



# Coronavirus (COVID-19)

## Guidance for Event Organizers for the Protection of the Health of Sailing Communities

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### Disclaimer

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World Sailing (WS) is the world governing body for the sport of sailing recognized by the International Olympic Committee and the International Paralympic Committee (IPC).

The creation of the International Yacht Racing Union (IYRU) began in 1904, This group went on to adopt a formal Constitution after a meeting at the Yacht Club de France in Paris on 14 October 1907 which is seen as the formation date of the International Yacht Racing Union.

On 5 August 1996, the IYRU changed its name to the International Sailing Federation (ISAF).

On 14 November 2015, ISAF changed its name to World Sailing

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# 1. Introduction

In response to the current coronavirus (COVID-19) outbreak, this Guidance has been produced by the World Sailing (WS) to support all sailing event organizers and athletes. The purpose is to help organizers to follow advice provided by United Nations agencies including the World Health Organization (WHO), International Olympic Committee (IOC) as well as the Centre for Disease Control (CDC) and European Centre for Disease Prevention and Control (ECDC).

COVID-19 – a coronavirus transmitted infection which can lead to severe acute respiratory syndrome and pneumonia also to many other severe complications – was first reported in December 2019 in Wuhan, China. The virus is now spread globally. No vaccine is currently available, and the focus of health authorities worldwide has been containment of the virus through implementation of public health and social measures (PHSM) to limit and slow down widespread transmission. On 30 January 2020, the Director-General of the World Health Organization, following the advice of the Emergency Committee convened under the International Health Regulations (2005), declared the current outbreak of COVID-19 a Public health emergency of international concern. On 11 March, the World Health Organisation declared that COVID-19 has become a pandemic due to the speed and scale of transmission rather than the severity of the disease (Available at: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic> ). This grave public health challenge requires close cooperation between international agencies, governments and mass gatherings event organizers, in order to protect the health of event participants, as well as the general community. The unprecedented and unpredictable spread of the current pandemic has seen the situation in the rest of the world deteriorating having significant impact on athletes' preparations for the Olympic Games Tokyo 2020 due to run from 24 July to 9 August 2020. In the present circumstances on 30 March, The International Olympic Committee (IOC), The International Paralympic Committee (IPC), The Tokyo 2020 Organising Committee, The Tokyo Metropolitan Government and The Government of Japan agreed the new dates for the games

of the XXXII Olympiad, in 2021. The Olympic Games Tokyo 2020 will be celebrated from 23 July to 8 August 2021.

The postponement of the most of international major sports finalize gatherings give the health authorities, and all involved in the organisation and provision of the events the additional time to manage risks reasoned by and following the evolution of COVID-19 pandemic. The new dates also give the additional benefits that any disruption that the postponement will cause to the international sports calendar can be kept to a minimum, in the interests of the athletes and the International Federations, including WS. Additionally, they will provide enough time to finalize the qualification process. We understand the significant challenges faced by athletes and Member National Authorities (MNA's), particularly in terms of domestic and international travel regulations and the varying restrictions on the organisation of events which continues to change daily. As a result, we are focused on assisting MNA's to address any challenges and the delivery of Olympic qualification in the hope that this pandemic will cease to the level which makes Pre-Olympic qualifying events possible and safe.

As part of our ongoing efforts to keep our organizers and athletes informed on the impact of COVID-19, the World Sailing continues to publish the latest information and advice on the World Sailing website at <https://www.sailing.org/medical/index.php> . This Guidance uses information contained in the *Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak (Interim guidance)* available at: <https://www.who.int/publications/i/item/10665-332235> and *Country & Technical Guidance - Coronavirus disease (COVID-19)* available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications> . It is also recommended to use this alongside the *World Sailing Medical Guidelines for the International Team Coach* available at: [https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-\[26241\].pdf](https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-[26241].pdf) .

The World Sailing Medical Commission is grateful for all support received from International organizations, agencies and other various parties in preparation of these Guidelines.

## 2. Points of Entry Regulations in the Context of COVID-19

The recommendations to countries to institute public health and social measures proportionate to the public health risks lays in the frame of and consistent with the International Health Regulations (IHR,2005) and other International regulations. *Updated WHO recommendations for international traffic in relation to COVID-19 outbreak* is available at: <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak/> .

The WHO has also underlined the importance of travellers' awareness in preventing the transmission of COVID-19. Who advice on *Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak* is available at: <https://www.who.int/publications/i/item/10665-331512> The WHO IHR can be available at: <https://www.who.int/ihr/publications/9789241596664/en/> . Nevertheless, although many now moved to easy restrictions phase, many governments have introduced international, national and local movement restrictions including:

- Delayed border clearance;
- Visa restrictions;
- Imposition of quarantine or refusal of entry.

While such measures can severely disrupt travel, the reality is that sport national authorities (MNA's), athletes and their teams, may have limited choice but to adhere to these international, national and local travel restrictions due to the serious concern about COVID-19 and the potential risk to public health.

The priority responsibility for race organisers is to ensure, as far as possible, all aspects of safety, especially the health, of event participants, support crew and local workers, including minimising inadvertent person-to-person transmission of COVID-19. The race organisers also take a responsibility for the health and safety of the visiting public, who may come to the shore venues to watch both preparations and race events. However, it is very important for race

organizers to admit all teams (both athletes and supporting teams), but also to manage all suspected cases of infection. If any suspected or confirmed cases of infection are found among participating teams, event organizers are highly recommended/or even obliged to take additional mitigation measures to prevent spread of the infection. Together with other MNA's, athletes and their teams, event organizers are encouraged to report, communicate and cooperate with their local public health authorities to ensure, where appropriate, that:

- Participants (athletes, their teams, International Technical Offices) can be medically evacuated;
- Participants can be isolated;
- Event can continue if safe so;
- Participants can access appropriate and sufficient medical care;
- Prevention program mitigation measures are in place;
- Disinfection measures are in place;
- Risk communication and participants awareness are in place;
- Necessary certificates and documentation can be issued and shared (Personal Location Forms - PLFs, Medical reports in the case of patient isolation or illness).

