



Aigle, August 20, 2020

**Protocol for the resumption of the mountain biking season  
in the context of the coronavirus pandemic**

The stakeholders of cycling and the UCI acknowledge the extraordinary nature of the COVID-19 pandemic and the ensuing difficulties for the organisation of safe sporting events. These are all the more acute in the context of cycling events due to the regular international travel, the use of free-access venues and facilities and the different team and staff compositions.

In consideration of these extraordinary circumstances, it was agreed that the UCI proposes measures for the organization of international mountain-bike (MTB) competitions (hereafter: the Recommendations). **These measures are mainly recommendations that apply to all international MTB competitions registered on the UCI calendar** (hereafter: the Events), while the organizer has an obligation to carry out a risk assessment and to inform the stakeholders. The recommendations are not guidelines, but should be seen as proposals for the organization committees to reduce the risks of exposure and spread of the virus that causes Covid-19.

In order to publish this protocol, the UCI relied on the one hand on the rules published for the organization of international road cycling events (previously defined within an interdisciplinary steering committee) and on the specific risk analysis published by the World Health Organization (WHO), and reassessed by an international Task Force <sup>1</sup>

The protocol applies to all Events taking place as of approval by the UCI Management Committee until they are repealed by the UCI Management Committee and no earlier than 31 December 2020. The protocol is updated regularly taking into account new knowledge. Any modification will be published without delay and will be immediately applicable, unless otherwise indicated :

(<https://www.uci.org/road/news/2020/covid-19-pandemic-how-to-return-to-cycling-events>).

The document is divided into three main sections,

- a section concerning risk assessment specifically related to COVID-19 (**compulsory measure**),
- a section setting out the practical recommendations to be implemented by organisers,
- a section defining the risk assessment of the organization of the Event (**compulsory measure**).

As a preamble, it is recalled that:

- local and national rules and laws prevail over the present protocol;
- the process of adapting the conditions for organising sporting events is part of a general risk-reduction strategy, acknowledging however that the risks of infection may not be entirely excluded.

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<sup>1</sup> Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19. World Health Organization, 2020.

<sup>2</sup> A specific Excel file is available to automate the quantitative assessment of mitigation measures.

## I. Risk assessment related to COVID-19

The first step with a view to organizing an Event (which is likely to bring together a considerable number of people) is for the Event organiser to carry out a preliminary risk assessment in accordance with national COVID-19 control strategies, if any. The aim of this risk assessment is to determine the overall risk of spreading the disease during the Event and the appropriate means to mitigate such a risk. This analysis is based on specific tools proposed by the World Health Organization (WHO), which have been revised and adapted by an International Task Force made of representatives from the world of sport.

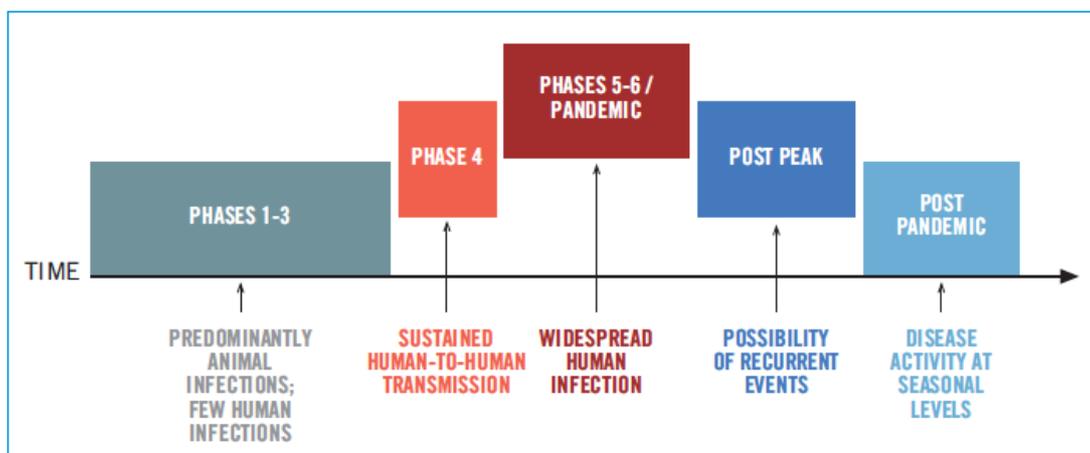
The questions included in the COVID-19 risk assessment take into consideration the pandemic phase in the country of the Event, risk factors linked to travel, human movement, and the possibility of the spread of the virus linked to characteristics of the competition itself.

