



# Coronavirus (COVID-19)

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

Version 5.0 – 20 September 2021

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### Disclaimer

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

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

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

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

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**Coronavirus (COVID-19)**

**World Sailing Guidance for Event Organizers for the Protection of the Health of Athletes**

**Version 5,0 – 20 September 2021 (NN\_MD)**

# 1. Introduction

In response to the ongoing coronavirus (COVID-19) pandemic, this Guidance has been developed and updated by the World Sailing (WS) to support all sailing event organizers and athletes. The purpose is to provide to event organizers and to engage them to follow the best practices and the most recent recommendations from the major international public health and sports authorities, such as World Health Organization (WHO), International Olympic Committee (IOC) as well as the U.S. Centers for Disease Control (CDC) (available at: <https://www.cdc.gov>) and European Centre for Disease Prevention and Control (ECDC) (available at: <https://www.ecdc.europa.eu/en>) to hold sailing event more safe during pandemic.

Background: COVID-19 is a coronavirus transmitted infection which can lead to severe acute respiratory syndrome and pneumonia also to many other severe complications, was first reported in December 2019 in Wuhan, China. 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 2020, 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: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020> ). This grave public health challenge requires close cooperation between international agencies, governments, and mass gatherings event organizers, in order to protect the health of event participants, as well as the general community.

Beside global efforts to develop, manufacture and deploy safe and effective vaccines the focus of health authorities worldwide has been on containment of the virus through implementation of public health and social measures (PHSM) to limit and slow down widespread transmission. There are now several vaccines that are in use and some of them are within the WHO EUL (Emergency Use Listing) procedure and the first mass vaccination programme started in early December 2020 (available at:

[https://extranet.who.int/pqweb/sites/default/files/documents/Status\\_of\\_COVID-19\\_Vaccines\\_within\\_WHO\\_EUL-PQ\\_evaluation\\_process-16June2021\\_Final.pdf](https://extranet.who.int/pqweb/sites/default/files/documents/Status_of_COVID-19_Vaccines_within_WHO_EUL-PQ_evaluation_process-16June2021_Final.pdf) ).

As most governments struggled to contain the virus, scientists were rushing to identify and find treatments that worked against COVID-19. As infections surged worldwide, new, highly transmissible variants of the virus were identified and are circulating ever further. Information about the characteristics of these variants is rapidly emerging. Scientists are working to learn more about how easily variants spread, whether they could cause more severe illness, and whether currently authorized vaccines will protect individuals against them. Viruses constantly change through mutation, and new variants of a virus are expected to occur.

We understand the significant challenges faced by athletes and Member National Authorities (MNA's), particularly in terms of domestic and international travel regulations and the varying restrictions on the holding of events which continues to change daily. As part of our ongoing efforts to keep our race organizers and athletes informed on the impact of COVID-19 on events, the World Sailing continues to publish the latest COVID-19 related information and advice on the World Sailing website at: <https://www.sailing.org/medical/index.php> . World Sailing Medical Commission will update these recommendations as public health and social measures are lifted, more people are vaccinated, as COVID-19 epidemiological situation is changing, and as additional scientific evidence becomes available.

This Guidance uses information contained in the Policy brief, Holding gatherings during the COVID-19 pandemic, available at:

<https://apps.who.int/iris/bitstream/handle/10665/343409/WHO-2019-nCoV-Policy-Brief-Gatherings-2021.1-eng.pdf> and the *Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak (Interim guidance)* available at:

<https://www.who.int/publications/i/item/10665-332235> and *Country & Technical Guidance - Coronavirus disease (COVID-19)* available at:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications?publicationtypes=07066450-9832-439a-a4d0-0dea7013bdce>. It is also

recommended to use this alongside the *World Sailing Medical Guidelines for the International Team Coach* available at:

<https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer5.22021-%5B27400%5D.pdf>

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

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

The recommendations to countries to institute public health and social measures proportionate to the public health risks lays in the frame of and consistent with the WHO International Health Regulations, third edition (IHR,2005) (available at: <https://www.who.int/publications/i/item/9789241580496>). and other international regulations. The WHO has also underlined the importance of awareness and self-monitoring for international travellers in preventing the transmission of COVID-19 (please see *Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19. Interim Guidance*, available at: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Risk-based-international-travel-2021.1>). Nevertheless, although many authorities currently moved to phase of easing restrictions, some governments have introduced international, national and local travel restrictions and requirements, including:

- Delayed border clearance;
- Visa restrictions;
- Imposition of quarantine for travellers or refusal of entry;
- Proof of negative PCR test or rapid antigen test - RAT on SARS-CoV-2;
- Proof of COVID-19 vaccination certificate;
- Proof of recovery from COVID-19 disease (“immunity status”).

While such measures can severely disrupt travel, the reality is that sport national authorities (MNA’s), athletes and their teams, may have limited choice but to follow these international, national or local travel restrictions due to the serious concerns about possible COVID-19 transmission linked to travel and its potential impact to public health.

The priority responsibility of race organisers is to ensure, as far as possible, all aspects of event safety, especially the health of event participants and workforce, including minimising risks of inadvertent person-to-person transmission of COVID-19. Race organisers in their event planning should consider also health and safety needs for the host area visiting public, who may come to the shore venues to watch both preparations and race events. At the same time,

it is crucial for race organizers to admit for participation all teams (both athletes and supporting teams), as well as to manage all suspected cases of COVID-19 infection. If any suspected or confirmed cases of COVID-19 and their close contacts are recognized among participating teams, event organizers are highly recommended/or even obliged to implement additional mitigation measures to prevent spread of the virus. Together with other MNA's, athletes and their teams, event organizers are encouraged/or even obliged to report, coordinate and cooperate with the local public health authorities to ensure, where appropriate, that:

- Arrangements for participants' (athletes, their supporting teams, International Technical Officers) medical transportation are in place;
- Participants can access appropriate and sufficient medical care;
- Arrangements for participants' isolation of suspected COVID-19 cases are in place;
- COVID-19 precautionary measures are in place;
- Event can continue if safe so;
- Risk communication and participants awareness are in place;
- Necessary certificates and documentation can be issued and shared (Personal Location Forms - PLFs, Medical reports in the case of patient isolation or illness, vaccination, testing and immunity status).

The IOC has advised that during the COVID-19 pandemic, effective protection of the athlete's health and safety must remain a priority. Under the IOC regulations, event organizers must ensure all athletes are covered by sufficient measures to protect their health and that they have access to prompt medical care while participating in the event. Event organizers must develop and implement set of precautionary measures to control transmission of COVID-19 to minimize the risk of infection, accounting that it could not be zero risk. World Sailing have had issued several guiding documents for race organizers to set up the medical support during the event, such as the *Medical Action Plan* and *World Sailing Race Course Medical Support Structure*, accessible at: [https://www.sailing.org/tools/documents/MedicalActionPlanMLDV2-\[26247\].pdf](https://www.sailing.org/tools/documents/MedicalActionPlanMLDV2-[26247].pdf) and [https://www.sailing.org/tools/documents/WorldSailingRaceCourseMedicalSupport26250-\[26417\].pdf](https://www.sailing.org/tools/documents/WorldSailingRaceCourseMedicalSupport26250-[26417].pdf)



### 3. “COVID-19 Passports”

The “*COVID-19 passports*” are implemented by many governments and will eventually include individual’s vaccination status, confirmation of past COVID-19 infection (natural immunity status) and SARS-CoV-2 testing results. Some government suggest that the detection of virus-specific antibodies to the SARS-CoV-2 could serve as the basis for an “immunity passport” or “risk-free certificate” that would enable individuals to travel or to return to work assuming that they are more protected against re-infection.

