated than indoor events.</p> <p>It may be easier to ensure physical distancing advice is followed in outdoor events with non-designated seating such as horse racing, golf, etc.</p>	<p>See details in the risk assessment</p> <p>WHO advice on physical distancing must be maintained during sporting events</p>
<p>Venue facilities</p>	<p>Requires liaison with the venue owners to ensure the facilities do or can comply with WHO and national recommendations during the COVID-19 pandemic.</p>	<p>See details in the mitigation checklist</p> <p>An isolation room/space identified to hold any symptomatic person found at the venue while awaiting patient transport to a medical facility is necessary.</p> <p>Additionally, having a medical post and designated personnel on site is advisable to help assess cases and potential other illness..</p>
<p>Demographics (age and health)</p>	<p>Competitors of sporting events tend to be younger and healthier than spectators. However, some competitors, coaches and support staff may have underlying health conditions.</p> <p>The age and health of spectators and other staff will vary.</p>	<p>See details in the mitigation checklist</p> <p>Pre-travel and pre-event health checks are highly encouraged/mandatory to ensure exclusion of those with potential additional risks (co-morbidities, medications, allergies)</p> <p>Spectators can include vulnerable groups so consider advising some at-risk groups not to attend.</p>
<p>Risk communication</p>	<p>Ensure public health advice is available before and during the event to all participants, staff, and personnel of all relevant stakeholders</p>	<p>See details in the mitigation checklist and the event organizers recommendations below</p> <p>Display signs to inform spectators and support staff about ways in which they can prevent themselves from getting infected with COVID-19 and passing the virus to others.</p>

More information in [Q&A on mass gatherings and COVID-19](#).

A checklist of recommended actions is included below for:

- Event organizers
- Participants

Recommendations to event organizers

These measures may help obtain exceptions from authorities to allow athletes to train and participate in other events such as qualifications considered crucial by the organizers. Elite sport is a very controlled environment and organizers should be able to achieve this in a comprehensive way.

Consider the opportunity of using sports ambassadors to promote messaging. It is everyone's responsibility to keep themselves and others healthy and contribute to a successful event.

Recommendations to event organizers	
Pre-event and during event (including venues)	Ensure availability to handwashing, alcohol-based hand gel and hygiene facilities at multiple locations in the event facility and accommodation.
	Ensure good hygiene signage across all venues, changing rooms, training facilities, etc.
	Provide first aid and medical services, including designated medical providers who are able to triage and refer suspected cases for COVID-19 testing.
	Team medical staff or Local Organizing Committee (LOC) staff at venues should check competitors' temperatures each day, any temperatures above 38°C should be reported to the event medical lead/chief medical officer. Follow advice on the management of ill travelers at points of entry (international airports, seaports, and ground crossings) in the context of COVID-19
	Ensure capacity to isolate suspected cases: <ul style="list-style-type: none"> team/officials and event staff volunteers, support workers.
	Develop and make available risk communication on: <ul style="list-style-type: none"> clinical features of COVID-19 and preventive measures, especially respiratory etiquette and hand-hygiene practices the criteria for asking individuals with symptoms to leave the venue or retreat to a designated area information on physical distancing information on the use of face coverings and medical masks the meaning and practical implications of quarantine, self-isolation and self-monitoring in the context of the event, e.g. not attending.
	Ensure availability of rubber gloves to team staff and volunteers handling laundry, towels, etc.
	Recommend that towels are for single use only.
	Provide each participant with a clean water bottle.
	Make tissues and containers to dispose of used tissues with lids available on all buses and in all facility changing rooms.
	Provide each team with a thermometer (e.g. infrared) and a recording sheet/internet link for athletes' temperatures. If this is not possible, can each team be equipped with a non-contact sensor thermometer?
	Determine where an individual diagnosed with COVID-19 will be cared for and isolated
	Determine where a contact of a confirmed cases will be quarantined
	Determine how athletes and team staff will be notified of a case and COVID-19 situation where they are training.
	Define a place where a large number of people can be quarantined in case of a large number of athletes or event staff being exposed
	Predetermine emergency contacts with local health authorities.
	Medical masks should be ready for use by organizers' medical staff and sick individuals
	Provide disinfectant wipes and advise venue cleaning staff to disinfect door handles, toilet handles, bathroom faucet handles, etc. in all areas several times per day.
	Consideration of provision of individual prevention packages for athletes containing: <ul style="list-style-type: none"> small personal packages of disposable tissues and plastic bags for tissue disposal small laminated prevention card with key reporting information medical mask to wear if they are ill (any symptoms, including fever, cough, shortness of breath) small packages of an alcohol-based hand wipes small package of disposable plastic drinking cups thermometer hand sanitizer.

Recommendations to event participants	
Pre-event	Anyone participating in the event (athlete, volunteer, official, food handler etc.) should proactively and regularly check their health status (including taking their temperature, and monitoring for any symptoms).
	Anyone due to participate in the event who is feeling ill should not come to the venue and be advised on the designated contact online or by telephone.
	Team staff and volunteer leads should ensure that their teams and volunteers are briefed on the protocols for a suspect and confirmed patients, on infection prevention and control measures and on where to find more information.
During the event	Participants should be aware of and cooperate with team medical staff or event organizing staff at venues in taking their own/or competitors' temperatures each day, any temperatures above 38°C to be reported to the event medical lead/chief medical officer. Follow the same approach as the management of ill travelers at points of entry (international airports, seaports, and ground, crossings) in the context of COVID-19
	Wash hands often with soap and water . Use an alcohol-based hand sanitizer if soap and water not available. Hand sanitizer stations should be available throughout the event venue, the accommodation, and on team buses.
	Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing. Practise respiratory etiquette (maintain distance: at least 1 m), cover coughs and sneezes with disposable tissues or flexed elbow, wash hands). If coughing persists, isolate and seek medical advice.
	Avoid contact with sick people, including avoiding close contact with those suffering from acute respiratory infections. Avoid contact with anyone if you are ill.
	Gloves should be worn by team and event staff handling towels or laundry in the team environment.
	Towels should not be shared.
	Athletes should not share clothing, bar soap or other personal items.
	Recommended protocol for the use of water bottles: <ul style="list-style-type: none"> • Good team hygiene includes ensuring all players, officials and staff have their own water bottles to prevent the transmission of viruses and bacteria. • Bottles should be labelled and washed (with dishwasher soap) after each practice or game.
	Advise athletes not to touch their own mouths or nose.
	Avoid shaking hands or hugging.
	Avoid steam rooms or saunas.
	Be aware of regular cleaning of frequently touched items (door handles, elevators, gym equipment, etc.)

