



Aigle, August 28, 2020

Emergency rules to be followed for the resumption of the road cycling season in the context of the coronavirus pandemic

**UCI WorldTour – UCI Women’s WorldTour – UCI ProSeries
Continental Road Championships (ME and WE)
UCI Road World Championships (ME and WE)**

UCI Steering group:

Mr Javier Barrio (AIGCP)
Pr Xavier Bigard (UCI Medical Director)
Dr Anko Boelens (Team Sunweb physician)
Dr Michel Cerfontaine (COFIDIS team physician)
Mr Richard Chassot (AIOCC)
Ms Marion Clignet (Coach and former rider)
Mr Xavier Jan (CPA)
Dr Artur Lopes (UCI Medical Commission President)
Ms Katerina Nash (UCI Athletes’ Commission President)
Dr Kevin Sprouse (EF Pro Cycling team physician)
Mr Pierre-Yves Thouault (ASO)

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, the UCI and stakeholders of cycling agreed to constitute the UCI Steering Group to present to the UCI Management Committee a set of emergency rules (hereinafter: the Rules) with the objective of reducing the risk of transmission of the coronavirus during events of the UCI International Calendar. The UCI would like to thank the members of the working group for their contribution. The listed contributors served to provide advice and opinions as the UCI has navigated this difficult issue. Ultimately, the UCI has had to make final decisions on the topics contained in this document, and this should not be as a “consensus statement”, per se.

Upon agreement within the UCI Steering Group, these Rules were presented to and approved by the UCI Management Committee in accordance with article 47.1 lit. k) of the UCI Constitution. The Rules include requirements, instructions (mandatory measures) and present recommendations for good practice (recommended and desired measures) for organising cycling events during the COVID-19 pandemic.

The Rules apply to all UCI road races of the UCI WorldTour, UCI Women’s WorldTour and UCI ProSeries, as well as Continental Road Championships (Men Elite and Women Elite) and UCI Road World Championships (Men Elite and Women Elite) (hereinafter: the “Events”).

The Rules apply 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 Management Committee has instructed the UCI Steering Group to update the present Rules on a regular basis in consideration of new knowledge and progress in the field of biotechnology, especially for COVID-19 testing. Any amendments shall be published without delay and shall be immediately applicable, unless indicated otherwise. A consolidated version containing the latest amendments in force will be published on the dedicated webpage of the UCI website as soon as practicable (<https://www.uci.org/road/news/2020/covid-19-pandemic-how-to-return-to-cycling-events>).

The document is divided into two main sections, a section concerning risk assessment, and a section setting out the requirements and practical recommendations to be implemented by organisers and teams in relation to the Events.

As a preamble, it is recalled that:

- local and national rules and laws prevail over the requirements and recommendations set out in the present document;
- 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.

I. Global risk assessment

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 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.

The manner of conducting the risk assessment may evolve over the course of the period of application of this document in consideration of the situation and knowledge about the disease evolves.¹

A- Risk assessment related to COVID-19

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

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

The questions included in the COVID-19 risk assessment 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.

¹ The UCI shall provide links to connected tools to facilitate the carrying out the risk assessment.

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

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

B- List of mitigation measures for COVID-19

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

The list of mitigation measures² cover a wide variety of topics, including the overall assessment of the COVID-19 situation, emergency preparedness and response plans, coordination of stakeholders and partners, control of communication-related risks, anti-COVID-19 public health awareness campaigns, etc.

² A specific Excel file is available in order to automate the quantitative evaluation of mitigation measures, before an automated application or internet function becomes publicly available. Details on the availability of this tool will be provided later.

C- Matrix for the final decision.

The risk vs mitigation matrix combines the COVID-19 total risk score and the risk mitigation score to determine a “colour” that identifies the total risk of transmission and spread of COVID-19. This provides a clear indication of whether the staging of an 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.

