

# UAERF MEDCOM



# RETURN TO RUGBY

## Guidelines - COVID-19

This document is to be read in conjunction with the Regulations of the Local Health Authority and The Supreme Committee of Crisis and Disaster Management and other Governing Bodies whose precautionary measures have been developed to protect those who engage in sports from the Covid-19 pandemic.

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## Introduction:

This is a guideline developed by the **UAERF Medical Committee (MEDCOM)** for the safe return of Rugby in the UAE amidst the COVID-19 Pandemic. It has utilized the resources constructed by World Rugby as well as the local laws and restrictions currently governing the UAE to provide information and a framework for UAE-based rugby clubs, schools and venues to use in order to keep the rugby community safe while returning to play. It derives from the regulatory documents published by the Supreme Committee of Crisis and Disaster Management, the Dubai Health Authority (DHA), The General Authority of Sports and The Dubai Sports Council.

It is based on the prevailing medical and scientific knowledge of the pandemic and is subject to change given the nature of the rapid progression of the pandemic and the subsequent reaction of governmental and health authorities thereof. It will be updated accordingly.

The guidance provided by this document should be considered mandatory for UAE Rugby Clubs and National Teams and advisory for School Rugby who should also be guided by their governing bodies.

Conduct of any sporting activity in a COVID-19 environment is subject to regulations of Government and Local Public Health Authorities. All sporting activities must maintain awareness of the evolving COVID-19 environment and align current practices with informed decisions for athlete, and other community sport member's safety.

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## Background:

The virus causing the disease now widely known as COVID-19 is SARS CoV-2 - **Severe Acute Respiratory Syndrome Corona Virus 2. SARS CoV-2** is a potentially deadly virus, which has spread across the world since first being identified in Wuhan, China on 31 Dec 2019.

The illness caused by this virus is **CoVID-19 -Corona Virus Infectious Disease 2019**. CoVID-19 is a highly contagious, potentially fatal virus that is transmitted through droplet spread either directly or by contamination of surfaces. CoVID-19 is a systemic illness that effects most major organs but primarily the lungs. The systemic illness can be due to direct infection of the organs by the virus or due to the effect of the “cytokine storm”, an auto immune response of the body to this virus.

Main symptoms involve:

- Fever
- Cough
- Sore Throat
- Runny nose
- Tiredness
- Muscle pain
- Shortness of breath
- Loss of taste and/or smell
- Diarrhea

Current mortality rates (death rates) of COVID-19 vary. The generally accepted mortality rate is approximately 1-2% of infected individuals, and approximately 20% of infected people will require medical support in hospital. The mortality rate is significantly affected by age and the presence of other risk factors – mainly Cardiovascular Disease, Hypertension, Obesity and Diabetes Mellitus.

Younger, healthier people appear to be less likely to develop severe symptoms based on current knowledge. Anyone, however, can spread the disease infecting those they love, their friends, colleagues, and teammates.

Governments and Health Authorities around the world have instigated social distancing requirements, restrictions on public gatherings, quarantine measures and limited travel to and from other countries to slow the spread of the disease and to enable health care systems to cope with the potential increased demands associated with managing the disease. The rugby community has a responsibility to support these efforts.

This document aims to help rugby players, coaches, support staff, and administrators to live safely during this crisis; and when restrictions are reduced, to guide a safe return to activity in a compliant and safe manner.

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## World Rugby Education Modules

<https://playerwelfare.worldrugby.org/covid-19>

The completion of the World Rugby COVID-19 education modules is mandatory for:

- **All coaches, team managers, medical staff, referees, administrative staff and players in age groups 15/16 years and above.**

Certificate of completion needs to be sent to each club's COVID-19 Coordinator (the role of which is detailed later in this document) prior to commencement of the season.

The completion of World Rugby COVID-19 education modules is strongly advised for:

- Parents of <16-year-olds and Mini and Youths (M&Y's)
- Anyone else involved in rugby wishing to increase their awareness around COVID-19 and its relation to Rugby.

# Training Passport

*Your gateway to World Rugby's online training and education portfolio*



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## Principles of preventing the spread:

### The general principles of preventing the spread of the SARS-CoV-2 virus must include:

- Maintenance of appropriate social distancing at every possible opportunity;
- Ongoing attempts to decrease the amount of respiratory droplets in the air (by using the correct cough/sneeze etiquette, keeping windows open to maintain ventilation, etc.);
- Cleaning and sanitizing of all surfaces, before and after being touched;
- Cleaning and sanitizing one's hands regularly;
- Periodic 'deep' cleaning of the work environment;
- Avoiding unnecessary exposure to other employees;
- Avoiding unnecessary contact with equipment within the work environment.

It is imperative that these principles are followed, not only in the work environment, but also in the individual's broader community.

The following points should be regarded as standard practice for diminishing the risk of spread of SARS-CoV-2:

#### Social distancing:

A distance of  $\geq 2\text{m}$  between individuals must be maintained at all times:

Including during office work, meetings, computer analysis sessions, gym training, field fitness training, etc. Excluding contact training sessions and playing matches (for players).