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

**Figure 1. Specific COVID-19 risk score**  
(the numeric values are only given as examples)

Completing this questionnaire gives a score that reflects the specific risk associated with the pandemic. The first question, which aims to characterize the state of the pandemic in the event region, deserves comment.

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



**Figure 2. Current WHO pandemic phases**

### A- The criteria

Different criteria are applied to characterise these phases with qualitative and quantitative factors. The difficulty is to propose criteria that are easily accessible in all countries of the world. The Event organisers should contact local or national health authorities in order to characterise the state of the pandemic according to the phases described by WHO. In order to make a first estimate, the following may be used as a basis:

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

## **B- Characterisation of the different phases of the pandemic**

Although the decision of authorising a sporting event remains under the authority of the competent local or national authorities, the UCI considers that it can reasonably be considered that cycling events could be held during the following phases of the pandemic:

### **1- Community transmission of COVID-19 (WHO phases 5 and 6)**

This phase of the pandemic is characterized by confirmed human-to-human transmission of a coronavirus of animal origin, which can cause "epidemic outbreaks". Phases 5 and 6 mean that the pandemic state is imminent (WHO phase 5) or confirmed (WHO phase 6). It can be characterized by:

- confirmed cases in at least 2 countries in a WHO region and in at least 1 country outside the WHO region.
- a steady increase in the daily rate of confirmed clinical cases of COVID-19 (incidence rate). It is always difficult to interpret the data relating to new reported cases, as the modalities for diagnosing confirmed COVID cases depend on national strategies, either by systematic screening using RT-PCR (viral diagnostic) tests or by screening only contact cases and suspected patients of COVID-19 (also by RT-PCR tests), or only hospitalized patients, etc. This phase is characterized by clinical cases which appear in the form of extended clusters which progress towards generalized epidemic-type transmission.
- more than 50 new cases of COVID-19 declared per week, per 100,000 people;
- R0 values higher than 1.5.

### **2- Moderate risk period (WHO phase 4);**

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

- confirmed clinical cases occurring in only one country in a WHO region;
- a regular but moderate increase in the daily rate of confirmed clinical cases (difficult to quantify what is considered to be at "moderate risk", since the methods of COVID-19 diagnosis depend on national strategies, either by systematic screening using RT-PCR tests for viral diagnosis, or by RT-PCR screening only of patients with suspected COVID-19 or having / who have been exposed to COVID-19, or only of hospitalised patients, etc. Furthermore, the data may not always be normalised to the global population). This phase is characterised by clinical cases present in the form of large clusters which tend to evolve towards a community transmission;
- 20 to 50 new cases of COVID-19 declared per week, per 100,000 people;
- R0 values higher than 1.5.

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

This low risk situation corresponds to either:

- the circulation of a coronavirus which causes sporadic infections or small clusters of respiratory infections. Human-to-human transmission does not appear to be sufficient to cause outbreaks. Limited human-to-human transmission can occur in certain circumstances of increased risk, but these modes of transmission remain limited to certain circumstances. This does not indicate that the virus has acquired the level of human transmissibility necessary to cause a pandemic. This period is a pandemic (pre-pandemic) alert period. This situation can be characterised by:
  - a sporadic and moderate increase in the daily rate of confirmed clinical cases.
  - R0 values higher than 1.5.
- the post-peak period of a pandemic. Pandemic activity appears to be decreasing but it is not certain whether or not new waves will occur. The drop in the level of activity of the pandemic should not mean the end of all preventive measures as several months may separate the arrival of new pandemic waves. This period can be characterised by:
  - a regular drop in the rate of confirmed COVID-19 cases. To assess this, the evolution of the average weekly reported COVID-19 cases can be monitored and be considered if there are less than 20 new cases declared per week per 100,000 people.
  - R0 values lower than 1.