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

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

Figure 2. Total risk assessment score and interpretation

II. Assessment of severity of the pandemic.

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

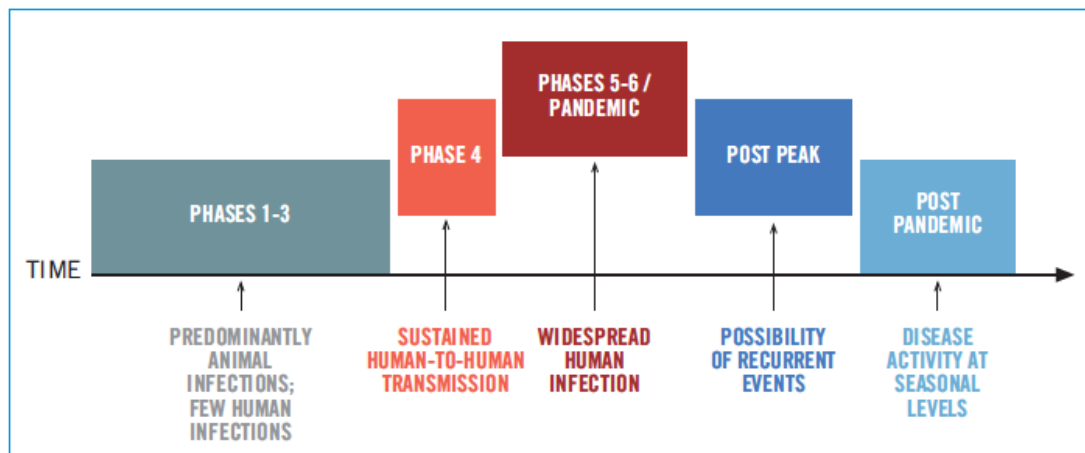


Figure 3. Current WHO pandemic phases

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, to 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, it is reasonable to consider that cycling competitions should only be held within the following phases of the pandemic:

1- Moderate risk period (WHO phase 4);

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

- confirmed clinical cases occurring in only one country in a WHO region;

- a regular but moderate increase in the daily rate of confirmed clinical cases (difficult to quantify what is considered to be at “moderate risk”, since the methods of COVID-19 diagnosis depend on national strategies, either by systematic screening using RT-PCR tests for viral diagnosis, or by RT-PCR screening only of patients with suspected COVID-19 or having / who have been exposed to COVID-19, or only of hospitalised patients, etc. Furthermore, the data 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.

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

This low risk situation corresponds to either:

- the circulation of a coronavirus which causes sporadic infections or small clusters of respiratory infections. Human-to-human transmission does not appear to be sufficient to cause outbreaks. Limited human-to-human transmission can occur in certain 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.

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

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

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

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

III. Optimal conditions for organising competitions.

The concrete actions to be implemented for an optimal organisation of cycling competitions should be considered according to the national health regulations in force in the 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 people whose health status has not been checked.

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

A- Pre-event measures³

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

An expert in infectious diseases must 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)⁴ and coordinating the relevant actions with the local or regional health authorities.

³ Relevant information shall be provided by the Event organiser to teams in accordance with section V. of this document at least 14 days prior to the Event.

⁴ 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 accommodation arrangements shall enable 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. The Event organiser must inform the each hotel of the required preventive measures (room cleaning, physical distancing, hand washing, wearing a mask during service, etc.).

The Event organiser will request that hotel staff abide by the rules in force for cleaning and disinfecting furniture and objects.

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

For multi-day events (UCI World Championships, stage races), the Event organiser shall consider arranging rooms (if possible a single room per team) known as "isolation" to be used by anyone presenting symptoms suggestive of COVID-19, before referral to the COVID Doctor (see point C-5).

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

These measures may include personal protection, cleaning of technical equipment, cleaning and disinfection of commonly touched surfaces in the vehicle buses, etc. **These measures shall be appropriate to protect the integrity of the team bubbles.** In this respect, the role of team doctors is essential.

B- Before the Events

1. Pre-Event health checks

These health checks shall be undertaken for all members of the team (staff and riders) and should be completed prior to travelling to the Event. The health checks shall include both a clinical and a biological component (both are mandatory, except in very low risk period);

- the clinical aspect of detecting asymptomatic carriers of the virus is based on examining clinical signs suggestive of the disease.
- 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 naso-pharyngeal swabs.

The general objective of the biological controls during 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-2⁵).
- a highly specific and sensitive method based on the amplification of viral RNA⁶.
- analyses on pooled individual salivary samples (pooling or multisampling methods)⁷

1.A. One-day races.

