

Principles of "Safe sports during the COVID 19 pandemic" for the Polish Volleyball League

General Part

Introduction

On 31st December 2019 China informed WHO about numerous cases of pneumonia caused by an unknown ecological factor, which was identified on 7 January 2020 as a new coronavirus SARS-CoV-2. The virus spread rapidly around the world causing a disease called COVID-19. The first case in Poland was reported on 4th March in Zielona Góra, and on 11th March 2020 WHO declared a state of pandemic. In the absence of effective treatment and vaccination, the main form of control of the epidemic became the reduction of local virus transmission executed through various forms of social isolation, which was introduced in Poland on the basis of legal regulations. The restrictions affected practically all areas of life, including sport. Since 31st March, practically all sports facilities were closed, training and competition came to a halt. The Polish Volleyball League (PLS) stopped matches on 12th March. The final decisions about the end of the PlusLiga, TAURON League (women) and TAURON 1. Men's League seasons were closed on 25 March 2020. After the period of "sports freeze", at the beginning of May, preparations for the resumption of sports training started in the country, Central Sports Centers were opened and football clubs resumed their trainings. The entire process was carried out in accordance with carefully developed medical procedures, including, among other things, isolation and monitoring of players health condition and screening tests for SARS-CoV-2. On 29 May 2020 the Polish premier football league matches were resumed. In the period from June to July there trainings and sports competition in many disciplines of sport were resumed. In the first half of July 2020, in connection with the planned start of the PLS 2020/2021 season in September, most of the clubs participating in the competition began preparations for the season. Players appointed to the national team resumed training already in June, played control friendly matches and returned to their clubs.

Unfortunately, since the end of July 2020, an increased number of SARS-CoV-2 infections has been observed in Poland, which has resulted in confirmed cases also among sportsmen of various disciplines, including volleyball. Bearing in mind the perspective of resumption of the Polish Volleyball League games planned for September 2020, there is an urgent need to create recommendations for clubs participating in the games. This document is a study that is going to allow the PLS authorities to prepare an action plan of medical and epidemiological protection necessary for the safe conduct of PLS games in the season 2020 - 2021.

Current epidemic situation in Poland

Currently in Poland (as of 10 August 2020), 51 791 SARS- CoV-2 infections have been confirmed, 36 691 people were considered healed and 1807 people died. However, according to the estimates of the American CDC, there may be 10 times more persons infected, as asymptomatic and mild infections are usually not diagnosed.

In Poland there are currently between 600 and 800 new infections per day, taking into account the high infectiousness, which lasts for a maximum of 8-10 days (the patient is most contagious two days before and on the first day when symptoms occur) and the underestimation of cases (assuming a 10-fold correction following the CDC), it means that every day there are approximately 80 thousand contagious Poles, i.e. SARS-CoV-2 infected on average every 475 Pole (there are 37.97 million Poles). This means that exposure to contact (being at a distance of < 1 m for several minutes) with a random Pole is associated with about 0.2% risk of COVID-19 infection. The risk increases as the number of people you come into contact with it rises. Taking into account the close contacts within the team and among the members of the household, the estimated risk of SARS-CoV-2 infection should be multiplied by the total number of players, the team and their household members.

Basic information on new coronavirus infection routes

The source of infection is an infected person, usually a person, who is most infectious two days before and on the first day of symptoms, less often the person is asymptomatic, very rarely contaminated objects and surfaces. The coronavirus is mainly transmitted through tiny droplets by discharge from the infected person's respiratory tract escaping during speaking, coughing and sneezing - for infection usually a close contact less than 1 m away lasting several minutes or a direct contact e.g. by kissing is required. The entrance gate for the infection are the mucous membranes of the eyes (conjunctivitis) of the nose and mouth. It is believed that keeping a constant distance of > 2 m from other people and avoiding sick persons with symptoms of infection protects against infection. Similarly, wearing masks that can be compared to keeping a distance of 2 m - masks should always be worn when a distance of >2 m cannot be maintained. Visors and goggles protect the eyes. As far as the transmission route of infection is concerned, it involves the transfer of infectious material (discharge from the respiratory tract of the infected person) via contaminated hands to the mucous membranes, i.e. the eyes, nose or conjunctiva of a healthy person. This transmission route is interrupted by the disinfection of surfaces used by multiple persons, such as door handles, as well as washing or disinfecting hands (if they are not apparently dirty, disinfection with an agent containing at least 60% alcohol is sufficient) and avoiding touching mucous membranes with hands: eyes, nose, mouth and sexual organs area. These rules should also be observed when touching the mask used: disinfect hands before putting it on, after taking it off, and avoid touching the filter surface - the mask should be held only by the straps. People who wear contact lenses should discontinue using them as much as possible because they touch their eyes more often.