#### Masks:

Only N95 respirators (used specifically by healthcare workers) decrease the risk of contamination with the virus for the wearer;

Other masks, including disposable surgical masks and 'home-made' cloth masks, decrease the spread of droplets from the wearer and so protect the community not the wearer;

Wearing masks is currently mandatory for everyone in the UAE while they are in public;

Masks will be worn by all attendees at training sessions, except where practically not possible (e.g. when exercising at high intensity). For ease of reference, this can be considered as *exercise that results in sustained heavy breathing to a point where it becomes challenging for the athlete to breathe comfortably were a mask to be worn.*

Cloth masks must be washed in warm water (and preferably ironed) daily;

A clean mask must be used every day. Players should be aware that they may need several masks to last through a training session and they should prepare for this accordingly.

It is advisable that a medical waste bin be provided at the training venue, in close proximity to the training area, for masks to be disposed of correctly.

While the UAE COVID prevention measures remain in place all non-playing staff present at rugby training/matches should be wearing a mask at all times.

### **No physical contact:**

There must be no physical contact at any time, including with greetings, except during contact training and matches (when this has been officially sanctioned).

Rest times should adhere to the 2m social distancing rules. Breaks in practice or play are seen as rest times

### **Hand hygiene:**

Hand hygiene remains the cornerstone of preventing the spread of the SARS-CoV-2 virus;

Hands must be sanitized:

- As frequently as possible;
- On entry and exit from any room;
- After touching any equipment and at every break in training/water stop;
- Carefully, ensuring the whole hand (including the fingertips and the thumb) is cleaned properly.

Using either:

- Soap and water for a minimum of 20 seconds;
- A 70% alcohol-based hand sanitizer.

### **Cough and sneeze hygiene:**

Cough or sneeze into a bent elbow or a disposable tissue (the tissue should be immediately disposed of into a medical waste receptacle).

This should be done even when wearing a mask.

### **General measures:**

Rugby balls should be sanitized as often as possible. A recommendation would be to schedule water and sanitization breaks every 15 minutes during a training session. This would also be in line with guidelines for training in the heat. There should be 2-3 sanitization stations depending on the number of groups training, (in line with the permitted number of players per group), where players can take water from their own water bottles and can sanitize their own hands. Social distancing

should continue to be strictly adhered to at these times. The training balls can be sanitized during this time. Balls will again be sanitized pre- and post- training. Clubs should assign this responsibility to the most appropriate personnel.

- Avoid touching your own face as much as possible;
- Maintain good ventilation in offices and meeting rooms – windows and doors to be kept open;
- Separate entry and exit points where possible;
- Where safe to do so, doors are to be left open to avoid contact with door handles;
- Water bottles (and any other personal equipment or gear) brought to training must be clearly marked with the owner's name;
- Supplements should not be mixed at the stadium – any supplements used during training should be brought by the players to training;
- There must be NO spitting whatsoever on the field;
- Mouthguards should only be removed at water and sanitization breaks in the training session;
- Players must NOT blow their nose on the field – tissues will be provided at specific stations at the side of the field;
- Players must, for the foreseeable future, shower at home.

**Wherever possible, Rugby Clubs will follow a protocol that emphasizes:**

- The use of individual equipment;
- A minimum amount of time spent within the training environment;
- Adherence to the current best clinical practices.

**Medical Ice**

If medical ice is provided pitch-side it should only be accessed by First Aid Staff wearing gloves, ice should be used in single use, disposable plastic bags and given individually to a player if required. When used the bags should be emptied and disposed of, they are not to be reused or handled by anyone other than the 'casualty'.

Ice containers should be sterilised externally and internally on a regular basis between training sessions.

**First Aid Treatment**

In the event that First Aid is required, the First Aider is to ensure that they are wearing Gloves and a Mask when administering First Aid which should be disposed of immediately after treating any casualty.

## COVID-19 Manager

Every age-group at each Club should appoint a **COVID Manager**.

Each UAERF affiliated Club is to appoint a **COVID Coordinator** for that Club.

**COVID Managers** will be responsible for all COVID-related matters of administration within their team. They should be a point of contact for any COVID-related queries and report all issues to the Club's **COVID Coordinator**.

The **COVID Manager** and **Coordinator** should have contact details of all local medical facilities for referral of suspected COVID-19 players/staff and contact details of M&Y player's parents/ guardians readily available at all times. Parents of M&Y are expected to inform the **COVID Manager** of their respective team in the event of their child testing positive for COVID-19.

The **COVID Manager** should liaise with their own team's medical staff or medical manager (if available).

They should assist in the implementation of the guidance provided in this document.

Training cannot commence without the **COVID Manager** being present.

The **COVID Coordinator** should be in contact with the **COVID Operational Lead** at the UAERF: [Hazem@uaerugby.ae](mailto:Hazem@uaerugby.ae) with all matters concerning COVID at their particular club.

The **COVID Operational Lead** should be responsible for the following:

- Data collection (maintaining a central register of COVID positive rugby players and identifying potential hotspots/disease clusters)
- Sanctioning a positive tested player to return to play once tested negative
- Monitoring changes in the regulatory frameworks of WR and local authorities and coordinating the issue of amendments to the guidelines.

## Screening and testing

### Symptom check & Registration prior to each session (training/matches)

Completion of a *symptom questionnaire* and *temperature checks* may identify 60% of symptomatic cases.

