FEDERATION INTERNATIONALE DE L'AUTOMOBILE

GUIDELINES
MITIGATION PLANNING AND RISK ANALYSIS

"RETURN TO MOTOR SPORT"
in the context of the COVID-19 Pandemic

26th June 2020
Release: 2.0

A WORLD IN MOTION

FEDERATION INTERNATIONALE DE L'AUTOMOBILE

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FOREWORD

This document presents guidelines for the identification and management of health risk at motor sport events regulated by the Fédération Internationale de l'Automobile (FIA) or by FIA recognised national sporting authorities, in the context of the COVID-19 pandemic. These FIA Return to Motor Sport Guidelines (Guidelines) are based on the input of relevant experts in the field of public health.

While every effort has been made to ensure that these Guidelines are based on the best information available at the time of writing (June 2020), it must be acknowledged that the understanding of the COVID-19 virus continues to evolve at a rapid rate. These Guidelines are therefore subject at all times to the relevant regulations and recommendations issued by the competent national and international health authorities.

These Guidelines are primarily designed for use in the organisation of motor sport events run in accordance with the provisions of the FIA International Sporting Code (ISC) and its appendices.

These Guidelines are intended to offer guidance on the measures recommended to minimise the risks to the heath of participants at such events in the context of the COVID-19 pandemic.

The contents of these Guidelines are not binding and do not constitute FIA rules or regulations or have any binding regulatory force.

These Guidelines will remain in effect unless and until amended or withdrawn by the FIA.

These Guidelines will be expanded to include additional considerations specifically relevant for closed road competition at the earliest opportunity. Updated versions of these Guidelines will be published on the FIA website "Return to Racing" Resource Page (**12.1**).

The "important information" icon, shown to the left of this text, is used throughout this document to draw the reader's attention to specific suggestions and/or recommendations within each section. The use of this icon is solely intended as an aid to navigation through the information presented. Highlighted points do not represent an exhaustive list of suggestions and/or recommendations within these Guidelines.

1. INTRODUCTION

1.1. CONTEXT

The COVID-19 pandemic has resulted in the suspension of international motor sport. With the progressive easing of restrictions and the ongoing risk associated with the disease for the foreseeable future, it is important that we manage the transition to the 'new norm' operating environment in a responsible and structured manner.

These Guidelines have been developed to capture in a risk-based framework both Operational Considerations and Medical Considerations which are specific to motor sport activity, using best practice methodology and guidance from the World Health Organisation (WHO), to assist and guide our key stakeholders in establishing their own requirements and standards to provide and maintain a safe and healthy work environment for all involved in the sport.

They are not designed to be prescriptive but to provide guidance for each stakeholder in deciding how to mitigate the risk of exposure to COVID-19 within the context of their own responsibilities and functions within the sport. It is incumbent on us all to manage the ongoing COVID-19 risk as effectively as possible, including providing and maintaining a work environment that minimises the risk to health and safety, in order for us to be able to resume motor sport activity following the COVID-19 pandemic.

These Guidelines will need to be adapted to fit within the ever-changing risk environment and particularly the national, regional or local laws applicable to the jurisdiction within which the sport will be conducted and to the associated jurisdictions involved in the transport and logistics support for the sport. This will inevitably mean that motor sport activity will recommence in different stages, in accordance with the relaxation of these laws and regulations. It is acknowledged that, as a result of ongoing restrictions, some motor sport disciplines by their nature will suffer longer delays than others.

It is critical to the motor sport industry and the community more broadly that we develop a strategy to manage the risks associated with the resumption of motor sport in the most expeditious and responsible manner possible in the COVID-19 environment.

To underpin these Guidelines, FIA has consulted broadly with a number of expert bodies and individuals and drawn upon published documentation from a variety of organisations, federations and agencies to ensure a holistic approach. Importantly, the primary responsibility will always sit with the local organiser to ensure that any national, regional or local laws, regulations, policy, guidance, or advice issued by the competent authorities in the territories relevant to the event are complied with at all times. If those laws, regulations, policy, guidance, or advice are contrary in any respect to these Guidelines, they prevail and must be followed instead of the Guidelines.

It is generally acknowledged that outdoor activities are a lower risk setting for COVID-19 transmission. With that in mind, it is important to note the following:

a) Motor sport activity is conducted outdoors and, in most cases, in locations with a large site area;

b) Motor sport is a non-contact sport conducted by people who are 'isolated' in a vehicle; and

c) Events can be run without spectators.

This presents opportunities for all key stakeholders to implement practical strategies to segregate different groups of people in order to comply with the various restrictions which may be in place.

1.2. KEY PRINCIPLES

a) To provide Guidelines that act as a reference point for relevant information and facilitate a consistent, workable approach for motor sport competitions in a COVID-19 operating environment;

b) To develop public health guidance for motor sport events to assist the relevant stakeholders in the development of an event plan that includes:

   (i) a suite of fit-for-purpose risk mitigation measures to apply across the sport;

   (ii) the transmission mitigation measures, testing or monitoring of participants before, during and after an event; and

   (iii) their interactions with regulatory and administrative bodies.

c) To provide a framework that is adaptable to the various levels of motor sport competition to meet Government Guidelines and Regulations that are in force in various jurisdictions which must be adhered to and respected; and

d) To develop a monitoring and tracing medium whereby possible close contacts can be readily identified in a timely manner.

1.3. DELIVERABLES

The deliverables arising from these Guidelines include:

a) A standardised COVID-19 risk assessment template for use by key stakeholders involved in motor sport;

b) Universal minimum risk mitigation strategies recommended to be applied and augmented by the relevant stakeholders;

c) An expectation that each stakeholder develops and implements a documented plan for their particular role/function at each event;

d) A review and where required modified rules and regulations applicable to the sport and risk environment; and

e) Confidence and approval by the respective governments and regulatory authorities to support the resumption of motor sport within their jurisdiction.