The IOC has advised that during the evolving phase of COVID-19 pandemic, effective protection of the health safety of athletes must remain a priority. Under the IOC regulations, event organizers must ensure all athletes are covered by adequate measures to protect their health and that they have access to prompt medical care while participating in the event. Event organizers must develop and implement set of preventive measures to control the transmission of infection and put in place mitigation measures to minimize the risk of infection. Event organizers must ensure that any athlete or event participant who needs immediate medical care have access to medical facilities. World Sailing have had issued several documents as a guideline for race organizers in setting up the medical support during the event, such as the *Medical Action Plan and Guidance for Medical Support at Designated Regattas*, accessible at : [https://www.sailing.org/tools/documents/MedicalActionPlanMLDV2-\[26247\].pdf](https://www.sailing.org/tools/documents/MedicalActionPlanMLDV2-[26247].pdf) and [https://www.sailing.org/tools/documents/WorldSailingGuidancetoEventOrganizersfortheProtectionoftheHealthofSailingCommunitiesVer2.32May2020-\[26299\].pdf](https://www.sailing.org/tools/documents/WorldSailingGuidancetoEventOrganizersfortheProtectionoftheHealthofSailingCommunitiesVer2.32May2020-[26299].pdf) .

### 3. Protective Measures for Participants

Coronavirus disease, first reported at December 2019 (COVID-19) is caused by the SARS-CoV-2 virus, and spreads from person-to-person through droplet and contact transmission. The aerosol and airborne transmission is a point of ongoing scientific research (See: <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations> . COVID-19 is primarily a respiratory disease and the spectrum of infection with this virus can range from people with very mild, non-respiratory symptoms to severe acute respiratory illness, vascular complication, organ dysfunction and death. Some people infected have reported no symptoms at all (asymptomatic cases).

Symptoms can include fever, cough, fatigue, shortness of breath or difficulty breathing, muscle pain and loss of appetite. Other non-specific symptoms such as sore throat, nasal congestion, runny nose, headache, diarrhoea, nausea and vomiting, have also been reported. Loss of smell and taste preceding the onset of respiratory symptoms have also been reported. Older people and immuno-suppressed may present with atypical symptoms such as fatigue, reduced alertness, reduced mobility, diarrhoea, loss of appetite, delirium, and absence of fever. It is important to note that early symptoms for some people infected with COVID-19 may be very mild and unspecific.

Human-to-human transmission of SARS-CoV-2 virus is understood to occur primarily through droplets from a person with COVID-19 and persons in incubation period. When someone infected with a respiratory disease, such as COVID-19, coughs or sneezes, they project small droplets containing the virus, landing on objects and surfaces around the person. Sneezing or coughing into hands may contaminate objects, surfaces or people that are touched. Other people catch SARS-CoV-2 virus by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch SARS-CoV-2 virus if they breathe in respiratory droplets from a person with COVID-19 in close contact (within 1 metre) who coughs, sneezes or breathes out droplets.

Standard infection protection and control precautions emphasise the vital importance of hand hygiene, physical distancing and respiratory etiquette for every person (*Coronavirus disease (COVID-19) advice for the public*, available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> .

In particular:

- Frequent hand washing by participants using soap and hot water or alcohol-based (at least 65–70%) hand rub for 20 seconds;
- Avoidance of touching the face including mouth, nose and eyes with your hands.
- Participants should be encouraged to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose then safely dispose of the used tissue immediately;
- If a tissue is not available, participants should cover their nose and mouth and cough or sneeze into a flexed elbow;
- All used tissues should be disposed of promptly into a closed waste bin;
- Participants should aim to keep at least one metres (3 feet) distance from other people, particularly those who feel unwell and have a cough or sneeze or may have a fever. If they are too close, other can potentially breathe in the droplets, aerosol;
- When receiving distributed food and water at the event it should always be handled with care, to avoid cross-contamination (e.g. use individual water bottles, pre-packed meals, etc.);
- Athletes should not share clothing, bar soap or other personal items;
- All personal sailing gear (e.g. wet suites) frequently touched items (door handles in accommodation rooms, gym equipment, etc.) should be cleaned and disinfected regularly and carefully (follow the procedures described in chapter V and VIII of the *WS Medical Guidelines for International Team Coach*, available at: [https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-\[26241\].pdf](https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-[26241].pdf) ;
- Any sharing of equipment with other teams should be avoided.

It is important that participants should be given the time and opportunity to clean their hands after coughing, sneezing, using tissues, or after possible contact with respiratory secretions or objects or surfaces that might be contaminated.

The use of masks or face coverings should be part of a comprehensive package of the prevention and control measures that can limit the spread of COVID-19 during the event. Masks should be worn either for protection of healthy persons (worn to protect oneself when in contact with or taking care of an ill individual) or for source control (worn by an infected individual to prevent onward transmission). However, the use of a mask alone is insufficient to provide an adequate level of protection or source control, and other personal and community level prevention measures should also be adopted to suppress transmission of respiratory viruses. Whether or not masks are worn, **compliance with recommended respiratory etiquette, hand hygiene, physical distancing** and other infection prevention and control (IPC) measures are crucial to control human-to-human transmission of COVID-19.

Considering the available studies evaluating pre- and asymptomatic transmission of SARS CoV2 virus, as well as the difficulty of physical distancing in the context of sailing event, **all participants should wear masks or face coverings in all circumstances when it is not possible to achieve necessary physical distance of 1 meter from other individuals.**

Athletes and other event participants should inform Event Chief Medical Officer (CMO) or other designated medical person if they have visited an area where community transmission of COVID-19 has been reported within the past 14 days, or if they have been in close contact with someone with respiratory symptoms who has been in the area with COVID-19 community transmission or with someone with confirmed COVID-19 infection. Those CMO should be reported in timely manner (By Personal Location Form (PLF) available at: [https://www.sailing.org/tools/documents/PLF-\[26355\].pdf](https://www.sailing.org/tools/documents/PLF-[26355].pdf) and **Appendix A** of these guidelines, on entering the marina or in advance - electronically). Event organizers will put this as prerequisite for participation in the event.

If athletes or other participants start to feel unwell with potential symptoms of COVID-19 during the event, even if symptoms are mild, it is important to seek medical consultation promptly and notice CMO or another designated medical person of the event.

Health Safety posters for athletes and other event participants are provided in **Appendix B**.

## 4. Sailing Events as Mass Gatherings

High profile international sporting events such as the Olympics or World Cups as well as other major international sport events like the major sailing regattas, count as mass gatherings (MG). However, lower profile sailing events can also meet WHO's definition of a mass gathering.

The WHO Definition for mass gatherings during COVID-19 is as follows:

**In the context of COVID-19, mass gatherings are events that could amplify the transmission of the virus and potentially disrupt the host country's response capacity** (Available at: [www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak](http://www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak) .