Also, as COVID-19 vaccination status and testing results can easily be captured via digital means some event organizers started to use “COVID-19 apps” with a purpose of “*COVID-19 passport*” for accessing different zones of the event premisses like sailing park, hotel, dress rooms, catering area, field of play (FOP), etc. Such a digital technology proved to be a successful tool of maintaining a “safe bubble” (COVID-19-free isolated zone) with applied strict protocol of participants’ lab-testing before and during the event, mandatory contact tracing. The meantime its usefulness is still not proved in situations when teams have dispersed accommodation, different vaccination status, entering every day in marina zone and arriving at event without pre-event testing being provided by the organizer.

The implementation of international “*COVID-19 Passports*” have faced some significant problems. To uniquely identify an individual and validate vaccination status requires international cooperation, coordination across complex systems and widespread adoption of open interoperability standards to support secure data access or exchange. Other problems are still unknown facts about the virus nature and COVID-19 disease that are making validity of data in the “passport” unreliable in ensuring safe environment at the event. For instance, there are still unknowns regarding the efficacy of vaccination in reducing transmission. Also, there is currently no evidence that people who have recovered from COVID-19 and have virus-specific antibodies, are protected from a re-infection. Positive test only indicates previous exposure to SARS-CoV-2 virus. Laboratory tests that detect neutralizing antibodies to SARS-CoV-2 in individuals, including rapid immunodiagnostic tests, need further validation to determine their accuracy and reliability. Inaccurate immunodiagnostic tests may falsely

categorize participants in two options. The first one is individuals who have been infected, but with false-negative results, and the second one is individuals who have not been infected, but with false-positive testing results. Both false-negative and false-positive results could have serious consequences and will affect safety of the event and effectiveness of applied COVID-19 mitigation measures, as well as influence on decision regarding individuals' participation in the event. Individuals who assume that they are immune to a re-infection because they have received a positive antibodies test result (have detected SARS-CoV-2 antibodies), may ignore COVID-19 basic protective measures (e.g. masks wearing). The use of such certificates may therefore increase the risks of continued transmission of the virus in the community. At this point in the context of COVID-19 pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an "COVID-19 immunity passport" or "risk-free certificate." (For references, please see WHO. *COVID-19 natural immunity. Scientific Brief. 10 May 2021.* available at: [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-Natural\\_immunity-2021.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Natural_immunity-2021.1))

## 4. COVID-19 Precautionary Measures for Participants

Coronavirus disease, first reported in December 2019 (COVID-19) is caused by the SARS-CoV-2 virus, and spreads from person-to-person with small liquid particles when coughing, sneezing, speaking, singing or breathing. These particles range from larger respiratory droplets to smaller aerosols. Current evidence suggests that the virus spreads mainly between people who are in close contact with each other, typically within 1 metre (short-range) for a period of time more than 15 minutes. A person can get infected when aerosols or droplets containing the virus particles are inhaled or come directly into contact with their eyes, nose, or mouth (see *Transmission package (who.int)* available at: <https://www.who.int/teams/risk-communication/covid-19-transmission-package>). The virus can also spread in poorly ventilated and/or crowded indoor settings, where people tend to spend longer periods of time. This is because aerosols remain suspended in the air or travel farther than 1 metre (long-range). A well-designed, maintained, and operated ventilation system can reduce the risk of COVID-19 spread in indoor spaces by diluting the concentration of potentially infectious aerosols through ventilation with outside air and filtration and disinfection of recirculated air. Proper use of natural ventilation can provide the same benefits (see Chapter 6). People may also contract the virus by touching surfaces that have been contaminated when touching their eyes, nose or mouth without cleaning and/or disinfecting their hands.

COVID-19 is primarily a respiratory infection, and the spectrum of disease can range from individuals from very mild, non-respiratory symptoms to severe acute respiratory illness, vascular complication, organ dysfunction and death. Some individuals infected have reported no symptoms at all (asymptomatic cases).

Symptoms can include fever, cough, fatigue, shortness of breath or difficulty breathing, muscle pain and loss of appetite. Other non-specific symptoms such as sore throat, nasal congestion, runny nose, headache, diarrhoea, nausea and vomiting, have also been reported. Loss of smell and taste preceding the onset of respiratory symptoms have also been reported.

People over 60 years old and immuno-suppressed may present with atypical symptoms such as fatigue, reduced alertness, reduced mobility, diarrhoea, loss of appetite, delirium, and absence of fever. It is important to note that early symptoms for some people infected with COVID-19 may be very mild and unspecific.

Whether or not they have COVID-19 like symptoms, infected individuals can be contagious, and the virus can spread from them to other individuals. Laboratory data suggests that infected individuals appear to be most infectious just before they develop symptoms (namely two days before it) and early stages in their illness. Individuals who develop severe disease can be infectious for longer.

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

In particular:

- Frequent hand washing by participants using soap and hot water or alcohol-based (at least 65–70%) hand rub for 20 seconds;
- Avoiding 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;
- All used tissues should be safely disposed or promptly placed into a waste bin with lid;
- If a disposable tissue is not available, participants should cover their nose and mouth and cough or sneeze into a flexed elbow;
- Participants should aim to keep at least one meter (3 feet) physical distancing from other individuals, particularly those who feel unwell and have a cough or sneeze or may have a fever. If individuals are too close to each other, especially for a prolonged time, potentially they can get infected;
- When receiving distributed food and water at the event it should always be handled with precautions, to avoid cross-contamination (e.g. use individual water bottles, pre-packed meals, person distributing the food should wear a mask, etc.);
- Athletes are not recommended to 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 Chapters V and VIII of the *WS Medical Guidelines for International Team Coach*, available at: [https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-\[26241\].pdf](https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-[26241].pdf) ;
- Any sharing of equipment with other teams should be avoided, otherwise properly disinfected.

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

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

Considering the available studies evaluating pre- and asymptomatic transmission of SARS-CoV2 virus, as well as the difficulty of following physical distancing in the context of sailing event, **masks are not required to be worn in open spaces but all participants are recommended to wear masks or face coverings (use of non-fabric masks is recommended) in all circumstances when it is not possible to achieve necessary physical distancing of 1 meter (3 feet) from other individuals (other than your own team, or working in separate**

“safe bubble” created by organizers). Recommendations on masks wearing at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks> .

Athletes and other event participants should report to the Event Chief Medical Officer (CMO) or other designated medical staff (COVID-19 Liaison Officer, or CLO, if applicable), if they have visited an area where community transmission of COVID-19 and/or circulation of virus variants of concern (VoC) has been reported within the past 14 days, or if they have been in close contact with individual with COVID-19 associated symptoms who has been in the area with COVID-19 community transmission and circulation of virus variants of concern (VoC) or with individual with confirmed COVID-19 case. This information should be reported in timely manner (By Personal Location Form (PLF) available at: <https://www.sailing.org/tools/documents/WorldSailingPersonalLocationFormVer3-27538.pdf> and **Appendix A** of these guidelines, on entering the marina or in advance - electronically). Event organizers will put this as prerequisite for participation in the event.