Airborne (aerosol) or food transmission has not been documented, but it is recommended that the rooms remain well ventilated and hands are thoroughly washed after using the toilet.

Course and symptoms of SARS-CoV-2 infection

The incubation period is on average 4-6 days (2-14 days). The major symptoms shown by adults include: fever, dry, exhausting cough, dyspnea and loss of taste and smell occasionally. There are no specific symptoms allowing for easily distinguishing COVID-19 from other common respiratory infections. The infection may be mild as a cold or even completely asymptomatic. The diagnosis is performed by means of a RT-PCR test. People > 70 years old and chronically ill are exposed to severe course of the disease. Since the virus is primarily transmitted by droplets and through contact with discharge from the respiratory tract of patients, prevention takes a form of limiting travel and physical contact with other people and maintaining strict hygiene: frequent washing of hands, coughing and sneezing in the elbow bend, avoiding ill persons, keeping a distance of > 2 m and wearing masks when distances between people are smaller. Contact with elderly people who are at risk of severe course of COVID-19 should be avoided in particular.

Risk of infection with COVID-19 by athletes

Athletes in adulthood are at risk of SARS-CoV-2 infection for individual reasons just as adults of the same age who do not practice sport. Increased risk may result from the specificity of the discipline practiced (team sports) or contacts with more than average number of people, e.g. staff or supporters. Exposure to contact (being at a distance of < 1 m for several minutes) with a random Pole is associated with about 0.2% risk of COVID-19 infection. The risk increases with the increasing number of contacts. Taking into account close contacts within the team and among members of the household, the estimated risk of SARS-CoV-2 infection should be multiplied by the total number of players, the team and their household members. In the case of volleyball, the team has about 14 players plus 8 members of training staff. In addition, the number of household members of players and their personalities need to be determined. Due to close contacts with the coach, physiotherapist and staff, the minimum number of contact persons from the team is about 50 to 100. Estimating the received number at 100, this means **a high 20% risk of infection** by one of the players. Therefore, it is a real and material risk. The only real data available comes from Spain (LaLiga, football players), where specific antibodies of SARS-CoV-2 were detected in 16% of players after the lockdown. For this reason, the Spaniards recommend a thorough preliminary medical examination with serological tests and RT-PCR before returning to the games.

Course of infection in athletes

Athletes, as young, healthy people in general, are mildly affected by SARS-CoV-2 infection, often with asymptomatic or non-specific cold symptoms, but like the rest of the population they should be using the same methods to prevent SARS-CoV-2 infection. There is widespread belief that endurance training of moderate (60-80% of maximum intensity) volume (30-60 minutes 3-5 times a week) reduces the risk of respiratory tract infection. In turn, a very intensive training with or without a sudden increase in training load causes temporary immunological disorders, triggers an inflammatory reaction, and is a factor contributing to infections. On the other hand, reports indicating that a hard, very intensive training reduces immunity do not apply to high-performance athletes - and contrary to previous views, physical activity at the professional level does not pose an increased risk of respiratory tract infections, on the contrary, it is an essential element of a healthy lifestyle. However, even with a mild course of COVID-19, the infected player is a source of infection for people being in direct contact: family members, team and staff.

A separate issue is the return to sports after the recovery from COVID-19. Experience so far shows that athletes recover from COVID-19 usually within 5 to 7 days, however, the risk of general condition deterioration persists for 7 to 9 days. Moreover, it should be remembered that the SARS-CoV-2 infection is associated with the risk of developing myocarditis. For these reasons, you can return to sports provided you feel well and waited a minimum of 10 days (Australian recommendations recommend 14 days) from the onset of symptoms and additionally at least 7 days after the symptoms have subsided. Consider the following actions: establishing oxygen blood saturation, troponin, ECG, and echocardiogram.