Clubs should arrange a daily/per session *symptom reporting protocol* that should ideally be completed prior to leaving home. World Rugby sample document attached (appendix 1). This would be most effective if delivered via an App or an online portal/google docs (a sample MS Forms template that can be duplicated can be accessed utilizing the following link):

[Click Here:](#)

These should be collected by the COVID Manager for each team.

Daily logs of temperature checks on entering the club facility are to be kept in a register with all participants' names & contact details for future reference.

Checks should be conducted in line with Government and Local Authority stipulations for sporting facilities.

Players or staff with a temperature or any symptoms should not enter the facility and should contact their Doctor or go to their nearest health facility.

### PCR testing

PCR testing is currently being used to identify acute COVID-19 cases. It involves a swab of the nose or throat and the culture sent to the lab to detect the presence of SARS Cov-2.

The test is not 100% accurate and there are numbers of missed cases (false negatives).

A player that is symptomatic despite a negative result should be managed and treated as an infected person.

A positive test means the individual should be isolated at home as per Government Health Authority guidelines. If significant symptoms of moderate or severe intensity, the patient should be managed in hospital.

'Close contacts' of an infected person (from 2 days prior to the infected person becoming symptomatic) should also be assessed.

Contact tracing will be coordinated by the Ministry of Health and Dubai Health Authority (DHA).

## If testing positive for COVID-19

Players who have suffered a COVID-19 infection will need to adhere to the protocols currently mandated by the UAE Ministry of Health and should self-isolate as per local authority guidelines (currently 14 days) and not return to training or exercise until 14 days after symptom onset, and at the earliest 10 days after symptoms settle. The return to high intensity sport should ideally be in conjunction with the advice and guidance of a medical practitioner well versed in return to sport management of athletes recovered from COVID-19 infection.

In the event of a player that tests positive after training/playing/close contact with other players and/or staff members, the Club must have details of everyone who was at the facility with the infected person and be able to contact any person who has been a close contact.

Contact tracing is a crucial part in the prevention of disease spread and Rugby must play an integral part in preventing any possible infection clusters. This will be managed by Local Public Health and/or Government Authorities, and team collaboration will ensure an efficient means of dealing with emergent cases. In the UAE, the Ministry of Health and Prevention, The Department of Health (DOH) and the Dubai Health Authority (DHA) use the ALHOSN contact tracing app: [www.alhosnapp.ae](http://www.alhosnapp.ae).

When a person (players, coaches, support staff) at a facility or ground develops symptoms of COVID-19 as mentioned previously that involve one or a combination of the following symptoms: fever (measured or feeling feverish), cough, sore throat, runny nose or nasal congestion, tiredness, shortness of breath or difficulty breathing, muscle pain, loss of smell or taste, diarrhea, they should immediately notify a medical practitioner and the COVID-19 Manager.

The management of the player should then include:

- Immediate isolation of the person in the facility's dedicated '**Isolation Area**' as per the DHA guidelines for malls and public spaces;
- Only one person will be assessed in the Isolation Room/Area at any time;
- Only personnel attending to suspected COVID patients will be allowed in this room and should be equipped with full PPE cover;
- If a person assessed in this room is subsequently found to be COVID-19 positive, then the room will be deep cleaned immediately;
- It would be preferable if the Isolation Area was a designated outdoor space.

Contact with public health authorities to arrange transfer of the person, testing and isolation. Contact details to be kept by COVID Managers and Coordinators.

Management of quarantine for those who were exposed to the infected person, during training/matches, will be directed by the relevant public health and/or government authorities.

The squad should avoid close contact training until they have consulted with public health and/or government authorities, and thorough contact tracing procedures are completed. This will be the responsibility of the COVID Managers and Coordinators.

Clubs need to give consideration to the postponement of fixtures in relation to individual and/or squad cases of suspected or confirmed COVID-19. Public health and/or government guidance should always be obtained to guide this process. Contingency planning for such an event should be agreed prior to commencing competition.



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## Facility Preparation

Guidance on this can be obtained from the recommendations and restrictions of the Governing and Local Health Authorities.

The following guidelines (link) have been provided by the Dubai Sports Council - *Regulations and Procedures for the Return of Sports Activities in Sports Establishments*.

[https://www.dubaisc.ae/Style%20Library/docs/ReopeningDubai\\_SectorsPlan\\_EN\\_Web.pdf](https://www.dubaisc.ae/Style%20Library/docs/ReopeningDubai_SectorsPlan_EN_Web.pdf)

Sport Venues are obliged to submit a “*Resumption of Activity*” request in order to resume operating through the following link:

<http://www.dubaisc.ae/SportsPermitUnderCovid19>

For further details refer to Appendix 2.

## PST Measures

Countries in general have applied 3 main types of measures in order to reduce the transmission of the virus (table below). Public gatherings restrictions, social distancing and Travel restrictions (PST measures).