### **4- Very low risk period (WHO phase 1, WHO phase 2, post-pandemic phase).**

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

- the absence of new confirmed cases for more than 3-4 weeks.
- R0 values less than 1 (for the post-pandemic period).

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

## **II. List of mitigation measures for COVID-19**

Specific risk mitigation measures are recommended to reduce the risk of transmission of the SARS-CoV-2 virus associated with the Tests. It must be remembered that while mitigation measures may reduce the risk of infection with the novel coronavirus, they cannot completely eliminate the threat.

The list of recommended mitigation measures covers a wide range of subjects<sup>2</sup>, including control of the risks of human-to-human transmission, emergency preparedness and response plans, coordination of actors and partners, control of risks related to human-to-human transmission, communication, awareness campaigns on the means to fight and prevent COVID-19, etc.

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

One of the globally acknowledged principles for organising competitions is the creation and maintenance of protective "bubbles" around the teams which, in the context of road races, will link to form a "peloton bubble". The measures implemented should be based on the general objective of controlling entry into the "team bubble", and restricting direct and unprotected contact between the "team bubbles" and "peloton bubble", and third persons.

In order to reduce the risks of spread and contamination by the new coronavirus, **the UCI recommends**, for the organization of an event, to apply the following measures:

#### **A- Pre-event measures**

##### **1. Appointment of a COVID-19 Coordinator for the Event**

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

- determining the phase of the pandemic ahead of the competition, and is the advisor for the implementation of preventive measures. The COVID-19 Coordinator is the link between the Event organiser and the local or regional health authorities;
- assisting the Event organiser with the protocol for the management of suspected COVID-19 cases, including all stages of patient management until the diagnosis
- providing the Event organiser the criteria for the identification of contact cases with a confirmed COVID-19 case (with either high-risk exposure, i.e. close contact, or low-risk exposure)<sup>3</sup> and coordinating the relevant actions with the local or regional health authorities.

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<sup>2</sup> A specific Excel file is available to automate the quantitative assessment of mitigation measures.

<sup>3</sup> Contact Tracing by European Center for Disease Prevention and Control

## **2. Ensure that the accommodation where teams are staying is adequate to maintain a "life bubble" around each team**

The UCI recommends that the organiser put in place accommodation arrangements enabling distancing between teams with measures such as grouping each team on a single floor (or a wing of the hotel) and a reserved and independent dining room, whenever possible. To ensure the application of the preventive measures put in place, the event organiser would be responsible for informing each hotel (e.g. room cleaning, physical distancing, hand washing, wearing a mask during service, etc.).

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

The UCI recommends that event organisers of stage races, reserve single rooms known as "isolation" to be used by anyone presenting symptoms suggestive of COVID-19, before referral to the COVID Doctor (see point B-3). The recommended number of isolation rooms reserved is equivalent to 1 room for 30 people (riders and team members).

## **4. Inform the teams of the requirements and/or recommendations in terms of prevention procedures within their group (staff and riders)**

It is recommended to establish measures to be taken by the teams, which may include personal protection, cleaning of technical equipment, cleaning and disinfection of commonly touched surfaces in the team area and vehicles, etc. **These measures should be appropriate to protect the integrity of the team bubbles.** In this respect, the role of team doctors is essential.

### **B- Before the events**

A number of mitigation measures should be taken in the days leading up to the event. The UCI recommends that the following measures be put in place:

#### **1. Pre-Travel health checks**

We recommend health checks for all members of the team (staff and riders). The health checks shall include both a clinical and a biological component (both are complementary);

**a) the clinical aspect of detecting asymptomatic carriers** of the virus is based on examining clinical signs suggestive of the disease.