* COVID clinical suspicion questionnaire to be completed daily on the 5 days preceding the race. A questionnaire is **proposed below as a suggestion**; 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 $\geq 38^{\circ}\text{C}$	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 or vomiting	1 pt
< 3	little suspicious
3-5	moderately suspicious → PCR test according to the context
> 5	highly suspicious → PCR test

Figure 4. Suggested screening questionnaire

* tests for the qualitative detection of SARS-CoV-2 nucleic acid (PCR type) must be carried out 6 days⁸ before the Event; if this test is negative, a second test will be carried no more

⁵ 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)

⁶ 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).

⁷ (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.

⁸ The deadlines for the first diagnostic test shall be monitored with a tolerance of approximately 24 hours before and after the 6-day deadline. This applies to all diagnostic tests referred to in this document with a deadline of 6 days prior to the Event.

than 72 hours⁹ before the Event. A team member's participation in the Event shall only be authorised if the results for these 2 tests have been received and are confirmed as negative¹⁰ prior to the Event (Figure 5-A below). Teams shall be entirely responsible for compliance with this rule regarding staff members, whereas riders may be forbidden from taking part in the Event in accordance with section VI. below.

* a further viral test shall be required if the previous test was undertaken more than 10 days prior to the subsequent Event (Figure 5-B). This test shall be carried out no more than 72 hours before the subsequent Event. A team member's participation in this Event shall only be authorized if the result for this subsequent viral test has been received and confirmed as negative prior to the Event. Teams shall be entirely responsible for compliance with this rule regarding staff members, whereas riders may be forbidden from taking part in the Event in accordance with section VI. below.

* if 14 or more days separate 2 one-day races, a new viral test is necessary 6 days before the second race as well as a further viral test no more than 72 hours before the Event (Figure 5-C). A team member's participation in the Event shall only be authorized if the results of these 2 viral tests have been received and are confirmed as negative prior to the Event. Teams shall be entirely responsible for compliance with this rule regarding staff members, whereas riders may be forbidden from taking part in the Event in accordance with section VI. below.

These tests are the responsibility of the teams, both in terms of logistics and costs.

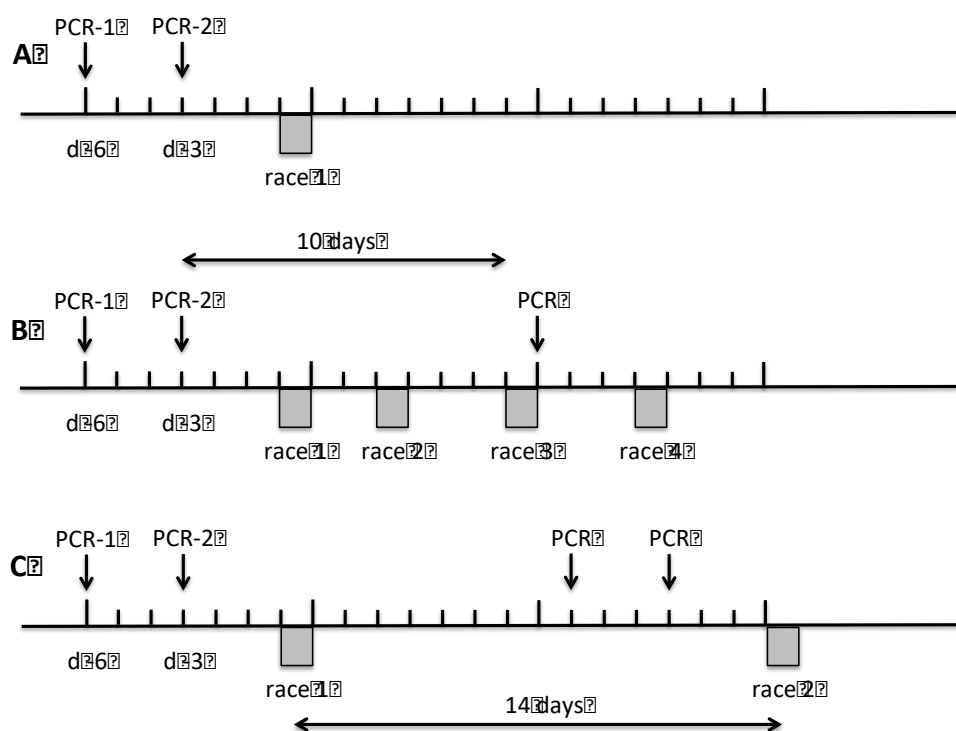


Figure 5. Schedule of PCR tests with repeated one-day races

1.B. Stage races.

