



Aigle, April 06, 2021

Rules to be applied for the organisation of Para-cycling Road competitions in the context of the COVID-19 pandemic

**Para-cycling road international events,
UCI Para-cycling Road World Cup,
Continental Para-cycling Road Championships,
UCI Para-cycling Road World Championships.**

The stakeholders of cycling and the UCI acknowledge the extraordinary nature of the COVID-19 prevailing since 2020 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.

From the beginning of the pandemic, 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. Since the end of the 2020 cycling season new events have occurred that must be taken into consideration for the organisation of Para-cycling road events on the UCI international calendar. Indeed,

- the development, validation by many health authorities, and dissemination of several vaccines against COVID-19,
- the new advances in the design of antigenic tests,
- the appearance of mutations in the viral genome, causing changes in the host-pathogen interactions.

impose to update the Rules for the organization of international cycling events that had been applied for the 2020 season. As for the 2020 season, the present document should not be a “consensus statement” per se.

The Rules include requirements, instructions (mandatory measures) and present recommendations for good practice (recommended and desired measures) for organising Para-cycling Road events during the COVID-19 pandemic.

The Rules apply to all UCI Para-cycling Road international races, including Class 1 and Class 2 events, UCI Para-cycling road World Cup and UCI Para-cycling road World Championships (hereinafter: the “Events”). An event is defined as the period from the start of official activities (classification procedures, official training, meetings, etc.) to the end of the last awards ceremony. They concern the Elite and Junior Female and Male categories, eligible to participate in any of the Para-cycling sport classes.

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 2021. The present Rules will be updated on a regular basis in consideration of new knowledge on the SARS-CoV-2 pathogenic power, progress in the field of biotechnology, especially for COVID-19 testing, and methods of prevention and control of the spread of the virus. This provision is all the more important as the conditions of the pandemic and knowledge about the SARS-CoV-2 characteristics are rapidly evolving. Any amendments of the present protocol 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 assessment of the pandemic severity as the Events approach, 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, regional 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. Why are riders with disability at risk of COVID-19 or severe forms of COVID-19?

Riders with disability may be at greater risk of contracting COVID-19 especially because of difficulties to follow the WHO guidance on basic protection measures against SARS-CoV-2.

A- Barriers to implementing public health measures that reduce COVID-19 transmission, such as hand-washing (e.g. hand basins, sinks or water pumps may be physically inaccessible, or a person may have physical difficulty rubbing their hands together thoroughly). Actions are needed to improve the preventive measures and reduce the risk of COVID-19,

- ensure that facilities are clean and hygienic, washing facilities and supplies are available and accessible.
- reduce crowding to the maximum extent possible by modifying the distribution of spaces.

B- Risks related to COVID-19.

Moreover, people with disability may be at greater risk of developing more severe cases of COVID-19 if they become infected (IPC, 2020). A large body of evidence demonstrate that some pathological conditions that may affect athletes with disabilities are risk factors for the progression of COVID-19 towards critical illness, and development of acute respiratory distress syndrome. Some diseases such as diabetes mellitus, metabolic syndrome, hypertension, chronic kidney disease, are recognized as conditions at risk of COVID-19 and/or detrimental on its course and outcome. The presence of these pathological conditions in athletes with disabilities should be taken into consideration for the quality of preventive measures to be implemented.

Spinal cord injuries are associated with a higher prevalence of comorbidities such as type 2 diabetes and cardiovascular diseases (Cragg et al. 2013a ; 2013b). An increased prevalence of cardiovascular risk factors is commonly reported in lower limb amputees (Naschitz et al. 2008). A sub-optimal immune response is also more common in disabled patients, a condition that should be considered for the overall risk and that should reinforce preventive measures.

But to our knowledge, there is no published evidence that neuromuscular disorders, skeletal dysplasia, residual neurologic deficit related to brain injuries, or visual impairment are at risk of developing life-threatening COVID-19 complications (IPC, 2020).

II. Pandemic severity 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 and share an analysis of the

pandemic situation. The aim of this pandemic severity assessment is to determine the overall risk of spreading the disease during the Event and the appropriate means to mitigate such a risk.

The pandemic severity assessment should be carried out with the involvement of local public health authorities and staff with expertise in mass gatherings

A- Assessment criteria

Several criteria are applied to characterise the pandemic severity, based on qualitative and quantitative factors. The difficulty is to propose criteria that are easily accessible in all countries of the world. The Council of Europe, on the advice of the European Centre for Disease Prevention and Control (ECDC), has recently published a method for assessing the severity of the pandemic.

The Event organisers should contact local or national health authorities in order to characterise the state of the pandemic using the following criteria:

- the total number of newly confirmed cases of COVID-19 per 100,000 population in the last 14 days at regional level;
- the 'test positivity rate', that is, the percentage of positive tests among all tests for COVID-19 infection carried out during the last week;
- the 'testing rate', that is, the number of tests for COVID-19 infection per 100 000 population carried out during the last week.
- the basic reproductive number (R) is an excellent parameter for characterising human-to-human transmission. R 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.

The decisions of authorising a sporting event remain under the authority of the competent local or national authorities. However, organisers of Para-cycling road events must inform teams and the UCI of local and regional conditions of the pandemic. To do so, they will use the color code proposed by the ECDC, characterising the severity of the pandemic; for European countries, this information is available in free access¹.

The assessment of the pandemic severity is the responsibility of the COVID-19 coordinator designated by the event organizer (see below). The pandemic severity is represented by a color code,

¹ Map of pandemic severity levels in different European countries
<https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement>
<https://www.ecdc.europa.eu/en/covid-19/situation-updates/weekly-maps-coordinated-restriction-free-movement>

1. **green area**, if the 14-day cumulative COVID-19 case notification rate is less than 25 per 100,000 population and the test positivity rate of tests for COVID-19 infection is less than 4%;
2. **orange area**, if the 14-day cumulative COVID-19 case notification rate is less than 50 per 100,000 population, but the test positivity rate of tests for COVID-19 infection is 4% or more. Or, if the 14-day cumulative COVID-19 case notification rate ranges from 25 to 150 per 100,000 population but the test positivity rate of tests for COVID-19 infection is less than 4%;
3. **red area**, if the 14-day cumulative COVID-19 case notification rate ranges from 50 to 150 per 100,000 population, and the test positivity rate of tests for COVID-19 infection is 4% or more. Or if the 14-day cumulative COVID-19 case notification rate ranges from 150 to 500 per 100,000 population;
4. **dark-red area**, if the 14-day cumulative COVID-19 case notification rate is higher than 500 per 100,000 population.

