



Aigle, July 16, 2020

Procedures to be followed for the re-opening of the road cycling season in the context of the coronavirus pandemic

UCI WorldTour – UCI Women’s WorldTour – UCI ProSeries

UCI Steering group:

Mr Javier Barrio
Pr Xavier Bigard
Dr Anko Boelens
Dr Michel Cerfontaine
Mr Richard Chassot
Mme Marion Clignet
Mr Xavier Jan
Dr Artur Lopes
Mme Katerina Nash
Dr Kevin Sprouse
Mr Pierre-Yves Thouault

This document sets out instructions (mandatory measures) and makes recommendations for good practice (recommended and desired measures) for organising cycling events during the COVID-19 pandemic in the best possible conditions.

It concerns all UCI road races of the UCI WorldTour, UCI Women's WorldTour and UCI ProSeries. **These measures will be adapted for the off-road disciplines.** The document is divided into **several sections, including sections concerning risk assessment, assessment of the severity of the pandemic and sections** giving practical recommendations (and requirements) for the organisation of cycling events.

As a preamble, it is recalled that

- local and national rules and laws prevail over the requirements and recommendations proposed in the following documents;
- the process of adapting the conditions for organising sports events is part of a general risk-reduction strategy, knowing that there are no zero risks in the prevention of infectious diseases in general and of COVID-19 in particular;
- this document should be considered a "living" document, likely to evolve according to new knowledge and new advances in the field of biotechnology, especially for COVID-19 testing.

I. Global risk assessment.

In order to organise events that bring together a large number of people, including spectators, it is recommended to carry out a preliminary risk assessment. The aim is to determine the overall risk of spreading the disease during the event and the means to limit it. This analysis is based on specific tools proposed by the World Health Organization (WHO), which have been revised and adapted by an International Task Force set up by World Athletics.

The overall risk assessment must be repeated regularly, as soon as new preventive measures are implemented. COVID-19 risk assessment and risk mitigation measures should be carried out together with local public health authorities and should involve staff with expertise in mass gatherings, risk assessment, epidemiology and infectious disease control measures, from the very first stages of the organisational plan. This advice can evolve as the situation and knowledge about the disease evolves. This is why this document should be considered as a living document. The risk assessment should be based on the national COVID-19 control strategy.

Connected tools will be quickly available, with a dedicated link to carry out the global risk assessment quickly and easily.

A- Risk assessment related to COVID-19

The risk assessment allows the organisers to review the main questions posed by the COVID-19 epidemic for the organisation of a sporting event. This will help organisers understand and manage any additional risks caused by the COVID-19 pandemic.

This risk assessment must be regularly reviewed and updated immediately before entering the operational phase, in particular in the light of the rapidly evolving pandemic. The organisers may refer to the guidelines and status reports updated by the national public health authorities and / or WHO.

The questions included in the COVID-19 risk assessment deal with the pandemic phase in the country in which the event will take place, risk factors linked to travel, human movement, and the possibility of the spread of the virus linked to characteristics of the competition itself.

Total COVID-19 risk score

Additional risk of COVID-19 to the mass gathering sporting event	Yes (1)/No (0)	Score
Will the event be held in a country that has documented active local transmission of COVID-19 (community spread)?	1	1
Will the event be held in multiple venues/cities/regions/countries?	1	1
Will the event include non-local/international participants (athletes and spectators) from areas that have documented active local transmission of COVID-19 (community spread)?	1	1
Will the event include a significant number of participants (athletes or spectators) at higher risk of severe COVID-19 disease (e.g., some athletes with disabilities, people with underlying health conditions)?	1	1
Will the event include conditions that could increase the risk of spread for COVID-19 (e.g. mass start or mass arrival, medical intervention, unavoidable contact or limited distancing measures)?	0	0
Will the event be held indoors?	0	0
Total COVID-19 risk score		4

B- List of mitigation measures for COVID-19

Specific risk mitigation measures can be put in place to reduce the risk of transmission of the SARS-CoV-2 (i.e. new coronavirus) linked to the sporting event. Again, it must be remembered that while mitigation measures can reduce the risk of infection with the novel coronavirus, they cannot completely eliminate the threat.

Mitigation measures cover a wide variety of topics, including the overall assessment of the COVID-19 situation, emergency preparedness and response plans, coordination of stakeholders and partners, control of communication-related risks, anti-COVID-19 public health awareness campaigns, etc.

A specific Excel file is available in order to automate the quantitative evaluation of mitigation measures, before an automated application or internet function becomes publicly available. Details on the availability of this tool will be provided later.

C- Matrix for the final decision.

The risk vs mitigation matrix combines the COVID-19 total risk score and the risk mitigation score to determine a “colour” that identifies the total risk of transmission and spread of COVID-19. This provides a clear indication of whether the staging of an event is recommended or not, or

