Aigle, May 17, 2021

Protocol for the organisation of Trials events in the context of the COVID-19 pandemic

International Trials competitions, including the UCI Trials World Cup events, Trials Continental Championships, UCI Trials World Championships.

The stakeholders of cycling and the UCI acknowledge the extraordinary nature of the COVID-19 pandemic 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 presence of riders from different countries.

From the beginning of the pandemic, it was agreed that the UCI proposes measures for the organisation of international Trials events (hereafter: the Recommendations). **These measures are mainly recommendations that apply to all international Trials events registered on the UCI calendar** (hereafter: the Events). The organiser has an obligation to carry out a risk assessment and to inform the stakeholders about the severity of the pandemic in the region. The recommendations are not guidelines but should be seen as proposals for the organisation committees to reduce the risks of exposure and spread of the coronavirus that causes Covid-19.

Since the end of the year 2020 new events have occurred that must be taken into consideration for the organisation of Trials 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.

All of these findings must be taken into consideration in a specific protocol for Trials events.

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

The protocol applies to all international Trials Events, including Hors Class (HC) and Class 1 events, Trials Continental Championships, UCI Trials World Cups events and UCI Trials World Championships and UCI Urban World Championships 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. It concerns all categories, men and women elite and juniors. The protocol is updated regularly taking into account 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. Any amendments of the present protocol shall be immediately applicable, unless otherwise indicated. **This provision is all the more important as the conditions of the pandemic and knowledge about the SARS-CoV-2 characteristics are rapidly evolving.** 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/news/2020/covid-19-pandemic-how-to-return-to-cycling-events

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

The document is divided into three main chapters,

I. **List of mitigation measures for COVID-19,** a section setting out the practical recommendations to be implemented by organisers,
II. **Risk assessment related to COVID-19,** a section concerning the risk assessment specifically related to COVID-19 **(mandatory measure**),
III. **Risk assessment of the event,** a section defining the global risk assessment of the organisation of the Event **(mandatory measure**).

As a preamble, it is recalled that:

- local and national rules and laws prevail over the present protocol, if additional measures are imposed by public health authorities.;

- the process of adapting the conditions for organising sporting events is part of a general risk-mitigation strategy, acknowledging however that the risks of infection may not be entirely excluded.

I. List of mitigation measures for COVID-19

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

The concrete actions to be implemented for an optimal organisation of Trials 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 below (see paragraph II-B).

One of the globally acknowledged principles for organising cycling competitions is the creation and maintenance of protective "functional bubbles" around the riders.

The purposes of the mitigation measures are,

- to verify the absence of virus carriage by suitable tests, **and**

- to restrict direct and unprotected contact between individuals riders and third persons, by strictly applying individual preventive measures (physical distancing, permanent wearing of facemasks, frequent hand washing).

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

A- Pre-event measures

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

An expert in infectious diseases should be appointed by the Event organiser; this COVID-19 Coordinator should 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 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 in force in the country, 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 with the local or regional health authorities.

2. Ensure that the accommodation where riders are staying is adequate to maintain a "life bubble" around individual riders.

The UCI recommends that the organisers of Trials events offer accommodation arrangements enabling to maintain distancing between riders and third persons. Measures such as grouping together on one floor (or a wing of the hotel), a reserved and independent dining room, help keep individual riders in a protection bubble. To ensure the application of the preventive measures put in place, the Event organiser is responsible for informing each hotel about

- the optimal accommodation conditions of the riders,

- general measures to prevent the risk of contamination to be implemented by the hotel staff (e.g. availability of hydro-alcoholic gel at various points of passage, room cleaning, door handles cleaning, etc., physical distancing, frequent hand washing by staff, wearing of facemasks during service, etc.).

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

The UCI recommends that Event organisers reserve single rooms known as “isolation” to be used by anyone presenting symptoms suggestive of COVID-19, before referral to the COVID Doctor (see point I-B-3). We recommend booking 4 rooms for the duration of the event.