⁹ The deadline for the second diagnostic test shall be monitored with a tolerance of approximately 24 hours before the 72-hour deadline and up until the day of the Event. This applies to all diagnostic tests referred to in this document with a deadline of 72 hours prior to the Event.

¹⁰ Derogations may, however, be granted by the UCI Medical Director if it is established, at his comfortable satisfaction, that the rider or staff member concerned is not likely to infect third persons.

The requirements below apply to any team member whether present from the beginning of the Event or joining during the course of the Event.

* complete health checks (COVID clinical suspicion questionnaire or other) daily during the 5 days before the Event (see above). Teams (most often their doctors) will have the option of using the model proposed above or their own tool.

* have a first viral test for SARS-CoV-2 (PCR type) 6 days before the Event (Figure 6-A below). If this diagnostic test is negative, a second viral test will be carried out no more than 72 hours before the Event.

A team member’s participation in the Event shall only be authorized if the results of these 2 viral tests have been received and are confirmed as negative prior to the Event. Teams shall be entirely responsible for compliance with this rule regarding staff members, whereas riders may be forbidden from taking part in the Event in accordance with section VI. below. In addition, teams shall be responsible for determining and implementing measures and/or conditions for the access of team members into the “team bubble”.

When a stage race follows a one-day race, the diagnostic tests must be carried out in accordance with Figures 5-B and 5-C. A team member’s participation in the Event shall only be authorized if the results of these 2 viral diagnostic tests have been received and are confirmed as negative prior to the Event. Teams shall be entirely responsible for compliance with this rule regarding staff members, whereas riders may be forbidden from taking part in the Event in accordance with section VI. below.

These tests are the responsibility of the teams, both in terms of logistics and costs.

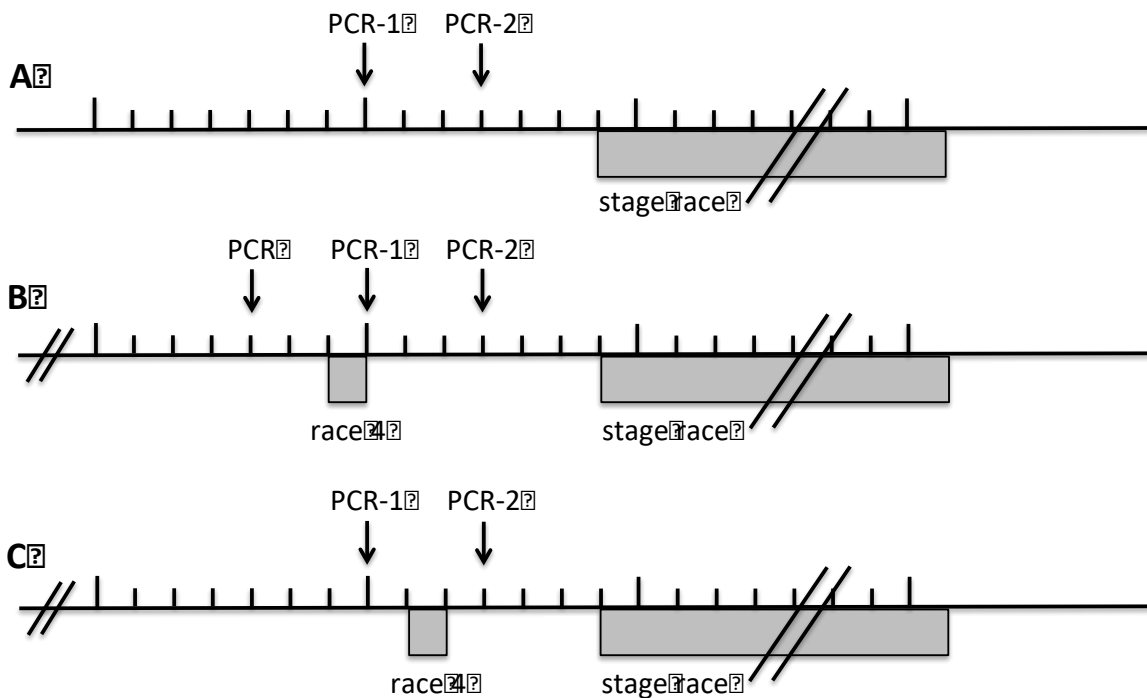


Figure 6. Schedule of PCR tests with one-day and stage races

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

The Event medical service must contact the local hospital and/or emergency medical services to inform them of the Event, and 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)