1.4. EVENT STAKEHOLDERS

The following key stakeholder groups have been identified when considering the implementation of the guidance contained herein.
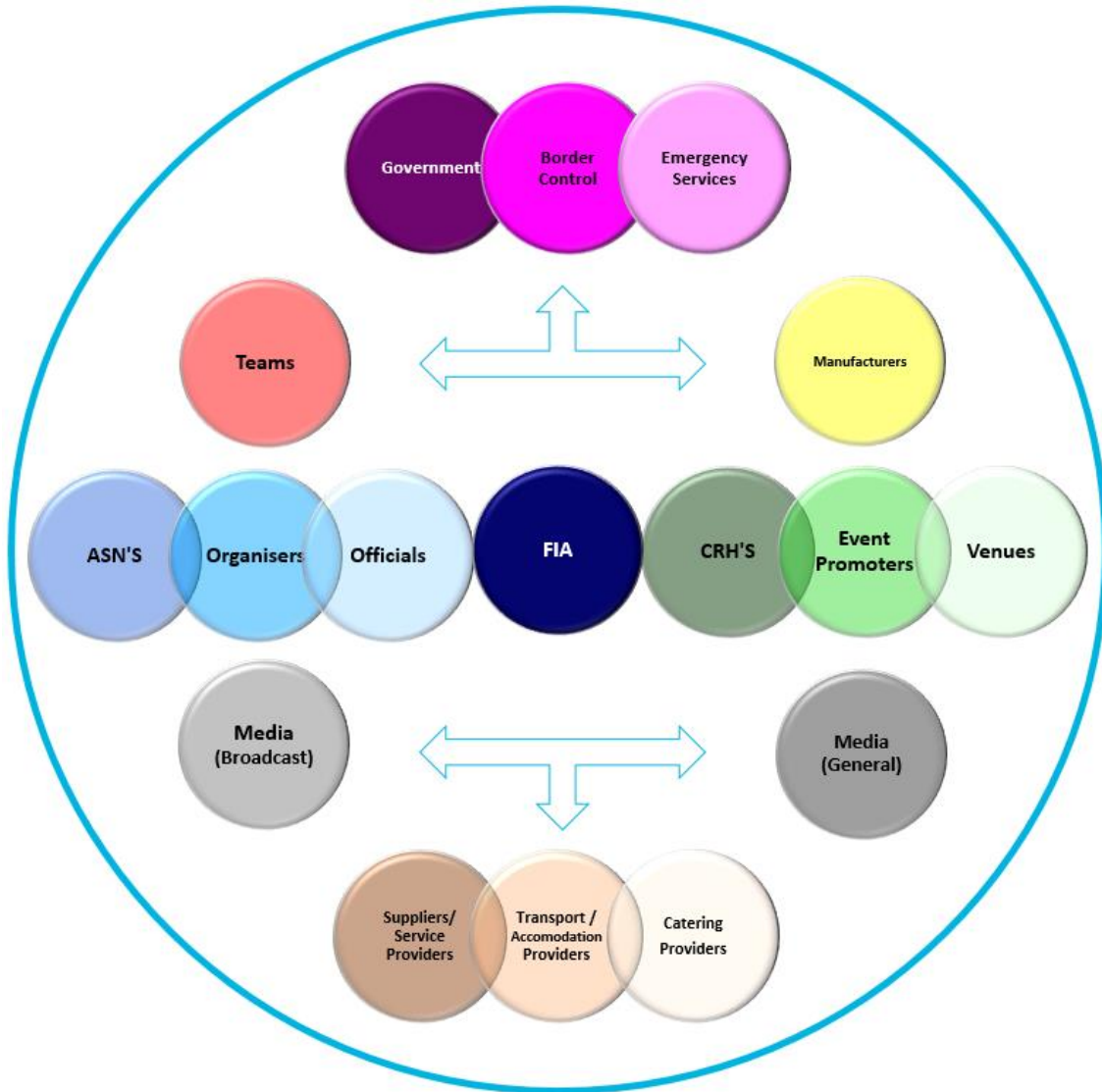
2. OBJECTIVES OF THESE GUIDELINES

These Guidelines aim to achieve the following objectives:
- Help ensure that a motor sport mass gathering event can be planned and executed in line with relevant best practice and in accordance with national public health guidance and regulations;
- Provide relevant health guidance for all key stakeholders of a motor sport mass gathering event;
- Provide a robust framework for the detection, isolation and management of a positive COVID-19 infected person or persons during a mass gathering motor sport event; and
- Identify and share best practice for event management in the context of the COVID-19 pandemic, ensuring collaboration and exchange with all motor sport stakeholders as well as other sporting authorities.

3. MAINTAINING SAFETY IN MOTOR SPORT

It is anticipated that the organisation of a motor sport mass gathering event in the context of the COVID-19 pandemic will require all stakeholders to make significant adjustments to their traditional operating procedures and processes with the aim of mitigating the risk of virus transmission. In all likelihood, the majority of event activities will have to be amended, to a lesser or greater extent, in order to avoid or mitigate the risk of COVID-19 transmission.

However, there are aspects of a motor sport event that cannot and should not be compromised, principally activities relating to the assurance of safety in the context of motor sport competition.

The requirements for motor sport safety, as elaborated in the ISC and its appendices, must be maintained at all times. Nothing in the implementation of avoidance or mitigation actions in the context of COVID-19 must be allowed to compromise on-track medical and rescue accident response capability, on-track technical and medical services provision, patient transportation, medical centre clinical provision, or hospital referral capability.

Whilst acknowledging the delivery of these safety provisions must not be compromised, it is the responsibility of all stakeholders to ensure to the greatest extent possible that those who are responsible for performing these roles are not exposed to undue risk of COVID-19 transmission.

4. GENERAL INFORMATION ON COVID-19

WHO resources for improving public understanding of the COVID-19 pandemic can be accessed via their website **HERE**

Key WHO information required for the effective use of this document is reproduced below for reference.