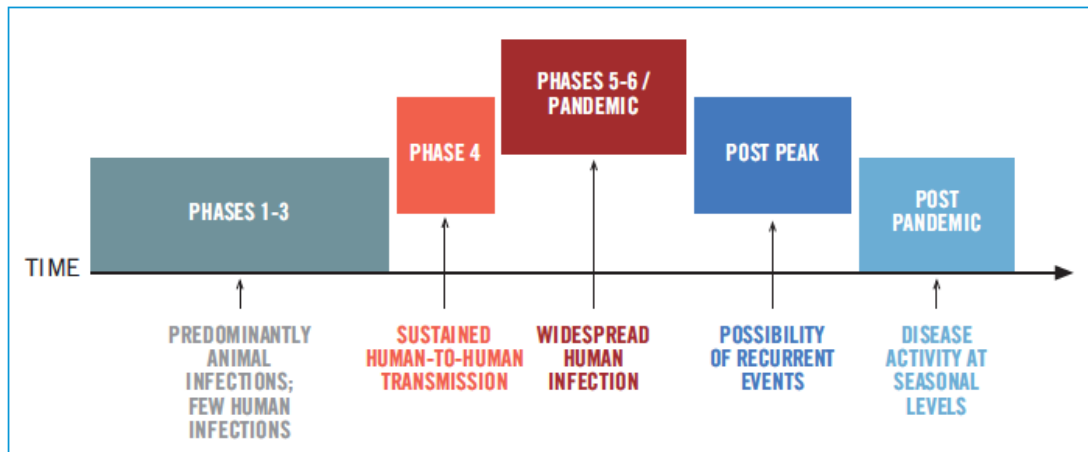
whether other mitigation measures should be introduced. The meanings of the colours are shown in the table below, with an overall risk and suggestions for recommendations.

Total Risk Assessment Score	Very Prepared to Mitigate COVID-19 Impacts (76-100)	Somewhat Prepared to Mitigate COVID-19 Impacts (51-75)	Somewhat Unprepared to Mitigate COVID-19 Impacts (26-50)	Very Unprepared to Mitigate COVID-19 Impacts (0-25)
0 - Negligible	Very low	Very low	Very low	Very low
1 - Very Low Risk	Very low	Very low	Low	Low
2 - Low Risk	Low	Low	Low	Moderate
3 - Moderate Risk (low-moderate)	Low	Moderate	Moderate	Moderate
4 - Moderate Risk (high-moderate)	Moderate	Moderate	High	Very High
5 - High Risk	High	High	Very High	Very High
6 - Very High Risk	Very High	Very High	Very High	Very High

KEY FOR COLOUR DETERMINATION OF OVERALL RISK	
VERY LOW	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>very low</u> .
LOW	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>low</u> . Recommend checking whether mitigation measures can be strengthened.
MODERATE	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>moderate</u> . Recommend <u>significant</u> efforts to improve mitigation measures or reduce risk of transmission (decrease risk assessment score).
HIGH	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>high</u> . Recommend <u>significant</u> efforts to both improve mitigation measures and reduce risk of transmission (decrease risk assessment score).
VERY HIGH	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>very high</u> .

II. Assessment of severity of the pandemic.

The different stages of a viral pandemic are clearly defined in a document published by the WHO, which describes the several phases of the influenza pandemic "*Pandemic influenza preparedness and response*". Although there are only few clinical and epidemiological analogies between the influenza and COVID-19 pandemics, the influenza transmission model is commonly used by health national agencies to characterise the stage of an epidemic. The different phases of an epidemic (which becomes a pandemic) can be illustrated according to the following diagram.



A) The criteria

Different criteria make it possible to characterise these phases with qualitative and quantitative factors. The difficulty is to propose criteria that are easily accessible in all countries of the world. The organisers must contact local or national health authorities in order to characterise the state of the pandemic according to the phases described by WHO. As a first estimate, we can propose to use as a basis:

- the number of new confirmed cases of COVID-19. The number of new cases reported each day is available for all countries in the world on the WHO website (<https://covid19.who.int>). In order to smooth out the daily variability of data, it is possible to consider the weekly average. The daily number of new cases should be analysed for the country in which the competition is taking place, and for other countries in the same WHO region.
- the basic reproductive number (R_0) is an excellent parameter for characterising human-to-human transmission. R_0 represents the number of people on average that a single infected individual may contaminate around him or her; it is a determining factor in epidemic risk. An undeniable difficulty is obtaining this information for all countries. This information is not centralised by WHO and its estimation remains the initiative of the national authorities; the organisers should contact the national health authorities to obtain this information.

B) Characterisation of the different phases of the pandemic

Even if the decisions are made by local or national authorities, it is reasonable to consider that cycling competitions could be held only during the following phases of the pandemic:

1- Moderate risk period (WHO phase 4);

This phase is characterised by confirmed human-to-human transmission of an animal-borne coronavirus, which can cause "outbreaks of epidemics". Phase 4 does not necessarily mean that a pandemic is inevitable. It can be characterised by,

- * confirmed clinical cases occurring in only one country in a WHO region,
- * a regular but moderate increase in the daily rate of confirmed clinical cases (difficult to quantify what is considered to be at "moderate risk", since the methods of COVID-19 diagnosis depend on national strategies, either by systematic screening using RT-PCR tests for viral diagnosis, or by RT-PCR screening only of patients with suspected COVID-19 or having / who have been exposed to COVID-19, or only of hospitalised patients, etc. Furthermore, the data are not

always normalised to the global population). This phase is characterised by clinical cases present in the form of large clusters which tend to evolve towards a community transmission.

- * 20 to 50 new cases of COVID-19 declared per week, per 100,000 people.
- * R0 values higher than 1.5.