In coordination with local health services and/or in accordance with applicable rules, this doctor shall be responsible for managing any clinical suspicion of COVID-19. The COVID doctor must:

- provide a face mask to anyone who is sick or has suspicious symptoms;
- comply with applicable rules regarding 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;

The Event organiser will ensure the strict application by and staff involved in the Event of individual measures to protect and prevent the spread of the virus.

5. Provide information about the use of Personal Protective Equipment (PPE);

Any person who may not ensure distancing shall be equipped with PPE. Any person involved in the Event, including team members, except for athletes during competition, warm-up and training, are concerned.

6. Arrange separate pathways for different categories of personnel;

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

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

- in the media zone, arrangement of workspaces
- in official areas
- in VIP areas, impose the wearing of individual masks.

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

9. Manage the presence of spectators;

- limit spectators in the start and finish areas according to the rules published by the national authorities in charge of public health;
- maintain a safe distance between spectators and riders;
- encourage spectators to wear a face mask.

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

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

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

C- During the Events

One-day races.

1. In the morning of the Event, the COVID-19 clinical suspicion questionnaire shall be completed by all team members (riders and staff members) (see B.1.). This measure is under the responsibility of the team who may rely on the team doctor on site or a physician remotely.

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

3. Limit access to the start area as much as possible. Only allow access to essential people, with compulsory face masks.

4. Adapt the feed zones;

- ensure safety of the area(s) and compliance with the "Special provisions for 2020 end of season (<https://www.uci.org/docs/default-source/rules-and-regulations/part-ii-road/regulations-and-flexibility-for-2020-end-of-season-eng---updated-16.07.2020.pdf>) as well as all national guidelines on social distancing, and prohibit access by 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 everyone with a compulsory face mask.

Stage races

1. Perform daily health checks of riders (using COVID-19 clinical suspicion questionnaire or other tool);

- under the responsibility of the team (in general team doctor or physician remotely)
- the check shall be completed in the morning and evening of each stage of the Event, including the rest days.

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

3. Limit access to the start area as much as possible. Only allow access to essential people, with compulsory face masks.

4. Adapt the feed zones;

- ensure safety of the area(s) and compliance with the “Special provisions for 2020 end of season (<https://www.uci.org/docs/default-source/rules-and-regulations/part-ii-road/regulations-and-flexibility-for-2020-end-of-season-eng---updated-16.07.2020.pdf>) as well as all national guidelines on social distancing, and prohibit access by 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 everyone with a compulsory face mask.

6. Organise COVID-19 diagnostic tests;

For Events of more than 10 days (i.e. GrandTours), the Event organizer shall be responsible for providing the infrastructure and/or logistical support for diagnostic tests to be carried out for all team members at least every 10 days (with a recommendation for tests to be carried out on rest days, if any);

Event organisers are recommended to favour detection methods based on the detection of viral RNA, on salivary support and with multisampling (measurements on sample pools).

In case of a positive test returned during the course of a GrandTour, the Event organiser shall carry out a follow-up test with a view to establishing if the person concerned is likely to infect third persons or not. The COVID Doctor shall determine the type of test to be carried out in this context. The result of such follow-up test shall be used for the assessment of the potential consequences according to section VI. below. The Event organiser shall use its best efforts, however without liability, to carry out the follow-up test in such a manner to enable the above-mentioned assessment to be completed prior to the start of the next stage of the Event.

These tests are the responsibility of the Event organizer, both in terms of logistics and costs.