4.1. WHAT IS CORONAVIRUS & COVID-19?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes the coronavirus disease COVID-19.

4.2. WHAT ARE THE SYMPTOMS OF COVID-19?

The most common symptoms of COVID-19 are fever, dry cough, and tiredness.

Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhoea, loss of taste or smell, a rash on skin, or discoloration of fingers or toes. These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms.

Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who get COVID-19 becomes seriously ill and develops difficulty breathing.

Older people, and those with underlying medical problems like high blood pressure, heart and lung problems, diabetes, or cancer, are at higher risk of developing serious illness. However, anyone can catch COVID-19 and become seriously ill.

4.3. HOW DOES COVID-19 SPREAD?

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks.

These droplets are relatively heavy, do not travel far, and quickly sink to the ground. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth.

4.4. COVID-19 TERMINOLOGY & DEFINITIONS

MASS GATHERING ("MG")

The WHO states in their guidelines: "MGs are characterized by the concentration of people at a specific location for a specific purpose over a set period of time and which has the potential to strain the planning and response resources of the country or community. The definition is purposefully not linked to the size of the gathering or the number of people (although this obviously has an impact on the assessment of associated risks) because each community has a different capacity to manage crowds of people…"

In practical terms, for regulation and guidance, national authorities may place a numerical limit for the definition of a mass gathering.

INFECTED PERSON

An infected person is a person who has a positive PCR (laboratory) test confirming the presence of COVID-19.

POTENTIALLY INFECTED PERSON

A potentially infected person is someone who presents symptoms suggestive of COVID-19 following a close contact with an infected person, but is not confirmed as an infected person due to lack of testing result.

SOCIAL DISTANCING

Social distancing, also called physical distancing, is a set of interventions or measures taken to prevent the spread of a contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other. As described above, the precise definition of social distancing can vary between territories.

CLOSE CONTACT

A close contact can be defined as:
- Had "contact" with an infected person; where contact is physical proximity within 1 metre and for a time period of >15 minutes.
- Provided direct care to an infected person without using proper personal protective equipment.
- Stayed in the same close environment as an infected person (including sharing a workplace, classroom or household or being at the same gathering) for any amount of time.
- Travelled in close proximity with (that is, within 1 metre separation) from an infected person in any kind of conveyance.

ISOLATION

This is the separation of ill or infected persons from others to prevent the spread of infection or contamination.

QUARANTINE

This is the restriction of activities or the separation of a person or persons who are <u>not ill</u> but who may have been exposed to an infected person or disease. The purpose of quarantine is to monitor the symptoms of the potentially infected person or persons, whilst preventing further close contacts associated with potentially infected person or persons until such time as a diagnosis can be made.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter. It also includes respiratory protective equipment (RPE), such as face masks or respirators.

MEDICAL FACE MASK

A medical face mask (also known as surgical or procedure mask) is a medical device covering the mouth, nose and chin ensuring a barrier that limits the transition of an infective agent between the wearer and the patient. They are used by healthcare workers to prevent large respiratory droplets and splashes from reaching the mouth and the nose of the wearer and help reduce and/or control at the source the spread of large respiratory droplets from the person wearing the face mask. Medical masks comply with requirements defined in European Standard EN 14683:2019+AC:2019.

NON-MEDICAL FACE MASKS

Non-medical face masks (or 'community' masks) include various forms of self-made or commercial masks or face covers made of cloth, other textiles or other materials such as paper. They are not standardised and are not intended for use in healthcare settings or by healthcare professionals.

RESPIRATOR

A respirator or filtering face piece (FFP), is designed to protect the wearer from exposure to airborne contaminants (e.g. from inhaling infectious agents associated with inhaling small and large particle droplets) and is classified as personal protective equipment (PPE). Respirators are mainly used by healthcare workers to protect themselves, especially during aerosol-generating procedures. Valved respirators are not appropriate for use as a means of source control since they do not prevent the release of exhaled respiratory particles from the wearer into the environment. Respirators comply with requirements defined in European Standard EN 149:2001+A1:2009.

5. CORE TRANSMISSION MITIGATION MEASURES

A number of core actions intended to mitigate the transmission of COVID-19 have been widely publicised and broadly adopted in the majority of territories in daily life since the start of the COVID-19 outbreak. A key point of focus in the planning of an event is, as far as practically possible, facilitating the continued use of these core transmission mitigation measures.

During pre-event planning and risk analysis, any situations or circumstances of the event that preclude the implementation of some or all of these core actions must be identified, and additional proportionate mitigating actions must be put in place.

Clear information (briefings, signage, etc.) must be provided for all personnel on-site as to the expected use of core virus transmission mitigation measures. Furthermore, any situational relaxation of core measures, and the associated alternative mitigations, must be specifically and clearly notified to relevant individuals or groups.

It is noted that not all core measures have been adopted in all territories, and some variations exist in implementation, for example the exact spacing associated with social distancing can vary from territory to territory. It is again re-iterated that overriding the recommendations or guidance contained in this document is the need to adhere to all national governmental advice and policy provided by the relevant authorities local to the proposed event site. It is the responsibility of the organiser of each event to ensure compliance with their national governmental advice, policy and regulations.

5.1. SOCIAL DISTANCING

Social distancing, or physical distancing, is widely accepted as being one of the most effective measures for mitigation of COVID-19 transmission. Although the specific definition of separation distance required can vary slightly between territories, the adoption of this measure is almost universal.

It is recommended that event organisers utilise social distancing, in line with local guidance and regulations, in all indoor and outdoor spaces, and as far as practically possible within the constraints of safe working practice. A separation distance of 2 metres between individuals is suggested for the definition of social distance requirements. Signage should be erected in all areas describing the expected behaviour. In areas where safe working practice does not allow for social distancing, the relaxation of this measure should be clearly signed, along with information on any alternative or additional mitigations (such as use of masks, goggles or gloves) to be used in light of the relaxation of social distancing requirements.