Justification for performing tests before the start of the game

As mentioned, athletes, generally young, healthy people tend to experience the SARS-CoV-2 infection mildly, often asymptomatic or with non-specific cold symptoms, but regardless of their clinical course, they are a source of infection for people having direct contact with them, including family members, team and staff. The infection excludes a negative RT-PCR test. Due to the incubation period (in the first days after infection, the test may still be false negative) and sensitivity < 100% (some results are false negative), it is safer to perform the test 7 days after contact and to repeat the test with a minimum interval of 24 hours.

Availability and reliability of tests

Two types of tests are currently available: the RT-PCR nucleic acid amplification method, which detects coronavirus genetic material in samples (usually smears from the nose, throat, nasopharynx) and serological tests performed from blood. A positive RT-PCR result is the "gold standard" confirming SARS-CoV-2 infection. In the case of a positive result, the competitor is isolated by virtue of law for 14 days (on the seventh day of isolation the test can be repeated and in the case of a negative result the isolation can be terminated).

Serological tests are usually negative in the first week of symptoms and are therefore of secondary importance. They can be helpful with people having history of symptoms, when RT-PCR is negative or when it is not performed. They have the advantage of lower price and the disadvantage of having to take blood samples, as well as false negative results in the first week of symptoms (infection).

Rules of performing tests on players

Taking into account the current epidemiological situation and the prevalence of SARS-CoV-2 in the population, it is recommended that all players do the test: RT PCR-RNA SARS-CoV-2 using a pharyngeal or nasopharyngeal swab to exclude an active infection. **It is recommended to perform the test twice (2x): on the first day and on the 14th day of sports quarantine. It is the duty of the club to report a list of players with names to the PLS subject to testing and sports quarantine procedures.**

The rules of performing tests on other people under monitoring

Due to the specificity of the discipline of volleyball, it is recommended to carry out tests and 14-day sport quarantine for all persons directly involved in the process of training and preparation and carrying out of sport competitions who may come into contact with players. **These persons include, among others: members of the training staff, medical team, club authorities and employees, employees of sports facilities used by players and other indicated by the club. It is a duty of the club to report to the PLS a list of persons with their names subject to testing and quarantine procedures. A new person can be added to the list after obtaining permission from the PLS authorities.**

Functioning of the medical team

Due to the high risk of SARS-CoV-2 infection, it is recommended that physicians, physiotherapists, psychologists, dieticians and other medical service providers for the club limit their professional activity in other places of employment. If this is not possible, the principle of carrying out the test should apply: RT PCR-RNA SARS-CoV-2 with a throat or nasopharyngeal swab 2-3 days before a planned visit to the club (e.g. match or medical check-up). Test results are verified by a person appointed by the club and reported to the coordinator appointed by PLS.

Recommendations concerning the rules of the medical team:

- Ensuring the necessary amount and availability of personal protective equipment (masks, gloves, disinfectants) for physicians and physiotherapists allowing for rendering medical services to all players who are in need of such services .
- It is recommended to measure the body temperature before entering the physiotherapy room.
- In the physiotherapy room it is recommended to set a direction of movement of players coming from outside and moving around the sport facility.
- The room should be equipped with a suitable place to wash hands or 70% alcohol/disinfectant for frequent use.
- The physiotherapist should disinfect all surfaces which came into contact with the patient immediately after the procedure.
- The treatment table should be insulated with a clean towel or disposable paper towels, which should be placed in the trash bin after use.
- During physical therapy it is recommended to use disposable equipment (e.g. electrodes, etc.) and disinfect the remaining equipment each time after use with 70% alcohol.
- The physiotherapist is obliged to disinfect hands, wash them in accordance with applicable standards; during contact with the player he/she should wear a surgical interfacing mask and a visor and disposable gloves. The protective mask should be changed every 2-4 hours or more often, depending on the moisture. A new pair of protective gloves should be worn for each patient.