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;

- the determination of the persons who shall be quarantined shall be the competence of the COVID doctor or the health authorities, as the case may be according to national guidelines.¹¹

8. Decision-making after confirmation of a COVID-19 case.

In the event of a confirmed case of COVID-19, the COVID doctor shall report all relevant information to the Event organiser which shall be responsible for taking the appropriate measures for the Event upon due consultation of national health authorities. The Event organiser shall consult the UCI and representatives of riders and teams and present them with the health authorities' considerations prior to confirming the decisions regarding the Event. Such decision shall not concern which persons shall be quarantined, which remains under the sole competence of the COVID doctor and/or national health authorities.

D- After the Event (or any stages of a stage race)

1. Adjustment of the awards ceremony;

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

2. Adapt the anti-doping station and procedures;

- ensure that doping control protocols are consistent with measures to prevent viral contamination (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.

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

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

¹¹ The relevant information regarding of the procedures and the criteria for identifying risky contact cases, will be part of the information to be provided to teams as per section V. of this document.

	Moderate risk	Low risk	Very low risk
A) Pre event			
1. Appointment of a COVID-19 Coordinator			
- send the management plan for COVID+ subjects	MAN-org	MAN-org	REC
2. Accommodation of teams in hotels			
- maintain a life bubble	MAN-org	MAN-org	REC
3. "Isolation" rooms	MAN-org	MAN-org	REC
4. Prevention procedures within teams	MAN-team	MAN-team	REC
B) Before the events			
1. Pre-Event health checks;			
- riders and staff members (COVID testing)	MAN-team	MAN-team	REC
- commissaires and other officials	MAN-uci	MAN-uci	REC
2. Contact with local health authorities.	MAN-org	REC	DES
3. Appointment COVID doctor for the race	MAN-org	MAN-org	REC
4. Information on individual hygienic procedures	MAN-org	MAN-org	MAN-org
5. PPE for everyone if physical distancing impossible.	MAN-org	MAN-org	MAN-org
6. Provision of separate pathways	MAN-org	MAN-org	REC
7. Ensure physical distancing in communal spaces	MAN-org	MAN-org	MAN-org
8. Forbid use of changing rooms.	REC	REC	REC
9. Presence of spectators;			
- limit spectators (start and finish areas)			
according to national rules	MAN-org	MAN-org	MAN-org
- maintain a safe distance between spectators and riders	MAN-org	MAN-org	MAN-org
- encourage spectators to wear a mask	MAN-org	REC	REC
10. Ensure cleaning and disinfection of communal areas	MAN-org	MAN-org	MAN-org
11. Provide waste bins	MAN-org	MAN-org	MAN-org
C) During the events			
One-day races			
1. Health check on race morning			
(COVID questionnaire or other)	MAN-team	MAN-team	REC
2. Adapt the registration procedures	MAN-org	MAN-org	REC
3. Limit access to the start area	MAN-org	MAN-org	REC
4. Adapt the feed zones	MAN-org	MAN-org	REC
5. Limit access to the finish area	MAN-org	MAN-org	REC
Stage races			
1. Daily health checks (COVID questionnaire or other)	MAN-team	MAN-team	REC
2. Adapt the registration procedures	MAN-org	MAN-org	REC
3. Limit access to the start area	MAN-org	MAN-org	REC
4. Adapt the feed zones	MAN-org	MAN-org	REC
5. Limit access to the finish area	MAN-org	MAN-org	REC
6. COVID-19 testing during the event	MAN-org	MAN-org	REC
7. COVID-19 suspected cases.			
- coordination with local health authorities	MAN-org	MAN-org	MAN-org
- provide a clean mask to all sick people	MAN-org	MAN-org	MAN-org
- provide PPE for medical professionals	MAN-org	MAN-org	MAN-org
- send management procedures of COVID+	MAN-org	MAN-org	MAN-org
D) After the race (or stage)			
1. Adjustment of the awards ceremony.			

