

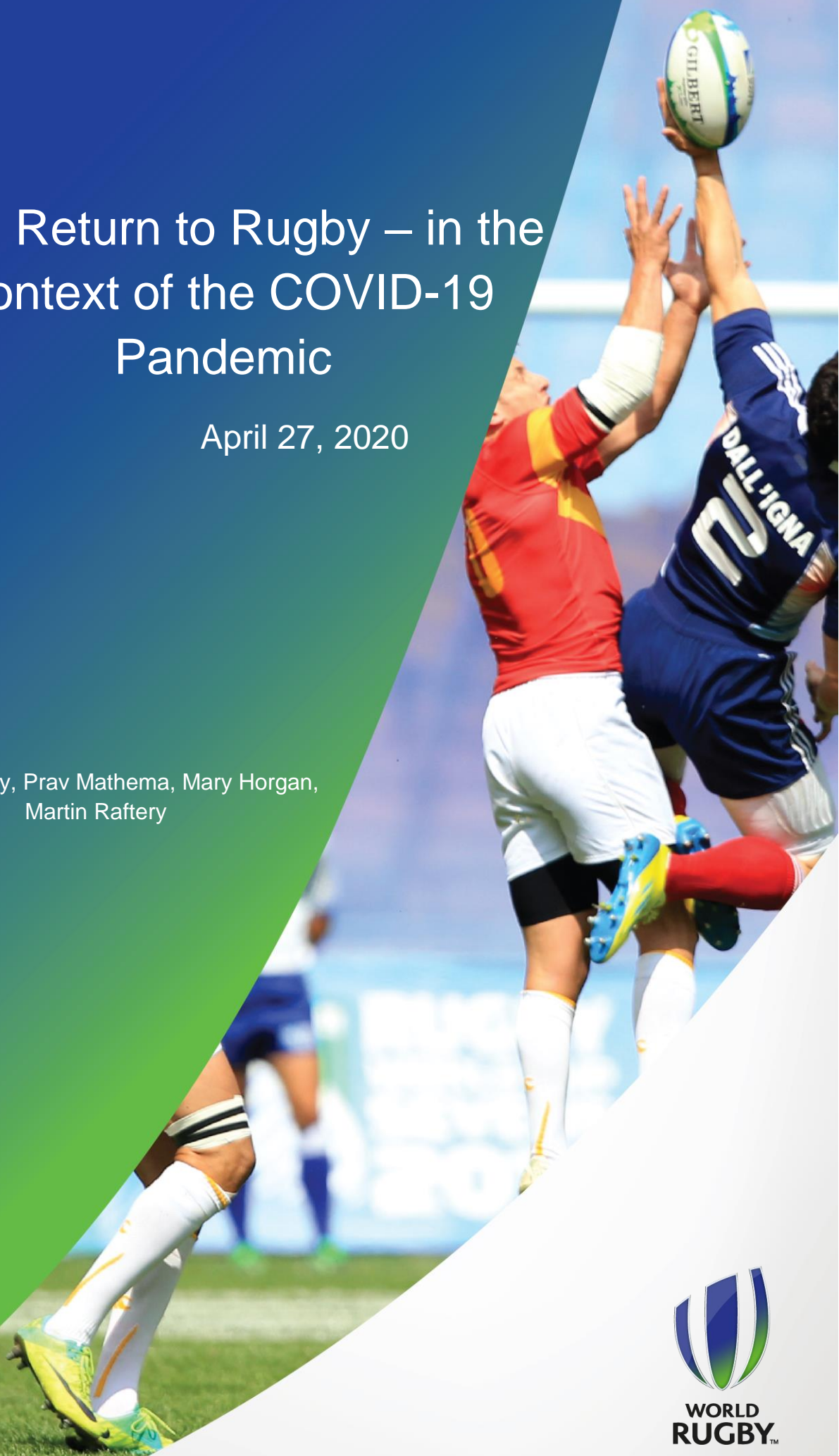


Medical

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

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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 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 should use this framework to create policies for return to activity within their own jurisdiction. In doing so, Unions 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 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?