III. Optimal conditions for organising competitions.

The concrete actions to be implemented for an optimal organisation of cycling competitions, including Para-cycling events, 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 III-B).

One of the globally acknowledged principles for organising competitions is the creation and maintenance of protective "bubbles" around **the teams (i.e. riders, staff members, all accompanying persons, pilots of visual impaired athletes, etc.)**, which in the context of Para-cycling road races, will link to form a "peloton bubble". The measures implemented should be based on the general objective of controlling entry into "team bubbles", 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) or the teams (MAN-team). A general diagram of the measures is presented below, and their requirement level is presented as a Table according to the "severity" of the pandemic (see paragraph III, pages 18-19).

A- Pre-event measures

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:

- assessing the pandemic severity in the region, ahead of the competition. He(She) 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 and coordinating the relevant actions in accordance with the local or regional health authorities.

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 (Continental Para-cycling road championships, UCI Para-cycling road 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 III-D-2).

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.

5. To ensure classification under the best safety conditions.

A specific document has been drafted by IPC to support the safe return to classification activities during the COVID-19 pandemic (IPC classification hygiene and infection control guidelines in times of COVID-19, 2020). These guidelines are intended to support event organisers and classification stakeholders in carrying out their task. They are relevant to the classification of para-cycling for athletes with a physical or visual disability.

This document contains both COVID-19 specific recommendations and general recommendations on hygiene and preventive measures against COVID-19. **An extract of the original document is available in Annex 1, applicable for the classification in Para-cycling.**

As soon as the situation regarding the COVID-19 pandemic changes, this document will be revised accordingly.

6. Offer biology laboratory resources to the teams.

The fight against the spread of the latest SARS-CoV-2 variants has led most European countries to strengthen health controls on entry into their territory. A negative PCR test of less than 72 h (sometimes less than 48 h) is now required to be authorised for entry into most countries. In order to enable the teams and officials (Commissaires, UCI personnel, ITA personnel, etc.) to reach their home countries, the organisers will assist the personnel in the following ways,

1) the personnel makes a request to the organisers, specifying the day of departure and the number of people involved,

2) this request should be sent to the organiser 14 days before the race

3) the organiser will send the following information to the personnel 4-5 days before the race,

- Laboratory(s) close to the hotels with PCR testing capability,
- Ability to test riders, staff members and officials 48 hours before the race start, with results provided within 24 hours, in regulatory form (result certificate in PDF form),
- Possibility of taking samples in the hotels,
- Cost of tests (which will remain to the teams and officials),
- Direct point of contact with a manager in the laboratory.

B- Procedures for entering team bubbles

1. Global context

a. new SARS-CoV-2 variants.

One of the major events of the last few months has been the appearance of new variants of SARS-CoV-2. Although coronaviruses make fewer mutations than most RNA viruses, mutations are common, and related to errors in the genetic code occurring during replication. The first SARS-CoV-2 mutation of concern was detected in March 2020, and resulted in the replacement of one amino acid of the virus's Spike protein located at position 614. Mutations affecting the Spike protein are of great interest due to their potential to impact transmissibility (Lauring and Hodcroft, 2021). Viruses with the D614G mutation quickly became the globally dominant form by June 2020, and many subsequent studies confirmed that they are more infectious than initial lineages (Korber et al., 2020).

In late 2020, a new SARSCoV-2 variant designated as B.1.351 emerged in Eastern South Africa (Tegally et al., 2020). One of the mutations in this variant, N501Y, is located in the important receptor-binding domain (RBD) of the Spike protein and is predicted to increase binding to human cells (Greaney et al., 2021). Preliminary studies suggest this new variant is associated with a higher viral load, which may suggest increased transmissibility. Moreover, at this stage of our knowledge, there is no clear evidence of the new variant being associated with more severe disease. But further research is needed to understand the impact of this N501Y mutation on viral transmission, the clinical severity of the infection and specific preventive measures. Similarly, it is important to verify the performance of laboratory tests on this B.1.351 variant.

This N501Y mutation is also shared with other variants first identified in the UK (B.1.1.7) (Tegally et al., 2020) and Brazil (P.1) (Faria et al., 2021). The B.1.1.7 variant lineage

that spreads rapidly across the European countries is more transmissible, with a growth rate that has been estimated to be 40-70% higher than other SARS-CoV-2 lineages. This is mainly due to the N501Y mutation in the RBD increasing the SARS-CoV-2 binding to human cells (Volz et al., 2021). However, preliminary clinical studies indicate that there is no change in disease severity or occurrence of reinfection by this B.1.1.7 variant. Moreover, the mutations reported in this variant of concern do not appear to affect the performance of PCR and antigen COVID tests. But the questions raised by the performances of the laboratory tests on the P.1 variant remain unanswered.

Consistent evidence of increased transmission of the new variants should make us more attentive to the early case-finding of asymptomatic carriers through systematic COVID testing. Measures to control the spread of these variants must focus on reducing transmission, reinforcing all mitigation measures. Pending further results on the susceptibility of these variants to currently available vaccines, **the only effective way to control the spread of all SARS-CoV-2 variants of concern in the cycling world is to strictly apply all the measures detailed in the present protocol.**

b. vaccination and Covid controls on entry into the team bubbles.

At the time of writing the current protocol, there have been efficacy reports from phase 3 trials of five vaccines and the scientific data have been published in peer-reviewed journals for BNT162b2 (Moderna), ChAdOx1 (University of Oxford and AstraZeneca), BNT162b2 (Pfizer and BioNTech), Ad26.COVS.2.S (Janssen/Johnson & Johnson) and Gam-COVID-Vac (Sputnik V). Four have been evaluated by drug regulatory authorities and approved for use in many countries.