We recommend the use COVID clinical suspicion questionnaire to be completed daily on the 5 days preceding the race. A questionnaire is **proposed below as a suggestion** (Figure 3). Like any medical questionnaire, it must be interpreted by a doctor, who may not be present on site. If it is used, adequate measures shall be taken in case the risk score is "strongly suspect" or "moderately suspect" on 2 days out of 5. Teams are free to use another clinical tool providing clinical guidance;

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

**Figure 3. Suggested screening questionnaire (suggested)**

**b) the biological component** is based on the detection of the virus.

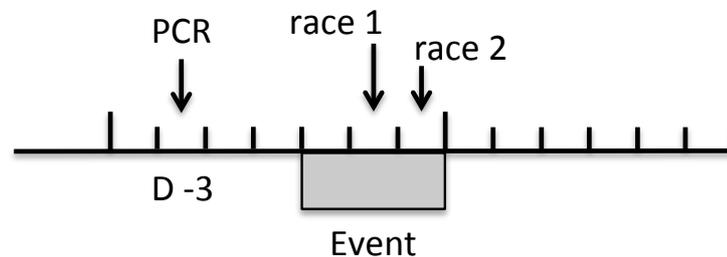
- the diagnosis of COVID-19 (biological component) is usually made using clinical, laboratory and radiological features. As symptoms and radiological findings of COVID-19 are non-specific, SARS-CoV-2 infection has to be confirmed by a molecular biology technique, mostly polymerase chain reaction (PCR), aimed at amplifying a specific genetic sequence in the virus. According to WHO, respiratory material for PCR should be collected from upper respiratory specimens (nasopharyngeal and oropharyngeal swabs or wash) in ambulatory patients. RT-PCR (Reverse Transcriptase-PCR) is a special PCR technique now being used to detect SARS-CoV-2. The new coronavirus can be detected in different tissues and body fluids and in clinical settings the respiratory material for PCR is collected from nasopharyngeal swabs.
- the general objective of the biological controls just before cycling events is to screen for healthy carriers of the virus or pre-symptomatic SARS-CoV-2 infections and reduce the risk of transmission of the virus within the context of the Event. Specific procedures and tests need to be adapted to mass screening. Such screening tests intended for the qualitative detection of SARS-CoV-2 nucleic acid (i.e. viral tests) may be conducted as follows:
  - the use of saliva as an organic fluid for the detection of SARS-CoV-2<sup>4</sup>).
  - a highly specific and sensitive method based on the amplification of viral RNA<sup>5</sup>.
  - analyses on pooled individual salivary samples (pooling or multisampling methods)<sup>6</sup>

<sup>4</sup> Saliva has been shown to be a viable alternative to nasopharyngeal swabs that cause discomfort due to procedure's invasiveness (Wyllie et al. 2020; Azzi et al. 2020)

<sup>5</sup> The technique used for the viral RNA identification must derive from PCR, such as RT-PCR, LAMP, RT-LAMP, SIBA, etc. (Jiang et al. 2020).

<sup>6</sup> (Lohse et al. 2020; Sunjaya et al. 2020). In order to preserve the sensitivity of the analyses it is recommended to constitute only pools lower or equal to 8 samples.

- one qualitative test for the detection of SARS-CoV-2 nucleic acid (PCR type) is recommended no more than 72 hours before the Event. If the organizer decides to have Covid tests carried out before the Event, the participation of a team member will only be authorized if the result of this test has been received and is confirmed as negative. (Figure 4 below).



**Figure 4. Schedule of pre-event PCR tests**

If the organizers decide to require a viral test (PCR type) before participating in the Event, they must set up a system to control the results of these tests respecting medical confidentiality and European data protection rules (GDPR).