Additional practical measures should be deployed, where possible, to reinforce and facilitate the social distancing measures, such as creation of one-way systems for pedestrians in busy areas and marking of the suggested social distancing separation in areas where queues are likely to form.

5.2. HAND HYGIENE

As described earlier in this document, COVID-19 spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks.

These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. Consequently, infection can occur by touching these objects or surfaces, and then transferring of the virus into the body by touching their eyes, nose or mouth. The regular, and effective, washing of hands is a proven mechanism to mitigate virus transmission through contact with contaminated surfaces.

It is recommended that all stakeholders promote the use of regular and effective handwashing as part of their virus transmission mitigation measures. In practical terms this will mean, where possible, provision of additional hand washing facilities and/or provision of alcohol-based hand rub for use in all public and working spaces. The benefits of frequent handwashing, as well as the correct procedure to be followed for effective handwashing, should be actively signed in all event spaces.

5.3. RESPIRATORY ETIQUETTE

Good respiratory etiquette is a mitigation measure aimed at physically containing the small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. In the context of COVID-19, additional efforts should be made to catch fluids expelled during coughing or sneezing in a tissue, which can be safely disposed of. At a minimum, these expelled droplets can be entrapped on the person by coughing or sneezing into the crook of the arm.

It is recommended that all stakeholders promote good respiratory etiquette through the use of signage explaining the benefits in all event spaces. In addition, provision of suitable, sealed, disposal points for potentially contaminated tissues (and other PPE items) should be considered as part of the event infrastructure.

5.4. USE OF MASKS AND FACE COVERINGS

Of all the core measures adopted globally to mitigate virus transmission, the use of masks and face coverings in the community setting (as opposed to the clinical or care setting) varies most widely between countries. As highlighted in the information from the WHO, this is a topic of continued study yet no conclusion as to the effectiveness of masks worn by non-symptomatic people in daily life for the prevention of transmission is fully accepted by the scientific community. Despite this, some

key points regarding the use of masks and face coverings in the community setting are widely accepted:

- Respirators may prevent contraction and spread of the disease. However, devices of this specification remain in short supply, and should be reserved for health care workers;

- The use of medical and non-medical masks in the community setting help to prevent droplet spread from loud talking, laughing, or coughing. They also prevent users from touching their faces, and thus can be considered to prevent spread via the surface contact mechanism; and

- The use of medical or non-medical face masks in the community setting should be considered only as a complementary measure and not as a replacement for established preventive measures, for example physical distancing, respiratory etiquette, hand hygiene and avoiding touching the face, nose, eyes and mouth.

The WHO Q&A on "Masks and COVID-19" can be found **HERE**, and the more detailed WHO advice on "When and how to use masks" can be found **HERE**.

With increasing scientific evidence, growing consensus and wide scale adoption of the practice in some territories the wearing of a basic face mask or cloth face covering by all attendees of an event is recommended as a simple and cost-effective step that can potentially mitigate transmission. In addition, it is noted that this is a clear and visible indicator to the public that responsible measures are being taken in the organisation of the event towards public safety.

5.5. REGULAR HEALTH CHECKS / TESTING

Early identification of infected or potentially infected people, to enable initiation of relevant quarantine or isolation measures, is vital in mitigating the spread of COVID-19. It is for this reason that relevant best practice guidelines suggest the implementation of frequent, in most cases daily, health checks for all event attendees. Self-evaluation checklists are proposed as the simplest method to achieve this objective. It is acknowledged, however, that as we move through the phases of the pandemic, and as more resources are deployed in the development of effective diagnostic tests, that relevant best practice guidelines are likely to move towards regular testing, due to the concerns over the potential for asymptomatic infected people to spread COVID-19 in the community.

It is recommended that event organisers put in place a screening health check plan and system for their event, and it is specifically noted that this must be in accordance with relevant national health authorities and data protection policies. As a minimum measure, the use of a self-evaluation screening tool, e.g. "online questionnaire", is recommended. This should be completed by all event attendees prior to arriving at the event. It is also recommended that it be completed at frequent intervals (every 24 hours) during the event.

5.6. CONTACT TRACING

Contact tracing is a core mitigation measure intended to amplify the effectiveness of rigorous and regular health checks described above. Contact tracing aims to facilitate not only the early action to quarantine or isolate a potentially infected or infected person who has reported, but also allows the effective identification and quarantine of people who have been in close contact with this person. Regular health checks can be used to break a link in the infection chain, but when used in combination with effective contact tracing it is possible to remove multiple (possible) links simultaneously.

Effective contact tracing can be used as a tool to mitigate virus transmission within an event community but equally as important, if not more so, is the use of contact tracing for mitigating virus transmission in the local community surrounding the event.

> It is recommended that event organisers should actively promote the use of any contact tracing technology or system deployed by the relevant local authorities amongst all event attendees.

If an event is proposed in a territory that has not nominated or adopted a contact tracing solution, then it is suggested that the event organisers should consider the deployment of such a system for their event. It is noted that there is an increasing number of suppliers offering not only mobile phone based solutions, but also specific "wearables" that can provide contact tracing as well as support for social distancing measures using proximity alarms.

Where an event organiser elects to deploy some form of contact tracing solution, consideration should be given to offering this to the local community surrounding the event location. Doing so would provide not only a sound mitigation strategy against COVID-19 transmission but also a positive legacy of the event for the local community and a clear demonstration that every reasonable effort is being made to ensure the event does not negatively impact the event locality.

5.7. LEGAL CONSIDERATIONS FOR USE OF CORE MEASURES

Health screening and contact tracing involve processing of personal data. As information about health is involved, the data is particularly sensitive. Organisations must ensure that they meet data protection requirements. Where organisations process data about their employees, then employment law is also relevant. Key points to consider are set out below, but law and guidance varies by county so organisations must check what is required locally.