4. Inform the riders of the requirements and/or recommendations in terms of prevention procedures

It is recommended that the organiser remind the importance of basic individual protection measures that must be taken by the riders in the official technical documents of the event. These measures include personal protection (physical distancing, wearing a mask, repeated hand washing), cleaning of technical equipment, cleaning and disinfection of commonly touched surfaces in the public areas, ventilation of confined areas, etc. **These measures are essential for the protection of riders, especially with the emergence of SARS-CoV-2 variants with higher transmissibility than the initial strain**.

5. Offer biology laboratory resources to the teams.

The fight against the spread of the latest SARS-CoV-2 variants (i.e. the virus at the origin of COVID-19) 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 riders to reach their home countries, the organisers will assist them in the following ways,

1) the riders make a request to the organisers, specifying the day of departure,
2) this request should be sent to the organiser 14 days before the race,
3) the organiser will send the following information to riders 4-5 days before the race,
   - Laboratory(s) close to the rider's hotel with PCR testing capability,
   - Ability to test riders 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 riders' hotels,
   - Cost of tests (which will remain to the riders),
   - Direct point of contact with a manager in the laboratory.

B- Testing for viral carriage

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.

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) 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 their efficacy, 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, which are necessary for detecting asymptomatic carriers of the virus. 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

We highly recommend health checks for riders. The health checks are important before arriving on site; they must include both a clinical and a biological component (both are complementary and highly recommended);

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

We recommend the use of a COVID clinical suspicion questionnaire, to be completed daily on the 5 days preceding the event. A questionnaire is **proposed below as a suggestion**

(Figure 1). Like any medical questionnaire, it must be interpreted by a doctor, who may not be present on site. This is particularly important for riders in group or alone, without a doctor present on site. If this self-questionnaire is used, adequate measures shall be taken in case the risk score is "highly suspicious", or "moderately suspicious" on 2 days out of 5. **If this is the case, they must inform the COVID doctor of the event.**