## **2. Coordination with the local health authorities (hospitals, emergency services)**

The UCI recommends that the medical service of the event contact the local hospital and/or emergency medical services to inform them of the event, to ensure they have the capacity to handle trauma patients during the pandemic.

## **3. Identifying a physician in charge of COVID-19 suspected cases (COVID doctor)**

It is recommended to appoint a medical doctor responsible for managing any clinical suspicion of COVID-19, in coordination with local health services. The COVID doctor should have:

- a face mask to anyone who is sick or has suspicious symptoms;
- the mandatory protective equipment for medical personnel when dealing with COVID-19 suspected patients (FFP2 mask, gloves, visor or protective glasses, coveralls).

## **4. Ensuring all Event personnel have appropriate information on personal hygiene procedures;**

It is recommended that the organiser set up and ensure, as the event approaches, the strict application by and staff involved in the Event of individual measures to protect and prevent the spread of the virus.

## **5. Arrange separate pathways for different categories of personnel;**

- within the media zone
- within official zones
- within the VIP area.

- 6. Arrange the communal areas accessible with accreditation to allow for physical distancing (min 1.5 m between people), especially;**
  - in the media zone, arrangement of workspaces
  - in official areas
  - in VIP areas where the wearing of individual masks should be required, especially when traveling within the enclosure. The obligation to wear a mask would be waived when sitting and drinking.
- 7. Forbid use of changing rooms and other communal areas.**
- 8. Ensure cleaning and disinfection of common areas and equipment, and limit sharing of materials;**
  - Regarding the toilets, ensure that there are enough stations on the site. Ensure the cleaning procedures that will be implemented, maintaining a physical distance of 1.5 m between users, including queues (to be respected using marks on the ground);
  - Regular cleaning of all contact points (door handles, switches, etc.);
  - Availability of hand sanitizers at strategic points.
- 9. Provide waste bins for contaminated items to allow for the safe disposal or storing of all hygienic materials.**

**C- During the Events,** the UCI recommend the following measures:

- 1. Perform daily health checks** of riders;
  - under the responsibility of the team (in general team doctor or physician remotely)
  - look for suspicious clinical signs using the suggested questionnaire or other suitable tool;
  - the check should be completed in the morning, before the daily activities.
- 2. Remind teams and riders of the importance of wearing a mask** in all circumstances. Wearing a mask for riders and all staff members is compulsory, except during training, warm-up sessions and during competitions.
- 3. Limit access to the start area** as much as possible. Only allow access to essential people, with face masks. Always maintain a safe distance between the public and the riders.
- 4. Consider risk reduction measures** specific to the particularities of MTB.

In the case of **downhill MTB**, attention should be drawn to two points,

- access to the departure area. If access is by lifts or mechanized mountain means, care should be taken to limit the number of riders per cabin, so as to maintain a safety distance, define when it is mandatory to wear a mask and establish safety

distances that must be observed before boarding the transport cabins to the departure area.

- riders must load and unload their own bikes, one rider at a time.
- the finish area. In order to maintain optimal safety conditions, it is recommended that the organizer limit access to the area to the necessary people (riders and staff), impose distancing as well as wearing a mask.
- recommend a 1 rider only Hot Seat, not 3 riders.

For **cross-country MTB**,

- set up a protected access to the starting area which allows the riders to remain permanently away from the public.

**5. Limit access to the finish area** as much as possible. Only allow access to the "end of finish line" area for essential people (1 to 2 people per team, a few photographers), and impose the wearing of face mask.

**6. Organize the working conditions of the media.** Adapt the spaces reserved for the written and spoken press, both in terms of space, access and working conditions.

- organise the media center to maintain a distance of 1.5 m between workstations, and provide hydro-alcoholic gel at the entrance.
- the mixed zone will be enlarged, ventilated; all journalists must wear a mask and use a pole for recording.
- organise the mixed zone so as to have sufficient space and ventilation; require journalists to wear masks and require the use of a pole for recordings.