You need to consider nature, location and duration of your event, current epidemiological situation, as well as the number of participants. For example, if your event takes place over several days during major epidemics in a small island state, where the capacity of the health system is quite limited then even an event with just a several hundred participants could place a big strain on the health system and then be considered a "mass gathering" event. Conversely, if the event with several thousand participants is held in an urban area in a country with a high-standard, well-resourced health system and lasts just a few hours, the event may not put additional strain to local health system. Before the event, consult with host area Public Health Authorities should your event be considered as "mass gathering event" with appropriate level of preparedness and response.

Every event requires thorough planning and coordination of your medical support team and local public health authorities. The event medical plan strategy could be conceptualized in four steps:

- **Risk assessment:** What might happen, and how likely is it to happen?
- **Surveillance:** How will we know that it happens (reporting)?
- **Response:** What actions will we take when it happens (mitigation measures)?
- **Risk communication:** what information and info channels to be used?

## 5. Risk Assessment

Regardless your event is considered as mass gathering (MG) or not, risk assessment is a key element in prioritizing planning. It is a continuous process that should occur throughout the period leading up to the event and during the event, starting from the initial concept of Guidelines and stopping only after the event has finished. It should include ongoing assessment of how your medical support and the host country health care system are coping with increased health risks related to the event and can indicate both the scope and the level of intervention is needed. The risk assessment process findings should be documented and available for later review.

The level of risk for each factor is a function of two variables: the probability of a threat occurring and the consequences (impact) of that event. This is often mapped on a risk matrix. Decision making on acceptable levels of risk should be determined primarily by human health considerations. Other factors (e.g. economic costs, benefits, technical feasibility and societal preferences) could also be considered, particularly when determining risk management or mitigation measures to be undertaken.

Characterization of risks depends on the question that is being asked (Likelihood and Vulnerability Assessment). For example, many questions that characterize the risk could be considered of any potential public health threat:

- What is the impact on the event?
- What is the impact on public health?

Answers could be:

- **Very Low** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered very low. Little or no consequence or disruption to the event;
- **Low** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered low. Recommended to check if mitigation measures can be strengthened. Small impact on event;

- **Moderate** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered moderate. Recommended to put significant efforts to improve mitigation measures and reduce the risk of transmission (to decrease risk assessment score). Some controlled impact on the event and host reputation. Death and/or severe illness (e.g. COVID-19) cases are prognosed. Public health and medical services are strained;
- **High** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered high. Recommended to put significant efforts to improve both mitigation measures and reduce risk of transmission (to decrease risk assessment score). A risk-based decision to postpone or to cancel the event should be considered. Disruptive to event and host reputation. Many deaths or illness cases associated with COVID-19. Disrupts local public health and medical system;
- **Very High** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered very high. A risk-based decision to cancel the event. Significant adverse impact on event and host reputation. Substantial loss of life and serious illness. Widespread disruption of local medical system.

Sailing events mainly are falling in the *Very Low* and *Low* category but with COVID-19 pandemic dynamic they could fall into *Moderate*, *High* or *Very High-risk* category. After the pandemics started, several Olympic Qualification events were categorised as *Very High* risk and cancelled.

**World Sailing advises that a sailing event should only be held if the event falls in to the Very Low or Low Overall Risk Categories.**

**All necessary risk mitigation measures must be in place to achieve the required acceptable overall risk score.**

For countries not currently known to be experiencing community transmission of COVID-19, the priority consideration will be whether the planned international event substantially amplifies the risk of the virus (re)entering the country, as well as the risk to importing virus back to home countries by international participants and further increasing risk of global

spread. In making this assessment, the organizers and their national or local Public Health Authorities should recognize that the risk of imported cases of COVID-19 is naturally linked to international travel. They should also recognize that **it is neither realistic nor desirable to aim for zero risk**. When event organizers and public health authorities are determining whether to hold a mass gathering if no governmental ban on it or even if the event is not matching under the definition of “mass gathering”, they should determine what is the **acceptable level of risk** and what additional measures should be implemented to mitigate that risk.

Specific considerations in relation to COVID-19 possible impact on sailing events should be taken from global COVID-19 situation reports available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> as provided by WHO and national COVID-19 situation reports, and those should be, without exception done in cooperation with local public health authorities.

**Based on risk assessment, specific context of sailing events that are inherent to this sport and can be easily mitigated as such, have significant potential for transmission prevention and possibility to hold sailing events safer compared to other sports.**

For instance, sailing is a sport where physical distancing is feasible, low or no-crowd density policy, outdoor field of play, layout of the meeting venue, access to only registered participants, young age of participants that are not in close contact to each other during the event, dispersed housing where teams are renting their own (dispersed) accommodation, individual catering, mode of travel (cars/vans with the trailers) are favouring the safety of sailing events. If the event duration is longer than incubation period of COVID-19 (up to 14 days), than most event-associated cases would be expected to occur while the event is underway. In contrast, on sailing events with a shorter duration, most cases would likely occur after the event as people travel and return to their homes. In case of controlled transmission when virus ceased to spread in countries with COVID-19 community spread key consideration for event organisers in compliance with local governmental regulations could be:

- aiming at containing the current epidemiological situation or at least slowing down the spread of the virus in the local community/country;

- preventing international participants from other countries (if allowed) being infected with COVID-19 during the event with further global spread.

In each case the risk should be considered in the context of the known features of COVID-19 and its transmission modes and the known effectiveness of mitigation measures to prevent or reduce transmission. The strain has already placed on the local health system for COVID-19 pandemic response, and the additional strain which mass gathering, or other sailing event might place on the system, also need to be taken into considerations.

You can find more advice on holding mass gatherings in the context of COVID-19 pandemic by WHO in the documents: *Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak interim guidance, (update 29 May 2020)* at: <https://www.who.int/publications/i/item/10665-332235> , *Considerations for mass gatherings in the context of COVID-19: Annex 4: considerations in adjusting public health and social measures in the context of COVID-19 (14 May 2020)* at: <https://www.who.int/publications/i/item/considerations-for-mass-gatherings-in-the-context-of-covid-19-annex-considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19> and *Considerations for Sports Federations / sports event organizers when planning Mass Gatherings during the current Outbreak of Novel Coronavirus-2019 (COVID-2019)*, designed specifically for sport event organizers, at: [https://apps.who.int/iris/bitstream/handle/10665/331764/WHO-2019-nCoV-Mass\\_Gatherings\\_Sports-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331764/WHO-2019-nCoV-Mass_Gatherings_Sports-2020.1-eng.pdf) .