However, a detailed understanding of the duration of the immunity and their effect on viral transmission are currently lacking. Do any of the vaccines prevent viral transmission is a major issue for the preventive measures during the sport events (The Lancet Editorial, 2021). Whether Covid-19 vaccines can prevent viral transmission and therefore combined with physical distancing measures contribute to reductions in human-to-human transmission of the virus is a major issue for the preventive measures during the sport events. In parallel of the phase III efficacy trials of the ChAdOx1 nCoV-19 vaccine, naso-pharyngeal swabs were obtained from volunteers and analyzed to allow assessment of the overall impact of the vaccine on risk of infection (Voysey et al., 2021). It was shown that a single standard dose of the vaccine reduced PCR positivity by 67%, and that, after the second dose reduced PCR positivity by 49.5% overall. These preliminary data clearly suggest that ChAdOx1 nCoV-19 vaccine may have a substantial impact on the viral transmission by reducing the number of infected individuals in the population.

However, apart from these preliminary data on one of the vaccines approved by drug regulatory authorities, we have no data on the impact of vaccines on viral transmission.

For this reason, vaccinated personnel remain subject to PCR controls for entry into the team bubble. This measure will be revised as soon as convincing results are published confirming the effects of vaccines on the prevention of viral transmission.

2. Pre-Event health checks

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

- a. the clinical aspect of detecting carriers of the virus is based on examining clinical signs suggestive of the disease. The methods of clinical examination are left to the discretion of the team doctors. They are free to use the clinical tool of their choice based on their personal experience. But the UCI proposes a simple questionnaire that can be used remotely (Figure 1).

Covid-19 questionnaire	
Fever > 38°C	4 pts
Cough and/or dyspnea	4 pts
Abnormal fatigue	4 pts
Anosmia and/or ageusia	3 pts
Stuffy nose or sore throat	2 pts
Nausea, vomiting, diarrhea	2 pt
Unusual myalgia	2 pts
Unusual headache	1 pt
<hr/>	
< or = 3	a little suspicious
4 - 6	moderately suspicious → PCR test according to the context
> or = 7	highly suspicious → PCR test

Figure 1. Suggested screening questionnaire

- b. the diagnosis of COVID-19 is usually made using clinical, laboratory and radiological features. In asymptomatic patients, clinical and radiological signs of COVID-19 are non-specific, the COVID-19 diagnosis has to be confirmed by a molecular biology technique to identify the SARS-CoV-2.
- c. what type of test when entering the team bubbles? Infection with SARS-CoV-2 does not lead to symptoms in ~30 to 45% of cases (He et al., 2020). Screening testing of asymptomatic individuals is one of the most promising tools to combat the COVID-19 pandemic (Mina et al., 2020), since asymptomatic cases are key contributors to virus spread. Entry-screening tests into team bubbles must be highly sensitive because the consequences of bringing SARS-CoV-2 into the peloton bubble can be devastating. However, a negative test alone should not be considered sufficient to enter in team bubbles. Other requirements, including masks and physical distancing are required. COVID-19 tests can be grouped into 3 main categories,
 - nucleic acid amplification tests (NAAT) which target specific sequences of the viral genome. These tests comprise RT-PCR (quantitative PCR, qPCR, droplet digital PCR, ddPCR), isothermal amplification (loop mediated isothermal amplification, RT-LAMP, regular LAMP, nicking endonuclease amplification reaction, NEAR).

- serological tests (serological rapid diagnostic tests, serological ELISA) detect specific SARS-CoV-2 IgG/IgM in blood.
- antigenic tests detect viral N (nucleocapsid protein) or S (spike protein) proteins using capture antibodies via LFA (lateral flow assay) or ELISA.

All these tests play distinct roles in hospital, point-of-care, or large-scale population testing. Existing and emerging tests are available on the following website, which is continuously updated,

<https://csb.mgh.harvard.edu/covid>

To date, the gold standard tests for the viral diagnosis of SARS-CoV-2 infection are NAATs, based on the detection of viral nucleic acids in nasopharyngeal secretions (Candel et al., 2020). The most widely used technique is PCR. The RT-PCR methods, i.e. both qPCR and ddPCR, are highly sensitive and these techniques amplify a nucleotide sequence of a target gene present in a sample, which helps in detecting a specific pathogen and discriminating it from other related pathogens.

It can be said that PCR techniques are “excessively sensitive” to establish infectivity, since they are capable of detecting very low viral loads (Vogels et al., 2020). The patient contagiousness is mainly suggested for viral RNA concentrations greater than 100 RNA copies/mL, and Ct values lower than 32 (La Scola et al., 2020).

That is why to be most effective, PCR results should include the cycle threshold values (Ct), which are an estimate of viral load (Kahn et al., 2021). This qualitative analysis of PCR tests is essential for the reasoned management of results and for isolating and quarantine only contagious individuals.

Moreover, the massive use of these techniques has generated some problems related to the availability of laboratories, the delay in the notification of results and cost of analyses.

Antigen detection tests are also direct diagnostic methods, with the advantage of obtaining the result in a few minutes. The simplicity and low cost of these tests allow them to be repeated on successive days in certain clinical settings. The sensitivity of antigen tests is generally lower than that of nucleic acid tests, although their specificity is comparable². The sensitivity of antigenic detection tests (ADT) is 98% for Ct ≤25, and 57% for Ct ≥30. According to these data, ADT can detect SARS-CoV-2 infected individuals with high viral loads, have potential in determining contagious individuals, and would not be suitable in the study of contacts or asymptomatic cases, since in general the levels of viral load are low (Toptan et al., 2021).

However, the simplicity and low cost of this test allow them to be repeated frequently, even daily. Having a viral detection analysis in real time has proven more useful to control the spread of infection in closed populations than to perform a more sensitive test (nucleic acid tests which target acid nucleic sequences specific to the viral genome), but with longer delay time and cost.