2- Low risk period (WHO phase 3, post-peak period);

This low risk situation corresponds to either,

* the circulation of a coronavirus which causes sporadic infections or small clusters of respiratory infections. Human-to-human transmission does not appear to be sufficient to cause outbreaks. Limited human-to-human transmission can occur in certain risky circumstances, but these modes of transmission remain limited to certain circumstances. This does not indicate that the virus has acquired the level of human transmissibility necessary to cause a pandemic. This period is a pandemic (pre-pandemic) alert period. This situation can be characterised by,

- a sporadic and moderate increase in the daily rate of confirmed clinical cases.

- R0 values higher than 1.5.

* the post-peak period of a pandemic. Pandemic activity appears to be decreasing but it is not certain whether or not new waves will occur. The drop in the level of activity of the pandemic should not mean the end of all preventive measures as several months may separate the arrival of new pandemic waves. This period can be characterised by,

- a regular drop in the rate of confirmed COVID-19 cases. To assess this, we can monitor the evolution of the average weekly reported COVID-19 cases and consider that for this phase, it should be less than 20 new cases declared per week per 100,000 people.

- R0 values lower than 1.

3- Very low risk period (WHO phase 1, WHO phase 2, post-pandemic phase).

This situation corresponds either to the identification of a coronavirus known to have caused infections in humans, and identified in wild and / or domestic animals (epizootic situation), or to a post-pandemic period during which the coronavirus will behave like a seasonal virus. At this stage, it is important to keep prevention measures to a minimum. We can characterise this period by,

- the absence of new confirmed cases for more than 3-4 weeks.

- R0 values less than 1 (for the post-pandemic period).

The definition of the pandemic phase is the responsibility of the COVID-19 coordinator designated by the event organizer (see later).

III. Optimal conditions for organising competitions.

The concrete actions to be implemented for an optimal organisation of cycling competitions should be considered according to the national health regulations in force in the countries (or administrative regions), and according to the evaluation of the phase of the pandemic which will be made closer to the competition according to the criteria set out above (see paragraph II-B).

One of the general principles behind the instructions for organising competitions is the creation and maintenance of protective "bubbles" around the teams which, in the context of road races, will link to form a "peloton bubble". The measures implemented will be based on

controlling entry into the "team bubble", and preserving the "team bubbles" and the "peloton bubble" from contacts with people whose health status has not been checked.

The mitigation measures are grouped into three categories: "mandatory, MAN", "recommended, REC", or "desired, DES". The MAN measures will be for the organisers (MAN-org), the teams (MAN-team) or the UCI (MAN-uci). A general diagram of the measures is presented below, and their level of requirement will be presented in the form of a table according to the "severity" of the pandemic (see paragraph IV).

A) Pre-event measures

1. Appointment of a COVID-19 Coordinator for the event.

An expert in infectious diseases must be appointed by the Local Organising Committee (LOC); this COVID-19 Coordinator must have an up-to-date knowledge of the directives put in place by the national (or regional) health authorities to ensure the security of sport events. He must get in touch with these authorities as soon as possible in order to best coordinate the actions put in place by the organisers with the rules in force. He regularly consults the WHO website (<https://covid19.who.int>) or on a dedicated national website, to assess the pandemic status in the host country on. This person is responsible

- for determining the phase of the pandemic in the run-up to the competition and is the advisor for the implementation of preventive measures. The COVID-19 Coordinator is the link between the LOC and the local or regional health authorities;

- for providing the organisers with the exact protocol for the management of suspected COVID-19 cases, including all stages of patient management until the diagnosis,

- for providing the organisers the criteria for the identification of contact cases with a confirmed COVID-19 case (with either high-risk exposure, i.e. close contact, or low-risk exposure) (Contact tracing. European Center for Disease Prevention and Control). **He must give precise information on the management of contact cases (e.g. clinical follow-up, isolation, or no particular measure).**

All this information will be made available to the teams on the dedicated secure platform at least 2 weeks before the start of the event (see paragraph V-A).

2. Ensure that the accommodation where teams are staying has the capacity to maintain a "life bubble" around each team.

Each team will be grouped on a single floor (or a wing of the hotel), with a reserved and independent dining room. The staff of each hotel must be informed of individual preventive measures (room cleaning, physical distancing, hand washing, wearing a mask during service, etc.).

The LOC will ensure that hotel staff abide by the rules in force for cleaning and disinfecting furniture and objects in the context of the pandemic.

3. Ensure the prior management of suspected COVID-19 cases

For multi-day events (UCI World Championships, stage races), consider designating a single room per team, known as "isolation" for anyone who presents symptoms suggestive of COVID-19, before referral to the COVID Doctor (see point C-5).

4. Ensure that the teams have implemented prevention procedures within their group

(staff and riders) such as personal protection, cleaning of technical equipment, cleaning and disinfection of commonly touched surfaces in the vehicle buses, etc. **The strict application of these preventive measures is essential to ensure everyone's safety within the team bubbles.** In this respect, the role of team doctors is essential.

B) Before the events

1. Pre-travel health checks;

These health checks have a clinical and a biological component and involve **all members of the team's staff**. Both clinical and biological components are mandatory, except in very low risk period.

- the clinical aspect of detecting asymptomatic carriers of the virus is based on looking for clinical signs suggestive of the disease.

- the diagnosis of COVID-19 is usually made using clinical, laboratory and radiological features. As symptoms and radiological findings of COVID-19 are non-specific, SARS-CoV-2 infection has to be confirmed by a molecular biology technique, mostly polymerase chain reaction (PCR), aimed at amplifying a specific genetic sequence in the virus. According to WHO, respiratory material for PCR should be collected from upper respiratory specimens (nasopharyngeal and oropharyngeal swabs or wash) in ambulatory patients. RT-PCR (Reverse Transcriptase-PCR) is a special PCR technique now being used to detect SARS-CoV-2. The new coronavirus can be detected in different tissues and body fluids and in clinical settings the respiratory material for PCR is collected from naso-pharyngeal swabs.