- restrict the number of riders to receive prizes	REC	REC	REC
- require athletes to wear face masks.	DES	DES	-
- place the podium blocks 1.5m apart	MAN-org	MAN-org	REC
- create 1.5 m pre-podium boxes	REC	REC	DES
- create an individual award/prize recovery system	MAN-org	REC	DES
- riders should be prevented from touching each other		MAN-org	REC REC
- limit the number of photographers according			
to national health regulations.	MAN-org	MAN-org	MAN-org
- limit size of crowd in finish zone	MAN-org	MAN-org	MAN-org
- one-way traffic plan for pedestrians into			
finish zone	MAN-org	REC	REC
2. Adapt the anti-doping station and procedures			
in accordance with the document in the Annex	MAN-org	MAN-org	MAN-org

V. Exchange of information.

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

A – the first is intended for organisers to provide information to teams regarding the implementation of specific health-related measures. The organisers will deposit at the latest 14 days prior to the Event:

1. the COVID-19 suspect case management protocol, including;
 - * information concerning the phase of the pandemic as the competition approaches
 - * what is the number of Covid cases declared per week, per 100,000 persons, during the 2 weeks preceding the sending of the document?
 - * the procedures for managing suspected COVID-19 cases, including,
 - # the availability of a Covid laboratory recognized by the health authorities?
 - # distance of this laboratory from the race start site? From the arrival site?
 - # what operating availability (hours of availability for performing PCR tests)?
 - # is the sample taken in the laboratory or in the patient’s isolation room?
 - * the conditions of isolation of suspect subjects before biological confirmation
 - * the criteria for defining contact cases, and their management.
 - * on what exact criteria should contact cases be defined?
2. a summary of the risk mitigation measures put in place.
3. the list of registered teams and an email contact point for each of them.

B - the other is intended for teams to inform the UCI about the implementation of viral tests. This space will be open to teams (preferably team doctors or any other person designated by the team and under their responsibility) and will only be available for consultation by the UCI Medical Director.

Teams will use this storage space to drop: the state of the PCR tests carried out before the Event.

In order to facilitate the collection of information, adapted forms are available on the UCI website:

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

In addition to the compulsory provision of documents referred to above, the UCI may also request teams to provide evidence of the completion of health checks (COVID-19 questionnaire or other tool) as required under this protocol.

VI. Regulatory provisions.

Any subject or entity failing to implement the MAN (mandatory) measures may be fined by the Disciplinary Commission between CHF 1,000 and CHF 10,000. If such breach is committed during an Event, he/she may also be excluded from the Event as a provisional disciplinary measure according to §10 of Part 12 of the UCI Regulations. 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.

In case of failure by teams to provide evidence of a viral diagnostic test required under this protocol, at the latest at the time of rider confirmation, the rider concerned may not take part in the relevant Event*. Notification shall be made to the rider or his/her team either by the UCI Medical Director (or on his behalf) or with the intermediary of the Commissaires' Panel.¹²

In case of a positive viral diagnostic test returned during the course of a stage race, the rider or staff member concerned shall be excluded from the Event¹³. Derogations may, however, be granted by the UCI Medical Director if it is established, at his comfortable satisfaction, that the rider or staff member concerned is not likely to infect third persons¹⁴.

In case positive viral diagnostic tests are returned for two or more riders of a team within a 7-day period¹⁵ during the course of a GrandTour, the UCI Medical Director shall authorize the event organiser to exclude the team from the Event, subject to:

- Follow-up viral diagnostic tests¹⁶ confirming the positive results, and
- The team failing to establish, prior to the start of the next stage, at the UCI Medical Director's comfortable satisfaction¹⁷, that other riders (apart from the riders who returned positive viral diagnostic tests) shall not be considered as contact cases with high-risk exposure¹⁸.

In case of failure by an Event organiser to implement the required measures under this protocol, the UCI may request specific measures to be taken within a set deadline (if the defaults are remediable). If the defaults are either not remedied within the set deadline or not remediable prior to the Event, the UCI may:

¹² This measure shall be applicable starting with events taking place on 1 August and after.

¹³ Further measures shall be considered according to section III.C (stage races). 7 and 8. above.

¹⁴ This assessment shall be based on any and all information made available to the UCI Medical Director prior to the next stage, including, as the case may be, details of the initial test result, details of a follow-up test, if any, and further proven information.

¹⁵ Such 7-day period may be extended if necessary to consider tests which are relevant to the application of these Emergency Rules, it being understood that any positive test considered likely to stem from the same chain of transmission shall be taken into consideration.

¹⁶ Carried out according to section III.C (stage races), 6. above.

¹⁷ The presumption is that upon two cases being confirmed among a team roster, all riders shall be considered as high-risk exposure contact cases. Such presumption can be overturned, at the UCI Medical Director's comfortable satisfaction, based on material evidence covering the relevant period for such assessment.