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

COVID-19 Health Safety posters for athletes and other event participants are provided in **Appendix B**.

## 5. COVID-19 Vaccines

Vaccines are only one tool of comprehensive COVID-19 risk mitigation strategy at sailing event, in addition to individuals' strong compliance to basic protective measures, such as physical distancing at least 1 metre (3 feet) from others, wearing a mask, covering the nose and mouth and cough or sneeze into a flexed elbow, frequently washing the hands, avoiding poorly ventilated indoor spaces and ensuring good natural (open windows) and mechanical ventilation.

Approved by WHO EUL COVID-19 vaccines (Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>) provide a high level of protection against getting severely ill and dying due to the disease, although no vaccine is 100% effective. For the first fourteen days after getting a vaccination, one has not a significant level of protection, then it increases gradually. If an individual who has received a COVID-19 vaccine is infected by the SARS CoV-2 virus later on, the immune system recognises the virus. Because it is already prepared to attack the virus, that individual's immune system is able to protect them from COVID-19 disease. Getting vaccinated may also protect people around you, because if you are protected from getting infected or from severe disease, you are less likely to infect someone else. This is particularly important to protect yourself and other participants at mass gatherings such as sailing events or on-board sailing boats. **Race organizers are encouraged to include COVID-19 vaccination into their risk communication strategy for event participants and develop communication messages on individual's health risks and vaccination recommendations in consultation and cooperation with public health authorities as part of the event COVID-19 mitigation Plan.**

COVID-19 vaccines are developed following the same legal requirements for quality, safety and efficacy as for all other vaccines and they are safe for most people, including those with underlying health conditions of any kind; including auto-immune disorders, hypertension, diabetes, asthma, pulmonary, liver and kidney disease, as well as chronic infections that are stable and controlled. However, those individuals with below listed health conditions should consult on vaccination with their health care providers:

- Have a compromised immune system;
- Are pregnant (limited data varies by product. If you are already breastfeeding, you are recommended to continue after vaccination);
- Have a history of severe allergies, particularly to a vaccine;
- Are severely frail.

In most cases, minor side effects are normal, and benefits of vaccination are far greater than the risk of the rare side effects. Common side effects after vaccination, which indicate that an individual's organism is building protection to COVID-19 infection can include arm soreness, mild fever, tiredness, headaches, muscle or joint aches. It is extremely rare for severe health reactions to be directly caused by vaccines. While vaccination reduce the risk of severe disease and death due to the COVID-19, we still don't know the extent to which it keeps one from being infected and passing the virus on to others. To help keep other participants during the event safe, organizers should implement, and control other mitigation measures described in Chapter 8.

A number of other scientific unknowns remain concerning the effectiveness of COVID-19 vaccines such as duration of protection offered by vaccination; timing of booster doses; how long before travel/event vaccines should be offered; and possible exemption cases for individuals who have SARS-CoV-2 virus-specific antibodies. Recommendations will evolve as evidence about developed and new COVID-19 vaccines is compiled.

Even if an individual has already had COVID-19, he/she should be vaccinated when it is offered to him/her by health professionals. The natural immunity protection that individual gains from prior COVID-19 will vary from person to person, and scientists also don't know how long it might last. However, it's encouraging that available data suggest that most people who recover from COVID-19 develop an immune response that provides at least some period of protection against reinfection – although we're still learning how strong this protection is, and how long it lasts (*COVID-19 advice for the public: Getting vaccinated at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/advice>* ).



## 6. Ventilation in Indoor Facilities

Understanding and controlling indoor building ventilation can improve the quality of the air we breathe and thus reduce the risk of possible indoor transmission of different pathogens, including spread of the virus that causes COVID-19. Event organizers should ensure good ventilation in all indoor settings.

SARS-CoV-2 viral particles spread between people more readily indoors than outdoors. Indoors, the concentration of viral particles is often higher than outdoors, where even a light wind can rapidly reduce concentrations. When indoors, ventilation mitigation strategies can help reduce viral particle concentration. The lower the concentration, the less likely viral particles can be inhaled into the lungs (potentially lowering the inhaled dose); contact eyes, nose, and mouth; or fall out of the air to accumulate on surfaces. Protective ventilation practices and interventions can reduce the airborne concentrations and reduce the overall viral dose to occupants by diluting the concentration of potentially infectious aerosols through ventilation with outside air and filtration and disinfection of recirculated air. Proper use of natural ventilation can provide the same benefits. The decision whether to use mechanical or natural ventilation should be based on needs, resource availability and the cost of systems to provide the best control to counteract the risks.

Below is a list of HVAC (Heating, Ventilation and Air- Conditioning) interventions that can help reduce the concentration of virus particles in the air, each of which can contribute towards a reduction in risk. Implementing multiple tools at the same time will increase overall effectiveness of ventilation interventions. These ventilation interventions can reduce the risk of exposure to the virus and reduce the spread of disease, but they will not eliminate risk completely.

### **Tools to Improve Ventilation:**

Increase the introduction of outdoor air:

- Open outdoor air dampers beyond minimum settings to reduce or eliminate HVAC air recirculation.

- Open windows and doors, when weather conditions allow, to increase outdoor air flow. Even a slightly open window can introduce beneficial outdoor air.
- Use fans to increase the effectiveness of open windows. To safely achieve this, fan placement is important and will vary based on room configuration. Avoid placing fans in a way that could potentially cause contaminated air to flow directly from one person to another.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
- Rebalance or adjust HVAC systems to increase total airflow to occupied spaces when possible.
- Turn off any demand-controlled ventilation controls that reduce air supply based on occupancy or temperature during occupied hours.
- Improve central air filtration (if building has it). Make sure air filters are properly sized and within their recommended service life.
- Ensure restroom exhaust fans are functional and operating at full capacity when the building is occupied.
- Generate clean-to-less-clean air movement by evaluating and repositioning as necessary, the supply louvers, exhaust air grilles, and/or damper settings.
- Use ultraviolet germicidal irradiation (UVGI) as a supplemental treatment to inactivate SARS-CoV-2 when options for increasing room ventilation and filtration are limited.

(See [Roadmap to improve and ensure good indoor ventilation in the context of COVID-19 \(who.int\)](https://www.who.int/publications/i/item/9789240021280), available at: <https://www.who.int/publications/i/item/9789240021280> and *Ventilation in Buildings* at: <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>)

## 7. Sailing Events as Mass Gatherings

High profile international sporting events such as the Olympics or World Cups as well as other international sport events like the major sailing regattas, count as mass gatherings (MG). However, lower profile sailing events can also meet WHO's definition for mass gathering: **In the context of COVID-19, mass gatherings are events that could amplify the transmission of the virus and potentially disrupt the host country's response capacity** (Available at: [www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak](http://www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak) .

During the COVID-19 pandemic, gatherings of any size can be associated with risk of amplification of transmission of SARS-CoV-2. This happens because the likely high density and mobility of attendees (crowding) provides a conducive environment for close (within 1 metre or 3.3. feet), prolonged and frequent interactions between people (available at: <https://apps.who.int/iris/bitstream/handle/10665/343409/WHO-2019-nCoV-Policy-Brief-Gatherings-2021.1-eng.pdf> )

You need to consider context, location and duration of your event, the number and profile of participants, current local and global epidemiological situation, as well as local health system capacity. For example, if the event with several thousand of participants is held in an urban area in a country with a high-standard, well-resourced health system and lasts just for a few hours, the event may not put additional strain to local health system and is considered a “mass gathering” event. Conversely, if your event takes place over several days during pandemic in a small island state, where the capacity of the health system is quite limited, then event even with limited number (several hundred) of participants could put a serious strain or disrupt the local health system and also be considered a “mass gathering” event. At the planning phase, please, consult with the host area public health authorities should your event be considered as “mass gathering event”, as well as a high-risk MG event with all appropriate level of preparedness and response needed.