As other viruses the SARS-CoV-2 constantly change through mutations and new variants emerge that cause Covid-19. Several new variants emerged in the fall of 2020 which seem to spread more easily and quickly than previous lines of the SARS-CoV-2,

² Public Health England. SARS-CoV-2 lateral flow antigen tests: evaluation of VUI-202012/01. <https://www.gov.uk/government/publications/sars-cov-2-lateral-flow-antigen-tests-evaluation-of-vui-20201201/sars-cov-2-lateral-flow-antigen-tests-evaluation-of-vui-20201201>. Accessed 15 February 2021

leading to more hospitalizations, and potentially more deaths. These mutations in the viral genetic sequences have the potential to alter the performance of diagnostic tests. Nucleic acid assays (i.e. PCR) mostly target multiple sequences in the most conserved areas of the SARS-CoV-2 genome, and not the gene encoding the Spike protein which exhibits the main mutations reported across these three variants. Therefore, no major performance deficits in PCR testing are expected. This contributes to explain why, to fight against the spread of variants in Europe, the vast majority of countries require a negative PCR test on entry into their territory.

Concerning the antigen-based tests, a recent study concluded that five SARS-CoV-2 rapid antigen tests were able to detect the B.1.1.7 variant which emerged in UK (N501Y mutation). However, to date no evaluations have been performed to examine the performances of antigenic tests for detecting the other variants (i.e. B.1.351 variant emerged in South Africa, with E484K and N501Y mutations, and B.1.1.248 variant emerged in Brazil, with 12 mutations including K417T, E484K, and N501Y).

This is why, in the absence of conclusive data on the performance of antigenic tests on the variants currently circulating in Europe, PCR tests, looking of specific nucleic acid sequences, remain essential and indispensable for the detection of asymptomatic carriers of the SARS-CoV-2 for entry into team bubbles.

d. the general objective of the biological controls necessary to enter into the team bubbles is the screening of healthy carriers (asymptomatic cases) or pre-symptomatic SARS-CoV-2 cases. 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). 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). Saliva specimens obtained under supervision perform comparably to naso-pharyngeal swabs (Fernandez-Gonzalez et al., 2021). The sensitivities of supervised salivary collection, and saliva self-collection specimens reached 97% and 91% in patients with Ct values \leq 30 (Fernandez-Gonzalez et al., 2021). This body fluid should be considered as a reliable sample for the diagnosis in both symptomatic and asymptomatic individuals, particularly to detect individuals with Ct < 30, with a significant risk of transmission.
- as mentioned above, a highly specific and sensitive method to identify specific SARS-CoV-2 nucleic acid sequences is needed on this type of biological matrix (Ji et al. 2020).

3. Practical arrangements during one-day or multi-race Events.

* COVID clinical suspicion questionnaire to be completed daily on the 5 days preceding the Event. A questionnaire is **proposed above as a suggestion** (Figure 1); 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. However, teams are free to use another clinical tool providing clinical guidance;

* tests for the qualitative detection of the SARS-CoV-2 RNA (NAAT, PCR type) must be carried out no more than 72 hours³ before the Event (Figure 2-A below). A team member's participation in the Event shall only be authorised if the results for the PCT test has been received and is 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.

* given the current status of the pandemic, any one-day or multi-race Event will be preceded by a PCR test (Figure 2-B). The participation of a new team member's in one Event shall only be authorized if the result for NAATs has been received and confirmed as negatives 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.

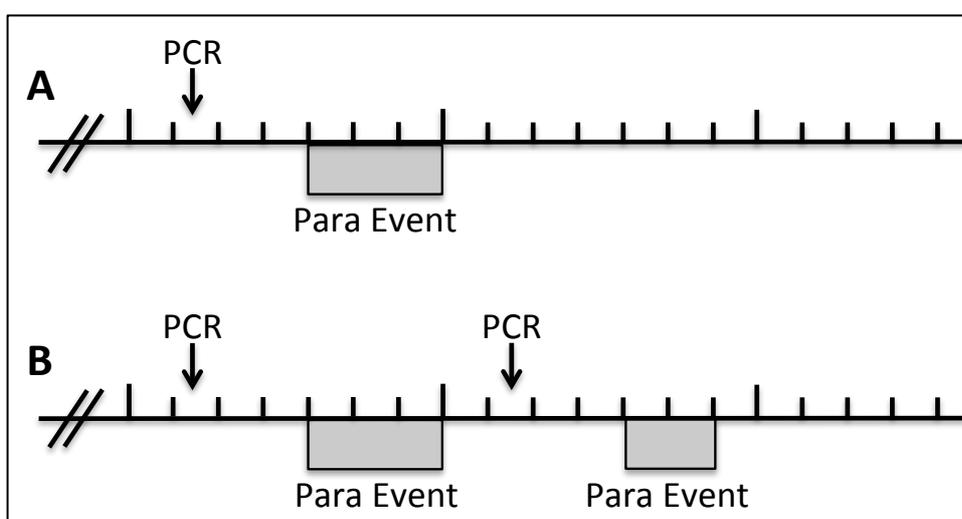


Figure 2. Schedule of PCR tests for entry into team bubbles

NAATs (i.e. PCR tests) performed as part of mandatory entry procedures in countries (which have adopted this measure) can be used as pre-event tests. The objective is to optimize the testing program by avoiding unnecessary repetition.

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

C- Ensure the protection of the team bubbles and the peloton bubble

When used in conjunction with widespread testing, quarantining of anyone that may be infected, hand washing, room ventilation and physical distancing, facemasks are a valuable tool to reduce community transmission. Models suggest that public mask wearing is most effective at reducing spread of the virus when both compliance and mask performances are high (Figure 3) (Howard et al., 2021).

³ The deadline for this PCR test should be viewed with a 1-day tolerance (i.e. 3 or 2 days before the Event). This applies to all diagnostic tests referred to in this document with a deadline of 72 hours prior to the Event.