PST measure	Example
Public gathering restrictions	Limitation of public gatherings to various group sizes; <500, <250, <50, <20, <5, <2
Social distancing	Social spacing directives (1-2 metre separation), self-isolation for all close contacts, closure of schools, non-essential shops and services closed, non-essential movement banned, non-essential production stopped, public spaces and parks closed, exercise & outdoor activities regulated
Travel restrictions	Border closure, internal travel restrictions, mandatory self-quarantine following entry to country

World Rugby has suggested a re-introduction to rugby supported by the release of each PST measure by the Governing Authorities of each individual Rugby playing nation.

The UAERF will issue formal instructions when the PST situation changes and advise what level of training/play can be implemented as a result.

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## Phased Return:

### Resumption of Activity

Following a period of more than four months of no rugby training, there would be significant injury risk if a re-conditioning period is not observed prior to competition.

It is recommended that each Club/Team establishes a sufficient period of time, similar to a pre-season, to re-condition players to minimize injury risk.

A gradual transition from home-based activity to coordinated strength and conditioning training to a return to full team training should ideally occur over a minimum of a 4 week period. This should include a minimum 2 week contact conditioning block to adequately prepare players for their first match.

**For example if UAE restrictions were lifted enough by the 1<sup>st</sup> September 2020 to allow full team contact training, the earliest fixture that should be considered would be the 1<sup>st</sup> October; or later if deemed necessary by Coaches and Conditioning staff in order to prepare players adequately for return to full contact matches.**

### ***Current status in Dubai as of 01 August 2020:***

#### **Dubai Sports Council - Specific Sports Restrictions - Rugby**

[https://www.dubaisc.ae/Style%20Library/docs/ReopeningDubai\\_SectorsPlan\\_EN\\_Web.pdf](https://www.dubaisc.ae/Style%20Library/docs/ReopeningDubai_SectorsPlan_EN_Web.pdf)

*Group Coaching with a maximum of 10 participants in a coaching session including the Trainers/Coaches.*

*Maximum 10 players with 1 Coach/Trainer per section*

*No spitting on the ground*

*Players must bring their own equipment*

*No Competitions for U18*

## 4 Phase Approach

### Phase 1:

#### Small Group Training (Non-Contact)

- Country PST: Gatherings <10 people
- Aim: Skills, conditioning
- Group size as per age bracket table
- No Spectators allowed at all times
- No Activity is allowed for 11\U11 Years old

### Phase 1: Return to Small Group Non-Contact Training

**Country PST Measure:** Small group gatherings <10 people permitted. Schools may be re-opened and non-essential business returned to work.

**Aim:** Conditioning, skills and some elements of non-contact set piece training.

Continue to observe general hygiene measures (outlined above) and '10 Rules of Engagement' (appendix).

Registration with temperature record should be completed at facility entrance with details of contact for future reference.

Squads should be divided into small groups permitted by local government and health departments. Ideally designate the same Coach to 1 group so as to limit the impact on coaching personnel were there to be a positive case in a group. i.e. every person in that group becomes a 'close contact' of the positive patient and will require testing and quarantine.

No. of Players per 1 Coach\Trainer	Age bracket
No Activity Allowed	U11
8	U14
10	U16 to Seniors

Activity time limited to 1 hour.

Trainings should be planned in a staggered manner so as to avoid overlap of groups.

Daily screening, hygiene measures, physical distancing (2m) and appropriate care are important in keeping players and staff safe and minimizing risk of virus spread.

Meetings to be conducted virtually, outdoors or if indoors in a space allowing 1 person per 4m<sup>2</sup>.

Equipment sharing should be avoided where possible.

Sanitization of all equipment in between usage (gym).

Personal greetings (handshakes, hugging) should be avoided.

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Showers and other club room facilities remain closed.

### Team Training (Non-Contact)

- Country PST: Gatherings should not exceed 40 people at all times
- Aim: Full team returns to training; run plays; non-contact set piece
- Continue to observe 10 Rules of Engagement: Ratios of no more than 10:1 per group per training
- No spectators at all times
- No Activity is allowed for U11 years old

## Phase 2:

### Phase 2: Return to Team Training - Non-Contact

**Country PST Measure**: Public gatherings of no more than 40 at all times

**Aim**: Full team non-contact training, running plays, skills, conditioning

Daily screening, hygiene measures, physical distancing (2m) and appropriate care remain important in keeping players and staff safe and minimizing risk of virus spread.

Registrations record should be completed at facility entrance with details of contact for future reference.

Team meetings limited under local government approved amount.

Showers and other club room facilities remain closed.

Elements of touch rugby (inclusive of Tag, Quick Rip) training can be used (see Appendix for details)

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**Phase 3:****Team Training (Contact)**

- Country PST: no physical distancing restrictions
- Aim: Contact conditioning; , set piece etc
- No spectators allowed

**Phase 3: Return to Team Training - Contact**

**Country PST Measure**: No physical distancing measures required or governmental exception granted for sport.

**Aim**: Contact conditioning to prepare for full return to play, full set piece training (minimum of 2 weeks)

Registrations record should be completed at facility entrance with details of contact for future reference.

Once contact is permitted in training, all training participants become 'close' contacts of one another. This has implications for isolation or quarantine should a squad member become infected with COVID-19.

Daily screening and general hygiene measures continued in order to keep players and staff safe and minimize risk of virus spread.