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

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

## 8. Risk Assessment

Regardless your event is considered as mass gathering (MG) or not, risk assessment (RA) is a key element in planning of gatherings of any size. RA is a continuous process that should occur throughout the period leading up to the event (planning phase) and during the event (operational phase), starting from the initial concept of Guidelines (Event Plans / Protocols) and stopping only after the event has finished and participants are returned to their home destinations. RA should consider ongoing assessment of how your event medical support and the host country's health care and public health systems capacities are coping with increased demands and health risks related to the event and can indicate both the scope and the level of intervention are needed. The risk assessment process findings should be documented and available for post-event review and lessons learned.

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

The risk matrix risk scoring results could be:

- **Very Low** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered very low. Minor or no consequence or disruption to the event;
- **Low** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered low. Recommended to check if mitigation measures need to be strengthened. Small impact on event;
- **Moderate** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered moderate. Recommended to put significant efforts to improve mitigation measures and reduce the risk of transmission at planning and operational phases (to decrease risk assessment score). Some controlled impact on the

event and hosts' reputation. Death and/or severe illness (e.g. COVID-19) cases are prognosed. Local public health and medical services are strained;

- **High** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered high. Recommended to put significant efforts to improve both mitigation measures and reduce risk of transmission (to decrease risk assessment score). A risk-based decision to postpone or to cancel the event should be considered. Disruptive to event and hosts' reputation. Many deaths or illness cases associated with COVID-19. Local public health and medical system are disrupted;
- **Very High** Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered very high. A risk-based decision to cancel the event. Significant adverse impact on event and hosts' reputation. Substantial loss of life and serious illness. Local public health and medical system are significantly disrupted.

Sailing events are mainly falling in the *"Very Low"* and *"Low"* overall risk category but in the context of COVID-19 pandemic dynamic they could fall into *"Moderate"*, *"High"* or *"Very High"* risk. Resulting risk assessment exercise, after the pandemic has begun, several major sailing events were categorised at *"Very High"* risk and were cancelled.

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

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

For countries not currently known to be experiencing community transmission of COVID-19 and/or circulation of virus variants of concern (VoC), the priority consideration should be on whether the planned international event could substantially amplify the risk of the virus (re)entering the host country, as well as on the risk of exporting virus by international participants to their home countries and further increasing risk of global spread. Conducting this assessment, the organizers and respective national or local public health authorities should recognize that the risk of imported cases of COVID-19 is linked to international travel. They should also recognize that **it is neither realistic nor desirable to aim for zero risk**. That risk could never be a zero. When event organizers and public health authorities are making

decision to hold a mass gathering if no governmental ban introduced or even if the event is not matching under the definition of “mass gathering”, they should determine what is the **acceptable level of risk** for event and what additional measures should be planned and implemented to mitigate that risk.

Specific considerations in relation to COVID-19 epidemiological situation and it’s possible impact on sailing events should be assessed, without exception, in cooperation with local public health authorities with data analysis taken from *WHO global COVID-19 situation reports* available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> and WHO Coronavirus (COVID-19) Dashboard [available at: https://covid19.who.int](https://covid19.who.int), as well as from national COVID-19 epidemiological data.

**Based on risk assessment, specific context of sailing events that are inherent to this particular sport and can be easily mitigated as such, have significant potential for prevention of COVID-19 transmission and possibility to hold sailing events safer compared to other sports.**

For instance, sailing is a sport where physical distancing is feasible, low or no-crowd density policy easy to apply, mostly outdoor field of play (FoP), layout of the event venues, only registered participants access, young age and mostly in good health condition participants that are not in close contact to each other during the event, dispersed housing where teams are renting their personal (dispersed) accommodation, individual catering, mode of on-land travel (cars/vans with the trailers) are favouring the safety of sailing events. Also, the additional risk from participants and spectators travelling on public transport in megapolis may not be significant compared to the ongoing risk to the local population using the public transport all the time. If the event duration is longer than incubation period of COVID-19 (maximum up to 14 days), than most event-associated cases would be expected to reveal while the event is underway. In contrast, for sailing events with a shorter duration (less than 14 days), most of COVID-19 cases more likely to reveal after the event when participants travel back to their home destinations. In case of controlled transmission in countries with COVID-19 community transmission when virus ceased to spread, the key consideration for event organisers in compliance with local host governmental regulations could be:

- aiming at containing the current epidemiological situation or at least slowing down the spread of the virus in the local host community/country;
- preventing protecting international participants (if allowed) of being infected with COVID-19 during the event with possibility of further global spread via international travel.

The risk should be considered in the context of the known features of COVID-19 and its transmission modes and the known effectiveness of mitigation measures to control transmission. COVID-19 pandemic response had already strained the host's health system, and the additional strain which mass gathering, or other sailing event might put on the health system, also need to be taken into considerations.

You can find more advice on holding mass gatherings in the context of COVID-19 pandemic in WHO technical guidance: *Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak interim guidance, (update 29 May 2020)* at: <https://www.who.int/publications/i/item/10665-332235>, *Considerations for mass gatherings in the context of COVID-19: Annex 4: considerations in adjusting public health and social measures in the context of COVID-19 (14 May 2020)* at: <https://www.who.int/publications/i/item/considerations-for-mass-gatherings-in-the-context-of-covid-19-annex-considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19> and *Considerations for sports federations / sports event organizers when planning mass gatherings in the context of COVID-19; interim guidance*, at: <https://www.who.int/publications/i/item/considerations-for-sports-federations-sports-event-organizers-when-planning-mass-gatherings-in-the-context-of-covid-19-interim-guidance>

To conduct risk assessment, it is highly recommended to use the **WHO Mass Gathering COVID-19 Risk Assessment Tool – Sport Events (v.2., 10 July 2020)**; Excel file with decision matrix for final determination of risk available at: <https://www.who.int/publications/i/item/10665-333187>

The tool is based on risk evaluation, risk mitigation, and risk communication strategy developed for use by host countries and organizers of mass gathering to assess the specific risk of COVID-19. The tool, version 2, includes six tables: 1. Instructions; 2. Decision Tree; 3.



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

**The national and local public health authorities in the country where you plan to hold the event will most likely be experienced in conducting public health risk assessment. We strongly advise you not to perform it alone side; do it in cooperation with counterparts especially with local public health authorities and do not put them into situation to assess the event risks without your involvement and understanding of the specific circumstances of sailing event competition. It is also important to introduce them into the context of sailing sport and specific COVID-19 mitigation measures specified in this Guidelines that can be applied to sailing events.**

If there is a WHO Country or Regional Office in hosting country, they may also be asked for assistance to provide some expert advice (<https://www.who.int/about/who-we-are/regional-offices> ).