Rules of "Sport Quarantine"

Due to the high risk of SARS-CoV-2 infection, we recommend the imposition of "sport quarantine" on all players participating in competitions organized by Polska Liga Siatkówki (Polish Volleyball League), members of training staff and the entire personnel of clubs who have direct contact with players.

Sport quarantine - reduction of all direct human contact in order to minimize the risk of healthy players with SARS CoV-2 in the period prior to competitions. If possible and necessary, consider organizing training camps for players in a hotel.

- Sport quarantine means a significant reduction in direct contact with other people in such a manner as to have as few people as possible in contact with each other during the monitoring period and to ensure that these are same people during the monitoring.
- The same rule applies to all persons in the player's immediate environment, including family members, sexual partners, etc., who should be asked to do so and explain the purpose of the necessary restrictions. In the case of hotel accommodation, the rules apply only to players, staff and essential employees of the club.
- Maintaining quarantine is in the interest of all players and clubs, because even a mild COVID-19 infection of players or staff members is a threat to the Polish Volleyball League games.
- The person under supervision must confirm that during the whole monitoring period none of the persons with whom he/she had direct contact fell ill on Covid-19 and had no symptoms of infection, and that no one with whom he/she had contacts from his/her immediate surroundings became ill and had no symptoms of infection.
- The aforementioned rules are considered broken when the person affected by the quarantine or his/her closest relatives work in services, especially in health care or commerce, and every day have direct, unavoidable contacts with different people they are not able to observe during the monitoring period.

For the proper implementation of sport quarantine it is recommended:

- On the first day of quarantine: the person in charge of its implementation in the club (physician or physiotherapist) should carry out an initial risk assessment: a thorough epidemiological interview with a description as detailed as possible of all contacts of each individual athlete and, on this basis, assess the potential risk of infection (low, medium or high). If the screening interview of the athlete or his/her household shows that the risk of SARS-CoV-2 infection is increased, action should be taken to reduce the risk - isolation and contact with the coordinator appointed by the PLS.
- Every day throughout the whole quarantine period: every person in sport quarantine fills in an epidemiological questionnaire, which is analyzed by an appointed member of the medical team (physician or physiotherapist) appointed by the club and sends the results to the coordinator appointed by the PLS.

- As long as the player remains healthy, on the first (1) and fourteenth(14) day of quarantine it is recommended to perform PCR-RNA SARS-CoV-2 RT tests to exclude an active infection, and the results are reported by the member of the medical team appointed by the club to the coordinator appointed by the PLS.

Starting dates for "sport quarantine"

1. First tournament (4 Plusliga teams): 5-6 September, Superpuchar (Super Cup) of Poland; start of "sport quarantine": 19 August; tests : 19 August and 2 September.
2. Start of PlusLiga: 12 September; start of "sport quarantine": 26 August tests on 26 August and 9 September.
3. Start of TAURON Leagues: 19 September; start of "sport quarantine": 2 August; tests on 2 September and 16 September.
4. Start of TAURON 1: Leagues: 23 September; start of "sport quarantine": 6 September; tests on 7 September and 21 September.

Monitoring of health condition of persons in the "sport quarantine".

It is recommended to monitor daily the health of all persons under "sport quarantine".
Implementation rules:

- filling in the epidemiological and medical questionnaire by each person subject to "sport quarantine"; questionnaire template - appendix 1,
- analysis and verification of the questionnaire by a member of the medical team (physician or physiotherapist) appointed by the club,
- temperature measurement using a remote method,
- sending the summary report to a person appointed by PLS,
- Preparation of medical records.

The above mentioned activities take place in a specially designated room (the so-called *pretriage zone*) where the players go before entering the changing room, and remaining persons before appearing at the workstation in the club.

Description of the *pretriage zone*

- floor markings: mark the correct places to wait for your turn, keeping the distance > 2 m in accordance with the current guidelines,
- temperature test stand,

- the person performing the examination is equipped with a visor, surgical mask (replaced every 4 hours) and gloves. Temperature test is performed with a contactless thermometer,
- hand disinfectant at the stand,
- the form of the epidemiological-medical survey, which is filled in by the player,
- hand disinfection station, with masks and gloves.