The general context of the biological controls during cycling events is that of screening for healthy carriers of the virus or pre-symptomatic SARS-CoV-2 infections. Specific procedures and tests need to be adapted to mass screening. For such screening tests, we recommend,

- the use of saliva as an organic fluid for the detection of SARS-CoV-2. Saliva has been shown to be a viable alternative to nasopharyngeal swabs that cause discomfort due to procedure's invasiveness (Wyllie et al. 2020; Azzi et al. 2020).

- a highly specific and sensitive method based on the amplification of viral RNA. The technique used for the viral RNA identification must derive from PCR, such as RT-PCR, LAMP, RT-LAMP, SIBA, etc. (Yan et al. 2020).

- analyses on pooled individual salivary samples (pooling or multisampling methods) (Lohse et al. 2020; Sunjaya et al. 2020). In order to preserve the sensitivity of the analyses it is recommended to constitute only pools lower or equal to 8 samples.

1.A. One-day races.

1.A.1- athletes and staff members.

These provisions concern riders and staff members of the team (Sports Director, mechanics, medical staff, etc). Anyone joining the team at a later stage must apply the procedures set out below.

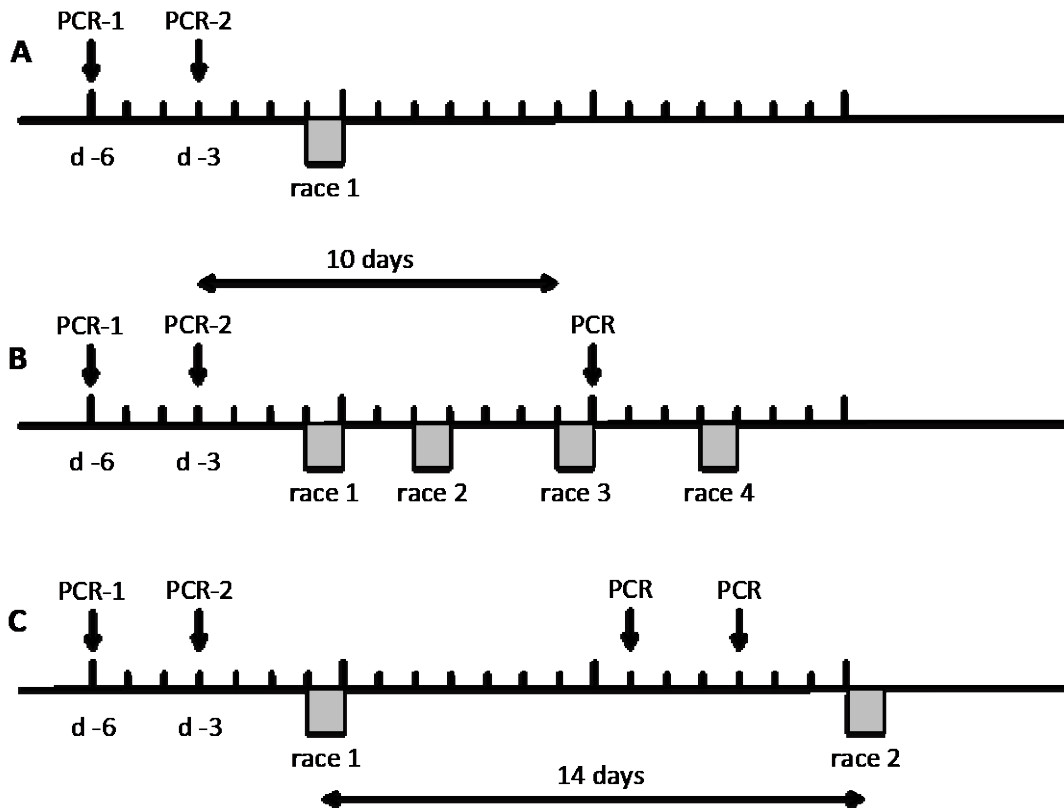
- * COVID clinical suspicion questionnaire to be completed daily on the 5 days preceding the race. A questionnaire is **proposed below as a suggestion**; if the team doctors use it, they must be able to see that the risk score is never "strongly suspect", and the "moderately suspect" score is not found more than 2 days out of 5. They are free to use another clinical tool providing clinical guidance;

- * a diagnostic test for SARS-CoV-2 (PCR type) must be carried out 6 days before the first race; if this test is negative, a second test will be carried out at least 72 hours before arrival at the departure site. The participation of the rider is only possible if these 2 viral diagnostic tests are negative (Figure A below).

- * in the event of repeated races, a new viral diagnostic test is required if the date of the previous one exceeds 10 days (Figure B).

* if 14 or more days separate 2 one-day races, a new viral diagnostic test is necessary 6 days before the second race, repeated 3 days after (Figure C). These two negative tests are necessary for the rider to participate to the event. These tests are the responsibility of the teams.