## 9. COVID-19 Medical Response Plan

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

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

Delivery of some mitigation measures would be addressed to the Public health sector, some for the event medical services and some for teams' medical support. Plan should specify the scope of services/actions, who is responsible for delivering actions, what is the timescale for their delivery, and how and by whom actions delivery would be reported and controlled. When developing action protocols, Event organizers should also take into consideration *World Sailing Medical Action Plan* and *World Sailing Race Course Medical Support Structure*, accessible at: [https://www.sailing.org/tools/documents/MedicalActionPlanMLDV2-\[26247\].pdf](https://www.sailing.org/tools/documents/MedicalActionPlanMLDV2-[26247].pdf) and <https://www.sailing.org/90168.php>

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

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

- Closing/restricting of marina area to the general public;
- Establish appropriate screening measures on marina area entrances that could include health check (e.g. visual health screening, body temperature measurement, negative

SARS CoV2 testing certificate (issued no later than 72 hours before arrival or depending on individual country requirements), use of COVID-19 app or “COVID-19 Passport”) for all participants and visitors;

- Establish different zones with different access rights to create “safe bubbles” (for teams, catering, technical zone, etc);
- Every visitor that had access in marina area (security, media, technical, etc.) to be submitted to control and the same basic COVID-19 protective measures applied to all participants (e.g. wearing masks, hand hygiene, physical distancing etc);
- To avoid all non-necessary side gatherings (e.g. ceremonies, parties, etc);
- To hold all the meetings outdoors, if possible, or, if indoors, in large rooms with sufficient space to ensure physical distancing between participants (at least 1m, or 3 ft) and good ventilation. For instance, limiting the number of team representatives to one person and limiting the number of chairs in the meeting room and arranging them in recommended safe distance;
- Protests and hearings should take place with applied measures of physical distancing; held in large rooms with the wide table (1m minimum) between sailors and jury;
- Special attention needed to avoid grouping in other common areas like food and water distribution sites (e.g. to organize distribution in allocated timeslots);
- During the event measures of physical distancing should be respected – maintaining distance of at least 1 meter (3 ft) between participants. For the teams and certain classes of boats with only two or three sailors in the team, due to specific circumstances in sailing (wind, wearing gloves, permanent crews), these measures are not feasible.
- Grouping in the change rooms should be avoided. Due to the characteristics of the sport and equipment, exposure to the water, and possible capsizing, changing of the clothes and showering can be necessary, use of change rooms and showers can be allowed under condition that they are used by one person at a time or several ones if technical conditions allow physical distancing.
- Proper food hygiene practices for catering must be followed by participants, including *The Five Keys for Food Safety*, available at: <https://www.who.int/foodsafety/publications/5keysmanual/en/>

- Alcohol-based hand rub products or hand 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 every person who is entering the places is following the established hygiene protocols;
- Ensure good visual hygiene and sanitation signage are in place across all venues, changing rooms, training facilities etc;
- Appropriate number of waste bins with lids for safe disposal of hygiene products around marina
- Clear **cleaning and disinfection plan for marina facilities** and should be developed (when, what, how, who does);
- Thorough disinfection and cleaning before/between/after race(s) should be planned;
- Availability and safe utilization of disposable personal protection equipment (PPE) such as face masks should be enabled (e.g. disposable medical masks available to participants and host crew, in easy accessed and visible places);
- Following basic recommendations on personal hand hygiene, respiratory etiquette and physical distancing of at least 1 metre from persons appearing acute respiratory symptoms remain particularly important for all participants and must be enabled by providing necessary means (masks, hand gels or water and soap, closed waste bins) and appropriate information (e.g. health leaflets, posters). These include:
  - To perform hand hygiene frequently, particularly after contact with respiratory secretions. Hand hygiene includes either washing hands with soap and water or cleaning 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 your mouth, nose and eyes.

If masks wearing is recommended or mandatory, it is critical to follow best practices on how to wear, remove and safe dispose of them and on hand hygiene after masks' removal

(see: *Coronavirus disease (COVID-19) advice for the public: When and how to use masks* available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks> .

Assessing the host country/area communicable disease control and response system (surveillance) in the context of COVID-19 prior to an event, is crucial. It should be done in cooperation with local public health authorities. COVID-19 Medical Response plan should specifically define how the disease/contact case would be recognized and managed in event participants. It should **define decision-making trigger points** – who will have the authority and responsibility to take a decision whether **affected** participants can continue or resume their participation in the event (CMO, Director of the event, local public health body etc.); what trigger points will indicate the need to reconsider or revise the protocols (suspected case or confirmed case?); what would trigger the decision to postpone or cancel the event and who is decision-maker in that case?? Roles and responsibilities, list of contacts, reporting line, in steady state and as part of emergency response in the case of COVID-19 case, should be documented.

Event organizers should develop a **documented COVID-19 case and outbreak management protocol** in case if one or more event participants become ill with COVID-19-like symptoms. This should include rapid isolation of the suspected cases before their medical transportation to the event reference local health facility, availability of laboratory COVID-19 testing. All event participants including host crew, should have knowledge of the COVID-19 case and outbreak management protocol and implement it as required. **Agreed both by event organizers and local health authorities, health condition and field-testing criteria are needed for the exclusion of athletes from competing and for allowing them to return to competition wherever appropriate.** These should be consistent with public health guidelines for the general population, with individual's risk profiles based on recent travel to high-risk countries with COVID-19 community transmission or virus variants circulation, recent close contact with individuals with confirmed or suspected COVID-19, presence of symptoms etc. However, race organizers should take their decisions presuming that ill participant presents risk of disease transmission to other event participants. Field-testing of all procedures before

the event is essential. Event personnel should be briefed prior to the event to ensure they understand their duties and responsibilities. The “*COVID-19 case and outbreak management protocol*” should be used for the briefing to ensure that all personnel receive the same information.

**Organizers should consider whether the event could be modified such as e.g. number of participants and/or event visitors could be reduced. Postponement or cancellation of events or recommendation to participants of vulnerable population group not to participate (e.g. those who are more likely to have severe underlying health conditions, older members of the staff, jury, race committee), should be considered.**

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

*The WHO COVID-19 Mass Gatherings Risk Assessment Online Training Course, version October 2020*, is available at: <https://openwho.org/courses/WHO-COVID-19-mass-gatherings-risk-assessment-training>.

The additional WHO resources (*Technical guidance publications*) on mass gatherings preparedness and response, risk assessment tools and Interim guidelines in the context of COVID-19 could be found at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications>

## 10. Pre-event Communication

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

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

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

# 11. Pre-event Health Screening

Through all the period of unstable epidemiological situation during COVID-19 pandemic, all event organizers are advised to regularly update all participants with generic information on COVID-19 and its preventive measures, to implement pre-event health screening and mitigation measures. Pre-travel and pre-event health checks for **all participants and host organizing crew** are highly encouraged or mandatory to ensure protection of those with potential additional health risks. The scope of the health screening should be agreed with the Race Medical Advisors, but it is recommended that, at a minimum, the health screening should comprise:

- Body temperature measurement – preferably by non-contact infra-red thermometer aimed at mid-forehead, in a sheltered environment to achieve an accurate result (if higher than 37,5C<sup>0</sup> it will be re-checked twice, after short rest, with contact or non-contact thermometer);
- Pulse oximeter reading taken on a finger;
- A visual symptoms appearance, specifically shortness of breath during regular activities, dry cough, muscles pain, general malaise;
- Control of COVID-19 related medical documents (e.g. proof of vaccination or recent COVID-19 disease or testing results).