The airborne transmission route of SARS-CoV-2 is highly virulent and dominant for the spread of COVID-19. In-depth investigations of the COVID-19 epidemic clearly show that asymptomatic people with SARS-Cov-2 are a major cause of virus transmission, particularly as the viral loads in nasopharynx and oropharynx samples in asymptomatic and pre-symptomatic individuals are similar to those of symptomatic patients.

The protective efficacy of masks can be explained scientifically, so that everyone can clearly understand the role of masks in the prevention of Covid-19. A sufficiently high adherence rate to public mask wearing at ~80% of the population results in the outbreak containment with most respiratory protective devices (Figure 3) (Howard et al., 2021). But in parallel with adherence, the protective performances of masks play an effective role in the prevention of the spread of Covid-19. The protective performance of mask is affected by many factors, such as material properties, wearing method, facial fitting etc.

The filtration efficiency of masks depends, at least partly, of the particle-size of droplets coughed or exhaled. When the particle size of droplets exceeds 1 μm , the mask filtration efficiency is more than 80% and reaches 90% for droplets higher than 4 μm . The larger droplets of infected people contain a larger number of viruses, which will be more dangerous and have a greater risk of transmission. That is why wearing masks (whether N95, surgical masks or ordinary cotton masks), when they are worn correctly, is one of the most effective protection measures for the peloton.

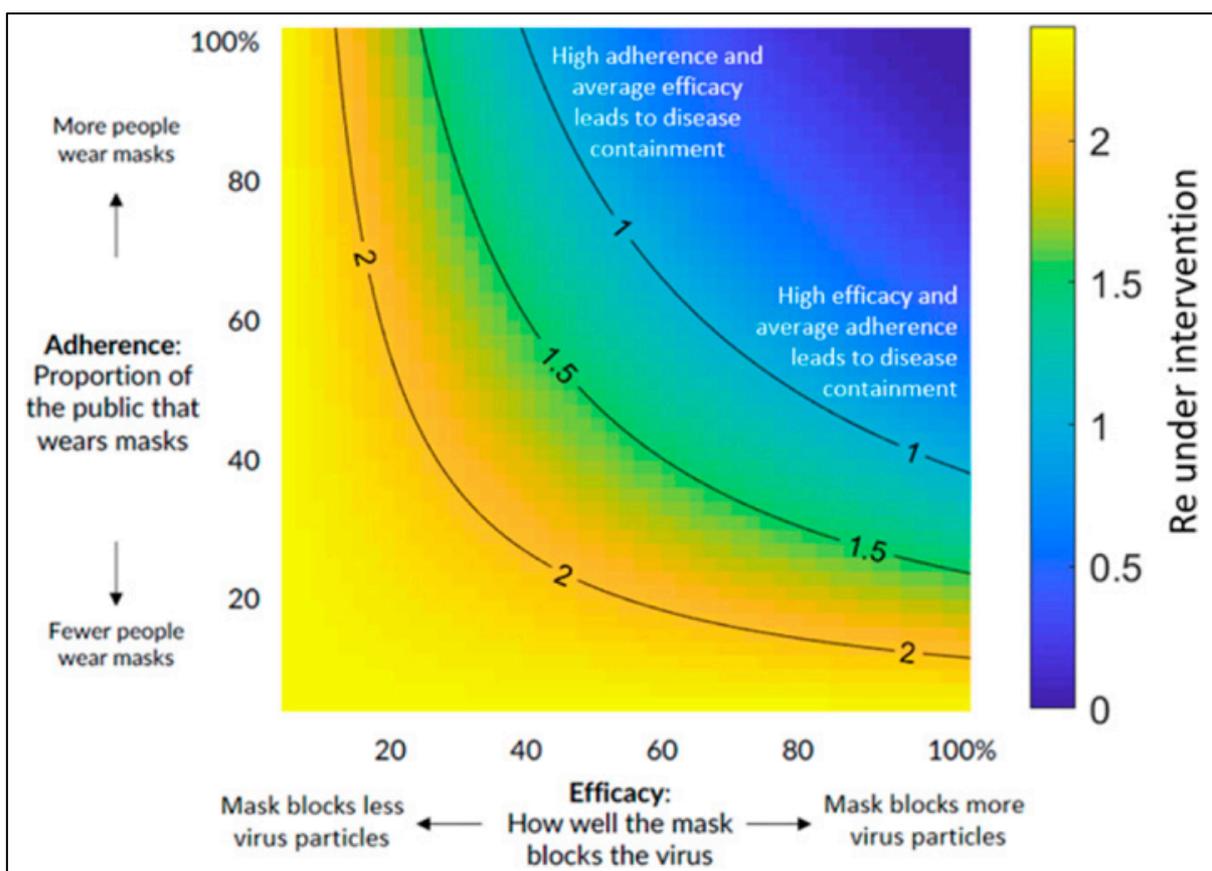


Figure 3. Impact of mask wearing under the full range of mask adherence and efficacy. The color indicates the resulting reproduction number R from an initial R_0 of 2.4. Blue area is what is needed to slow the spread of COVID-19. Each black line represents a specific disease transmission level with the effective reproduction number R indicated (Howard et al., 2021).

But when the particle size is less than 1 μm , the filtration efficiency decreases and for most types of masks is only 60%–70%, except for the N95 mask (Wei et al., 2021). In this period of emergence of highly contagious SARS-CoV-2 variants, it is important to take into consideration the filtration performance of droplets less than 1 μm . Therefore attention is drawn to the filtration performance of masks that are used in teams and by organization members. Results showed that the filtration efficiency varied considerably from 5–50% among fabrics materials due to the material properties, such as density and microscopic structure of the materials (Hao et al., 2021).

This is why attention is drawn to the filtration performance of the masks that are used by the teams, accredited persons and members of the organization. The performance of non-medical masks should always be carefully checked before being adopted and worn regularly. It is equally important that everyone should pay attention to wearing the facemask correctly, covering mouth and nose.

1. **Provide information** about the importance of individual protective measures (maintaining safety distances, wearing a face mask, frequent hand washing, ventilation of rooms)

All personnel are concerned, team staff, officials, all accredited persons (journalists, medical staff, guests, etc.), as well as all personnel involved in the organization of the event.