- Pre-event and event screening could be achieved either by asking participants to complete and return questionnaires (which allows an organisation to give more guidance to participants) or by providing guidance to participants and asking them only to attend if they are confident that none of the listed risk factors apply to them. The second approach minimises the processing of personal data. In some countries there is guidance from data protection authorities or labour law authorities stipulating which approach must be taken.

- Regular testing necessarily involves processing of health data about employees. Testing should be carried out under the responsibility of a healthcare professional. Organisations should check if they are able to process such data to ensure the health and safety of employees, or if, under local law, they are only allowed to process "fit to work"/ "unfit" type information. Tracing can be carried out manually or by using a tracing app. A tracing app can be more efficient for participants and for organisations. However, tracing apps involve processing of very detailed location data - they should only be used on a voluntary basis, with the explicit consent of participants, with manual tracing as the alternative for participants who do not wish to use an app.

- Organisations should ensure that they provide a privacy notice to participants, explaining the purposes for which personal data will be processed. If organisations intend to ask for consent to any of the processing, they should only rely on consent when it is freely given. For example, in the context of pre-event screening and testing, this could mean making clear to participants that there is no obligation to attend the event and that there will be no detriment for employees who do not attend.

- For each type of processing (pre-event; testing during the event; tracing), organisations should only process personal data that is necessary as follows:
  - Only collect the data that is necessary to achieve the objective
  - Apply need to know access controls
  - Determine for how long the data must be kept and destroy the data securely at the end of this period.

- For all personal data which is processed, ensure you take technical and organisational measures to keep it secure. If you appoint a service provider to process data for you, make sure you check their suitability and put required contract terms in place. If you collaborate with others to take key decisions about personal processing together, again, check you have appropriate arrangements in place for joint controllers.

6. CONSIDERATIONS FOR A MOTOR SPORT MASS GATHERING

The various WHO guidance documents provide significant information on health considerations for mass gathering events. The following sections of these Guidelines highlight and elaborate upon certain topics which have been considered specifically relevant in the context of COVID-19, and where integration with the standard operating procedures of a motor sport event should be considered.

6.1. BEFORE THE EVENT (PLANNING)

6.1.1. COMMAND AND CONTROL STRUCTURES

The Guidelines assume that for any aspect of a planned motor sport mass gathering event there will already be a relevant authority that is tasked with decision making in the event of any emergency situation. Furthermore, it is envisaged that the existing relevant authority will make decisions in relation to a COVID-19 emergency situation. In order for the relevant authority to make informed and effective decisions in relation to COVID-19, and in order for them to be satisfied that all necessary measures have been put in place in relation to COVID-19, it is recommended that the event organisation structure be augmented with specific additional roles / groups as outlined below.

It is recommended that the event organiser forms a working group to oversee all aspects of COVID-19 preparations for the event (the "COVID-19 Contingency Working Group"). Furthermore, it is suggested that the event organiser appoints a "COVID-19 Response Coordinator" to act as a primary communication path between the COVID-19 Contingency Working Group and the applicable authority, as well as manage the activities of the COVID-19 Contingency Working Group.

It is highly recommended that prior to the event the COVID-19 Response Coordinator liaises with the applicable authority to agree, as far as possible, likely decision points and specific trigger conditions that would require significant modification to, restriction of, postponement of, or indeed cancellation of the event.

6.1.1.1. COVID-19 Response Coordinator

The following guidance is offered regarding the role of the COVID-19 Response Coordinator:
- The role should be central to all aspects of medical and public health planning for the event in relation to COVID-19; and
- Their duties, to be agreed and refined locally, should include but not be limited to, ensuring the COVID-19 Contingency Medical Plan is fully implemented, liaising with stakeholders and key groups, and monitoring the local COVID-19 situation to regularly update the Working Group (6.1.2).

6.1.1.2. COVID-19 Contingency Working Group

The following guidance is offered regarding the role and composition of the COVID-19 Contingency Working Group:

- The group should include, at a minimum, the COVID-19 Response Coordinator, Chief Medical Officer (CMO), and the event Medical Services Manager (or equivalent);
- It is highly recommended that an additional member with expertise in Infection Prevention and Control is co-opted to advise the Group on specific or locally identified needs; and
- Other members may include a senior representative from the:
  - o Venue Cleaning and Maintenance department (or equivalent); and
  - o Event Security Team.

6.1.1.3. Medical preparedness and response planning for COVID-19

It is recommended that event organisers produce, or create a specific working group (as outlined above (6.1.1.2) to produce, a COVID-19 Contingency Medical Plan for the event. This document should be shared with all relevant event stakeholders. A sample COVID-19 Contingency Medical plan is included in Appendix 6 ("Sample Medical Contingency Plan for COVID-19") of these Guidelines.

The following guidance is offered for the generation of a COVID-19 Contingency Medical Plan. It is suggested that COVID-19 Contingency Medical Plan should:

- Be regularly updated to incorporate current best practice, knowledge and guidance, including but not limited to:
  - o Core recommendations from local, and national and international health organisations (including the WHO);
  - o All Medical Centre / Medical Services procedures and practices specifically aimed at the event response to COVID-19;
  - o Action to be taken (detailing collection, isolation and subsequent management) if someone presents with symptoms of COVID-19;
  - o Processes for cleaning and decontamination of areas that have contained an infected or potentially infected person;
  - o The correct use of medical PPE, including training; and
  - o The location and quantities of medical PPE available to the medical team.
- Incorporate a user-friendly Appendix that indicates, at a minimum:
  - o What action an event attendee should take if they feel unwell;
  - o How event attendees should access or contact the venue medical services, including a "hotline" contact telephone number; and
  - o How event attendees can access the host country's medical services.

It is suggested that COVID-19 Contingency Medical Plan be published and made readily accessible to all stakeholders of the event.

6.1.2. COVID-19 SITUATION MONITORING

Mass gatherings rely on many local emergency services in order to ensure safe running of the event. It is acknowledged that in the specific case of a motor sport mass gathering many emergency and medical services are replicated on-site due to the requirements of the sport. However, on-site medical and fire services have specific responsibilities relating to competition which should not be compromised and, in addition, are not sufficient to deal with a significant and unexpected emergency.