Temperature screening alone, at marina exit or entry, is not an effective measure to identify infected/sick individuals and to control spread of disease, since infected individuals may be in incubation period, may not reveal apparent symptoms early in the course of the disease, or may dissimulate fever using antipyretics, therefore temperature screening should be combined with other measures. Temperature screening is less effective than promoting hand washing, respiratory hygiene, physical distancing at an event. All health screening findings should be documented, and the Race Medical Advisors notified immediately, before the race starts, of any abnormal or concerning results.

All participants, including host crew should proactively and regularly self-monitor their health status (including taking their temperature and monitoring for any symptoms associated with COVID-19) 14 days before and during the event, also after returning from 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's Personal Location Form (PLF) is provided in **Appendix A**. The purpose of it is to identify event participants who may need to have their participation deferred or may need to be tested for COVID-19 on-site and to ensure proper case management by dedicated health authorities/bodies. You should also consider possibility of participants' visual health screening for COVID-19 associated symptoms (cough, fever, malaise, etc) at accommodation venues, points of entry to the venues, of field-testing on SARS-CoV-2, pulse oximeter reading taken on a finger, availability of information on underlying health conditions, especially comorbidity, etc.

## 12. COVID-19 Diagnostic Testing for Sailing Event

One of the measures considered by many countries, transport sector stakeholders and event organizers is required testing for SARS-CoV-2 of international athletes prior to travel, at points of entry on arrival to the destination point or after travel. That can also include testing at the entrance to the event venue or even during the event. (more information at: [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-international\\_travel\\_testing-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-international_travel_testing-2020.1))

**It is important to emphasize that COVID-19 testing is not a substitute for other mitigation measures, that should be applied during the event.** A thorough risk assessment as described in Chapter 7 should be a key element of your decision-making process regarding SARS-CoV-2 testing policies for event participants.

The reliability and benefits of testing for SARS-CoV-2 depends on many factors. Pre-travel negative test result is not a guarantee that event participants are free from infection on arrival, because they might have been tested before they get infected or during the period when viral load is not yet sufficient to be detectable. In most individuals, the virus becomes detectable in the upper respiratory tract approximately 1-3 days before symptom onset and for days to weeks after symptoms develop. Also, participants could contract the virus during the travel.

*Available options for SARS-CoV-2 testing:*

**A viral test** tells if an individual have a current infection. Two types of viral tests can be used: nucleic acid amplification tests (NAATs) and antigen tests (Ag-RTD).

- **Nucleic Acid Amplification Testing (NAAT)**, such as with real-time reverse-transcription polymerase chain reaction (rRT-PCR), is the recommended test for confirmation of SARS-CoV-2 infection. As noted above, testing participants before travel does not ensure that they will not be shedding virus at the actual time of travel. Likewise, a negative NAAT

(PCR) result on samples obtained from an international traveller on arrival does not exclude the possibility that the individual was recently infected with SARS-CoV-2 and is incubating the disease. Viral RNA might be detected for weeks to months following infection and depending on severity of disease in a small subset of patients. Most patients, who have clinically recovered and who have mounted an antibody response to the virus, are not considered to remain infectious. ***Thus, if rRT-PCR were used in this situation as a condition for participating in the event or entering in the country, a positive test would result in participants' exclusion.*** (Available at: [https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci\\_Brief-international\\_travel\\_testing-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-international_travel_testing-2020.1))

- **Rapid diagnostic tests (RDTs).** Direct immunoassay detection of viral protein **antigen (Ag-RDT)** has the potential to expedite and simplify the detection of SARS-CoV-2 active infection. Those tests have a lower sensitivity than NAAT (PCR) but allow rapid detection of the most infectious patients (with the highest viral load in the respiratory tract). Like NAAT, antigen-detecting Ag-RDTs are likely to perform best in samples collected on or around the time of development of symptoms. **Be vigilant when (if) choosing the RDT test for your event as the sensitivity of Ag-RDTs appears to be highly variable among the brands ranging from 0 to 94%.** Use of Ag-RDTs is not recommended in settings or populations with low expected prevalence of disease where confirmatory testing by NAAT (PCR) is not readily available. The prevalence of SARS-CoV-2 infection among sailing athletes is expected to be low compared to the general population, considering that they are tested on regular base and submitted to various preventive measures in their home countries or when travelling to international sports events. It is therefore recommended to confirm Ag-RDT positive results with NAAT (PCR) in event participants or general public. (Available at: <https://www.who.int/publications/i/item/antigen-detection-in-the-diagnosis-of-sars-cov-2infection-using-rapid-immunoassays>)

However, you can consider using RDTs to respond to suspected case and outbreaks of COVID-19 in offshore settings, where NAAT (PCR) is not immediately available. Also, in NAAT (PCR)-confirmed COVID-19 case or outbreak during the event, RDTs could be used to screen at-risk individuals and rapidly isolate all positive cases (and initiate other contact tracing efforts) and prioritize sample collection from RDT-negative individuals for NAAT (PCR).

**Serological test** (also known as **antibody test**) might tell you if individual had a past infection. Those tests measure the antibody response in an individual. Antibodies to COVID-19 are produced over days to weeks after infection with the virus. The presence of antibodies indicates that a person was infected with the COVID-19 virus, irrespective of whether the individual had severe or mild disease, or even asymptomatic infection.

- **Serological tests for IgM/IgG/IgA antibody detection**, including **RDTs (Ab-RTD)** are not recommended in the context of sailing events for the purpose of pre-event screening because a positive serological test revealing antibodies against SARS-CoV-2 indicates only the previous infection of participant, and a negative test for antibodies can't not exclude an active infection with SARS-CoV-2 for participant.

Even though RDT tests (Ag-RTD or Ab-RTD) may be considerably easier to perform than NAAT (PCR), or other laboratory methods, they still require that supplier-recommended procedures be strictly followed (i.e. storage conditions). All test operators must undergo trainings on sample collection, relevant biosafety, performance and interpretation of the test, reporting of results, as well as on waste management. Testing quality control measures also need to be put in place. If screening testing of athletes has been agreed with the local public health authorities there is a need to consider tests availability, tests result turn-around and host-area laboratory capacity.

Laboratory examination of **clinical specimens** for suspected (or possible) cases of COVID-19 should be made by professional laboratory staff and then reported to CMO. CMO will further inform tested participants on the laboratory tests results. Channels of communication during and after the event should be set up prior to event. **Organizers should ensure that laboratory test results are available as soon as possible to allow prompt decisions on individual athlete's or team's participation; or cancelling or further continuation of the event, according to the COVID-19 Medical Response Plan** (see Chapters 8 and 23).

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

See more at *Diagnostic testing for SARS-CoV-2* available at:

<https://www.who.int/publications/i/item/diagnostic-testing-for-sars-cov-2>

## 13. Risk Communication and Awareness

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

Medical staff supporting the event should be informed and updated about the COVID-19 epidemiological situation and any new evidence and guidance available. It is recommended to visit the WHO website for COVID-19 updates. WHO advice on the use of masks in the context of COVID-19. Interim guidance , updated on 1 December, 2020 can also be found on the website at: [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

The posters provided at **Annex B** can also be used for event communication strategy to provide a gentle reminder of best practices for participants to follow. 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 and that widely available and presented social media could enable for inaccurate and unnecessary misinformation (infodemic). Event organizers should appoint designated person(s) to lead media activities and to be tasked with managing all communications with event participants as well as external communications with national and international government officials, the general public, and the media. Spokesperson can be appointed too. It is recommended to set-up monitoring of national and international media for rumours to be able to counter them early.