Medical activities

- After entering the *pretriage zone*, the team physician/physiotherapist (wearing a mask, visor and gloves) measures the temperature with a contactless thermometer and asks for hand disinfection,
- Temperature > 37.8C requires exclusion of SARS-CoV-2 infection; the test person is isolated and quarantined until the infection is excluded.
- after verification of temperature and disinfection of hands, the person undergoing the test receives a questionnaire to fill in
- in case the survey shows an answer indicating contact with an infected person or staying in an area of increased risk/zone or symptoms of infection, the person verifying the survey contacts the coordinator appointed by PLS, who may recommend isolation of an athlete showing increased risk.

If the person monitored shows symptoms of respiratory tract infections, he/she should inform the representative of the medical team (physician or physiotherapist) appointed by the club by phone or e-mail, who will contact the coordinator appointed by the PLS in order to determine the further course of proceedings (recommendations, check-up). If the person monitored suspects that he/she is infected with SARS-CoV-2 (contact with the infected person), he/she must be informed of the necessity to report the suspicion to the State Sanitary Inspectorate and observing recommendations regarding conduct in connection with the increased risk of SARS-CoV-2 coronavirus infection causing COVID-19 disease. The treatment of a person infected with SARS-CoV-2 depends on their health condition - if they are mildly infected, they remain in self-isolation at home, and if there are any disturbing symptoms, they are referred to a dedicated Covid-19 hospital.

A person monitored with symptoms of respiratory tract infections, especially cough, dyspnea and fever (> 37.80 C; double measurement at a 30-minute interval) who shows up at the club should be isolated from co-workers as soon as possible and immediately sent home, and a representative of the medical team appointed by the club contacts the PLS coordinator in order to determine a further course of action. The person with the above mentioned symptoms should be informed about the necessity of following recommendations of the State Sanitary Inspectorate regarding dealing with the increased risk of the SARS-CoV-2 coronavirus infection causing COVID-19 disease.

A person under monitoring not showing signs of respiratory infection but who has had a close contact with a person who has been confirmed to be infected with SARS-CoV-2, i.e. has been in a direct contact with an sick person (co-inhabitant, co-worker) or in contact at a distance of less than 2 meters for more than 15 minutes (having a conversation); should immediately contact the coordinator and remain in home isolation. If necessary, contact the District Sanitary and Epidemiological Station and follow the

recommendations received.

Rules of conduct in case of a positive RT-PCR RNA SARS-CoV-2 RT-PCR result

Immediate self-isolation at home or in a separate room (e.g. hotel room) and immediate contact with the PLS coordinator.

Procedures used during trainings and matches

The main emphasis should be put on creating procedures to reduce the number of people present at training and match facilities:

- The basic principle is the absence of direct physical contacts.
- The governing principle: "**get in, train, get out**" - a player arrives at a training session or a match in a player outfit then trains and leaves in the same outfit. Dressing at home or in a hotel room.
- Only people under monitoring during the sport quarantine may come into contact with players.
- It is recommended to use facilities to which a limited number of people (e.g. the same sport teams) have access and establishing separate walkways for the players, training staff and service personnel under monitoring.
- The number of people who may be present at the sports facility during training and a match and the obligation to use personal protection equipment is determined by the owner of the facility based on current regulations. The owner is obliged to provide an adequate amount of disinfectants in the areas for players and fans and a system of sanitary control (wearing masks, hand disinfection).
- The use of e.g. gym or wellness facilities which are open to the public is not recommended. The owner of the facility where trainings and matches take place is obliged to carry out disinfection of: changing room, gym and other rooms and objects touched by players each time after a training of a given group of sportspersons.
- It is recommended to limit contacts with media during a match. Special zones should be designated for this purpose in order to keep a safe distance of 2 meters. Each media representative should be required to wear a mask while talking to a player.
- It is recommended that all persons monitored during the sport quarantine should be forbidden from coming into direct contact with supporters.
- It is recommended to cancel cheerleading performances and organizing competitions during match breaks.
- During the matches it is recommended to create a "zone 0" strictly for people who are necessary for the proper conduct of a match.

