



Coronavirus (COVID-19)

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

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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 – 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 mitigation measures 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 severe public health challenge requires close cooperation between international agencies, governments and mass gathering 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 majority of international large mass 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 have the added benefit 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 finish the qualification process. We understand the significant challenges faced by athletes and Member National Authorities (MNA's), particularly in terms of 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.

As part of our ongoing efforts to keep our 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-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak>

It is also recommended to use this alongside the *World Sailing Medical Guidelines for the International Team Coach* available at: <https://www.sailing.org/medical/index.php>

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 Restrictions

The recommendations to countries to institute public health 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. *WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV* 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/emergencies/diseases/novel-coronavirus-2019/technical-guidance/points-of-entry-and-mass-gatherings>

The WHO IHR can be available at:

<https://www.who.int/ihr/publications/9789241596664/en/>

Nevertheless, many governments have now 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 traffic, the reality is that sport national authorities (MNA's), athletes and their teams, may have little choice but to adhere to these international, national and local restrictions due to the serious concern about COVID-19 and the potential risk to public health.

However, it is very important for race organizers to accept all teams (both athletes and supporting teams), but also to manage all suspected cases of infection, as it is difficult to control the outbreak and it could endanger others.

If any infection, suspected or confirmed cases are found among incoming teams, event organizers may take additional mitigation measures to prevent spread of the infection. Together with other MNA's, athletes and their teams, event organizers should communicate and cooperate with their local Public Health Authorities to ensure, where appropriate, that:

- Participants (athletes, their teams, international technical officers) can be medically evacuated;
- Participants can be isolated;
- Event can continue if safe so;
- Participants can access appropriate sufficient medical care;
- Prevention program measures are in place;
- Disinfection measures are in place
- Necessary certificates and documentation can be issued (Personal Location Forms - PLFs, Medical reports in the case of isolation or illness).

The IOC has advised that during the evolving COVID-19 outbreak, effective protection of the health and 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 put in place preventive measures to stop the transmission of infection and put in place mitigation measures to minimize the risk of infection. Event organizers must ensure that any athlete or participant in the event on their territory who need immediate medical care are given access to medical facilities. World Sailing 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/medical/index.php>

3. Protective Measures from COVID-19 for Participants

Human-to-human transmission of COVID-19 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 COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs, sneezes or breathes out droplets. Standard Infection Protection and Control precautions emphasise the vital importance of hand hygiene and respiratory etiquette for every person. (*Water, sanitation, hygiene and waste management for COVID-19*, available at: <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>)

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 (utilization) 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; and

- 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/medical/index.php>)
- 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.

Although face masks may provide some protection – especially if there is a risk of exposure when interacting with other persons who appears symptoms of respiratory infection – the routine use of face masks is not generally recommended as protection against COVID-19. WHO advises that it is appropriate to use a mask when coughing or sneezing. If an individual is healthy, it is only necessary to wear a mask if the person is taking care of a person with the suspected COVID-19 infection.

www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

Hand hygiene and respiratory etiquette are considered far more important.

Athletes and other event participants should inform Chief Medical Officer (CMO) of the event or other designated medical person supporting the event if they have visited an area where cases 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 to a place which has COVID-19 or someone with COVID-19 infection. Those officers should receive information in time (By

Personal Location Form (PLF) available at: <https://www.sailing.org/medical/index.php> 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 develop fever, cough or difficulty breathing during the event, it is important to seek medical attention promptly and notice CMO or another designated medical person of the event.

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.

An event counts as a “mass gathering” if the number of people it brings together is so large that it has the potential to strain the planning and response resources of the health system in the community where it takes place.

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 a big city in a country with a large, well-resourced health system and lasts just a few hours, the event may not constitute a “mass gathering” event. Before the event, consult with your Public Health Authorities should your event be considered as “mass gathering event” See information available at: <https://www.who.int/publications-detail/public-health-for-mass-gatherings-key-considerations>

Every event requires thorough planning and coordination and your medical support team and Public Health Authorities need to know what to look for. This can be conceptualized in three 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?

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 assessments of how your medical support and the host country health care system are coping with increases in health risks related to the event and can indicate both what and how much intervention is needed. The risk assessment process 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 risk could be asked 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. Recommend checking if mitigation measures can

be strengthened. Small impact on event - can be managed with little impact on the event.