## Phase 4:

### RTP – Full

- Country PST: relaxed sufficiently to permit matches; permission granted by governing authority
- Players reconditioned and game ready
- No spectators allowed

### Phase 4: Return to Full Activity including Matches

**Country PST Measure**: Relaxed sufficiently to permit matches;

A significant period of conditioning and team practice (minimum 1 month) needs to have been attained to ensure that players are sufficiently conditioned for competitive match play.

The exact return date following the 1 month conditioning period is at the discretion of clubs, coaches and conditioning trainers in conjunction with the UAERF and MEDCOM.

This will also require permitted non-essential travel between local GCC countries and the Emirates if cross border fixtures will be scheduled.

Strict limitations may remain on the number of non-playing and match day staff.

No spectators allowed at all times

## Resources:

### WR Online Modules

#### COVID-19 RTP Guidelines:

<https://playerwelfare.worldrugby.org/covid-19>

#### COVID-19 Courses:

<https://playerwelfare.worldrugby.org/covid-19-courses>

#### -RTP awareness for Coaches and Players:

<https://playerwelfare.worldrugby.org/?documentid=module&module=37>

#### - RTP awareness for Administrators:

<https://playerwelfare.worldrugby.org/?documentid=module&module=38>

### WHO COVID-19 Guidelines:

#### -Mass Gatherings:

[https://apps.who.int/iris/bitstream/handle/10665/331764/WHO-2019-nCoV-Mass\\_Gatherings\\_Sports-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331764/WHO-2019-nCoV-Mass_Gatherings_Sports-2020.1-eng.pdf)

## References:

1. Safe Return to Rugby – in the Context of the COVID-19 Pandemic, June 25, 2020 ,Éanna Falvey, Prav Mathema, Mary Horgan, Martin Raftery.
2. The Sharks CoVID19 Protocol document, 26 June 2020, Dr Mike Marshall
3. The Western Province Return to Work Protocol document, 22 June 2020, Dr Jason Suter
4. SA Rugby guidelines and recommended Operating Procedures: Return to training and Competition following termination or reduction of COVID-19 Government restrictions, 17th April 2020, Prav Mathema<sup>1</sup>, Clint Readhead<sup>2</sup>, Dr Simon Davies<sup>3</sup>, Amy Monaghan<sup>3</sup>, Charles Wessels<sup>2</sup>, Coris Zietsman<sup>2</sup>, Max Duthie<sup>4</sup>, Charl Crous<sup>3</sup>
5. Considerations for sports federations/sports event organizers when planning mass Gatherings in the context of COVID-19, Interim guidance 14 April 2020, World Health Organization
6. NZRU Return to Rugby Protocols, May 2020
7. USA Rugby RTP Guidelines
8. SARU Guideline Document for Training for Professional Rugby Players participating in The adapted SANZAAR Super Rugby Competition.
9. Dubai Sports Council, Procedures for Returning Sports Activity in Dubai
10. Dubai Sports Council, Regulations and Procedures for the Return of Sports Activities in Sports Establishments
11. The UAE General Authority of Sport RTP Guidelines 2020
12. Australian Institute of Sport (AIS) Framework for rebooting sport in a Covid-19 environment, May 2020

## Appendix 1:

### COVID-19 symptom checker

This form must be utilised to ensure that you are free from COVID-19 symptoms and pose limited risk to others

**\* Required**

Date \* MM / DD / YYYY

Name \*

Contact details - email \*

Contact details - mobile phone number \*

Are you currently diagnosed with or believe you may have COVID-19? \*

Yes  No

Have you had any of these symptoms of COVID-19 in the past 7 days?

High temperature (fever) \*

Yes  No

A new continuous cough \*

Yes  No

New unexplained shortness of breath \*

Yes  No

Loss of taste or smell \*

Yes  No

Have you been in contact with a COVID-19 confirmed or suspect case in the previous 7 days? \*

Yes  No  Maybe

If you have answered YES to any of these questions you should stay at home and inform your line manager and medical practitioner. You should follow your territories current Public Health guidance.

Please note the next question is only for medical personnel

Have all infection prevention measures been implemented with the addition of the appropriate Personal Protective Equipment when reviewing patients with confirmed or suspected COVID-19 in the previous 7 days?

Yes  No  N/A

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## Appendix 2:



### General Rules of Engagement

Your 10 rules of Engagement for safe management of COVID-19 are:

#### 1. Education

Regularly reference your local legislature and advice of medical officials as it pertains to the risk of COVID- 19.

Recognize the symptoms of COVID-19 and educate your club members of these details.

Utilize **World Rugby COVID-19 Education Modules**.

#### 2. Daily screening

Complete a COVID-19 symptom check before leaving home. This will require you to identify if you have had a high temperature or fever overnight or if you have developed the recognized symptoms.

Have your temperature checked prior to participating in rugby activities. If your temperature is above 37.5deg, do not participate in any rugby or group activities.

#### 3. Practice extensive hygiene protocol

More frequent hand washing, regular disinfection of heavily used areas and surfaces and the use of gloves can reduce the risk of infection. In some situations, such as in the gym or during meetings, the use of face masks should be considered.

At home you should also either sanitize or wash your hands for 20 seconds with soap (or use a hand sanitizer) when going to and from your home.

Avoid touching high-contact surfaces such as door handles, public computer keyboards etc.