**7. Management of a suspected COVID-19 case;**

- All persons involved in the Event (including Event staff and team members) are requested to signal any suspicion of COVID-19 immediately to the Event medical services;
- the Event medical services will contact the COVID doctor to manage the follow-up with the suspect patient;
- the management of clinical cases will be carried out in agreement with the local or regional health services, and in accordance with WHO guidelines (see reference at the end of this document)
- the identification of contact cases with a confirmed COVID-19 case (close contacts and low-risk exposure contacts) will be the responsibility of the COVID doctor, in coordination with the team doctor and the competent health authorities;
- the implementation of the initial clinical examination protocol, and referral of the patient to the nearest COVID centre is the responsibility of the COVID doctor;
- It is recommended that the organizer make the details of these procedures available, as well as the criteria for identifying risky contact cases, in the dedicated space provided by the UCI (see chapter IV for the link).

## D- After the Event

### 1. Adjustment of the awards ceremony;

The UCI recommends to:

- limit the size of the crowd, respecting social distancing (as per national health regulations)
- restrict the number of athletes to receive prizes at one time
- create 1.5 m pre-podium boxes in which riders can wait their turn to stand on the podium
- place the podium blocks 1.5 m apart
- require riders, and any other person involved, to wear a mask during the ceremony
- create a self-serve option where riders can collect their medals after hand sanitising
- request riders not to touch each other during the podium ceremony
- limit the number of photographers according to national health regulations

### 2. Adapt the anti-doping station and procedures (compulsory measure);

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

## III. Risk assessment of the event.

The risk assessment is mandatory and allows organizers to review the main questions posed by the COVID-19 pandemic in the context of the organization of an Event. This step helps the organizers understand and manage any specific risk associated with the pandemic.

This risk assessment should be reviewed regularly and updated immediately before the transition to the operational phase, depending on the risk mitigation measures in place, and in light of the evolution of the pandemic, which may be rapid. . The organizers can refer to the guidelines and situation reports updated by the national public health authorities and / or the WHO (<https://covid19.who.int>).

It is carried out by combining,

- the analysis of the risks associated with COVID-19 (chapter I of the protocol), and
- the evaluation of risk reduction measures.

The risk analysis is carried out using a dedicated Excel file available on the UCI website <https://www.uci.org/road/news/2020/covid-19-pandemic-how-to-return-to-cycling-events>, and named "Risk-assess-MTB.xlsx".

### A- Risks assessment related to COVID-19

The information of the questionnaire reported in Figure 1 (chapter I of the protocol) is done on the sheet named "COVID".

## B- Risk mitigation measures.

Risk mitigation measures can be assessed using the sheet named "Measures" of the same Excel file. It includes each measure, each one being assigned a coefficient and the sum of the measures adopted determines the **risk reduction score** that will be taken into account for the overall risk analysis of the event.

## C- Matrix for the final decision.

The risk vs mitigation matrix combines the **COVID-19 specific risk score** and the **risk mitigation score** to determine an overall risk score, available on the sheet named "Risk score". A "colour" identifies the total risk of transmission and spread of COVID-19 (Figure 5). This provides a clear indication of whether the staging of an sporting event is recommended or not, or whether other mitigation measures shall be required. The meanings of the colours are shown in the table below, with an overall risk determination.

### Overall risk score for the Event

*The decision matrix takes the COVID-19 risk score and the mitigation score to provide a colour determination. This colour determination identifies the total risk of transmission and further spread of COVID-19 in relation to the mass gathering. The "Colour Determination" key below the decision matrix describes the total risk for each colour.*

|                        |  |
|------------------------|--|
| COVID-19 risk score    |  |
| Total mitigation score |  |

### COVID-19 risk Vs. Mitigation measures

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

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

**Figure 5. Total risk assessment score and interpretation**

The risk assessment should be repeated regularly, as soon as new preventive measures are implemented. The risk assessment and the defining of appropriate risk mitigation measures should, insofar as possible, be carried out with the involvement of local public health authorities and staff with expertise in mass gatherings, risk assessment, epidemiology and infectious disease control measures, from the very first stages of the Event planning.