- **Moderate** Overall risk of transmission and further spread of COVID-19 in relation to the event is considered moderate. Recommend significant efforts to improve mitigation measures or reduce risk of transmission (to decrease risk assessment score). Some controlled impact on the event and reputation for host. Death and/or severe illness (e.g. COVID-19) cases occur. Public health and medical services are strained.
- **High** Overall risk of transmission and further spread of COVID-19 in relation to the event is considered high. Recommend 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 reputation of host. Many deaths or illness associated to COVID-19 cases. Disrupts public health and medical services
- **Very High** Overall risk of transmission and further spread of COVID-19 in relation to the event is considered very high. Causes cancellation of the event. Significant adverse impact on event and host reputation. Substantial loss of life and serious illness. Widespread disruption of local services and infrastructure

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

World Sailings advises you to conduct the event only if it falls in *Very Low* or *Low* risk category

For countries not currently known to be experiencing community transmission of COVID-19, the priority consideration will be whether the planned event substantially increases the risk of the virus (re)entering the country and becoming established, as well as the risk for participants to importing infection back to their home country and further increasing 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 organizers and health authorities are determining whether to hold a mass gathering or even an event that is not falling under the definition of “mass gathering”, they should determine what is an **acceptable 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 report, and those should be, without exception done in cooperation with local Public Health Authorities.

Based on risk assessment, specific features of the sailing events that are inherent to the sport or can be easily mitigated as such, have significant potential for prevention and in making sailing events much safer compared to other sports.

For instance, sailing is a sport where physical distancing is possible, 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 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 is longer than duration period of COVID-19 incubation (14 days), than most event-associated cases would be expected to occur while the event is underway. In contrast, on sailing events, where duration is usually shorter, most cases would likely occur after the event as people travel and return to their homes.

For countries where COVID-19 has already started to spread in the community or after the outbreak is under control and virus ceased to spread, key consideration will be:

- aiming at containing the current situation or at least slowing down the spread of the virus in the local community/country.
- preventing international participants from other countries being infected with COVID-19 during the event.

In each case the risk should be considered in the context of the known features of COVID-19, its severity, its transmissibility and the effectiveness of measures to prevent or reduce transmission. The strain already placed on the local health system in responding to COVID-19 outbreak(s), and the additional strain the mass gathering, or other sailing event might place on the system, also needs to be taken into account.

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, 14 February 2020.* at: <https://apps.who.int/iris/handle/10665/331004> 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 and available at: https://apps.who.int/iris/bitstream/handle/10665/331764/WHO-2019-nCoV-Mass_Gatherings_Sports-2020.1-eng.pdf?sequence=1&isAllowed=y.

To conduct risk assessment, it is recommended to use the WHO risk assessment tool - *Risk Assessment and Mitigation Measures Checklist for Mass Gatherings in the context of COVID-19 (WHO)*, available at <https://www.sailing.org/medical/index.php>. It includes 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 *WHO COVID-19 Sports MG Risk Assessment Matrix* Excel file with decision matrix for final determination of risk available at: <https://www.sailing.org/medical/index.php>

That will enable you to review the key considerations for hosting and/or modification of the event, and thus inform your risk assessment results of COVID-19 for the event 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. 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 authority, 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 Office in hosting country, they may also be asked for assistance to provide some expert advice. You can also ask for advice of *WHO VIAG – Virtual Advisory Group on Mass Gatherings*, available at: (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*. The names and contact details of the *WHO Regional Offices* can be found at <https://www.who.int/about/who-we-are/regional-offices>

6. COVID-19 Contingency Response Plan

COVID-10 Contingency Response plan should be developed to mitigate the risks identified by event risk assessment. These measures may help obtain exceptions from authorities to allow athletes to train and participate in other events such as qualifications considered crucial by the organizers.

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

Some mitigation measures will be dedicated for the Public Health Authority to deliver, some for the event medical services and some for teams' medical support. Action plan should specify who is responsible for delivering actions, what is the timescale for delivery, and how and by whom delivery will be assured. When developing action plan, Event organizers should also take into consideration *World Sailing Medical Action Plan* and *World Sailing Guidance for Medical Support at Designated Regattas* (<https://www.sailing.org/medical/index.php>)

An action 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 your COVID-10 Contingency Response plan:

- Closing of marina area to the general public.
- Appropriate screening measures on entrances that could include health check (e.g. body temperature control, 14 days clearance)
- 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 sanitary measures applied to 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). For instance, limiting the number of team representatives to one person and limiting the number of chairs in the 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 (1 m minimum) between sailors and jury.
- Special attention needed to avoid grouping in other gathering places like food and water distribution sites (e.g. to organize distribution in allocated timeslots).
- 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/health-topics/coronavirus/who-recommendations-to-reduce-risk-of-transmission-of-emerging-pathogens-from-animals-to-humans-in-live-animal-markets>).
- Alcohol disinfectant 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 signages are in place across all venues, changing rooms, training facilities etc.
- Appropriate number of waste bins with lids around marina for used 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 bouts/competitions should be planned.
- Utilization of disposable personal protection equipment (PPE) such as face masks should be enabled (e.g. disposable face 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, soap, 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.