The Event organiser will pay particular attention to the strict application by the staff involved in the Event of individual measures to protect and prevent the spread of the virus. Wearing the facemask will be permanent for the entire duration of the event, including outdoors.

For riders, wearing a facemask will be mandatory, except during warm-up, training, and during the race.

2. **Arrange separate pathways for different categories of personnel;**

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

3. **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.

4. **Forbid use of changing rooms and other communal areas.**

5. **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 at all times.

6. Ensure availability of restrooms and sanitation services

- restrooms (in sufficiency, with cleaning procedures, and allowing 1.5 m physical distancing, including for queues (marks on the ground));
- In restrooms for disabled riders, facilities should allow for basic hygiene measures, such as handwashing (e.g. washbasins, sinks or water pumps should be physically inaccessible);
- availability of hand sanitisers at strategic points.

7. Disinfection of common areas and equipment

- regular cleaning of all commonly touched points;

8. Limit sharing of materials;

- riders must have their **own water bottle**. Water bottles should be filled at hotel (or a safe source), and must not be shared.
- No sharing of equipment, tools, strapping, towels etc.

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

10. Ensure the protection of the peloton bubble during the Events

- **In the morning of the Events** (one-day races or every stage during stage-races), the COVID-19 clinical suspicion questionnaire must be completed by all team members, or any other clinical tool chosen by the team physician, administered (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.
- **Adapt the registration procedures** so as to ensure physical distancing.
- **Limit access to the start area** as much as possible. Only allow access to essential people, with compulsory facemasks. Riders must wear the facemask until a few minutes before the start.
- **Adapt the feed zones;**
Ensure safety of these area(s) regarding the presence of the public. Wearing the facemask is mandatory in this area.
- **Regulate** the use of organisation and team vehicles. In order to reduce the risk of contamination in the confined spaces of vehicle interiors, it is advisable to,
 - limit the number of people in team vehicles to 3,
 - wearing the facemask is mandatory in the vehicles,
 - ventilate the cabin by keeping the windows half-open (depending on weather conditions).
- **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 facemask.
- **Celebratory hugs after the finish line.** Ask the riders to respect the basic preventive measures for stopping virus spread after crossing the finish line. Request riders not to hug teammates, other riders or staff members when celebrating their victory. They must maintain a minimum distance between themselves and the other riders, even after crossing the finish line.

11. Ensure the protection of the team bubbles after the Events

a. 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. Also ensure that accredited persons wear their protective masks correctly;
- limit the size of the crowd, respecting social distancing (as per national health regulations);
- create a one-way traffic plan for pedestrian traffic around the podium and the awards area.

b. 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 2.

D- Management of suspected COVID-19 cases

1. 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.

2. 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).

3. 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.⁴

The definition of contact cases depends on the observance of physical distancing and mask wearing rules. Reducing the number of contact cases that will be isolated depends on the application of physical distancing, mask wearing and regular hand washing in all circumstances.

4. 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.

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

Actions to be implemented according to the pandemic severity, i.e. **green area (low risk)**, **orange area (moderate risk)** and **red, dark-red areas (at risk)** are shown in the following table.

	Moderate risk	Low risk	Very low risk
A) Preparation before the Event			
1. Appointment of a COVID-19 Coordinator			
- send the management plan for COVID+ subjects	MAN-org	MAN-org	MAN-org
2. Accommodation of teams in hotels			
- maintain a life bubble	MAN-org	MAN-org	REC
3. "Isolation" rooms in the hotels	MAN-org	MAN-org	REC
4. Prevention procedures within teams	MAN-team	MAN-team	REC
5. Classification under the best safety conditions (Annex 1)	MAN-team	MAN-team	REC
6. Offer biology laboratory resources to the teams	MAN-team	REC	REC

B) Procedures for entering team bubbles

Pre-Event health checks;

⁴ 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.

- clinical detection carriers of the virus MAN-team MAN-team REC
- implementation of the COVID testing programme MAN-team MAN-team REC

C) Ensure the protection of the team bubbles

1. Information on individual hygienic procedures and PPE for everyone on site. MAN-org MAN-org REC
2. Provision of separate pathways MAN-org MAN-org REC
3. Ensure physical distancing in communal spaces (media center, VIP areas, etc.) MAN-org MAN-org REC
4. Forbid use of changing rooms. REC REC REC
5. Presence of spectators;
 - limit spectators (start and finish areas) according to national rules MAN-org MAN-org REC
 - maintain a safe distance between spectators and riders MAN-org MAN-org MAN-org
 - encourage spectators to wear a mask MAN-org REC REC
6. Ensure cleaning and disinfection of communal areas MAN-org MAN-org MAN-org
7. Provide waste bins MAN-org MAN-org MAN-org
8. Health check on race morning (COVID questionnaire or other) MAN-team MAN-team REC
9. Adapt the registration procedures MAN-org MAN-org REC
10. Limit access to the start area MAN-org MAN-org REC
11. Adapt the feed zones MAN-org MAN-org REC
12. Regulate the use of organisation and team vehicles MAN-org MAN-org REC
13. Limit access to the finish area MAN-org MAN-org REC
14. Hug ban after crossing the finish line. MAN-team MAN-org REC
15. Adjustment of the awards ceremony.
 - restrict the number of riders to receive prizes MAN-org REC DES
 - require athletes to wear face masks. MAN-org REC DES
 - place the podium blocks 1.5m apart MAN-org MAN-org REC
 - create 1.5 m pre-podium boxes MAN-org REC DES
 - create an individual award recovery system MAN-org REC DES
 - riders should be prevented from touching each other MAN-org REC DES
 - limit the number of photographers around the podium. MAN-org MAN-org REC
 - one-way traffic plan for pedestrians around the podium MAN-org REC REC
16. Adapt the anti-doping station and procedures in accordance with the document in the Annex 2 MAN-org MAN-org MAN-org

D) Management of suspected COVID-19 cases

- appointment of a COVID doctor for the race MAN-org MAN-org REC
- coordination with local health authorities MAN-org MAN-org REC
- 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+ cases 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 at the following link:

<https://box.uci.ch/index.php/s/tVDtJTupgQjLxHG>

1. information concerning the phase of the pandemic as the competition approaches, including the criteria reported in paragraph II.A. The following criteria are required,

- the total number of new confirmed cases of COVID-19 cases per 100,000 population, and per week during the last 14 days;
- the percentage of positive tests among all tests for COVID-19 infection carried out during the last week;
- the number of tests for COVID-19 infection per 100,000 population carried out during the last week.