To conduct risk assessment, it is highly recommended to use the To conduct risk assessment, it is recommended to use the **WHO Mass Gathering COVID-19 Risk Assessment – Sport Events (v.2., 10 July 2020)** tool; Excel file with decision matrix for final determination of risk available at: [https://www.sailing.org/tools/documents/RiskAssesmentToolWHOWS20200325MDNN-\[26254\].pdf](https://www.sailing.org/tools/documents/RiskAssesmentToolWHOWS20200325MDNN-[26254].pdf) . It includes a risk evaluation, risk mitigation, and risk communication strategy developed for use by host countries and organizers of mass gathering to assess the specific risk of COVID-19. The expanded tool now includes six tabs: 1. Instructions; 2. Decision Tree;

3. Risk Evaluation; 4. Risk Mitigation; 5. Decision Matrix; 6. Risk Communication. The key risk factors for consideration for sporting events, and all need to be considered along with the mitigation measures checklist provided. These key factors and mitigations include those identified for generic mass gatherings and also address the specific issues that should be taken into consideration when planning a sporting mass gathering event. Please follow the document carefully and use *5.Decision Matrix* tab for final determination of risk. That will enable you to review the key considerations for hosting and/or modification of the event, and thus share the results of event COVID-19 risk assessment with counterparts and community. This will also help you to understand and manage any additional risks for COVID-19. This risk assessment should be reviewed regularly during planning and operational phases and be updated immediately before the event, especially considering the rapidly evolving outbreak, with reference to the updated WHO daily situation reports available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/> . The COVID-19 risk assessment for the event must be coordinated and integrated with the host country's national COVID-19 risk assessment and should include input from the local public health authorities, along with consulting WHO's updated technical guidance and ensuring that there is an up-to-date evaluation of the epidemiological situation.

**The national and local public health authorities in the country where you plan to hold the event will most likely be experienced in conducting public health risk assessment. We strongly advise you not to perform it alone side; do it in cooperation with counterparts especially with local public health authorities and do not put them into situation to assess the risks without your involvement and understanding of the specific circumstances of sailing event competition. It is also important to introduce them into specific mitigation measures specified in this Guidelines that can be applied to sailing events.**

If there is a WHO Country or Regional Office in hosting country, they may also be asked for assistance to provide some expert advice (<https://www.who.int/about/who-we-are/regional-offices> ). You can also seek for advice of *WHO VIAG – Virtual Advisory Group on Mass Gatherings*, at: [https://www.who.int/ihr/ith\\_and\\_mass\\_gatherings/networks/en/](https://www.who.int/ihr/ith_and_mass_gatherings/networks/en/) or ask support from the network of *WHO Mass Gathering Collaboration Centres on Mass Gatherings*.

## 6. COVID-19 Medical Response Plan

COVID-19 Medical Response plan should be developed to mitigate the risks identified by event risk assessment. These measures may help obtain exceptions from relevant authorities to allow athletes to train and participate in other events such as qualifications considered crucial by the event organizers.

**Elite sport is a very controlled environment and event organizers should be able to develop COVID-19 Medical Response Plan in a comprehensive way.**

Delivery of some mitigation measures would be addressed to the Public health sector, some for the event medical services and some for teams' medical support. Plan should specify who is responsible for delivering actions, what is the timescale for their delivery, and how and by whom actions delivery would be reported and controlled. When developing action protocols, Event organizers should also take into consideration *World Sailing Medical Action Plan*, *World Sailing Medical Response for Event Organizers Recommendation* and *World Sailing Guidance for Medical Support at Designated Regattas*, all available at: <https://www.sailing.org/medical/index.php>

**All risk mitigation requirements for participants must be clearly described in the Notice of Race (NOR) and be clearly communicated to all participants in good time prior to the commencement of the assembly period before the race start.**

An COVID-19 Medical Response Plan should identify which **mitigation measures** can be put into place to manage the risk and reduce either the probability or impact. Based on the risk evaluation, options should be determined for treating each risk. World Sailing recommends you to consider and apply if appropriate, the following mitigation measures and include them in event action protocols:

- Closing/restricting of marina area to the general public;

- Establish appropriate screening measures on marina area entrances that could include health check (e.g. body temperature control, negative SARS CoV2 testing certificate, 14 days clearance) for all participants and visitors;
- Every visitor that had to be allowed in marina area (security, media, technical, etc.) to be submitted to control (e.g. PLF, temperature scan) and same sanitary measures applied to all participants (e.g. wearing masks, hand hygiene, etc);
- To avoid all side gatherings (e.g. ceremonies, parties, etc);
- To hold all the meetings in open space or in the large rooms with enough space between participants (1m minimum) and good ventilation. For instance, limiting the number of team representatives to one person and limiting the number of chairs in the meeting room and spreading them in desirable safe distance;
- Protests and hearings should take place with applied measures of physical distancing; held in large rooms with the wide table (1m minimum) between sailors and jury;
- Special attention needed to avoid grouping in other common area gathering places like food and water distribution sites (e.g. to organize distribution in allocated timeslots);
- During the event measures of physical distancing should be respected – maintaining distance of 1 mete among participants. For the teams and classes of boats where are two or three sailors in the team, due to specific circumstances in sailing (wind, wearing gloves, permanent crews, it is not necessary to respect this measure.
- Grouping in the dress rooms should be avoided. Due to the characteristics of the sport and equipment, exposure to the water, and possible capsizing, changing of the clothes and showering can be necessary, use of dressing rooms and showers can be allowed under condition that they are used by one person or several if the technical conditions are allowing social distance.
- Proper food hygiene practices for catering purposes for participants must be followed, including *The Five Keys for Food Safety*, available at: <https://www.who.int/foodsafety/publications/5keysmanual/en/> , as well as *Recommendations to reduce the risk of transmission of emerging pathogens from animals to human in live markets or animal product markets*, available at: <https://www.who.int/publications/i/item/10665332217> ;