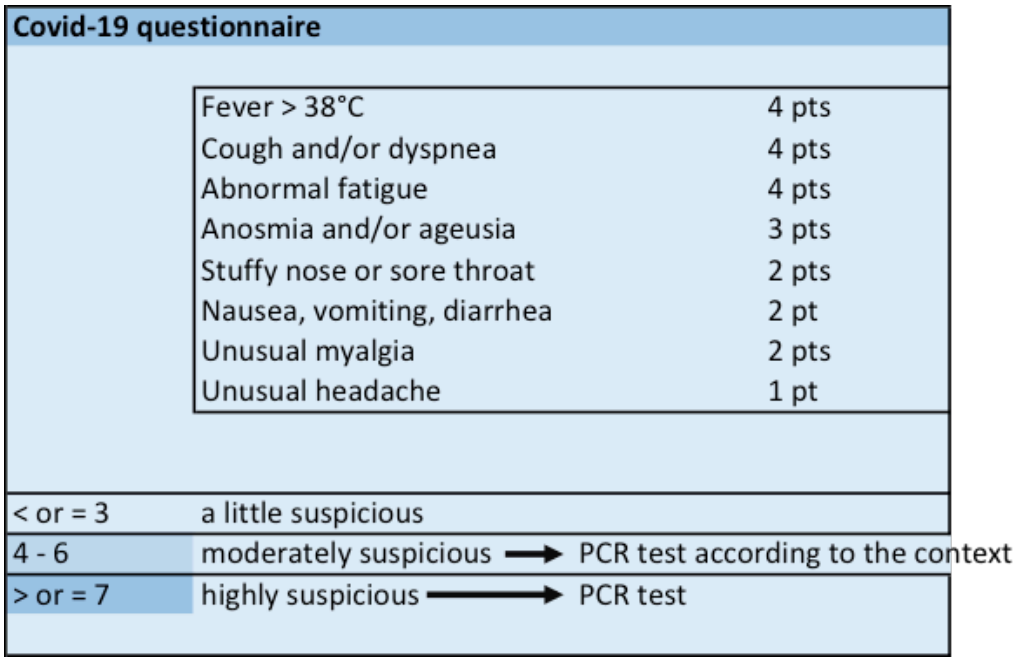

Figure 1. Suggested screening questionnaire

b) the diagnosis of COVID-19 is usually made using clinical, laboratory and radiological features. In asymptomatic patients, clinical and radiological signs are non-specific, and the SARS-CoV-2 infection has to be confirmed by a molecular biology technique, mostly polymerase chain reaction (PCR), aimed at amplifying a specific RNA sequence of the SARS-CoV-2 virus.

c) what type of test for detecting SARS-CoV-2 carriers? 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. Screening tests must be highly sensitive because the consequences of bringing SARS-CoV-2 into the rider 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 tests which target specific sequencies 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 nucleic acid tests, 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 sample infectivity is commonly found for RNA concentrations greater than 100 RNA copies/mL, corresponding to Ct values higher 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).

However, 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 comparable. 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, 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)[2]. 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.

d) the general objective of the biological controls necessary for competing to the Trials events is the screening of healthy carriers (asymptomatic cases) or pre-symptomatic COVID-19 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 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 ≤ 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

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

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

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.

[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

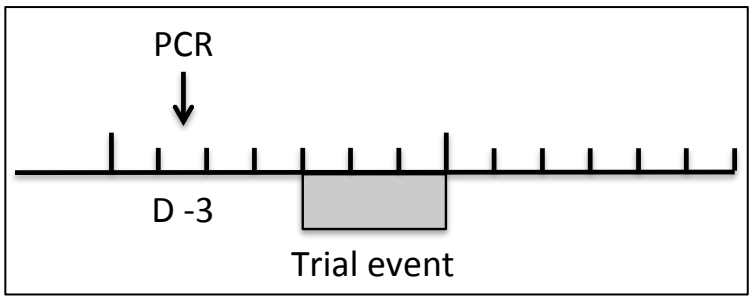

Figure 2. Schedule of pre-event PCR tests

C- Ensure the protection of individual riders

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).

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 all persons present at the competition area (riders, team staff members, officials, commissaires, journalists, etc.).

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 riders and all 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.