Use hand sanitizers which should be available on entry and in all rooms at your facility or gathering area.

Avoid spitting

Use your elbow or a tissue (always dispose of used tissues) when coughing or sneezing

Do not share water bottles or use team water bottles

Do not use communal nutritional supplements

#### 4. Observe social distance rules



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A distance of at least 2m between the people helps to significantly reduce the probability of virus transmission. Due to the movement involved in sports, the distance should be kept at as generous a distance as possible.

Office, gym and medical room facilities should be arranged to facilitate at least 6 feet of separation between individuals. Where possible, any communal areas should be outdoors or well ventilated.

#### **5. Reduce body contact to a minimum**

Shaking hands, high-fives, embracing and cheering or mourning in a group is to be completely avoided. Until **COVID-19** measures are reduced, physical contact (including competitive games) must be avoided, so initially only individual training can take place.

#### **6. Change and shower at home**

The use of locker rooms and showers in training facilities and clubs should be suspended until further notice from your local health officials.

#### **7. Temporary suspension of car pooling**

While social distancing measures are in place, the formation of carpools for training and competitions should be avoided – unless travelling with an existing housemate. The use of minivans is equally unsuitable. Your Club will apply specific policies for travelling to matches based on local legislature when rugby activities are permitted to resume.

#### **8. Refrain from events such as general meetings and celebrations**

In order to comply with the distance rules, no social events should be held.

While social distancing remains team meetings should be held virtually to the best of your ability.

Other options include digital/online meeting resources

#### **9. Reduce the size of training groups**

While social distancing and public gathering restrictions are in place, teams will need to train in small groups which are aligned to local government measures in place at that time (example being groups of <5, <10). When small groups train, sessions should be staggered with no overlapping between groups. Smaller groups limit infection risk, and should an infection occur, the number of people who need to potentially quarantine is limited.

#### **10. possible, outdoor activities are more safe**

Sports and exercise in the fresh air make it easier to keep to distance rules and reduce the risk of infection through the permanent exchange of air.

## Appendix 3:

### Facility Preparation (as per Dubai Sports Council):

[https://www.dubaisc.ae/Style%20Library/docs/ReopeningDubai\\_SectorsPlan\\_EN\\_Web.pdf](https://www.dubaisc.ae/Style%20Library/docs/ReopeningDubai_SectorsPlan_EN_Web.pdf)

### Hygiene Requirements:

#### Disinfection of Facility [Prior to Opening]:

1. Entire facility including equipment needs to be completely sterilized with certification from DM approved third party vendors.
2. Frequent Sanitization of all equipment, studios and all other areas in the facility [after every use or at minimum once every hour if used frequently], through proper sanitizing schedule by temporary closure of different areas.
3. Mandatory provision for touch free hand sanitizer dispensers across the facility.
4. Mandatory to provide material to wipe/disinfect equipment before and after use of equipment.
5. Intensive Sterilization of full facility post closure.
6. Hazardous waste management (provision of special medical waste containers to dispose of mask and gloves according to DM requirements).
7. For each outdoor sport - there needs to be a hygiene/sanitization requirement for fields, pitches, tracks, courts etc. for pre-opening, post-game/training sessions and overnight deep cleaning.

### Communication:

Public announcements and placement of rules in highly visible areas including entrances and other public areas

#### Provide caution/awareness signage in different areas of the venue e.g.:

- Capacity Allowance Signage
- Use Hand Sanitizer
- Wear Masks
- Social Distancing Floors Markers

### The facility must:

1. Maintain adequate records of its members, including **date, venue, name, telephone numbers and email address**, to assist if contact tracing becomes necessary. And also to maintain accurate work records of its staff for contact tracing purposes.
2. Adhere to the mentioned sports restrictions and work accordingly.
3. Continue the Preventive & Precautious measures until notified from Dubai Sports Council.
4. Fully cooperate with the Government Officials and Concerned Sports Associations who will do site visits to ensure these restrictions and protocols are adhered to.

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## Appendix 4:

### Touch Rugby (inclusive of Tag, Quick Rip) – UAERF Guidelines

#### Applicability

Touch rugby serves a great purpose and is a key part of the UAERF return to play pathway. Touch rugby can be used in two distinct parts.

1. Games and/or training drills that work on the assumption of 'touch' as the only contact point, for the avoidance of doubt the only level of contact that should be looked at during Phase 2 is hand contact to the body of another player.
2. Resumption of organised games/leagues is permissible under Phase 2 however all individual games/leagues must fall under the current sanctioning guidelines of UAERF.

This addendum is applicable to all UAERF Sanctioned Touch Rugby leagues & competitions operating in the UAE and for any other affiliate member team using 'Touch Rugby' during their training sessions.

All aspects of the UAERF COVID – 19 Return to Play Guidelines are applicable, however, any deviation from these guidelines that is specific to 'Touch Rugby' are detailed in this addendum.

#### Leagues and Competitions protocols

##### Team Administration

- Each team needs to appoint a COVID Manager who will act as the link between the team and the league/competition COVID Co-Ordinator for the purpose of recording information and this individual will need to be present at each game.
- Each team COVID Manager will need to report to the match night manager 15 minutes before their scheduled game and submit a team sheet declaration (paper or electronically) which will contain all the contact details of each individual along with the answers to all the questions as detailed in Appendix 1 of UAERF Return to play protocols.
- Each league/competition will appoint a COVID Co-Ordinator who will be the single point of contact between teams and the UAERF.