- Alcohol-based hand rub products or gels stations to be available in all key places; entrance, boat park, changing rooms, food and water distribution stations, all gathering rooms and spaces. If possible, to deploy trained volunteers in place (entrances – marina, rooms, gathering places, distribution sites...) to secure that everybody who is entering is following the hygiene procedures;
- Ensure good visual hygiene and sanitation signage are in place across all venues, changing rooms, training facilities etc.;
- Appropriate number of waste bins with lids around marina for safe use of discarded tissues;
- Clear **cleaning and disinfection plan for marina facilities** and for the local crew should be developed (when, what, how, who);
- Thorough disinfection and cleaning before/between/after race(s) should be planned.
- Safe utilization of disposable personal protection equipment (PPE) such as face masks should be enabled (e.g. disposable medical masks available to participants and host crew, in easy reached and visible places);
- General recommendations for personal hygiene, respiratory etiquette and physical distancing of at least one metre from persons showing respiratory symptoms remain particularly important for all participants and must be enabled by providing necessary means (masks, gels or water and soap, closed waste bins) and appropriate information (e.g. health leaflets, posters). These include:
  - To perform hand hygiene frequently, particularly after contact with respiratory secretions. Hand hygiene includes either cleaning hands with soap and water or with an alcohol-based hand rub. Alcohol-based hand rubs are preferred if hands are not visibly soiled; hands should be washed with soap and water when they are visibly soiled;
  - To cover the nose and mouth with a flexed elbow or paper tissue when coughing or sneezing and disposing immediately of the tissue and performing hand hygiene;
  - To refrain from touching mouth and nose; and eyes.

If masks are recommended or obligatory to be worn, it is critical to follow best practices on how to wear, remove and dispose of them and on hand hygiene after removal (see: *Coronavirus disease (COVID-19) advice for the public: When and how to use masks* available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks> . Assessing the existing communicable disease control and response system in the context of COVID-19 prior to an event, is crucial. It should be done in cooperation with local medical services and local public health authorities. COVID-19 Medical Response plan should specifically define how the disease would be recognized and/or diagnosed in event participants. It should **define decision-making trigger points** – who will decide whether **affected** participants can continue or resume their participation in the event (CMO, Director of the event, etc.); what trigger points will indicate the need to reconsider or revise the plans (suspected case or confirmed case?); what would trigger the decision to postpone or cancel the event? Roles and responsibilities, in steady state and as part of emergency response in the case of COVID-19 incident, should be documented.

Event organizers should develop a **documented COVID-19 case and outbreak management protocol** in case if one or more event participants become ill with COVID-19-like symptoms. This should include rapid isolation of the suspected cases before transportation and safe transfer of ill participants to a dedicated local health facility, availability of laboratory testing. All event participants including local crew, should have knowledge of the outbreak management protocol and implement it as required. Testing policy is essential. Event personnel should be briefed prior to the event to ensure they understand their duties and expectations. A documented *COVID-19 case and outbreak management protocol* used as a basis for the briefing will ensure that all personnel receive the same information.

**Organizers should consider whether the event could be modified such as e.g. number of participants and event visitors could be reduced. Postponement or cancellation of events or requesting that participants at high-risk group do not participate (e.g. those more likely to have severe underlying health conditions, older members of the staff, jury, race committee), should be considered.**

*The WHO online course for public health preparedness for mass gathering events (VERSION 1.0 - July 2019)* is available at:  
<https://extranet.who.int/hslp/training/enrol/index.php?id=135> .

*The WHO COVID-19 Mass Gatherings Risk Assessment Online Training Course* is available at:  
<https://openwho.org/courses/WHO-COVID-19-mass-gatherings-risk-assessment-training> .

The additional information on WHO mass gatherings preparedness and response, risk assessment tools and Interim guidelines in the context of COVID-19 could be found at:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications?publicationtypes=07066450-9832-439a-a4d0-0dea7013bdce> .

## 7. Pre-event Communication

Before the event, all participants and hosting crew should receive generic information and health advices on COVID-19 available on the WHO website at [www.who.int/health-topics/coronavirus](http://www.who.int/health-topics/coronavirus) .

In your communication to event participants and local crew prior to the event you should promote safe practices, such as hand hygiene, respiratory etiquette and physical distancing during the event and be followed in advance before and after the event. You can find advice on how to protect from COVID-19 to share with individual participants at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> .

Make sure that before the event you already have the list of emergency contact details of all participants, including where their accommodation during the event (PLFs). **Make that prerequisite for participation at the event.** You should clearly inform the participants that this personal information would be shared with local Public Health Authorities to enable rapid contact tracing if a participant at the event becomes ill with COVID-19 or came in the close contact with confirmed case of COVID-19.

## 8. Pre-event Screening

Until the end of the COVID-19 pandemic, all event organizers are advised to provide all participants with general information on COVID-19 and its preventive measures and implement pre-event screening and mitigation measures. Pre-travel and pre-event health checks for **all incoming participants and local organizing crew** are highly encouraged or mandatory to ensure exclusion of those with potential additional risks (co-morbidities, medications). The format of the health screen should be agreed with the Race Medical Advisors, but it is recommended that, at a minimum, the health screen should comprise:

- Body temperature check – preferably by infra-red thermometer aimed at mid-forehead, in a sheltered environment to achieve an accurate result;
- Pulse oximeter reading taken on a finger;
- A brief survey of possible symptoms, specifically shortness of breath during regular activities, dry cough, muscles pain, general malaise.

All health screening findings should be documented, and the Race Medical Advisors notified immediately, before the race start, of any abnormal or worrying results.

All participants, including local crew should proactively and regularly check their health status (including taking their temperature and monitoring for any symptoms) 14 days before and during the event. Anyone due to participate in the event who is feeling unwell or displays symptoms of acute respiratory disease should not attend the venue. A sample of the pre-event Athlete Location Form (PLF) is provided in **Appendix A**. The purpose of it is to identify incoming event participants who may need to have their participation deferred or may need to be tested for COVID-19 on-site and to ensure proper case management by dedicated health services. You should also consider possibility of health check at accommodation venues, points of entry to the venue, screening participants for COVID-19 symptoms (cough, fever, malaise, etc), laboratory testing on SARS CoV2 presence, pulse oximeter reading taken on a finger, information on pre-existing medical conditions, especially comorbidity, etc.

## 9. Risk Communication and Awareness

World Sailing will provide guidance to athletes and their teams on how to recognise the signs and symptoms of COVID-19. Event participants should be reminded of the protocols and procedures to follow if their team member displays signs and symptoms of acute respiratory disease. Country-specific guidance on COVID-19 prevention measures may be available, such as at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> .

Medical staff supporting the event should be informed and updated about the pandemic of COVID-19 and any new evidence and guidance available. It is recommended to review the WHO website for COVID-19 updates. WHO advice on the use of masks in the context of COVID-19. Interim guidance , updated 5th June 2020 can also be found on the website at: [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak) .