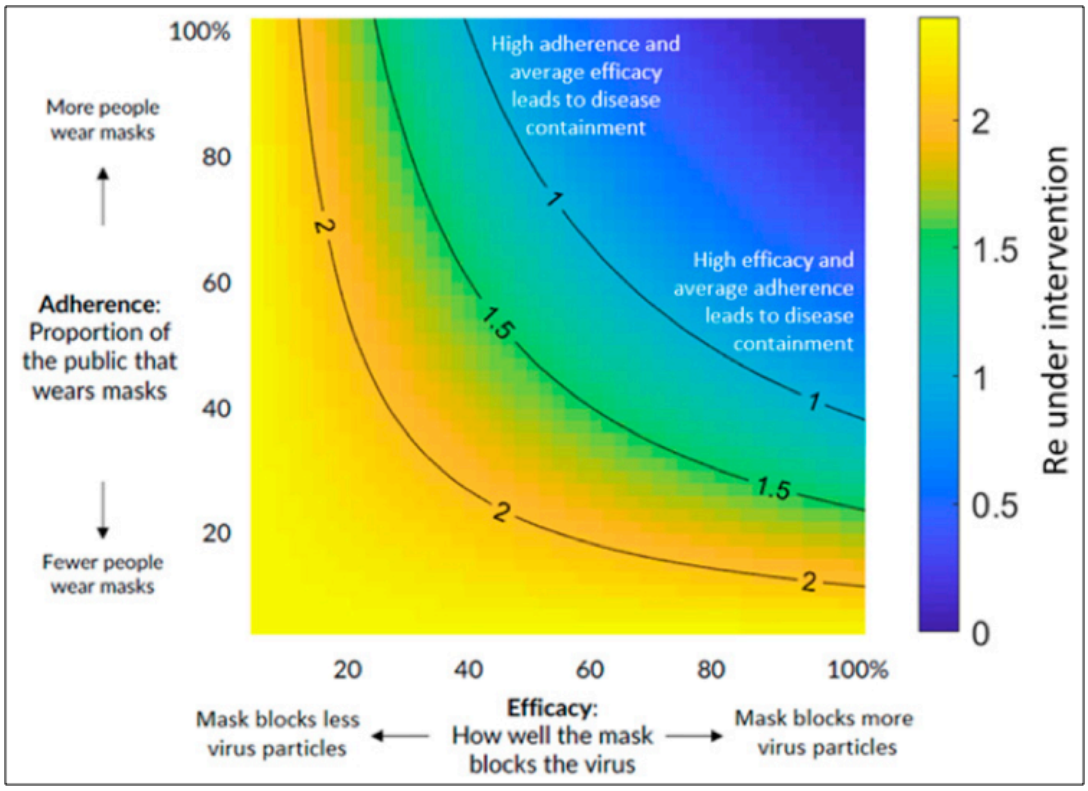

Figure 3. Impact of mask wearing under the full range of mask adherence and efficacy. The color indicates the resulting reproduction number R from an initial R0 of 2.4. Blue area is what is needed to slow the spread of COVID-19. Each black line represents a specific disease transmission level with the effective reproduction number R indicated (Howard et al., 2021).

1. **Provide information** about the importance of individual protective measures (maintaining safety distances, wearing a face mask, frequent hand washing, room ventilation).
   All personnel are concerned, riders, team staff, officials, all accredited persons (journalists, medical staff, guests, etc.), as well as all personnel involved in the organisation 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.

2. **Remind riders, minders and staff members, the importance of wearing a mask** in all circumstances during the Event. Wearing a mask for riders and minders is compulsory on-site, except during training, warm-up sessions and competition for riders.

3. **Arrange separate pathways for entry and exit**
   - the team area,
   - the warm-up section,

- the media center,
- official areas,
- the VIP area,
- the grandstand and spectator areas.

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

    - in official areas,
    - in VIP areas.

Wearing of individual masks should be mandatory in these communal areas, especially when traveling within the enclosure. The obligation to wear a mask in VIP areas can only be lifted when sitting and drinking.

5. **Organise the working conditions in the media centre**. Adapt the media area reserved for the written and spoken press, both in terms of space, access and working conditions.

    - organise the media centre to maintain a distance of 1.5 m between workstations, and provide hydro-alcoholic gel at the entrance and exit.
    - the mixed zone will be enlarged, ventilated; all journalists should wear a mask, maintain a physical distance of at least 1.5 m with the riders and use a pole mounted microphone for interviews.

6. **Restrict spectators,** according to the national health regulation.

    - limit spectators in the grandstands by assigning seating in order to provide physical distancing around each;
    - ban the presence of spectators in the technical area;
    - ban the presence of spectators in the finish area;
    - wearing a facemask for spectators should be compulsory on the competition area in all circumstances, including outdoors.

7. **Provide hydro-alcoholic gel** upon entrance and exit to the technical area, riders' area, official areas, media centre and grandstands.

8. **Create a cleaning schedule of any restrooms and disinfection of common areas and equipment;**

    - regarding the toilets, ensure that there are enough stations on the site. Ensure the cleaning procedures that will be implemented, maintaining a physical distance of 1.5 m between users, including queues (to be respected using marks on the ground);
    - regular cleaning of high touch areas and all contact points (door handles, switches, etc.);
    - availability of hand sanitizers at all strategic points.