Covid-19 questionnaire	
Fever > 38°C	4 pts
Cough	4 pts
Shortness of breath	4 pts
Stuffy nose or sore throat	2 pts
Unusual aches	2 pts
Abnormal fatigue	2 pts
Unusual headache	1 pt
Diarrhea - vomiting	1 pt
<hr/>	
< or = 2	a little suspicious
3 - 5	moderately suspicious → PCR test according to the context
> or = 6	highly suspicious → PCR test



1.A.2- Commissaires and UCI staff members (technical delegates, video refereeing personnel).

The appointed Commissaires (and official UCI staff) will provide the UCI Medical Director with:

- * the results of the self-administered COVID clinical suspicion questionnaire, filled out daily during the 5 days preceding the competition.

- * a certificate from his/her doctor, certifying the absence of signs suggestive of COVID-19.

The methods for sending these documents are detailed at the end of this document.

1.B. Stage races.

1.B.1- athletes and staff members;

As reported above, these provisions concern riders and staff members of the team and anyone joining the team at a later stage must apply the procedures set out below.

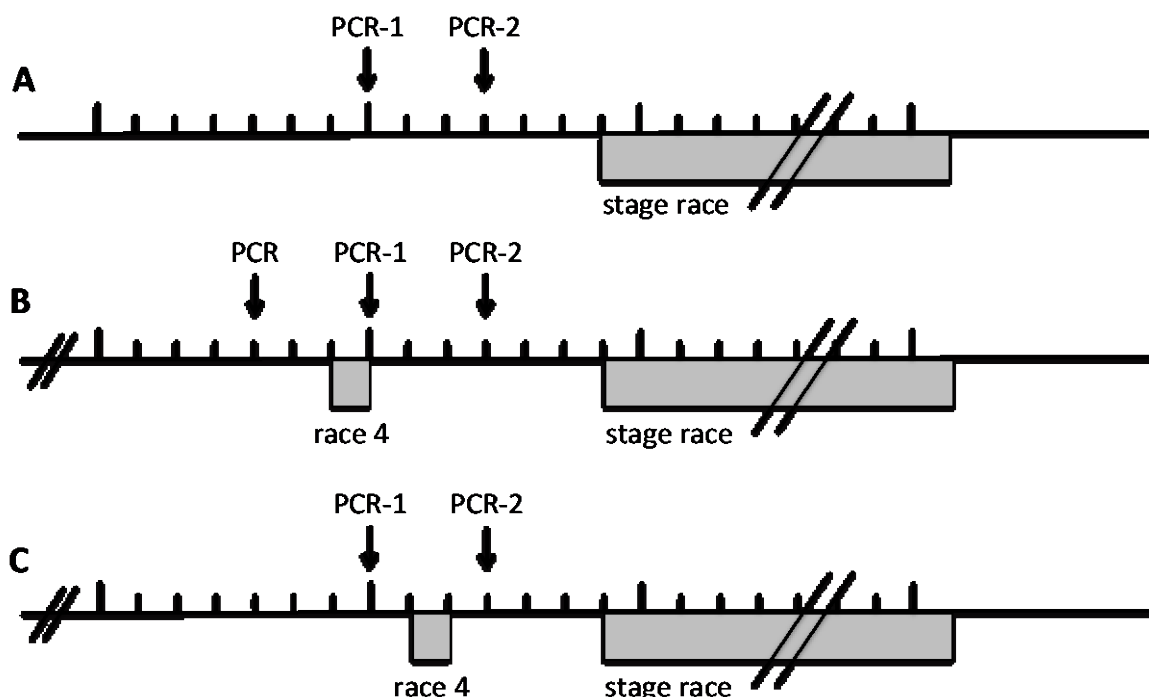
- * complete the COVID clinical suspicion questionnaire daily the 5 days before the race (see above). Team doctors will have the option of using the model proposed above or their own tool.

- * have a first PCR test to look for specific RNA sequences of SARS-CoV-2 (PCR type) 6 days before the race (Figure A below). If this first PCR test is negative, a second PCR test will be carried out 3 days before the race start.

The team doctor is technically responsible for carrying out and interpreting these checks, depending on the means put in place by the team.

If these PCR tests are negative, the riders can join the “team bubble”. All team members who have undergone all of these controls with negative results will be able to join the "peloton bubble".

When a stage race follows a one-day race, the arrangement of PCR tests must be in accordance with Figures B and C.



1.B.2- Commissaires and UCI staff members (technical delegates, video refereeing personnel).

The appointed Commissaires (and official UCI staff) will provide the UCI Medical Director with:

- * the results of the self-administered COVID clinical suspicion questionnaire, filled out daily during the 5 days preceding the competition.

- * a certificate from his/her doctor, certifying the absence of signs suggestive of COVID-19.

The methods for sending these documents are detailed at the end of this document.

2. Contact the local health authorities (hospitals, emergency services);

The medical service of the event must contact the local hospital and Emergency Medical Services to inform them of the event, and ensure they have the capacity to handle trauma patients during the pandemic.

3. Identify a physician, member of the race medical service, in charge of COVID-19 suspected cases (COVID doctor for the race);

- in coordination with local health services, this doctor is responsible for managing any clinical suspicion of COVID-19

- the COVID doctor must have

 - a face mask for anyone who is sick or has suspicious symptoms

 - mandatory protective equipment for medical personnel in charge of managing COVID-19 suspected patients (FFP2 mask, gloves, visor or protective glasses, coveralls).

4. Ensure all personnel have appropriate information on personal hygiene procedures.

The organizing committee will ensure the strict application by its staff of individual measures to protect and prevent the spread of the virus.