The posters provided at **Annex B** can also be used during the event to provide a gentle reminder of best practices for participants to adopt. They are also available for download from the World Sailing website at: <https://www.sailing.org/medical/index.php> .

Event organizers should develop a **risk communication strategy for COVID-19** before the event. It is expected that such an event will draw significant media attention in that context and that widely available and presented social media could enable for inaccurate and unnecessary disinformation. Event organizers should appoint designated person(s) to lead media activities and to be tasked with managing all external communications with national and international government officials, the general public, and the media. Spokesperson can be appointed too. It is recommended to set-up monitoring of national and international media for rumours to be able to counter them early.

Coordination with major social media sites like *Twitter* and *Facebook*, *Instagram* should be set up so that messaging can be coordinated with and assisted by the platforms.

# 10. Personal Hygiene Measures for Local Crew on Sailing Events

Event organizers should provide specific guidance and training for their crew regarding:

- Hand washing (using soap and water, rubbing hands for at least 20 seconds;
- When hand washing is essential (e.g. after assisting an ill athlete or other participant or after contact with surfaces they may have been contaminated, etc);
- When to hand rub with an alcohol-based hand rubs instead of hand washing, and how to do this;
- How to cough and sneeze hygienically (e.g. using disposable tissues or a flexed elbow);
- Appropriate waste disposal;
- When and how to use medical masks/face coverings; and
- On need of avoidance of close contacts with people suffering from acute respiratory infections and to keep physical distancing at least 1 meter.

# 11. Surveillance of Participants

During the event, the aim of surveillance is to rapidly identify relevant health related incidents, communicate information about them and respond appropriately. Contact tracing is an important element of surveillance response. When systematically applied, contact tracing will break the chains of transmission of an infectious disease and thus is an essential public health intervention for controlling infectious disease outbreaks. WHO document *Contact tracing in the context of COVID-19*, available at: <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19> . provides guidance on how to establish contact tracing capacity for the control of COVID-19 if incident occurs. Local team medical staff at venue should take participants' (athletes, their teams, international technical officers) temperatures each day and any fevers above normal to be reported to the CMO (Consider equipping each team with thermometers). A regular situation report that summarizes surveillance activity, events being followed (including risk assessment) and any public health response should be produced and shared to all stakeholders. In the context of COVID-19 pandemic, considerations should also be given to regular risk communication with the general public, such as via a regularly updated website, even if no significant health incidents are occurring ("Zero" reporting). For most events, at least some minor health incident will occur that will require a public health response and there are also likely to be a number of public health incidents that may not be linked to the mass gathering but will require public guidance or reassurance. Extensive preparation will assist with the management of these, however unforeseen.

## 12. Suspect (Possible) Cases of COVID-19.

Organizers should secure that their first aid and medical services, including designated medical providers are trained to triage and refer suspect cases for COVID-19 testing.

If participants appear only mild respiratory symptoms and have not travelled to the area with local transmission of COVID-19 within the last 14 days, or if they have been in close contact with someone with respiratory symptoms who has been in the area with COVID-19 transmission, they should still carefully practice basic hand hygiene, respiratory etiquette and physical distancing measures, until recovered.

If the virus spreads more widely this definition may change, but a **suspect (possible) case** requiring laboratory testing is generally considered to be:

**A participant with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath) and a history of travel to or residence in a location reporting local community transmission of COVID-19 disease during the 14 days prior to the onset of the symptoms.**

*Or*

**A participant with any acute respiratory illness and having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to symptom onset. \***

*Or*

**A participant with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath) and requiring hospitalization and in the absence of no other set of causes that fully explain the symptoms.**

**Probable** case is generally considered to be:

A suspect case for whom testing for the COVID-19 virus is inconclusive. (Inconclusive being the result of the test reported by the laboratory).

*Or*

A suspect case for whom testing could not be performed for any reason.

**Confirmed Case is a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.**

\* **A contact** is a person who experienced any one of the following exposures during the 2 days before and up to 14 days after the onset of symptoms of a probable or confirmed case:

- Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
- Direct physical contact with a probable or confirmed case;
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment;
- Staying in the same close environment as a COVID-19 patient (including sharing a workplace, classroom or household or being at the same gathering) for any amount of time;
- Travelling in close proximity with (that is, within 1 m separation from) a COVID-19 patient in any kind of conveyance;

***Note:** for **confirmed asymptomatic** cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to COVID-19 confirmation.*

See more at: *Global surveillance for COVID-19 caused by human infection with COVID-19 virus*, available at: [https://www.who.int/publications/i/item/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications/i/item/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)) and *Contact tracing in the context of COVID-19*, available at: <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19> and *Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19): Interim guidance*, available at: [https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)) .

## 13. Management of Suspect (Possible) COVID-19 Cases by Medical Support Providers

If someone during the event is suspected to have COVID-19, Personal Protective Equipment (PPE) for medical history interview and health assessment should be used by medical providers. Key outbreak control activities will include case isolation, contact tracing, enhanced hygiene measures and administering patient treatment available during sailing event, such as supportive symptomatic treatment, e.g. oxygen therapy use of fever/pain relief medications and hydration if needed.

## 14. Case Handling

Case handling should be initiated by Chief Medical Officer (CMO) and designated medical care providers in order to detect any new suspect cases and include directly contacting participants, asking about current and recent illnesses, and checking if any person meets the criteria for a suspected case. It should be recorded in the appropriate medical logbook.

CMO and designated medical care providers should ensure a suspect case is interviewed and provide information about the places they have visited within the last 14 days prior to the onset of symptoms and their contacts, including the period from one day before the onset of symptoms; and contact tracing.

Keep records regarding:

- Anyone on event who has visited the medical facility as a suspect case and the isolation and hygiene measures taken;
- Any close contact or casual contact with low risk exposure to monitor their health;
- Contact details of casual contacts with low risk exposure who will disembark and the locations where they will be staying in the next 14 days (completed PLFs); and
- Results of active surveillance.