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 - [Public advice](#)
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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 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.

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 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, 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 symptoms and ensure the early detection of cases, 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.

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
 - Cough
 - Sore throat
 - Tiredness
 - Shortness of breath
- 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.
- 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 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.
- 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.

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 will identify 60% of symptomatic cases.
 - Your Club should arrange a 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.
 - temperature checks on entering the facility, temperature testing should be contact free (to avoid disease spread) and the devices available 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 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 taken. 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 negative)
 - 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 pin-prick test. 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. It is hypothesised that the presence of an antibody will indicate that you have had the infection in the past however scientific research is ongoing to determine if the presence of the antibody ensures that you are immune and, if so, how long that immunity lasts. These tests are currently undergoing scientific validation.

These tests may identify individuals who have;

- been exposed and may be immune however this has to 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 health authority COVID-19 plan will differ. Your Club will be guided by this local policy. The reliability of these test 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)
- 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.
- 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 recommend social distancing. The cloth mask is not a substitute for social distancing.
- 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 outside 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.



Risk in Rugby

- Rugby is a contact sport. To fully train and to play matches requires intermittent physical contact. High-risk physical contact, where players are in very close proximity (such as scrum, or face to face tackle), most likely poses a greater risk should one player be an infected person. In training, this type of contact should, whenever possible be limited, as should mixing of groups who have undertaken this type of contact. Should a team-mate from high-risk physical contact or opposition player in a recent match develop an infection, all of those who have participated in the high-risk contact are likely to 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+).
 - Athletes without underlying conditions are not part of the vulnerable group.
 - Players who have suffered a COVID-19 infection should self-isolate for 7 days and not engage in exercise for 14 or until their symptoms settle.(1)
 - 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.

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, Clubs and Competitions 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 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](#)
 - [Advise 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 Club.
 - This document is supported by an online module which your Club will need you to complete.
 - 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 had a high temperature or fever overnight or if you have developed cough, shortness of breath, sore throat or you are feeling unwell. 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
 - 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 kept at as generous a distance as possible.
 - 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.

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, certain types of contact will be of higher risk (as outlined in page 2, scrum, maul etc) This has implications for isolation or quarantine should a squad member become infected with COVID-19.

Unions 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.

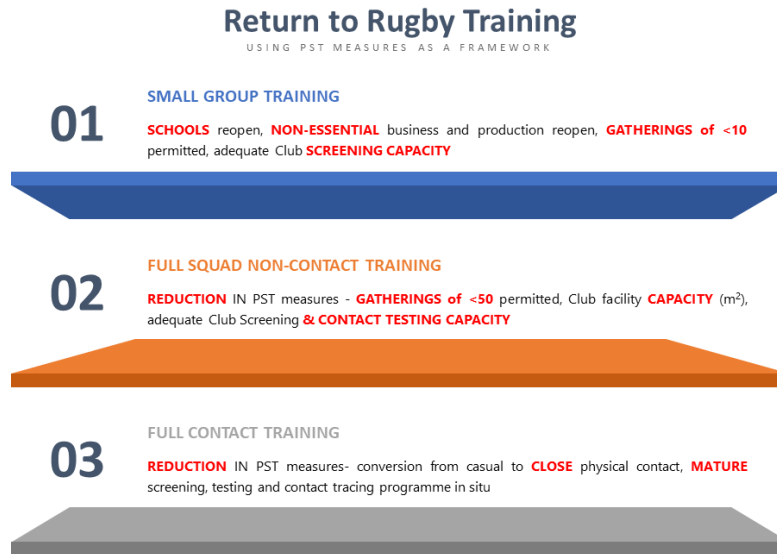


Figure 1: Return to rugby training using PST measures as a framework

Figure 2 provides a guide from training through to resumption of all Rugby Competitions and Tournaments, including International Games with spectators.