##### Pitch side Protocol for games

- All non-players (substitutes) must remain a minimum distance of 2m away from the pitch and remain the correct social distance between each other and be wearing a face covering.
- All playing equipment will be fully disinfected and sanitised between each game
- Only the teams that are currently playing will be permitted inside the playing enclosure before each game.

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## Pre-Game

- Each individual will be name checked against the team sheet and again will have the temperature taken before entering the pitch. All players must wear a face covering when not playing in the game.

## Game Time

- Due to the fact that no rugby has been played for 6 months and during phase 2 all sanctioned games will be conducted in 4 quarters (not exceeding 10 minutes each), with a 2 minute break to allow for water and also to allow for players to ensure they sanitise their hands and a new clean ball can be provided. This will continue until Phase 4 is reached.

## Players Responsibilities

- Players should NOT travel to and from the venue within current UAE Guidelines on travel
- Players should bring their own water bottle that can be clearly identified and ensure they have adequate water to sustain them for the duration of the game. No water drums are permitted pitch-side for replenishment.
- If any player within 7 days of playing tests positive or displays symptoms they should self-isolate following current guidelines and should notify their team COVID Manager who will notify the League COVID Manager. The league manager will then follow the current UAERF and government guidelines on notifying anyone who may have been in 'close contact' to the individual.

## Referee & Match/League Manager Responsibilities

- The Referee along with the appointed match/league manager will ensure that all correct protocols are followed and will take action on an individual/team level as he/she sees fit for any of the following:
  - Not following the correct pitch entry checks
  - Not wearing a mask when not playing
  - Excessive physical contact while playing with either the opposition or team-mates

It is acknowledged and understood that these guidelines may be subject to change and amendment at any point and we welcome your understanding should we be guided by other authorities to do things a little different.

## Appendix 4:

### Summary of medical equipment / PPE requirement for pitch side first aid.

UAE rugby recognise that pitch side first aiders must be protected from infection whilst performing their duties. Whilst the risk of transmission of COVID 19 from a rugby player with no symptoms during a game or training is generally low, this exposure risk increases due to the close contact needed for treatment of an injured player.

Following World and Asia Rugby guidance and in line with DHA recommendations on PPE for healthcare workers based on exposure levels we recommend as a minimum that pitch side first aiders wear a mask and apron, and consider wearing eye protection depending on risk assessment (based on risk of exposure to bodily fluids).

Currently, level 3 PPE (medical grade N95 face mask, visor, and gown) is not freely available outside of a hospital setting and as such it is acknowledged that first aiders are unlikely to have access to this equipment. As this is advised for aerosol generating procedures such as CPR, current advice in this situation is to cover the patient’s face using for example a cloth or O2 mask and complete compressions / AED only until assistance with level 3 PPE arrives (see flow charts / attached tables).

**Table 1: Definition of situational personal protective equipment level requirements**

Situation	Gloves	Apron	Fluid-resistant Long-armed Gown/Coveralls	Fabric / Cloth Mask	Fluid Resistant Surgical Face Mask Type IIR	Filtering Face Piece Respirator 3 (FFP3) Mask	Goggles / Full Face Visor in addition to Personal Spectacles
	Single use	Single use	Sessional use	Sessional use	Sessional use	Sessional use Reusable*	Sessional use Reusable
<b>Non-medical scenario where social distancing may be breached including at training</b>	X	X	X	✓	X	X	X
<b>Level 1 where government-advised distancing may not be maintained at all times</b>	X	X	X	X	✓	X	X
<b>Level 2 Within 2m, which may include face to face contact for emergency/first aid management of all individuals</b>	✓	✓	X	X	✓	X	✓
<b>Level 3 / AGP Aerosol-generating procedure (AGP or high potential for aerosol)</b>	✓	X	✓	X	X	✓	✓

Pitch side emergency care and personal protective equipment: a framework for elite sport during the COVID-19 pandemic

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# Summary (Medical equipment ②)