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

10. **Ensure the riders' protection during the competition.** To this end, UCI recommends to,

    a. **Perform daily health checks** of riders during the Event;
        - under the responsibility of physicians, present on site or remotely, or the rider himself/herself. It is at least recommended that the organiser remind the importance of the daily health checks in the official technical documents of the event.
        - look for suspicious clinical signs using the questionnaire suggested above or other suitable tool;
        - the check should be completed in the morning, before the daily activities.

    b. **Organise the team/rider meeting/briefing** using a videoconference system.

    c. **Limit access to the staging and start area.**
        - allow access only to essential persons, wearing facemasks and maintaining physical distancing,
        - maintain a safe distance between the public and the riders.
        - maintain a physical distance and wearing facemasks in the waiting area for the start.
        - facemasks can only be removed during the riders' performances in the sections. Once riders finish a section, they must put the mask back on, and wear it properly.

    d. To ensure the health safety in the exchange of score-cards between riders and Commissaires, the use of gloves is required for the Commissaires.

    e. **Limit access to the finish zone and screen area as much as possible.**
        - Only allow access to the competition area for essential people, and impose wearing a facemask.
        - Maintain the physical distancing with the public, and allow riders to leave the competition area and screen area in complete safety.
        - Once riders finish last section , they may join the screen area; they must be careful to maintain a distance of at least 1.5 m between them, and must wear a facemask.

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. Physician in charge of COVID-19 suspected cases (COVID doctor)

It is recommended to appoint a medical doctor responsible for managing any clinical suspicion of COVID-19 ("COVID doctor" for the Event), in coordination with the local health services. The COVID doctor should have the mandatory protective equipment for medical personnel when dealing with COVID-19 suspected patients,

- a facemask for any person who is ill or has symptoms suspected of COVID-19,

- mandatory protective equipment for medical staff managing patients with suspected COVID-19 (FFP2 mask, gloves, visor or goggles, coveralls).

3. Management of a suspected COVID-19 case;

- the management of suspected COVID-19 cases is under the responsibility of the COVID doctor. It will be carried out in agreement with the local or regional health authorities, and in accordance with the WHO guidelines (see reference at the end of this document).
- 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 identification of contact cases with a confirmed COVID-19 case is also the responsibility of the COVID doctor, in coordination with the competent health authorities and a member of the organisation. Their management must be consistent with the local or regional health authorities.
- the organisers shall publish the details of these procedures available, as well as **the criteria for identifying contact cases, in the dedicated space provided by the UCI** (see chapter IV for the internet link).

The identification of close contacts with confirmed COVID-19 cases depends on the observance of physical distancing and mask wearing rules. Reducing the number of contacts 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 organiser shall consult the UCI in order to present all the information relating to the event, 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.

E- After the Event

1. Adjustment of the awards ceremony;

The UCI recommends to:

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

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

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

II. Risk assessment related to COVID-19 (mandatory measure, included in the global risk assessment of the event, see chapter III)

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

The questions included in the COVID-19 risk assessment take into consideration the pandemic phase in the country of the Event, the risk factors linked to travel, human movement, and the possibility of the spread of the virus linked to characteristics of the competition itself (Figure 4). The specific risks associated with indoor competitions on the spread of the virus are taken into account (item 6 of figure 4).

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

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. The selected criteria are:

- 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.

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

Figure 4. Specific COVID-19 risk score
(the numeric values are only given as examples)

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 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 access[3].

[3] 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

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. **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 more than 500 per 100,000 population.

The community spread of COVID-19 (as mentioned in item 1, Figure 4) is characterized by confirmed human-to-human transmission of a coronavirus of animal origin, which can cause "epidemic outbreaks".

The community spread of the pandemic is found in orange, red and dark-red areas.

The definition of the pandemic phase is the responsibility of the COVID-19 coordinator designated by the event organiser (see paragraph I-A-1).

III. Risk assessment of the event (mandatory measure)

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

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

It is carried out by combining,

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

The risk analysis is carried out using a dedicated Excel file available on the UCI website https://www.uci.org/news/2020/covid-19-pandemic-how-to-return-to-cycling-events

Part – TRIALS
File - “Risk-assess-TRIALS.xlsx”.