# 15. Precautions at the Medical Facility

The following precautions should be taken:

- Health workers should continuously wear a medical mask during their routine activities throughout the entire shift; apart from when eating and drinking;
- When using medical masks throughout the entire shift, health workers should make sure that:
  - the medical mask is changed when wet, soiled, or damaged;
  - the medical mask is not touched to adjust it or displaced from the face for any reason; if this happens, the mask should be safely removed and replaced; and hand hygiene performed;
  - the medical mask (as well as other personal protective equipment) is discarded and changed after caring for any patient on contact/droplet precautions for other pathogens;
- Patients must wear a medical mask when in medical facility and follow instructions on how to put on, take off, and dispose of medical masks;
- This should be followed by performing hand hygiene with an alcohol-based hand rub (at least 65–70%) or soap and hot water for 20 seconds;
- Careful hand washing should occur after contact with respiratory secretions;
- Suspected cases must be evaluated in a private room with the door closed, ideally an isolation room;
- Any person, including healthcare workers, entering the medical facility should apply appropriate precautions in accordance with the requirements of *WHO infection prevention and control during healthcare when COVID-19 is suspected*, available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2020.4> ; and
- After preliminary medical examination, if the CMO or other designated person responsible for the provision of medical care during the event believes a suspect case exists, the patient should be isolated.

If the illness is not considered a COVID-19 suspect case but the person appears respiratory symptoms, the person should strictly follow physical distancing and other personal preventive measures. CMO will decide on the mode of his further participation in the event (including wearing a medical mask).

## 16. Isolation

Suspect COVID-19 cases should be isolated immediately, and Local Public Health Authorities be informed of suspect cases:

- With acute respiratory infection, either a cough, sore throat, shortness of breath or difficulty breathing, fever, runny nose or nasal congestion, muscle pain, loss of smell or taste or diarrhoea, whether requiring hospitalisation or not;
- Who in the 14 days before the onset of symptoms met the definition of a suspect case as outlined in Section 12: *Suspect (Possible) Cases of COVID-19*.

Patients should be isolated in either a designated isolation facility, his accommodation place (hotel room, private quarters/apartments/houses) with precautionary measures (disinfection, safe food delivery, etc). Anyone entering an isolation space should wear gloves, disposable protective gown, goggles and medical masks/respirator. Event organizers should ensure the capacity to isolate suspect cases (athletes, team officials, event staff, volunteers and support workers) identified during the event in marina. Isolation space must be secured in advance of the event and identified in COVID-19 Medical Response Plan.

## 17. Laboratory Testing

Laboratory examination of **clinical specimens** for suspect (possible) cases of COVID-19 should be made with the competent local authorities who will then inform the CMO about test results. CMO will further inform tested participants on the laboratory tests results. Means of communication during and after the event should be set up prior to event. Organizers should secure that laboratory test results are available as soon as possible to allow prompt decisions on individual athlete's or team participation or cancelling or further continuation of the event according to the COVID-19 Medical Response Plan (see Chapters 6. and 20).

Availability of the laboratory certified for COVID-19 investigations should be planned in advance and included into COVID-19 Medical Response Plan.

# 18. Hospitalization of a Suspect (Possible), Probable and a Confirmed Cases

The Event organizers should take the following precautions:

- Control transport to avoid close contacts with other participants or home crew;
- The suspected, probable or confirmed case persons should wear a medical mask; and
- Personnel transporting the persons with suspected, probable or confirmed cases should wear appropriate PPE (gloves, disposable protective gowns, goggles and medical masks):
- Thoroughly disinfect transportation vehicles.

The event may be continued according to the pre-defined triggers defined in COVID-19 Medical Response Plan (Chapter 6), once the Public health authority has determined that public health measures have been completed successfully in particular the measures as follows:

- Management of the suspect (possible) case or cases and close contacts;
- Completion of contact tracing forms, isolation of close contacts (see Chapter 19); until the termination of COVID-19 Public Health Emergency of International Concern is declared. All participants should fill in a PLF to be kept by CMO and event organizer for at least one month after the event;
- Information in the completed PLF should be provided upon the request of local or participants' homeland Public Health Authorities to facilitate contact tracing if a confirmed COVID-19 case associated with event is detected after its over;
- Information has been provided to every participant about the symptoms and signs of the disease and whom to contact in case the relevant symptoms appears in the following 14 days; and
- Cleaning and disinfection, and disposal of of infectious hazard materials (e.g. closed bins, etc.).

# 19. Contact Tracing of Close Contacts (High Risk Exposure)

Any participant that may have been in close contact with a suspected case during the event should be:

- Traced immediately after the suspected (possible) case is identified and reported to CMO;
- Asked to remain in self-isolation in his accommodation place (hotel /room) until laboratory test results of the suspect case are available (measures that apply following positive laboratory test results are described below); and
- Categorised as either contacts with **high risk exposure** or with **low risk exposure**.

Further guidance can be found at [www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](http://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)) and ECDC Surveillance Definitions for COVID-19 available at: <https://www.ecdc.europa.eu/en/covid-19/surveillance/surveillance-definitions>.

A '**close contact with high risk exposure**' is a person who, for example:

- Has accommodation (e.g. stayed in the same hotel room) with a suspect/confirmed COVID-19 case;
- Has had face-to-face contact in any setting within two metre > 15 minutes\*, or was in a closed environment with a suspect/confirmed COVID-19 case (for event participants this may include jury hearings, briefings, team leaders' meetings, etc);
- Having direct physical contact with COVID-19 case (e.g. shaking hands);
- Having unprotected direct contact with infectious secretions of a COVID-19 case;
- Participated in common activities with suspect/confirmed COVID-19 case on sea or ashore (e.g. race committee boat, referee boat, jury meeting) within two metre > 15 minutes;
- Participated in the same immediate travelling group;

- Dined at the same table (for athletes and their team members this may include working together in the same boat-camp area);
- Is a restaurant staff who delivered food to the event participants; or
- Is a medical support worker or other person providing direct care for a COVID-19 suspected or confirmed case patient without recommended PPE.

Participants who does not fulfil the definition of a ‘high risk close contact’ (having face-to-face contact with COVID-19 case within 2 metres, or being in the close environment with him/her for less than 15 minutes, or wearing the proper PPE providing care, will be considered as having **low risk exposure** and should:

- Be requested to complete PLF with their contact details and the locations where they will be staying for the following 14 days;
- Be provided with the information and advice on the details of symptoms and how the disease can be transmitted;
- Be asked to self-monitor for COVID-19 symptoms, including fever of any grade, cough, sore throat, shortness of breath or difficulty breathing, runny nose or nasal congestion, muscle pain, loss of smell or taste or diarrhoea, for 14 days from their last exposure; and
- Be asked to immediately self-isolate and contact event CMO if any symptom of respiratory illness appears during the event.
- Be asked to immediately self-isolate and contact event CMO and local homeland health system if any symptoms appear within 14 days after the event. If no symptoms appear within 14 days of their last exposure, the contact person is no longer considered likely to develop COVID-19.