A surgical mask is not required if exhibiting no symptoms, as there is no evidence that wearing a surgical mask of any type, protects non-sick persons. However, in some cultures, masks may be commonly worn. If masks are 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 *Advice on the use of 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 response system in a 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 Contingency Response plan should specifically define how the disease would be recognized and/or diagnosed in participants. It should **define decision trigger points** – who will decide whether **affected** participants can continue or resume their participation in the event (CMO, Director of the event); what trigger points will indicate the need to reconsider or revise the plans (suspected case or confirmed case?); what would trigger postponement or cancellation of 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 outbreak management plan** in case one or more participants become ill with COVID-19 symptoms. This should include rapid isolation of the suspected cases 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 plan and implement it as required. **Testing plans and training, including volunteers, is essential.** Personnel should be briefed prior to the event to ensure they understand their duties and expectations. A documented operational plan 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 at the event 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, (over 65years old) etc.) should be considered.

The WHO online training course for mass gathering event organizers is available at: <https://extranet.who.int/hslp/training/enrol/index.php?id=135>. The WHO COVID-19 Risk assessment Tools and Guidelines both look at how to conduct a risk assessment, to plan and manage health risks for mass gatherings in partnership with the local strategic counterparts: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/points-of-entry-and-mass-gatherings>

7. Pre-event Information

Before the event, all participants and hosting crew should receive generic information about the COVID-19 available on the WHO website at www.who.int/health-topics/coronavirus

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

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

8. Pre-event Screening

Until the end of the COVID-19 outbreak, all event organizers are advised to provide all participants with general information on COVID-19 and its preventative 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/mandatory to ensure exclusion of those with potential additional risks (co-morbidities, medications). 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 on-site and to ensure proper case management by competent health authorities. 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), information on pre-existing medical conditions, specially 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 plan and procedures to follow if their team member displays signs and symptoms of acute respiratory disease. Country-specific guidance about 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 outbreak of COVID-19 and any new evidence and guidance available. It is recommended to review the WHO website for COVID-19. Information about the use of medical masks can also be found on the website at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

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 present social media would 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 advisable 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 hot 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 contaminated, etc);
- When to hand rub with an antiseptic 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; and
- On avoidance of close contact with people suffering from acute respiratory infections and to keep physical distancing.

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. 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 disseminated to all stakeholders. In the context of COVID-19 pandemic, consideration should also be given to regular risk communication with the public, such as via a regularly updated website, even if no significant events are occurring ("Zero" reporting). For most events, at least some minor event will occur that will require a public health response and there are also likely to be a number of public health events that may not be linked to the event but will require public guidance or reassurance. Extensive preparation will assist with the management of these, however unforeseen.

12. Suspected Cases of COVID-19.

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

If participants only have mild respiratory symptoms and have not visited an area where local 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 to a place which has COVID-19, they should still carefully practise basic hand hygiene and respiratory etiquette and social distancing measures, until fit.

If the virus spreads more widely this definition may change, but a **suspect 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. sneezing, cough, shortness of breath), and with no other set of causes that fully explains the clinical manifestation and a history of travel to or residence in a country/ area or territory reporting local transmission of (COVID-19) 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 suspected COVID-19 case during the 14 days prior to the onset of the symptoms.

Or

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

See more at: <https://www.ecdc.europa.eu/en/case-definition-and-european-surveillance-human-infection-novel-coronavirus-2019-ncov>

13. Management of Suspect COVID-19 Cases by Medical Support Providers

If someone during the event is suspected to have COVID-19, Personal Protective Equipment (PPE) for interview and health assessment should be used by medical care providers. Key outbreak control activities will include supportive symptomatic treatment, e.g. giving oxygen therapy, hydration and fever/pain relief.

14. Precautions at the Medical Facility

The following precautions should be taken:

- Patients must cover their nose and mouth with a tissue when coughing or sneezing; or a flexed elbow if not wearing a mask. 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.
- Suspect cases must wear a medical mask once identified and evaluated in a private room with the door closed, ideally an isolation room;
- Any person, including healthcare workers, entering the room should apply appropriate precautions in accordance with the requirements of WHO infection prevention and control during healthcare when COVID-19 is suspected; 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 suspect case but the person has 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 (e.g. wearing a medical mask).