In order for the Organiser of a motor sport mass gathering to rely on local emergency services they must understand if the current COVID-19 situation allows for this capacity to be available. It should be noted that the COVID-19 situation in an event location can change quickly in the face of a local outbreak; thus, this is a situation that must be continually monitored.

It is recommended that the event COVID-19 COMMAND AND CONTROL STRUCTURES designate a specific person or persons as responsible for the monitoring of the local (and global) daily situation reports on COVID-19, including but not limited to, the most relevant and up-to-date reports, guidance and warnings from the relevant public health authorities (national and international).

The responsible person or persons should generate a summary of the relevant information on a daily basis during the event and provide this to the event command and control team, to allow the update of the relevant risk assessments and to ensure a sound foundation for decision making about the continued safety of the event.

6.1.3. LIAISON WITH LOCAL PUBLIC HEALTH AND INFECTION CONTROL SERVICES

It is highly recommended that the organiser of any motor sport mass gathering liaise closely with the local health, public health and Infection Control services specifically in regard to the COVID-19 pandemic. This may be done through the CMO or COVID-19 Response Coordinator.

It should be documented that the local health services provider(s) have given their written agreement to accept, test and treat COVID-19 patients presenting at the event. It is specifically noted that this is additional to the standard FIA regulatory requirements (Appendix H of the ISC) regarding access to local hospitals and associated medical services.

Of specific note, in most territories there will be a legal obligation for doctors, laboratories, or "persons responsible for the wellbeing of large groups" to report suspected and/or confirmed cases of COVID-19 to the relevant health authority of the country.

It is highly recommended that the organiser of any motor sport mass gathering takes legal advice in order to ensure compliance with all applicable laws in liaison with any third parties, including applicable health, public health and Infection Control services.

6.1.4. COVID–19 INFORMATION COMMUNICATION

The organiser, and indeed all stakeholders, of a motor sport mass gathering should consider the most appropriate communication channels to be used, during all phases of the event, to ensure that the most relevant and timely information relating to the COVID-19 pandemic is communicated to all persons involved in the event. The information communicated should be clear, comprehensible and facilitate understanding of all recommended actions regarding avoidance and mitigation of the risk of transmission.

Due to the constantly shifting nature of our understanding of COVID-19, guidance can change at any time. For this reason, stakeholders should consider how they can propagate critical communications to a wide audience at short notice during any phase of the event.

It is likely that all of these communication channels already exist and are used to good effect. However, the current environment creates uncertainty for many and, for that reason, effective, timely and reliable communication becomes critical.

Pre-Event:

Prior to a motor sport mass gathering event, stakeholders should make all appropriate guidance available to their staff so they can fully understand:

- The measures which will be taken to mitigate transmission before, during and after the event and additionally, any period between mass gathering motor sport events;
- All necessary travel and logistical guidance with information relevant to the home and destination country;
- The environment in which they will be working and how this will differ from a standard event;
- Their role in the process and how they can improve safety and reduce transmission risk;
- What is expected of them in terms of actions and conformity during the normal working day;
- If applicable, COVID-19 testing procedure and guidance relating to positive or negative results; and
- The post-event process of departure and travel.

Whilst this communication method is likely no different from that of 'standard' events, it is important to make individuals aware of the key principles that apply due to the presence of COVID-19.

Prior to an event, stakeholders should provide a mechanism for further consultation for those who have questions or concerns relating to their involvement in the event.

In addition to the information above, stakeholders are advised to hold a pre-event briefing for all staff. This will ensure that the latest guidance is available, while also providing a platform for discussion and clarification.

During the Event

Communication during a motor sport mass gathering event should be simplified by the fact that stakeholder groups will effectively be isolated, with their movements, locations and work processes more controlled, in an attempt to reduce transmission. Additionally, it is important that stakeholders have a mechanism for providing up to date information to all individuals for whom they are responsible.

Stakeholders should consider establishing reliable and robust mechanisms for updating event attendees either as individual groups (i.e. having access to key personnel) or "on mass". Daily briefings/debriefings should be considered as well as utilising technology for immediate transmission of information (e.g. WhatsApp groups within each stakeholder group or event information "Apps").

At the end of the event, stakeholders should consider holding a debrief to identify any issues, problems or risks associated with the amended ways of working driven by COVID-19. Additionally, the debrief should be used to identify best practice and where possible, stakeholders should share positive and negative experiences with a view to making future events safer and more robust. As this is a new environment for all stakeholders, each mass gathering motor sport event should be an opportunity to learn and adapt ahead of any planned future events.

Post-Event

After the event, it is suggested stakeholders should continue to provide information to all individuals to ensure their welfare and to provide updated guidance to them regarding future motor sport mass gathering events. It is likely that best practice guidance will change and therefore subsequent events may differ in approach, and hence the mitigation measures required will be updated. It is therefore considered vital that this is properly communicated to ensure that any changes are fully understood.

It is highly recommended that the organiser of any motor sport mass gathering takes legal advice in order to ensure compliance with all applicable laws in relation to information communication, particularly in relation to sensitive or medical data.

6.1.5. SIZE OF EVENT

The probability of COVID-19 transmission can be significantly reduced by limiting the number of people at any mass gathering event. Although other mitigation actions will be taken to guard against transmission, the simple fact remains that the fewer people that attend, the lower the risk of transmission will be.

The recommendation for all stakeholders involved in event organisation and execution is to assess their operational needs and apportion the most appropriate resources required on-site to meet the target of reducing total attendance at the event.

It is acknowledged that each individual who attends will typically have a specific role and set of work practices that they will be expected to fulfil throughout the duration of the event.

It is therefore recommended that all stakeholders perform a 'Task Risk Analysis' prior to the event in an effort to:

- Identify and eliminate any non-essential work/tasks;
- Review the required number of people to perform a task and amend where possible; and
- Review the way in which the work/task is currently carried out and see if it can be modified to allow/promote/increase social distancing and other core prevention strategies e.g. certain tasks moved to remote locations and executed "online".