¹⁸ The assessment made by the UCI Medical Director is without prejudice to the assessment made by the competent COVID doctor or health authorities related to contact cases.

- determine that the Event shall be withdrawn from the UCI International Calendar if the Event manifestly fails to implement adequate preventive measures*;
- Determine that any other events organized by the Event organiser under the period of application of this protocol be withdrawn from the UCI International Calendar if the Event organiser fails to prove its capacity and willingness to implement adequate preventive measures at such other events*;
- Refer the matter to the UCI Disciplinary Commission to consider the imposition of a fine;
- Refer the matter to the UCI Management Committee or Professional Cycling Council to consider appropriate measures that may be taken with regard to future registration of the Event on the UCI International Calendar.

The measures under this section VI. are without prejudice to other measures which may be instructed by competent national authorities.

*These measures may be decided by the UCI Medical Director (or on his behalf) in consideration of the objectives of this protocol. These powers have been delegated by the UCI Management Committee in accordance with article 47 par. 2 and 4 of the UCI Constitution.

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ANNEX

IN-COMPETITION TESTING SPECIFICITIES DURING COVID-19

MAKING HEALTH & SAFETY A TOP PRIORITY - July 2020

1. SAMPLE COLLECTION PERSONNEL (DCO, BCO, Witness, Chaperone)

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. Such viral tests intended for the qualitative detection of the new coronavirus are defined in the paragraph III-B-1 of the UCI protocol for the resumption of the road cycling season. Results will of course need to be negative for them to conduct the test. All document will be submitted to the CADF & UCI using a dedicated online platform (instructions to follow).

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

Similar requirements also apply to the witnesses who are required by CADF and to chaperones who are appointed by the Organizer.

Regarding chaperones, only professional chaperons or chaperones provided by a non-for-profit organization will be used. Chaperons 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 need to be negative for the chaperones to be present at the race. The CADF reserves the right to not use them if the sanitary situation warrants such a decision.

Moreover, on the day of the event, the chaperons will fill the self-assessment form. All document will be submitted to the CADF & UCI using a dedicated online platform (instructions to follow).

If in compliance with the item above, chaperons must be provided by organizers as usual

according to UCI Testing & Investigations Regulations.

- If chaperons are not present, the CADF will announce it during the Team Managers' meeting. The CADF expect full cooperation from the Team's support personnel at the finish line so that the riders 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.

Regarding witnesses, they 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 need to be negative for the witnesses to be present at the race. Moreover, on the day of the event, the witnesses will fill the self-assessment form. All document will be submitted to the CADF & UCI using a dedicated online platform (instructions to follow).

The additional costs for the witnesses and the chaperones will be borne by the organizer.

2. SUPPORT PERSONNEL

To be consistent with the SCP, the following personnel present at the Event 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 the personnel to attend the event. In addition, on the day of the event, the support personnel will fill the self-assessment form.

- Drivers for the SCP if they are required by CADF
- Attendant to the DCS

All document will be submitted to the CADF & UCI using a dedicated online platform (instructions to follow).

The additional costs will be borne by the organizer.

3. 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.

4. 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.

5. NOTIFICATION PROCESS

- If present, chaperons will be responsible to notify athlete orally while respecting social distancing.
- 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, if any, at all times from the notification until the completion of the sample collection procedure.
- Whether the chaperons are present or not, riders 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.

6. SAMPLE COLLECTION PROCESS

- In between athletes, surface where sample collection will take place must be cleaned using disinfectant wipes or disinfectant spray, including all materials to be used. As an alternative, a clean and disposable table cloth can be used.
- SCP must wash or sanitize hands and put on new gloves for each athlete and wear face mask.
- Athletes and supporting personnel (soigneur, doctor, etc) must wear a face mask
- Social/physical distancing is maintained as much as possible.

- Number of persons present during control session will be limited to minimum i.e.:
 - It is not necessary for organizers to provide a doctor/nurse to witness the miction, the task will be exceptionally ensured by the DCO if of the same gender. If not of the same gender, organizers will be asked to provide a doctor/nurse.
 - Only one person is allowed to accompany the athlete in the DCS area and during the sample collection process It is recommended that athletes present themselves at the DCS alone.

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

7. 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.

8. 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.