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

# 14. Personal Hygiene Measures for Host Crew on Sailing Events

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

- Hand washing (using soap and water, rubbing hands for at least 20 seconds);
- When hand washing is essential (e.g. after assisting an ill athlete or other participant or after contact with surfaces they may have been contaminated with airdrops with COVID-19 particles, etc);
- When to hand rub with an alcohol-based hand rubs instead of hand washing, and how to do this;
- How to cough and sneeze hygienically (e.g. using disposable tissues or a flexed elbow);
- Safe hygienic waste disposal;
- When and how to use medical masks/face coverings;
- On need of avoidance of close contacts with individuals with signs and symptoms of acute respiratory infections and
- To keep physical distancing at least 1 meter (3 ft) between each other.

# 15. Surveillance of Participants

During the event, the purpose of surveillance is to rapidly identify relevant health related incidents/signals, communicate information about them and respond appropriately. Contact tracing is an important element of surveillance response. When systematically applied, contact tracing aimed to break the chains of transmission of an infectious disease and thus is an essential public health intervention for controlling infectious disease outbreaks. WHO Interim guidance *Contact tracing in the context of COVID-19, released on 1 February 2021* available at: <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19> provides guidance on how to establish contact tracing capacity for the control of COVID-19 if incident occurs.

The surveillance protocol include:

- Host team medical staff at the venue should take participants' (athletes, their teams, international technical officers) body temperatures each day and any fevers above 37,5°C to be reported to the CMO (Consider equipping each team with non-contact infrared thermometers).
- Pulse oximeter reading taken on a finger.
- Visual symptoms health screening (e.g. coughing)
- A regular situation report that summarizes surveillance activity, events being followed (including risk assessment) and any public health response should be produced and shared to all relevant stakeholders.

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

## 16. Suspected, Probable and Confirmed Cases of COVID-19.

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

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

A **suspected case** requiring laboratory testing is generally considered to be:

- A** A person who meets the clinical **AND** epidemiological criteria:
- Clinical Criteria:**
- Acute onset of fever AND cough; OR
- Acute onset of ANY THREE OR MORE of the following signs or symptoms: Fever, cough, general weakness/fatigue\*, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting\*, diarrhoea, altered mental status.
- AND**
- Epidemiological Criteria:**
- Residing or working in an area with high risk of transmission of virus: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or
- Residing or travel to an area with community transmission anytime within the 14 days prior to symptom onset; or
- Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior of symptom onset



**B** A patient with severe acute respiratory illness: (SARS: acute respiratory infection with history of fever or measured fever of  $\geq 38\text{ C}^\circ$ ; and cough; with onset within the last 10 days; and requires hospitalization).

**C** Asymptomatic person not meeting epidemiologic criteria with a positive SARS-CoV-2 Antigen RDT\*

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

A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or linked to a COVID-19 cluster\*

A suspected case with chest imaging showing findings suggestive of COVID-19 disease

A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.

Death, not otherwise explained, in an adult with respiratory distress preceding death AND was a contact of a probable or confirmed case or linked to a COVID-19 cluster\*

**Confirmed case** of SARS-CoV-2 infection

A person with a positive Nucleic Acid Amplification Test (NAAT)

A person with a positive SARS-CoV-2 Antigen-RDT AND meeting either the probable case definition or suspected criteria A OR B

An asymptomatic person with a positive SARS-CoV-2 Antigen-RDT who is a contact of a probable or confirmed case

\*More details at: [https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance\\_Case\\_Definition-2020.2](https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.2)

**A contact is currently defined as anyone who has experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:**

- face-to-face contact with someone who has a confirmed or probable SARS-CoV-2 infection within 1 metre and for more than 15 minutes;
- direct physical contact with someone with a confirmed or probable SARS-CoV-2 infection
- direct care for an individual with a confirmed or probable SARS-CoV-2 infection without using appropriate personal protective equipment;6 or
- other situations and conditions, as indicated by local risk assessments and risk assessments applicable to your event.

See more at: *Global surveillance for COVID-19 caused by human infection with COVID-19 virus*, available at: [https://www.who.int/publications/i/item/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications/i/item/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)) and *Contact tracing in the context of COVID-19*, available at: <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19> and *Considerations for quarantine of contacts of COVID-19 cases: Interim guidance, released 25 June 2021* available at: [https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)) .

## 17. Management of Suspected COVID-19 Cases by Medical Support Providers

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

## 18. COVID-19 Case Handling

Case handling should be initiated by Chief Medical Officer (CMO) and designated medical support providers in order to detect any close contacts and include directly contacting participants, interviewing for current and recent health condition, and checking if any person meets the criteria for a suspected case. It should be recorded in the appropriate medical logbook. CMO and designated medical support providers should ensure a suspected case is interviewed and have provided information about the places they have visited within the last 14 days prior to the onset of symptoms and their close contacts, including the period from two days before the onset of symptoms; and contact tracing performed.

Keep records regarding:

- Anyone at event who has visited the medical facility and considered a suspected case and the isolation and hygiene measures were undertaken;
- Any close contact or regular contact person with low-risk exposure purposed to monitor their health;
- Contact details of regular contacts with low-risk exposure who will disembark as well as their locations to stay in the next 14 days (completed PLFs); and
- Results of active surveillance.

# 19. COVID-19 Precautions at the Event Medical Facility

The following precautions should be taken:

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

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

## 20. Isolation

Suspected COVID-19 cases should be isolated immediately, and local public health authorities be reported of suspected cases at event:

- Individuals with acute respiratory infection, either a cough, sore throat, shortness of breath or difficulty breathing, fever, runny nose or nasal congestion, muscle pain, loss of smell or taste or diarrhoea, whether requiring hospitalisation or not;
- Individuals who met the definition of a suspected case within the 14 days before the onset of symptoms as outlined in Chapter 16: *Suspected, Probable and Confirmed Cases of COVID-19*.

Patients should be isolated in either a designated isolation facility, or at his accommodation place (hotel room, private quarters/apartments/houses) with precautionary measures (regular disinfection, good ventilation, safe food delivery, etc). Anyone taking care of ill patient and entering an isolation facility should wear PPE: gloves, disposable protective gown, goggles/or face screen and medical masks/respirator. Event organizers should ensure the capacity to isolate suspected cases (athletes, team officials, event staff, volunteers and support workers) identified during the event. Isolation facilities must be dedicated in advance of the event and identified in COVID-19 Medical Response Plan.

## 22. Hospitalization of a Suspected, Probable and Confirmed COVID-19 Cases

The Event organizers should take the following precautions:

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

The event may be continued according to the pre-defined criteria indicated in COVID-19 Medical Response Plan, once the Host's Public Health Authority has determined that public health interventions have been completed successfully, in particular the measures as follows:

- Management of the suspected (and probable) case or cases and their close contacts;
- Completion of contact tracing forms and isolation of close contacts (see Chapter 20); (All participants should fill in a PLF to be kept by CMO and event organizer for at least one month after the event);

Post-event phase:

- Information from the completed PLF should be provided upon the request from local public health authorities or from participants' home country to facilitate contact tracing if a confirmed COVID-19 case associated with event is reported after the event;
- Information about symptoms and signs of COVID-19 has been provided to every participant and detail whom to contact in case the relevant symptoms appear in the following 14 days after the event; and
- Cleaning and disinfection, and safe disposal of materials contaminated with infectious agents (e.g. waste bins with lids, etc).