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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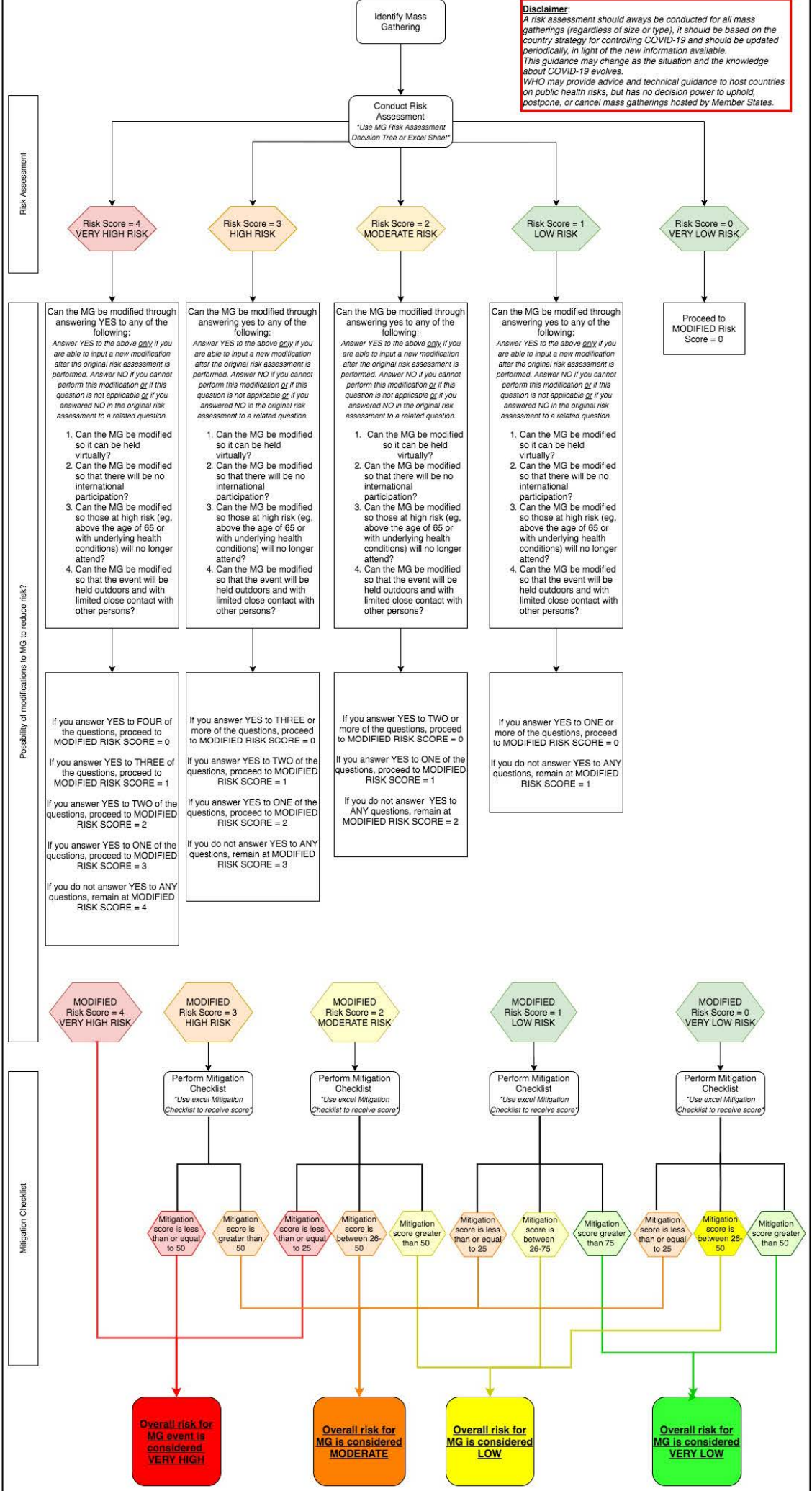
WHO reference number: [WHO/2019-nCoV/Mass_Gatherings_Sports/2020.1](#)



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APPENDIX 4

Disclaimer:
 A risk assessment should always be conducted for all mass gatherings (regardless of size or type), it should be based on the country strategy for controlling COVID-19 and should be updated periodically, in light of the new information available. This guidance may change as the situation and the knowledge about COVID-19 evolves. WHO may provide advice and technical guidance to host countries on public health risks, but has no decision power to uphold, postpone, or cancel mass gatherings hosted by Member States.





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APPENDIX 5



Signs and Symptoms of COVID-19

Most Common Symptoms



Fever
(> 100.4)



Cough



Shortness
of breath

Less Common Symptoms



Sore throat
Congestion



Headache
Chills



Muscle and
Joint Pain



Nausea or
Vomiting



Loss of sense
of Smell



Diarrhea