15. Case Handling

Case handling should:

- Be initiated by CMO and designated medical care providers in order to detect any new suspect cases;
- Include directly contacting participants, asking about current and recent illnesses, and checking if any person meets the criteria for a suspect case; and
- 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.

16. Isolation

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

- With acute respiratory infection, either a cough, sore throat, shortness of breath, whether requiring hospitalisation or not;
- Who in the 14 days before onset of symptoms met the definition of a suspect case as outlined in Section 12: *Suspected Cases of COVID-19*.

Patients should be isolated in either a designated isolation facility, accommodation place (hotel room, private quarters/apartments/houses) with precautionary measures (disinfection, safe food delivery, etc). Anyone entering an isolation room should wear gloves, disposable protective gown, goggles and medical masks.

Event organizers should ensure the capacity to isolate suspected 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 Specific Action Plan (Outbreak management plan).

17. Laboratory Testing

Laboratory examination of **clinical specimens** for suspect 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 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 cancelling or further continuation of the event according to the COVID-19 Contingency Response Plan (see Chapters 6. and 20).

Availability of the laboratory should be planned in advance.

18. Hospitalization of a Suspected and a Confirmed Cases

The Event organizers should take the following precautions:

- Control transport to avoid any close contacts with other participants or home crew;
- The suspected or confirmed case should wear a medical mask; and
- Personnel transporting the case should wear suitable PPE (gloves, disposable protective gowns, goggles and medical masks).

The event may be continued according to the pre-defined triggers defined in COVID-19 Contingency 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 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 organizer for at least one month after the event;
- Information in the completed PLF should be provided upon the request of local or participants' Public Health Authorities to facilitate contact tracing if a confirmed case is detected after the event has ended;
- Information has been provided to every participant about the symptoms and signs of the disease and who to contact in case the relevant symptoms develop in the following 14 days; and
- Cleaning and disinfection, and disposal of contaminated waste.

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 case is identified and reported to CMO;
- Asked to remain in self-isolation in his accommodation place (hotel /room) until laboratory results of the suspect case are available (measures that apply following positive laboratory 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))

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) 15 minutes or more and at a distance of less than 2 metres;
- Participated in common activities with suspect/confirmed COVID-19 case on sea or ashore (e.g. race committee boat, referee boat, jury meeting);
- 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 hosting team member who cleaned the meeting or hotel room;
- Is restaurant staff who delivered food to the event participants;

- Is a trainer, jury member, or other official who provided close instruction to a case;
or
- Is a medical support worker or other person providing direct care for a COVID-19 suspected or confirmed case.

Participants who does not fulfil the definition of a ‘high risk close contact’ 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 or difficulty breathing, for 14 days from their last exposure; and
- Be asked to immediately self-isolate and contact CMO of the event if any symptom of respiratory illness appears during the event.
- Be asked to immediately self-isolate and contact CMO of the event and their local health services in the event of any symptom appearing 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 prepared COVID-19 Specific Action 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 Specific Action Plan/Outbreak management 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 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 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, sneezing, cough or difficulty breathing);
- Follow physical distancing at last 1 metre and movement restrictions (e.g. avoiding social contacts and 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 Authority must always be informed if there is a suspected case at the event. CMO should immediately alert the competent health authority of participant's home country or his NOC or MNA, about any suspected 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 recorded.

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

Maintain high level cleaning and disinfection measures during ongoing case management. Patients and ‘close contacts’ 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/medical/index.php>). 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 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 contacts should be treated as infectious, in accordance with procedures for waste management of infectious materials (e.g. closed bins, etc.).

There should be regular communications between counterparts: Public Health Authorities, CMO, medical team(s), hotel and event organizers, about the persons 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 equipment should already be available on event's medical facility. However, WHO also recommends other equipment that is unlikely to already be present which World Sailing suggest could be provided by a local Public Health Authority. 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: small personal packages of disposable tissues and plastic bags for tissue disposal, small laminated prevention card with key reporting information, mask to wear if someone feel they are sick (fever, cough, shortness of breath), 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' temperatures (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 their Public Health Authorities and facilitate the sharing of information about all symptomatic participants. It may be necessary (both for clinical reasons and under IHR) to notify the home countries of returning participants of any COVID-19 infection while attending the event. Organizers also need to plan for test results that are reported after the event, especially when held in country with community disease spread, to be notified to the participant and, possibly, to home county public health system.

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 onto the World Sailing website: <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/medical/index.php>

Appendix B- Posters

WHO, CDC, ECDC and IOC among others, have provided advice to avoid the spread of COVID-19. To highlight their key messages and to help event organizers, athletes and other event participants know how best to protect themselves and those they meet, World Sailing has produced the posters for event organizers.

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