## 23. Contact Tracing of Close Contacts of COVID-19 Cases (High Risk Exposure)

Any participant that might have been in close contact with a suspected COVID-19 case during the event should be:

- Traced immediately after the suspected (or probable) COVID-19 case is identified and reported to CMO;
- Asked to remain in self-isolation in his accommodation place (hotel /room) until laboratory test results of the suspected case are available (measures that apply following positive laboratory test results are described below (Chapter 24); and
- Defined as either contact with **high risk exposure** or with **low risk exposure**.
- Further guidance can be found at *Contact tracing in the context of COVID-19 (who.int)* available at: <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19> and *ECDC Surveillance Definitions for COVID-19* available at: <https://www.ecdc.europa.eu/en/covid-19/surveillance/surveillance-definitions> .
- A '**close contact with high-risk exposure**' is considered a person who, for example:
- Has shared accommodation (e.g. stayed in the same hotel room) with a confirmed COVID-19 case;
- Has had face-to-face contact in any setting within 1 metre for a period over than > 15 minutes\*, or was in a closed environment with a suspected/confirmed COVID-19 case (for event participants this may include jury hearings, briefings, team leaders' meetings, etc);
- Having direct physical contact with COVID-19 case (e.g. shaking hands);
- Having unprotected direct contact with infectious respiratory secretions of a suspected or confirmed COVID-19 case;
- Participated in the same immediate travelling group;
- Is a medical support provider or other person providing direct care for a COVID-19 suspected or confirmed case patient without recommended PPE.



Participants who do not fulfil the definition of a 'high risk close contact' (having face-to-face contact with COVID-19 case within 1 metre, or being in the close environment with him/her for less than 15 minutes, or wearing the proper PPE providing medical care, will be considered as having **low risk exposure** and should:

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

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

## 24. Management of Close Contacts of a Suspected/Confirmed COVID-19 Case

Local public health authorities will conduct epidemiological investigation in cooperation with CMO to identify all close contacts, and issue instructions according to the Event COVID-19 Medical Response Plan to follow, until laboratory test results are confirmed (see Chapter 8).

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 isolation facility outside event's premises, in accordance with instructions received by the competent local health authorities and documented in event organizers' COVID-19 Medical Response Plan (see Chapter 8), until the laboratory result for the suspected 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 COVID-19 suspected case identified during the event.

If the laboratory testing results of a COVID-19 suspected case are positive:

- All high-risk close contacts should be quarantined for 14 days; and
- The suspected COVID-19 case should be isolated in accordance with the competent public health authority's instructions.

Quarantine measures should follow *WHO Interim guidance Considerations for quarantine of contacts of COVID-19 cases, released 25 June 2021*, available at: [https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)) and are also likely to include:

- Active monitoring by the **public health authorities** for 14 days from the last exposure;

- Daily health-check monitoring (including fever higher than 37,5°C, cough, sore throat, shortness of breath or difficulty breathing, runny nose or nasal congestion, muscle pain, loss of smell or taste or diarrhoea);
- Following physical distancing at least 1 metre (3ft) and movement restrictions (e.g. avoiding unnecessary social mixing and travel); and
- Remaining reachable for active health monitoring,
- All close 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 to home countries/areas) if symptoms appear within 14 days of last exposure. If no symptoms appear, the contact person 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.

## 25. Reporting to the Public Health Authorities

The local public health authorities must always be informed if there is a suspected COVID-19 case at the event. CMO should immediately alert the competent health authority of participant's home country or his NOC or MNA, about suspected case during the event and any actions 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 country/area.

The actions/measures taken regarding the case should be documented.

## 26. Cleaning, Disinfection and Waste Management in the Case of COVID-19 Incident

Maintain enhanced cleaning and disinfection measures during ongoing case management. Patient's and 'close contact's' rooms and quarters, should be cleaned using cleaning and disinfection protocols (as per local regulations or *World Sailing Medical Guidelines for International Team Coach*, available at: [https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-\[26241\].pdf](https://www.sailing.org/tools/documents/MedicalGuidelinesfortheInternationalTeamCoachVer4-[26241].pdf) . Surfaces on event premises should be cleaned thoroughly with hot water, detergent and applying common disinfectants (e.g. sodium hypochlorite bleach solution). Once an isolated participant has left the event premises, the isolation room or quarters should be thoroughly cleaned and disinfected by staff using PPE who are trained to clean surfaces contaminated with infectious agents. Laundry, food service utensils and waste from isolation facility or quarters of suspected COVID-19 cases and close contact individuals should be treated as infectious, in accordance with procedures for waste management of materials contaminated with infectious agents (e.g. closed bins, etc.).

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

## 27. Medical Supplies and Equipment

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

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

All participants should have personal protective equipment - PPE (e.g. masks). Consider the provision of **athlete's COVID-19 prevention hygiene individual package** to all participants. Such a package could consist of a small personal package of disposable tissues and plastic bags for tissue disposal, small laminated prevention card with key health advices, face mask to wear if someone feel getting sick (cough, sore throat, shortness of breath or difficulty breathing, fever, runny nose or nasal congestion, muscle pain, loss of smell or taste, diarrhoea), small packages of an alcohol-based hand wipes, hand sanitizer, small package of disposable plastic drinking cups.

The thermometer could be individual, or organizers should consider providing each team with a non-contact thermometer and a recording sheet/link for athletes' temperature checks and health self-screening (to be daily reported to CMO).

## 28. Post-event Phase

After the international event finishes and participants are returning to their home countries, organizers should review the event delivery and each suspected/confirmed COVID-19 case during the event and decide on any necessary follow-up actions. Event organizers must liaise with participants' home country public health authorities and facilitate the information sharing about all symptomatic patients during the event. It may be necessary (both by clinical reasons, contact tracing procedures and under International Health Regulations (IHR) to notify the home countries of returning participants of any COVID-19 cases related to the event. Participants should be contacted directly too. Organizers should not let any tested participant considered as a close contact to return from the event before the testing results are available but also need to plan communication mechanisms in case if laboratory test results, for any reason, can be available only after the event. This requirement is especially important if event is held in country with community transmission or virus variants of concern (VoC) transmission. Organizers should notify the tested participant, and, eventually, their home country public health authorities and sport federation on results of the testing.

*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 COVID-19 pandemic and advised countermeasures. Please also do not hesitate to let us know if you would like to arrange any direct discussions between event organizers or our medical officials. We also believe it is very important to provide the latest medical advice to athletes and their teams which we have loaded on to the World Sailing website at: <https://www.sailing.org/medical/index.php>*

# Appendix A – Personal Location Form (PLF)

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

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

## Appendix B- Posters

WHO, CDC, ECDC and IOC among others, have provided advice how not to get infected and how to prevent the spread of COVID-19. To highlight public health authorities' key messages and to help event organizers, athletes and other event participants get informed on best practices how best to protect themselves and those they are responsible for, World Sailing has produced posters for event organizers.

The posters are available to download from the World Sailing website at:

<https://www.sailing.org/medical/index.php>