5. Provide information about the use of Personal Protective Equipment (PPE) for everyone at all times if distancing cannot be ensured. Everyone involved in the organisation is concerned, as well as team staff, except for athletes during competition, warm-up and training.

6. Arrange separate pathways for different categories of personnel;

- within the media zone

- within official zones

- within the VIP area.

7. Arrange the communal areas accessible with accreditation to allow for physical distancing (min 1.5 m between people), especially;

- in the media zone, arrangement of workspaces

- in official areas

- in VIP areas, impose the wearing of individual masks.

8. Forbid use of changing rooms and other communal areas.

9. Manage the presence of spectators;

- limit spectators in the departure and arrival areas according to the rules published by the national authorities in charge of public health

- maintain a safe distance between spectators and riders

- encourage spectators to wear a face mask.

10. Ensure cleaning and disinfection of common areas and equipment, and limit sharing of materials;

- restrooms (in sufficiency, cleaning procedures, 1.5 m physical distancing, including for queues (marks on the ground))
- regular cleaning of all commonly-touched points
- availability of hand sanitisers at strategic points.

11. Provide waste bins for contaminated items to allow for the safe disposal or storing of all hygienic materials.

C) During the events

One-day races.

1. On the morning of the race, the COVID-19 clinical suspicion questionnaire is completed by all team members, riders and staff members (see B.1.). This measure is under the technical responsibility of the team doctors, depending on the means implemented by the team. In the absence of a team doctor on the day of the course, results can be checked by a physician at distance.

2. Adapt the registration procedures so as to respect physical distancing.

3. Adapt the feed zones;

- make this area safer, ensure it complies with all national directives on social distancing, and prohibit it from the public.

Stage races

1. Perform daily health checks of riders;

- under the technical responsibility of the team doctors
- looking for suspicious clinical signs of COVID-19 using the suggested questionnaire or another suitable tool
- the questionnaire will be completed on the morning of the start of each stage and in the evening, including the rest days.

2. Adapt the procedures for signing the start list in order to respect physical distancing.

3. Adapt the feed zones;

- make these areas safer, ensure they comply with all local directives on social distancing, and prohibit them from the public.

4. Organise COVID-19 tests to detect virus carriers (who may be asymptomatic);

- dedicated tests should be organised during races with more than 10 stages
- in these conditions, it is important to organise a biological control during the rest days. These intermediate tests will concern the 3 Grand Tours, and are to be organized in coordination with the organizers. The analysis methods to be favored are those based on the detection of viral RNA, on salivary support and in multisampling (measurements on sample pools).

- performing these tests is the responsibility of the organisers.

5. Management of a suspected COVID-19 case.

- the first suspicion of COVID-19 is signaled by the team doctor or by a doctor from the medical team put in place by the organisation
- this doctor will contact the COVID doctor to manage the suspect patient
- the management of clinical cases will be carried out in agreement with the local or regional health services, and in accordance with WHO guidelines (see reference at the end of this document)
- the identification of contact cases with a confirmed COVID-19 case (close contacts and low-risk exposure contacts) will be the responsibility of the COVID doctor for the event, in coordination with the team doctor and the health authorities responsible.
- the implementation of the initial clinical examination protocol, and referral of the patient to the nearest COVID centre are the responsibility of the race's COVID doctor.
- the details of these procedures, as well as the criteria for identifying risky contact cases, will be posted by the organisers on the space provided by the UCI at least 2 weeks before the event.

6. Decision-making body after confirmation of a COVID-19 case.

In the event of a confirmed case of COVID-19 occurring within a team (riders, or team members), a group will be set up, made up of a member representing teams, runners, the organizer, UCI, team doctors, and the COVID doctor for the event. This group will collect all the information relating to the event and transmit it to the UCI. The UCI, after consulting the organizers and the national authorities, will take the decision appropriate to the situation.

D) After the race

1. Adjustment of the awards ceremony;

- restrict the number of athletes to be awarded at one time
- require athletes to wear masks during the ceremony
- place the podium blocks 1.5 m apart
- create 1.5 m pre-podium boxes in which riders can wait their turn to stand on the podium
- create a self-serve option where riders can collect their medals after hand sanitising
- request riders not to touch each other during the podium ceremony
- limit the number of photographers according to national health regulations
- limit the size of the crowd, respecting social distancing
- create a one-way traffic plan for pedestrian traffic into this area.

2. Adapt the anti-doping station and procedures;

- ensure that doping control protocols are consistent with measures to prevent viral contamination (physical distancing outside and inside the station, procedures for checking and signing documents, etc.)
- a specific document is reported in Annex.

IV. Enforcement of these measures depending on the state of the pandemic.

Actions to be implemented according to the current phase of the pandemic, i.e. **moderate risk** (WHO phase 4), **low risk** (WHO phase 3 and post-peak pandemic phase) and **very low risk** (WHO phases 1 and 2, and post-pandemic phase) are shown in the following table.