#### **IV- Exchange of information**

In order to promote the exchange of information necessary for the organisation of MTB events, two secure data storage spaces will be opened by the UCI. This is intended for organisers to provide information to teams regarding the implementation of specific health-related measures. **The organisers shall deposit at the latest 2 weeks prior to the event:**

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

- information concerning the phase of the pandemic as the competition approaches, including incidence ratio (i.e. the number of Covid cases declared per week, per 100,000 persons, during the 2-3 weeks preceding the event)
- the availability of a Covid laboratory recognized by the health authorities, their distance from the site and their operating availability (hours of availability for performing PCR tests).

**B- the result of the risk analysis including,**

- a summary of the risk mitigation measures implemented using the file named "Risk-assess-MTB.xlsx", and available on the UCI website :

<https://www.uci.org/road/news/2020/covid-19-pandemic-how-to-return-to-cycling-events>.

## V. Regulatory provisions.

Any subject or entity failing to implement the mandatory measures of the present protocol may be fined by the Disciplinary Commission between CHF 1,000 and CHF 10,000. The Disciplinary Commission shall determine the amount of the fine taking into account all the circumstances and in particular any aggravating or mitigating circumstances. Art. 12.2.005 of the UCI Regulations shall apply in case of a repeated offence.

Any subject or entity which defrauds, cheats or acts in an unfair manner when submitting the information required under this protocol to the UCI shall be sanctioned in accordance with article 12.4.008 of the UCI Regulations.

## References.

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## ANNEX

# IN-COMPETITION TESTING SPECIFICITIES DURING COVID-19 MTB RACES

MAKING HEALTH & SAFETY A TOP PRIORITY - August 2020

### 1. CADF CONTROL OFFICER (DCO and BCO)

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

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

CADF DCOs & BCOs will perform a self-assessment (CADF document: cadf-034f\_rev0 - SCP self-assessment form) each day for the 5 days prior to the first planned controls. CADF DCOs & BCOs will have to have had a viral test, based on a PCR method, as far as possible 3 days before the first AD controls. Results will of course need to be negative for them to conduct the test. All documents will be submitted to the CADF & UCI using a dedicated online platform.

Based on the results, the CADF and the UCI Medical Director will decide whether to allow the CADF DCO or BCO to attend the event.

CADF DCOs and BCOs shall respect social distancing with any other sample collection or support personnel involved during the event.

### 2. DOPING CONTROL STATION (DCS)

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

In addition, organizers shall:

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

- fence the area and provide someone to prevent non authorized persons to enter. Only one person is allowed to accompany the athlete.
- Provide waste bins for contaminated items to allow for the safe disposal or storing of all hygienic materials such as masks, gloves, etc.

### **3. Doping controls in hotels**

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

### **4. NOTIFICATION PROCESS**

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

## 5. SAMPLE COLLECTION PROCESS

- In between athletes, surface where sample collection will take place must be cleaned using disinfectant wipes or disinfectant spray, including all materials to be used. As an alternative, a clean and disposable table cloth can be used.
- SCP must wash or sanitize hands and put on new gloves for each athlete and wear face mask.
- Athletes and supporting personnel (soigneur, doctor, etc) must wear a face mask
- Social/physical distancing is maintained as much as possible.
- Number of persons present during control session will be limited to minimum i.e.:
  - It is not necessary for organizers to provide a doctor/nurse to witness the miction, the task will be exceptionally ensured by the DCO if of the same gender. If not of the same gender, organizers will be asked to provide a doctor/nurse. On the day of the event, the doctor/nurse, if any, will fill the self-assessment form.
  - Only one person is allowed to accompany the athlete in the DCS area and during the sample collection process It is recommended that athletes present themselves at the DCS alone.

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

## 6. COMPLETING SAMPLE COLLECTION SESSION

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

## 7. Other controls supported by CADF

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