- The "zone 0" should be set at a distance of 2 meters from the game zone of 31m x 19m (area separated by LED bands). The total dimension of "Zone 0" is 35 meters long and 23 meters wide.
- At the entrance to "Zone 0" the match organizer is responsible for placing hand disinfection devices.
- Persons who are allowed to be in "zone 0": players, training staff members, persons whose names are on the Start List of the match, other team members who are not on the Start List but are present during the matches - behind LED bands at the shorter side, SI and SII referees, moppers - maximum 4 persons, ball handling persons - maximum 6 persons, commissioner, protocol person, qualifier, challenge service - maximum 2 persons, LED band service (BT Sport) - maximum 2 persons, physician/medical rescuer for the competition, representatives of TV Polsat Sport, PLS representatives.
- It is recommended that persons who have the right to remain in "zone 0" comply with the rules of "sport quarantine" and are subject to daily monitoring by completing an epidemiological and medical questionnaire.
- All persons staying in the "zone 0" during the match should have an obligation to wear masks and protective gloves.

Rules of traveling for matches

- It is recommended to travel by one means of transport (e.g. a club bus), where only people under sport quarantine being monitored may be present.
- The vehicle should be dedicated exclusively to transporting one team and disinfected each time it finishes its course.
- The bus driver should be in the group of persons monitored. If this is not possible, it is recommended to perform an RT-PCR RNA SARS-CoV-2 RT-PCR test 2-3 days before the planned travel, so that it has a negative result.
- We recommend wearing masks during the travel.
- Maintaining greater distances between passengers (optimally >2m)
- An alternative solution is to travel by private means of transport.

The rules of passenger safety in air travel summarize the recommendations of IATA, according to which:

- Keep an appropriate distance from other passengers,
- avoid gatherings of people, queues, stores, restaurants, use vending machines
- avoid touching of surfaces (e.g. check-in online, check-in your luggage in drop-off points)

- use medical masks in accordance with the rules specified above
- wash hands with soap and water as often as possible and use alcohol-based hand disinfectants.
- in case of coughing or sneezing, cover mouth and nose with a bent elbow or disposable tissue, which must then be disposed of in an appropriate container
- after claiming your baggage at your destination, leave the airport as soon as possible.

Rules of staying in hotels

The rules of staying in hotels aim at limiting the possibility of infection. This can be achieved by:

- Accommodation in single rooms, if this is not possible, in rooms as large as possible to keep a minimum distance of 2 m between beds.
- The rooms should be disinfected (objects you touch such as door handles, sanitary fittings, tops, handrails, buttons, switches, etc.) and ventilated before entering.
- The highest risk of infection occurs during common meals (no masks), therefore it is recommended:
 - keeping a distance of 2 m whenever possible, especially while eating
 - Wearing masks when approaching the table and when leaving the table
 - Serving food by the staff in gloves
 - Beverages for single use
 - providing a separate room of sufficient size or separate hours free from other guests

Rules of hygiene and personal prevention of players and training staff

1. Disinfect and wash hands frequently and thoroughly.
2. No physical contacts: Do not shake hands to during greetings and goodbyes.
3. In addition to sports activities, wear a mask (surgical and/or with N95/ FFP2 /FFP3 filter - recommended filtration above 95%).
4. Do not touch the face, do not touch the top layer of the mask, do not take the mask off your nose.
5. Use and require coughing and sneezing behavior.
6. Limit (if possible) employment to a single workplace (applies mainly to the staff and especially the medical team).
7. Avoid meeting people at home and in the neighborhood, when shopping and in public places in general, limit the reception of guests and social visits, especially in public places such as discos, restaurants and medical clinics.
8. Limit going out of the house to training and matchmaking activities.

9. Limit travels to those necessary for training and match-related activities.
10. Keep a distance of 2 m from third parties when walking, active leisure, and >3 m when running.
11. Do not use public transport.
12. If a member of your family or the person you live with, or any other person who comes into contact with you, shows symptoms, immediately notify the person in charge of the club and ask for recommendations for further course of action.
13. Disinfect frequently touched surfaces such as tables, handles, railings etc. at least once a day.
14. Drawn up a list of the people you are in touch with and their closest contacts and forward it to the person in charge of the club.

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Rules of conduct depending on COVID-19 infection risk assessment