As well as considering the mitigation of transmission risk of COVID-19, it is important to ensure that work/tasks can be completed safely, and specifically that health and safety regulations are not ignored or compromised in any way in the process described above (e.g. manual handling, lone working etc.).

For specific information on task risk analysis and guidance for the reduction of volunteers and officials, please refer to Appendix 5 ("Guidance on Reduction of Volunteers and Officials") of these Guidelines.

6.1.6. FORMAT OF SPORTING SCHEDULE

The importance to all stakeholders of maintaining a fair, fun and entertaining sporting event is acknowledged and not underestimated. However, in the context of the COVID-19 pandemic health considerations must become the driving force underpinning all event planning, organisation and execution activities.

It is suggested that relevant stakeholders (i.e. governing body, promoter and organiser) assess the "sporting" format of their event in order to identify points in the schedule which could compromise the application of any virus transmission measures (both core and mass gathering-specific). Applying basic risk analysis, these points should be avoided, where practical and possible, through modification of the sporting schedule and event supplementary regulations. If this is not considered practical or possible, then alternative mitigation measures should be identified, clearly communicated and implemented.

It is envisaged that there will be multiple "risks" that can be identified in the typical sporting schedule of any series, for which the risk analysis should be performed. By way of example:

RISK: Holding cars on the grid for an extended period prior to the start of the race can generate critical points where social distancing measures cannot be respected.

AVOID: It could be considered to remove the grid procedure from the event schedule and start the formation lap from the garages.

MITIGATE: Suitable mitigations could be to limit the time of the grid procedure (<15 minutes) and the number of personnel allowed to work on the car on the grid, thereby significantly reducing the number of close contacts.

In the extreme, consideration could be made to reducing the overall duration of the event by compacting the race schedule, shortening of on-track sessions, reducing the breaks between sessions, or running a greater number of track sessions per day.

The same is relevant for closed road (rally) events, where it may be advisable to propose shorter stages repeated more often, longer service times to allow for social distancing measures within the service park, or, as a more extreme measure, to run events as single-venue instead of multi-venue competitions. Closed venues such as race circuits, private land or military zones might give the best possibility to run a rally event in a controlled environment.

6.1.7. OPERATION OF "SUPPORT CATEGORIES"

The decision to operate so called "support categories" at a motor sport mass gathering event requires significant consideration in light of the COVID-19 pandemic. Aside from the obvious implications on number of attendees, these categories typically require additional and separate paddock areas, all of which require the same detail of planning, preparation and provision for virus transmission mitigation measures.

The decision to include support categories on the sporting schedule can only be taken by the event organiser and promoter. However, in light of the likely absence of spectators on-site and the significant additional resources required to prepare the event in the context of the COVID-19 pandemic, the reduction of support categories is suggested as a useful means to reduce the size of the event and hence mitigate the risk of COVID-19 transmission.

6.1.8. ATTENDEE RISK PROFILING

Certain individuals are at higher risk from COVID-19. In the first instance, it is recommended that all stakeholders check the current guidance applicable to the host country of the event. The guidance outlines exactly what would place an individual in a higher risk category in the event of contracting COVID-19. Stakeholders should ensure that those at greatest risk avoid attendance. Where individuals cannot be excluded on this basis, appropriate additional mitigation measures should be considered. This could be achieved by screening questionnaires, or by guidance and self-declaration.

WHO Q&A on 'at risk' groups can be found **HERE** – The WHO notes in particular that "Older people, and people of all ages with pre-existing medical conditions (such as diabetes, high blood pressure, heart disease, lung disease, or cancer) appear to develop serious illness more often than others."

6.1.9. STAKEHOLDER RESILIENCE

Following the identification of a potentially infected person or persons, either through self-reporting of symptoms or through the disclosure of a positive COVID-19 test result, the initial actions to be taken would include immediate quarantine and possibly subsequent isolation of the person(s) in question. Failure to consider such measures during the planning of the event could result in the

inability of a stakeholder to deliver event-critical services. It is highlighted that this is especially critical for staff directly involved in the delivery of the on-site safety provisions required for motor sport.

It is suggested that all stakeholders should consider the "resilience" of their operational structures against the loss of key personnel due to COVID-19 during the event, so as to avoid, to the maximum extent possible, the cessation of event activities due to the loss of critical event services.

In its simplest form, this would likely involve identifying alternative personnel, already on-site, who could assume event critical roles at short notice. A more comprehensive solution may be the formation of a reserve "team" that is held off-site, but that has undertaken the same pre-event regime as those who are in attendance.

It is understood that the formation of complete back-up teams, held off-site but subject to all event mitigation measures, may be prohibitive for many reasons. However, it should be considered, especially in the understanding that the isolation of a person(s) (and the quarantine of anyone who has been in close contact with them) may be required for up to 14 days. Consequently, a significant number of personnel could become unavailable for the following event.

6.1.10. "GROUP SEPARATION" STRATEGY

In motor sport, it is common for stakeholders to send small-to-medium-sized groups of personnel to an event, rather than individuals. In addition, compared to many sports, the number of discrete stakeholder groups on-site is typically larger due to the number of teams present. These groups will have likely been working closely together before the event at their home location, will travel together to the event, and will work in close proximity to each other during the event.

The Group Separation Strategy is a mitigation measure which acknowledges that within certain groups of a population it will not be practical, possible or advisable on grounds of safety to use all core virus transmission mitigation measures (e.g. social distancing) at all times.

It is acknowledged and accepted that not all core mitigation measures will be used within a Group at all times. The focus of mandated mitigation measures shifts to minimising the risk of virus transmission between Groups

The retention of as many mitigation measures as possible within a Group without unduly jeopardising safety, regulatory compliance or the ability of a competitor to participate in the event is clearly advisable.