A- Risks assessment related to COVID-19

The information from the questionnaire shown in Figure 4 (chapter II of the present protocol) should be reported on the sheet named "COVID" of the Excel file.

B- Risk mitigation measures.

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

C- Matrix for the final decision.

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

Overall risk score for the Event

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

COVID-19 risk score	
Total mitigation score	

COVID-19 risk Vs. Mitigation measures

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

KEY FOR COLOUR DETERMINATION OF OVERALL RISK	
VERY LOW	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered very low.
LOW	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered low. 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 moderate. Recommend significant 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 consdiered high. Recommend significant efforts to improve both 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 very high.

Figure 5. Total risk assessment score and interpretation

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

IV- Exchange of information (mandatory measures)

In order to promote the exchange of information necessary for the organisation of Trials events, one secure data storage spaces will be opened by the UCI. This is intended for organisers to provide information to riders regarding the implementation of specific health-related measures.

The link for this data storage space is as follows:

https://box.uci.ch/index.php/s/SYxYNgJvJKYesDV

The Event organisers shall deposit on this data storage space the 2 following documents, at the latest 2 weeks prior to the event:

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

- information concerning the phase of the pandemic in the region as the competition approaches, including

- 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 severity of the pandemic in the region expressed as the color code (see paragraph II-B);
- the procedures for managing suspected COVID-19 cases (i.e. availability of Covid laboratories recognized by the health authorities, operating availability, etc.)

- the criteria for defining contact cases, and their management.

B- the result of the risk assessment, using the file named “Risk-assess-TRIALS.xlsx”, and available on the UCI website (see chapter III). The risk assessment must include,

- the result of the risk assessment related to COVID-19 (sheet 1, “COVID”),
- a summary of the mitigation measures implemented (sheet 2, “Measures”),
- the overall risk score for the event (sheet 3, “Global Risk”).

V. Regulatory provisions

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

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

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ANNEX

IN-COMPETITION TESTING SPECIFICITIES DURING COVID-19 OFF-ROAD RACES

MAKING HEALTH & SAFETY A TOP PRIORITY - SEPTEMBER 2020

1. ITA CONTROL OFFICER (DCO and BCO)

When appointing a ITA Doping Control Officer (DCO) or Blood Collection Officer (BCO) for a race, the ITA has assessed that either is not at risk. Sample Collection Personnel (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_rev1-[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 AD controls. 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 ITA DCO or BCO to attend the event.

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

2. DOPING CONTROL STATION (DCS)

A DCS must be provided by organizers as per UCI Testing & Investigations Regulations (UCI TIR).
In addition, organizers shall:

- ensure a spacious Doping Control Station (DCS) in order to ensure the recommended social distancing (at least 1m) can be respected. Shouldn't the existing waiting room be spacious enough, please, consider setting an appropriate area for the athletes before the sample collection starts.
- provide premises that can be ventilated
- ensure the premises are cleaned and disinfected daily before use.
- provide disposable gloves. While gloves are not a substitute for hand hygiene, Sample Collection Personnel (SCP) shall wear gloves throughout the sample collection process and athletes are also given the choice to wear gloves

- provide disposable face masks (medical face masks or non-medical masks or face covering); they shall be made available to the athlete, supporting personnel and SCP during the sample collection process.
- provide alcohol-based hand sanitizer
- provide disinfecting wipes and/or disinfecting spray
- provide disposable table cloth
- fence the area and provide someone to prevent non authorized persons to enter. Only one person is allowed to accompany the athlete.
- Provide waste bins for contaminated items to allow for the safe disposal or storing of all hygienic materials such as masks, gloves, etc.

3. DOPING CONTROLS IN HOTELS

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

4. NOTIFICATION PROCESS

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

5. SAMPLE COLLECTION PROCESS

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

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

6. COMPLETING SAMPLE COLLECTION SESSION

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

7. OTHER CONTROLS SUPPORTED BY 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.