**Close contacts may be difficult to define during the event, and if widespread transmission is identified then all participants could be considered as ‘high risk close contacts’ having had high risk exposure.**

\*1 m distance according to WHO Guidance available at:  
<https://apps.who.int/iris/bitstream/handle/10665/331506/WHO-2019-nCoV-SurveillanceGuidance-2020.6-eng.pdf>

## 20. Management of Contacts of a Suspect Case

Local public health authorities will conduct risk assessments in cooperation with CMO to identify all contacts, and issue instructions according to developed COVID-19 Medical Response Plan to follow, until laboratory tests results are confirmed (see Chapter 6).

All event participants that fulfil the definition of a 'high risk close contact' (see above) should be asked to complete a PLF (see **Annex A**) and remain in isolation in their rooms or preferably at a specially designated facility outside event's premises, in accordance with instructions received by the competent health authorities and stated in organizers' COVID-19 Medical Response Plan (see Chapter 6), until the laboratory result for the suspect case is available. The forms should contain contact details and locations where they will stay for the following 14 days.

All participants should be informed about the suspect case discovered during the event.

If the laboratory examination results are positive:

- All high-risk close contacts should be quarantined for 14 days; and
- The suspect case should be isolated in accordance with the competent authority's instructions.

Quarantine measures should follow *WHO guidance of considerations for quarantine of individuals in the context of COVID-19*, available at: [https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)) and are also likely to include:

- Active monitoring by the **public health authorities** for 14 days from last exposure;
- Daily health-check monitoring (including fever of any grade, cough, sore throat, shortness of breath or difficulty breathing, runny nose or nasal congestion, muscle pain, loss of smell or taste or diarrhoea);

- Follow physical distancing at least 1 metre and movement restrictions (e.g. avoiding social contacts and unnecessary travel); and
- Remaining reachable for active monitoring.

All contacts (high and low risk) of a confirmed case should immediately self-isolate and contact CMO (and their local public health authorities if already returned home) if symptoms appear within 14 days of last exposure. If no symptoms appear, the contact is not considered at risk.

Implementation of specific mitigation measures may be modified following risk assessment of individual cases and advice from public health authorities.

## 21. Reporting to the Public Health Authorities

The public health authorities must always be informed if there is a suspect case at the event. CMO should immediately alert the competent health authority of participant's home country or his NOC or MNA, about suspect case during the event and any measures taken.

After measures applied are considered by the public health authority to be completed successfully effective, participant should be allowed to return to his home.

The measures taken should be documented.

## 22. Cleaning, Disinfection and Waste Management in the case of COVID-19 Incident

Maintain enhanced cleaning and disinfection measures during ongoing case management. Patient's and 'close contact's' rooms and quarters, should be cleaned using cleaning and disinfection protocols (as per local regulations or *World Sailing Medical Guidelines for International Team Coach*, available at: [https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-\[26241\].pdf](https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-[26241].pdf) . Surfaces on event premises should be cleaned thoroughly with hot water, detergent and applying common disinfectants (e.g. sodium hypochlorite bleach solution). Once an isolated participant has left the event premises, the isolation room or quarters should be thoroughly cleaned and disinfected by staff using PPE who are trained to clean surfaces contaminated with infectious agents. Laundry, food service utensils and waste from isolation room or quarters of suspect cases and contact's person should be treated as infectious, in accordance with procedures for waste management of infectious hazard materials (e.g. closed bins, etc.).

There should be regular communication established between relevant stakeholders: public health authorities, CMO, medical team(s), accommodation sector and event organizers, on regard of persons put in isolation and self-isolation.

## 23. Supplies and Equipment

National health authorities regulate medical supply requirements for sport events. Plentiful supplies and equipment should be available to handle an outbreak as described in the latest WHO suggested list of supplies for COVID-19. Most of equipment should already be available at event's medical facility. However, WHO also recommends other equipment that is unlikely to be present in advance which World Sailing suggest could be provided by a local Public health authority for a period of races - available at:

[www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](http://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov)) .

Consider the provision of an **athlete prevention individual package** to all participants. Such a package could consist of a small personal packages of disposable tissues and plastic bags for tissue disposal, small laminated prevention card with key reporting information, face mask to wear if someone feel they are sick (cough, sore throat, shortness of breath or difficulty breathing, fever, runny nose or nasal congestion, muscle pain, loss of smell or taste or diarrhoea), small packages of an alcohol-based hand wipes, hand sanitizer, small package of disposable plastic drinking cups and thermometer.

Organizers should consider providing each team with a thermometer and a recording sheet/link for athletes' temperature checks (to be daily reported to CMO).

## 24. Post-event Phase

After the event finishes and participants are returning to their home countries, organizers should review the event delivery and decide on any follow-up actions that are necessary. They must liaise with participants home country public health authorities and facilitate the sharing of information about all symptomatic patients during the event. It may be necessary (both for clinical reasons and under IHR) to notify the home countries of returning participants of any COVID-19 cases related to the event. Organizers should not let any participant to go home before the results are available but also need to plan communication mechanisms in case of laboratory test results, for any reason, are available only after the event, especially if event held in country with community transmission, to be notified to the participant and, possibly, to his home country public health authorities.

*The World Sailing continues to be in close communication with the World Health Organisation (WHO) COVID-19 Mass Gathering Cell and the IOC Medical and Scientific Commission Games Group public health experts in order to closely monitor the dynamic of this pandemic and advised countermeasures. Please also do not hesitate to let us know if you would like to arrange any direct discussions between event organizers or our medical officials. We also believe it is very important to provide the latest medical advice to athletes and their teams which we have loaded on to the World Sailing website at: <https://www.sailing.org/medical/index.php>*

# Appendix A – Personal Location Form (PLF)

The Personal Location Form (PLA) is available to download from the World Sailing website at:

[https://www.sailing.org/tools/documents/PLF-\[26355\].pdf](https://www.sailing.org/tools/documents/PLF-[26355].pdf)

# Appendix B- Posters

WHO, CDC, ECDC and IOC among others, have provided advice how to avoid the spread of COVID-19. To highlight public health authorities' key messages and to help event organizers, athletes and other event participants get informed on best practices how best to protect themselves and those they are responsible for, World Sailing has produced posters for event organizers.

The posters are available to download from the World Sailing website at:  
<https://www.sailing.org/medical/index.php>