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

- the availability of Covid laboratories recognized by the health authorities
 - # distance of these laboratories from the race start and arrival sites?
 - # what operating availability (hours of availability for performing PCR tests)?
- the conditions of isolation of suspect subjects before biological confirmation.
- the criteria for defining contact cases, and their management.

3. a summary of the risk mitigation measures put in place using the Excel file available on the UCI website.

4. the list of registered teams, including the identity of the registered riders, 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. Team doctors will use this storage space to drop the state of the PCR tests carried out before the Event.

Link: <https://box.uci.ch/index.php/s/064pWfrliQpQ986>

Password: ParaTests

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>

Only the file available on the website should be used. No other file will be accepted.

VI. Regulatory provisions.

Any subject or entity failing to implement the MAN (mandatory) measures may be fined by the Disciplinary Commission between CHF 1,000 and CHF 10,000. The Disciplinary Commission shall determine the amount of the fine taking into account all the circumstances and in particular any aggravating or mitigating circumstances. 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.⁵

In case of a positive PCR test returned during the course of a stage race, the rider or staff member concerned shall be excluded from the Event. Derogations may, however, be granted by the UCI Medical Director in coordination with the Covid-doctor of the Event, if it is established, at his comfortable satisfaction, that the rider or staff member concerned is not contagious and not likely to infect third persons⁶.

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:

- 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.

* 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.

⁵ This measure shall be applicable starting with events taking place on 1 August and after.

⁶ 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.

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ANNEX 1

UCI Hygiene Guidelines for Classification

General principles

This document has been developed in line the IPC Classification Hygiene and Infection Control Guidelines. It contains specific recommendations on hygiene and infection control for classification of athletes with disabilities in times of COVID-19 pandemic.

Classification Hygiene and Infection Control Recommendations

1) Classification personnel

Classification personnel, including classifiers are required to adhere to the UCI Rules to be applied for the organisation of Para-cycling Road events during the COVID-19 pandemic (see III-B-3). According to this protocol, classifiers must,

- complete a COVID clinical suspicion questionnaire on a daily basis for 5 days prior to the classification;
- provide a negative COVID test result less than 72 hours before the classification. According to the UCI protocol, only tests based on the detection of viral nucleic acids (NAATs) are accepted as COVID tests, either on nasopharyngeal swabs or saliva samples (see III-B-2-c).

2) Classification process guidelines

a- Waiting area/administration:

- A statement has been attached to the athlete classification consent forms related to athletes being healthy enough to complete the classification process. The same statements should be signed by any accompanying person as well (see Appendix).
- Assessment will be postponed for athletes who present with symptoms typical of SARS-CoV-2 infection.
- Athletes and their support personnel should arrive at allocated times to the waiting room (not arrive early) to avoid congestion.
- Athletes are advised to bring their own pen for administrative procedures. There should also be enough pens available to allow for cleaning between handling if necessary.
- For athletes who use equipment: before beginning of the classification assessment and *prior to* final hand hygiene, athletes who use equipment should clean areas that might be touched during the assessment with a sanitising tissue (for example, cleaning push rims, wheels, backrest handles, hand breaks, canes and glasses).
- Any volunteers involved in conducting the administrative procedures should have sufficient space around the check-in desk i.e. at least 1.5 m perimeter maintained around the check-in desk to maintain appropriate distancing.
- All assistants must always wear facemasks.

b- During the assessment:

- Athletes, classifiers and any accompanying persons must wear facemasks during the classification process (see III-C).
- Classifiers are to wear **non-latex** gloves due to the risk of allergy. Certain athletes such as athletes with spina bifida, spinal cord injury, or those who have had repeated multiple prior surgeries may be at an increased risk of latex allergy.
- The number of people other than classifiers and athletes must be minimised as much as possible, and only one accompanying person will be accepted. Observers to classification are not recommended during this period.
- Physical transfers: if athletes require assistance to transfer, both athletes and anyone assisting the transfer should wash their hands before and after the transfer, and face masks must be used by all parties.
- Time spent in close proximity to an athlete should be limited and athletes and classifiers should minimise talking when in very close proximity to each other. Classifiers should advise the athlete of this.
- Should athletes need to apply equipment for the technical assessment (e.g. sport gloves, tape, etc.), they should avoid using their mouths in applying equipment, and assistance should be offered by others. Non-latex gloves should be used when assisting.
- Athletes who present to classification with open wounds: Athletes should be advised to cover up open wounds before arrival to the facility. If the classification assessment can take place without engagement with the athlete's open wound, proceed with care. If the position of the open wound gets in the way of the process and contamination becomes even the slightest of possibilities, the assessment should be postponed. It is advisable for the classification personnel not to attempt to cover open wounds of athletes in the classification area. The procedure itself might compromise the hygiene standards of the room.
- Appointments should be scheduled to allow opportunity for disinfection and aeration of the examination room between each individual athlete evaluation.

- assessment of visual impairment (VI):

- For VI assessment: large protective commercially available breath shields for slit lamp are recommended to minimise potential droplet spread through close proximity. These must be cleaned thoroughly between athletes.
- Eye protection equipment (such as goggles or protective surgical glasses) should be made available for VI classifiers. These are recommended to be used at the Ophthalmologist's discretion, since they may interfere with use of the slit lamp.

3) Classification facilities and equipment

- Ensure that Classification facilities are cleaned and disinfected daily before use.
- Hand hygiene facilities for athletes and classification personnel (access to hydroalcoholic dermatologic hand gels).
- Access to single use surgical disposable face masks and non-latex gloves of various sizes (small, medium, large).
- Access to adequate amounts of disposable tissues, cleaning wipes etc.
- Non touch rubbish bins with closed lids to help contain contaminants. Rubbish bins should be lined with plastic liner and emptied daily.