	Moderate risk	Low risk	Very low risk
A) Pre event			
1. Appointment of a COVID-19 Coordinator			
- send the management plan for COVID+ subjects	MAN-org	MAN-org	REC
2. Accommodation of teams in hotels			
- maintain a life bubble	MAN-org	MAN-org	REC
3. A single room per team as “isolation”	MAN-org	MAN-org	REC
4. Prevention procedures in cycling teams	MAN-team	MAN-org	REC
B) Before the events			
1. Pre-travel health checks;			
- athletes and staff members (COVID testing)	MAN-team	MAN-team	REC
- commissaires and CADF members	MAN-uci	MAN-uci	REC
2. Contact with local health authorities.	MAN-org	REC	DES
3. Appointment COVID doctor for the race	MAN-org	MAN-org	REC
4. Information on individual hygienic procedures	MAN-org	MAN-org	MAN-org
5. PPE for everyone if physical distancing impossible.	MAN-org	MAN-org	MAN-org
6. Provision of separate pathways	MAN-org	MAN-org	REC
7. Ensure physical distancing in communal spaces	MAN-org	MAN-org	MAN-org
8. Forbid use of changing rooms.	REC	REC	REC
9. Presence of spectators;			
- limit spectators (departure and arrival areas)			
according to national rules.	MAN-org	MAN-org	MAN-org
- maintain a safe distance between spectators and athletes.	MAN-org	MAN-org	MAN-org
- encourage spectators to wear a mask	MAN-org	REC	REC
10. Ensure cleaning and disinfection of communal areas	MAN-org	MAN-org	MAN-org
11. Provide waste bins	MAN-org	MAN-org	MAN-org
C) During the events			
One-day races			
1. Complete the COVID questionnaire on race morning	MAN-team	MAN-team	REC
2. Adapt the registration procedures	MAN-org	MAN-org	REC
3. Adapt the feed zones	MAN-org	MAN-org	REC
Stage races			
1. Daily health checks on riders	MAN-team	MAN-team	REC
2. Adapt the registration procedures	MAN-org	MAN-org	REC
3. Adapt the feed zones	MAN-org	MAN-org	REC
4. COVID-19 testing during the event	MAN-org	MAN-org	REC
5. COVID-19 suspected cases.			
- coordination with local health department	MAN-org	MAN-org	MAN-org
- provide a clean mask to all sick people	MAN-org	MAN-org	MAN-org
- provide PPE for medical professionals	MAN-org	MAN-org	MAN-org
- send management procedures of COVID+	MAN-org	MAN-org	MAN-org
D) After the race			
1. Adjustment of the awards ceremony.			
- restrict the number of athletes to be awarded	REC	REC	REC
- require athletes to wear face masks.	DES	DES	-
- place the podium blocks 1.5m apart	MAN-org	MAN-org	REC
- create 1.5 m pre-podium boxes	REC	REC	DES
- create an individual reward recovery system	MAN-org	REC	DES

- riders should not be allowed to touch each other	MAN-org	REC	REC
- limit the number of photographers according to national health regulations.	MAN-org	MAN-org	MAN-org
- limit size of crowd in finish zone	MAN-org	MAN-org	MAN-org
- one-way traffic plan for pedestrians into finish zone	MAN-org	REC	REC
2. Adapt the anti-doping station and procedures in accordance with the document in the Annex	MAN-org	MAN-org	MAN-org

V. Exchange of information.

In order to promote the exchange of information necessary for the organisation of competitions, two secure data storage spaces will be opened by the UCI,

A - one is intended to provide information on the criteria for organising the races. This space will be open to organisers, and will be accessible to teams for consultation. The organisers will use this to deposit

* the COVID-19 suspect case management protocol, including;

- the expected phase of the pandemic

- the conditions of isolation of suspect subjects before biological confirmation

- the procedures for managing suspected COVID-19 cases

- the criteria for defining contact cases, and their management.

* a summary of the risk mitigation measures put in place.

B - the other is intended to inform the UCI about the implementation of viral diagnostic tests within the teams, as well as of the monitoring by questionnaire of the Commissaires and CADF staff members. This space will be open to team doctors and will only be available for consultation by the UCI Medical Director.

Team doctors will use this storage space to drop the state of the PCR tests carried out before the race.

The Commissaires and CADF members will submit the state of clinical monitoring by questionnaire of the five days preceding the race, as well as the certificate of absence of suspicious clinical signs of COVID-19.

In order to facilitate the collection of information, adapted forms will be shortly available.

VI. Regulatory provisions.

Any subject or entity failing to implement the MAN (mandatory) measures may be fined by the Disciplinary Commission between CHF 1,000 and CHF 10,000. The Disciplinary Commission shall determine the amount of the fine taking into account all the circumstances and in particular any aggravating or mitigating circumstances.

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ANNEX

IN-COMPETITION TESTING SPECIFICITIES DURING COVID-19

MAKING HEALTH & SAFETY A TOP PRIORITY - June 2020

1. CADF CONTROL OFFICER (DCO and BCO)

When appointing Sample Collection Personnel (SCP), either a Doping Control Officer (DCO) or Blood Collection Officer (BCO) for a race, the CADF has assessed that the SCP is not at risk. SCP can be at risk if:

- they fall into a group of persons at risk; health care professionals working with COVID-19 positive patients, have tested athletes who tested positive to COVID-19 within a timeframe of 14 days after the mission, live with a person in one of the other risk groups or vulnerable populations.
- they fall into vulnerable persons' group due to age over 60 years' old, high blood pressure, diabetes, cardiovascular disease, compromised immune systems, etc., as advised by World Health Organization (WHO).

The SCP will perform a self-assessment (CADF document TBD) each day for the 5 days prior to the first planned controls. The SCP will need to provide a medical certificate issued by a doctor within the 7 days before the first controls are planned confirming the absence of COVID-19 symptoms. All document will be submitted to the UCI using a dedicated online platform (instructions to follow).