Matched PST measure relaxation, and Return to Rugby Activities

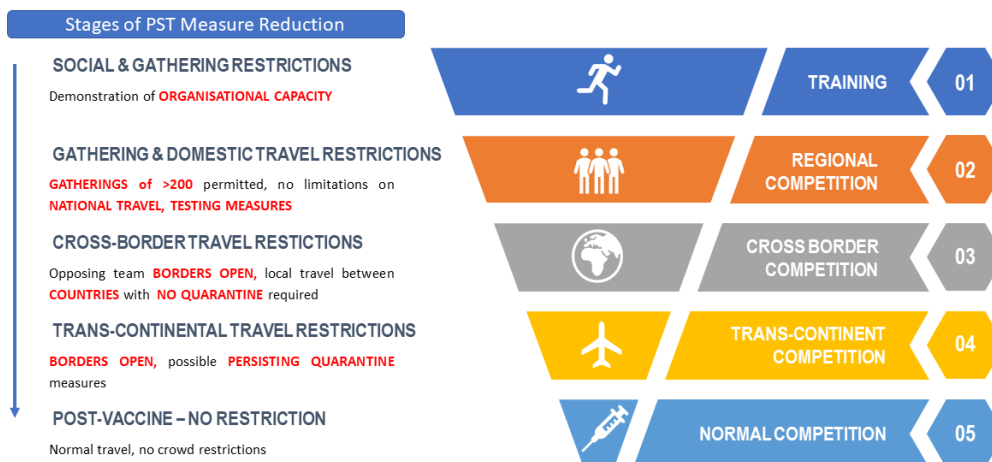


Figure 2: reduction in PST measures matched to phased return to play



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 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.

1. When physically active the risk of interpersonal transmission may be higher, and it is recommended that a distance of at least 1.5 meters between individuals should be observed to significantly reduce the probability of virus transmission. Due to the movement involved in sports, the distance should be kept at a generous distance.
2. 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.
3. 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.

4. 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.
5. 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.
6. 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.
7. 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.
8. Equipment sharing should be avoided where possible, when it is required (such as in the gymnasium) equipment should be sanitised between groups.
9. Personal equipment such as water bottles should be clearly marked and not shared.
10. 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.

1. Daily screening, hygiene measures, social distancing and appropriate care will remain the most important means of keeping players and staff safe.
2. 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.
3. 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.
4. 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. Certain aspects of contact training are higher risk, and those exposed to this risk will likely require testing and quarantine, should one of the participants subsequently become display signs of infection (within 2 days of the exposure). 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.

1. 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.
2. 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.
3. Under normal circumstances the pre-season conditioning period culminates in 'warm-up' games.
4. 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.
5. 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:

1. to continue to observe hygiene and hand sanitisation methods in use at home and in Club facilities;
2. use individual hand sanitisers and single-use disposable wipes when required;
3. be aware of any change in your symptoms and report any possible signs of COVID-19 immediately;
4. 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 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 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.

1. 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.
2. 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.



Medical



DOCUMENTS AND POLICIES

Each Union and Club should create policies for return to activity and playing. In doing so, Unions need to be 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 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 and Clubs.

All Unions should ensure that their policies require written confirmation from players and staff that they understand the risks involved in returning to training and playing.

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 should ensure that they have adequately dealt with any data protection requirements of local law (e.g. GDPR) 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)

1. **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.
- 2. 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 must include;
- Thorough cleaning of the facility after each day of use.
 - 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.
 - 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.

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.



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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:

1. minimise the number of individuals attending to those deemed essential only (usually agreed between Club and Union). The recommended minimum number of stakeholders to deliver a match can be found in appendix 3;
2. 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.
3. 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 government and local health authorities, 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.

1. 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 repatriated;
2. 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;
3. 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 outlines the minimum number of people required to host a game. 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.

1. 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;



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- iii. they have 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; and
 - 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; and
 - 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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APPENDICES

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

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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 (found [here](#)) which may be used to operationalise return to play, kindly supplied by Mr Prav Mathema, Mr Clint Readhead et al.

APPENDIX 3

Minimum stakeholders required to deliver a match

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



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Outside broadcasting van	15
Stadium operations	8
Big screen and PA announcer	2
TOTAL	167