- Each classification assessment area should have enough space for the number of people present; adequate ventilation and airflow in classification rooms should be ensured.
- Provide a well-ventilated waiting area with adequate space to allow enough space (minimum of 1.5m) between athletes and support staff. Keep number of people in the waiting area to a minimum (avoid planning time slots too tightly). Provide directed seating and managed flow.
- No food/snacks should be stored in the assessment room.
- Any shared equipment that would be touched by different athletes/personnel should be cleaned with single use wipes between assessments e.g. optical/vision assessment tools, laptops, sports equipment.
- Thorough cleaning of all parts of vision assessment equipment including slit lamps, occluders, trial lens kits, autorefractors, and visual field machines.
- Priority disinfection procedures are adopted: high-touch surfaces (in the classification room and any other areas used during the process, e.g. bathrooms or hallways), door and window handles, light switches, railings, working desks and counter tops, shared computer equipment, taps, sink bowls, toilets to be cleaned/disinfected at least two times during day session. Use disposable, single use tissues for each separate high-touch surface. A thorough clean of all facilities should be done at the end of each day with disinfectants.
- Put up signage in toilets that toilets should be flushed with the lid down.
- The amount of time in the waiting room needs to be limited. If the schedule is running behind, then athletes and the accompanying person should be allowed to leave and then contacted when their turn is imminent.
- When appropriate, frequently used doors should be kept open to avoid recurrent contamination of doorknobs or high touch contact points.
- Only plastic and non-fabric chairs are to be used in the waiting and examination room. Any valuables should be put into plastic containers under the chairs.

The Classification Coordinator and/or Chief Classifier is recommended to make the final decisions regarding the provisions to ensure safety of the environment.

4) Classifier responsibilities

- Classifiers must report off sick if they are unwell, they are showing symptoms of COVID-19 and/or they have been in contact with a person who has tested positive for COVID-19 within the past 14 days.
- Only necessary equipment for testing should be present in the assessment rooms – no additional classifier bags/personal equipment should be stored in the assessment room.
- Classifiers must wear a medical facemask and non-latex gloves during physical assessments.
- Classifiers must discard gloves, wash hands for 20 seconds with soap and water followed by application of alcohol-based hand sanitiser after each assessment. Wear a new pair of gloves before each assessment.
- Cough etiquette is imperative at all times. This means covering the mouth and nose with the bent elbow or tissue when coughing or sneezing.
- Physical contact and proximity interaction with the athlete should be kept to a minimum. Classifiers should be mindful of hand placement and unprotected forceful exhalation (e.g. laughing, talking loudly) that may not fit in the cough etiquette.
- Classifiers must apply the following cleaning principles after every assessment:

- Equipment used during classification (bench, wheelchairs, tools etc) should be cleaned with soap and water or a detergent to remove organic matter first, followed by disinfection.
- Disinfectants: use ethanol at a concentration of 70-90% or sodium hypochlorite (bleach) at a concentration of 0.1%.
- Manual cleaning (brushing or scrubbing) is the recommended procedure. When disinfectants are to be applied, this should be done with a cloth or wipe that has been soaked in disinfectant.
- Avoid spraying disinfectants, as they are mostly ineffective in removing organic material and they pose health risks to near-by humans.
- For equipment that cannot tolerate soap and water, use disinfectant wipes such as for vision assessment equipment, shared laptops, shared sporting equipment.
- Classifiers are to complete any training on hygiene, infection control and use of relevant Personal Protective Equipment (PPE) as specified by the UCI (see III-C).

Additional Information

a) Non-latex gloves

While gloves are not a substitute for hand hygiene, it is recommended that classifiers wear non-latex gloves throughout the classification process and that athletes are also given the choice to wear non-latex gloves, where this does not impede with the classification process. Gloves that are removed should not be put back on. Classifiers should refer to this document on when to use gloves.

How to safely remove gloves:

<https://www.globus.co.uk/how-to-safely-remove-disposable-gloves>

b) Cleaning and disinfecting surfaces

Surfaces should be cleaned with soap and water or a detergent to remove organic matter first, followed by disinfection. Use ethanol at a concentration of 70-90%, or sodium hypochlorite (bleach) at a concentration of 0.1%.

<https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19>

For further information or clarification, contact classification@uci.ch.

ANNEX 2



IN-COMPETITION TESTING SPECIFICITIES DURING PARA-CYCLING ROAD RACES IN THE CONTEXT OF THE COVID-19 PANDEMIC

MAKING HEALTH & SAFETY A TOP PRIORITY - July 2020

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

When appointing an ITA Doping Control Officer (DCO) or Blood Collection Officer (BCO) for a race, the ITA 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).

ITA DCOs & BCOs will perform a self-assessment (ITA document: ITA-034f_rev2-[ENG] SCP self-assessment form) each day for the 5 days prior to the first planned controls. ITA DCOs & BCOs will have to have had a viral test, based on a PCR method, as far as possible 3 days before the first antidoping controls. Such viral tests intended for the qualitative detection of the new coronavirus are defined in the paragraph III-B-2-c of the UCI protocol for the resumption of the Para-cycling road Events. Results will of course need to be negative for them to conduct the test. All documents will be submitted to the ITA & UCI using a dedicated online platform.

Based on the results, the ITA 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 ITA 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 antidoping controls. Results will need to be negative for the chaperones to be present at the race. The ITA 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 documents will be submitted to the ITA & UCI using a dedicated online platform.

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 ITA will announce it during the Team Managers' meeting. The ITA 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 5.5.2 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 antidoping 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 documents will be submitted to the ITA & UCI using a dedicated online platform.

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 antidoping 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 ITA
- Attendant to the DCS

All document will be submitted to the ITA & UCI using a dedicated online platform.

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 5.5.2 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 ITA

- 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 ITA will as much as possible support the UCI in their program given the circumstances.
 - 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.