Based on the results, the CADF and the UCI will decide whether to allow the SCP to attend the event.

2. DOPING CONTROL STATION (DCS)

A DCS must be provided by organizers as per UCI Testing & Investigations Regulations (UCI TIR).

In addition, organizers shall:

- ensure a spacious Doping Control Station (DCS) in order to ensure the recommended social distancing (at least 1m) can be respected. Shouldn't the existing waiting room be spacious enough, please, consider setting an appropriate area for the athletes before the sample collection starts.
- provide premises that can be ventilated
- ensure the premises are cleaned and disinfected daily before use.
- provide disposable gloves. While gloves are not a substitute for hand hygiene, sample collection personnel (SCP) shall wear gloves throughout the sample collection process and athletes are also given the choice to wear gloves
- provide disposable face masks (medical face masks or non-medical masks or face covering); they shall be made available to the athlete, supporting personnel and SCP during the sample collection process.
- provide alcohol-based hand sanitizer
- provide disinfecting wipes and/or disinfecting spray
- provide disposable table cloth
- fence the area and provide someone to prevent non authorized persons to enter. Only

one person is allowed to accompany the athlete.

- Provide waste bins for contaminated items to allow for the safe disposal or storing of all hygienic materials such as masks, gloves, etc.

3. DOPING CONTROLS IN HOTELS

- Same prerequisites as listed above apply.
- Before conducting a doping control mission in a hotel, the DCO shall ensure that the tests can be conducted in a room that is ventilated and spacious enough to respect social distancing. If not possible, a minimum number of persons shall be present in the room; i.e. the athlete, the DCO, the BCO and if necessary, the Team Doctor.
- The team doctor and the SCP (DCO and chaperons) must regulate the arrival of athletes in the waiting room in the case where multiple athletes of the same team are tested. This will reduce the number of athletes in the same room.

4. NOTIFICATION PROCESS

- Chaperons must be provided by organizers as usual according to UCI Testing & Investigations Regulations. Should the total risk of transmission and spread of COVID-19 be identified by a race organizer as detailed in UCI's procedure for a race be qualified as "moderate" or higher than moderate, chaperones should not be appointed. The assessment from the Covid coordinator will be available 2 weeks prior to the start of the race. On the day of the event, the chaperon will fill the self-assessment form.
- Chaperons will be responsible to notify athlete orally only respecting social distancing. A specific internal document for the chaperon will be created.
- The absence of signature of the rider and/or a third party upon oral notification does not prevent the rider to be bind.
- Should no chaperone be present, rider remains responsible for ensuring whether he/she has been selected to undergo Sample collection. The absence of a chaperone shall not excuse the rider for not reporting in time to the doping control station.
- List for notification purposes is displayed, where applicable usually near the finish line and near the DCS.
- It is the rider's responsibility to remain within direct observation of the Chaperone at all times from the notification until the completion of the sample collection procedure.
- Rider must report immediately for sample collection and at the latest within 30 (thirty) minutes of finishing the Event, unless there are valid reasons for a delay, as per Article 7.4.2. of the UCI TIR.
- Written notification will be finalized with the DCO at the DCS
- In the event where the control would take place outside the DCS, such as in hotels (specific room or in rider's/doctor's room), as detailed before, only one athlete and one support personnel should be present at a time. When multiple riders are tested in hotels, notification will be done in a sensible manner but bearing in mind the no-advance notice aspect of these controls.

5. SAMPLE COLLECTION PROCESS

- In between athletes, surface where sample collection will take place must be cleaned using disinfectant wipes or disinfectant spray, including all materials to be used. As an alternative, a clean and disposable table cloth can be used.
- SCP must wash or sanitize hands and put on new gloves for each athlete and wear face mask.
- Athletes and supporting personnel (soigneur, doctor, etc) must wear a face mask
- Social/physical distancing is maintained as much as possible.
- Number of persons present during control session will be limited to minimum i.e.:
 - It is not necessary for organizers to provide a doctor/nurse to witness the miction, the task

will be exceptionally ensured by the DCO if of the same gender. If not of the same gender, organizers will be asked to provide a doctor/nurse.

- Only one person is allowed to accompany the athlete in the DCS area and during the sample collection process. It is recommended that athletes present themselves at the DCS alone.

NOTE: Some specific situations may not allow the recommended distance to be maintained at all times. For example, **blood collection**, space limitations and/or the need for direct observation of urine sample provision are acceptable reasons to temporarily make allowances for closer distance.

6. COMPLETING SAMPLE COLLECTION SESSION

- Before leaving, work surfaces must be cleaned and all used materials (refractometer, pen, ruler etc.) cleaned with disinfectant wipes or spray.
- SCP must ensure that all discarded items/waste are disposed of in the appropriate bins for medical waste material.
- SCP guide athletes through the proper gloves and face mask removal techniques and ask them to place those items in their garbage bag.
- SCP instruct the athlete to clean their hands.

7. OTHER CONTROLS SUPPORTED BY CADF

- TRAMADOL:
 - Controls will be conducted in the Doping Control Station following the existing procedure at the end of events selected by the UCI, including the supplementary sanitary measures described above.
 - The Tramadol Sample collection procedure may be amended if the circumstances so require.
- X-Ray Bike Check:
 - The CADF will as much as possible continue supporting the UCI in their program as done over the previous years.
 - The chaperon will wear masks and gloves when attaching the tag to the bike of the rider and will do their best to respect social distancing.