World Rugby Safe Return to Rugby – in the Context of the COVID-19 Pandemic



# Summary (Primary Survey)

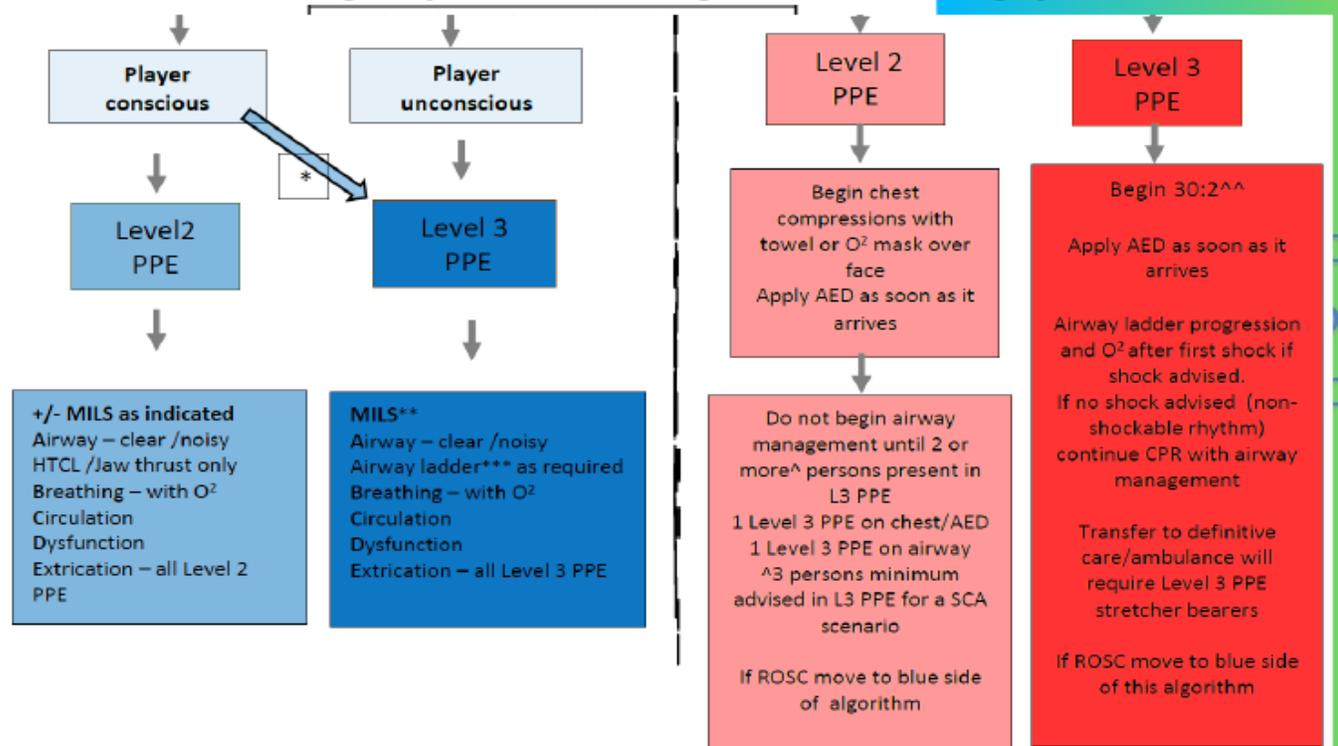
PPE guidance for specific clinical situations that may be encountered in the sporting environment

Clinical situation	PPE Level required
Maintaining social distancing as advised <b>NO</b> face to face contact risk	1
<b>NOT</b> maintaining 2m distance, <b>WITH</b> face-to-face contact risk	2
Wound care, excluding oral / dental / nasal injuries	2
Uncomplicated Head Injury Assessment (HIA)	2
Managing complex injuries, with no C-spine involvement i.e. shoulder dislocation, fracture, ACL injury	2
Medical emergency <b>WITHOUT</b> potential for airway compromise	2
Cardiac arrest <b>WITH</b> face covered (towel or non-rebreather mask acceptable) continuous compressions, AED <b>WITHOUT</b> airway interventions	2
Wound care, all medical procedures excluding nasal, oral and dental injuries	2
Performing a nasopharyngeal swab	2
Procedures such as managing epistaxis or oral injuries	3
Aerosol Generating Procedure	3
Medical emergency <b>WITH</b> potential for airway compromise i.e. complicated head injury, choking	3
Cardiac arrest - <b>WITHOUT</b> covered compressions (30:2), AED and airway interventions	3

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# Summary (Primary Survey)



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# Summary (CPR)



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Clinical situation	PPE level required
Medical emergency WITH potential for airway compromise i.e. complicated head injury, choking	3
Cardiac arrest- WITHOUT compressions (30:2) with face covered, AED and airway interventions	3

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**Appendix 5:****Club Declaration (To be returned to UAERF before any further training can commence)****Club Name** Dubai Exiles Rugby Football ClubThe nominated COVID Co – Ordinator is: **Name** Jonathan Ebbitt / Rob Riding**Email** covidcoordinator@dubaixiles.com**Mobile** 050 777 4623

Essential Action Points	Complete
Symptom checking mechanism in place for every session in line with Appendix 1	Yes
Temperature screening in place at venue entry point	Yes
Suitable and sufficient material available for sterilization of equipment	Yes
Protocols in place for equipment sterilization throughout training sessions	Yes
Contact tracing protocols in place (contact details, record of training session pods)	Yes
COVID Managers appointed and briefed	Yes
COVID Coordinator appointed (details above please)	Yes
Facility compliant with Emirate specific guidelines (e.g. for Dubai DSC governs)	Yes
All coaches, managers, medics and COVID managers briefed on RTP protocols	Yes
All players informed of RTP protocols	Yes
Medics suitably equipped and familiarized with revisions to CPR detailed in this document	Yes

On behalf of the **Rugby Club** detailed above I declare that all of the pre-requisite measures detailed in the UAERF Covid-19 Return to Play Guidelines dated 20 December 2020, v5.

**Signed (Club Chairman)**  **Name** Robin Mark Riding**Club Appointment** 8th October 2019**Date** 27th December 2020

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