Conceptually this is no different to measures put in place in many territories, where national government guidance and regulations have referenced "members of the same household" in lieu of the term Group. It has been accepted that "members of the same household" cannot practically use all core virus transmission mitigation measures at all times, and thus have been able to continue to socialise, travel or exercise together.

The "Group Separation" strategy aims specifically to reduce the probability of virus transmission between these individual Groups.

It is suggested that all stakeholders at an event adopt, where possible, the concept of Group Separation. This means that all stakeholder groups, irrespective of size, are a nominated "Group". A Group may live, work and travel together but should not socialise with members of other Groups and should remain as independent as possible for the duration of the event. The number of interactions between Groups should be minimised to mitigate virus transmission between Groups. Where interactions between Groups cannot be avoided, without unduly jeopardising safety, regulatory compliance or the ability of a Competitor to compete in an event, social distancing should be respected or additional personal protective equipment should be used to mitigate virus transmission.

In practical terms, the adoption of the Group Separation strategy will have implications for logistics of travel and accommodation for each stakeholder group. However, it will also have implications for event infrastructure, for example the provision of separated catering facilities and separated toilets for each Group.

It is specifically highlighted that the Group Separation strategy can also be scaled within stakeholder groups, using Sub-Groups (i.e. smaller groups within a larger Group) to mitigate the possibility of large numbers of personnel from a single stakeholder being subject to quarantine or isolation in the event of the identification of an infected person or potentially infected person(s).

6.1.11. USE OF SUB-GROUPS

As a result of the relaxation of mitigation measures within a Group, in the event of the identification of an infected or potentially infected person, a significant proportion of the Group to which they belong could be identified as "close contacts" and hence be subject to quarantine and/or COVID-19 testing, dependent upon the relevant event local health authority guidance and regulations.

As noted above, it must be acknowledged that the risk of virus transmission within a Group is increased and with it the probability for the loss of a number of personnel from a Group to enter quarantine, isolation and treatment, in the event of an infected person entering the group.

For this reason, it is strongly recommended that all event stakeholders be encouraged to divide their personnel into smaller Sub-Groups to improve operational resilience. As with Groups, the number of interactions between Sub-Groups should be minimised, and where interactions between Sub-Groups must occur, social distancing must be respected, or additional personal protective equipment should be used. Due to the intrinsic link between a stakeholder's individual operational processes and the definition of practical Sub-Groups, the use of Sub-Groups will typically be at the discretion of each key stakeholder.

It is essential that event organisers considering the adoption of the Group and Sub-Group Separation strategy fully understand the related information contained within these Guidelines and are prepared to actively manage these Groups and Sub-Groups before, during and after the event.

The entry of a Group member into a Group or Sub-Group (in terms of quarantine or validated testing), the contact tracing of all members of a Group or Sub-Group during an event (in terms of monitoring "close-contacts") and the post-event follow up of confirmed close contacts (in the case that one of the Group or Sub-Group members tests positive for COVID-19) are all essential considerations that must be fully understood.

6.1.12. USE OF SUB-GROUP CONCEPT IN MULTI-OCCUPANT VEHICLES

Of specific note, multiple persons expected to operate a single vehicle or to carry out official duties as a crew for a prolonged period of time during an event should be considered as a designated Sub-Group, with defined entry and exit criteria for this Sub-Group.

In this context, entry and exit criteria will likely include quarantine or COVID-19 testing, both pre-event and post-event. It is suggested that in the case post-event tests prove negative, then the persons can leave the Sub-Group and resume normal daily activities. All such entry and exit criteria must be defined in compliance with relevant local health authority guidance and regulation. Of specific note it is suggested that these conditions should be discussed and agreed as part of the "Liaison With Local Public Health And Infection Control Services" **(6.1.3)**.

It is strongly recommended that persons in close contact, by virtue of sharing a vehicle cockpit space, have provided an assessment of their current health status in regard to COVID-19 conditions.

This declaration of health status should be provided by, at a minimum, the following parties:

- Each competitor in a shared Endurance Racing, Rally, Hill Climb or Cross-Country vehicle
- Each person who will share a vehicle for official duties at an event such as:
    - Fire and Rescue Intervention Vehicles
    - Safety Car / Course Car
    - Medical Responders
    - Recovery

The purpose of this process should be to ensure that each attendee is informed of relevant health risks for them associated with travel to and/or attendance at the Event, such that they have been provided the opportunity to make informed choices about Event attendance.

Any Health Screening and Risk Profiling process will involve the handling of sensitive data relating to an attendee, and thus will be governed by data protection, privacy and labour laws. In order to facilitate each attendee completing this process, it is incumbent on each stakeholder to define the fit-for-purpose process, relevant for them and their attendees, respecting all legal obligations relevant in their territory.

6.1.13. VENUE PREPARATION

6.1.13.1. Reducing Necessary Infrastructure

Where possible, stakeholders should identify any infrastructure that could be omitted from the event, as this can decrease transmission risk by:

- Reducing the number of hours required for the event build/take down;
- Reducing the number of people required for the event build/take down; and
- Reducing proximal working.

6.1.13.2. Additional Infrastructure for COVID-19 Mitigation and Reaction

It should be anticipated that some additional infrastructure will be required in the paddock area for the mitigation of transmission, and additionally to facilitate the emergency medical response plan in the event of the reporting of an infected or potentially infected person(s).

GROUP SPECIFIC FACILITIES

If the event organiser deems it reasonable and necessary to adopt the Group Separation strategy (6.1.10) mitigation measure, then specific consideration will be required in the layout of the venue, and specifically of the paddock. In practical terms, this will require actions such as the creation of separated dining facilities and separated toilet facilities for each Group.

ISOLATION SPACES/UNITS

In the event of the reporting of a potentially infected person(s), the initial actions to be taken will include the isolation of the person(s) until such time as further examination and/or testing can be conducted to confirm, or otherwise, a diagnosis of COVID-19.

> Suitably equipped spaces/units should be planned and provided to facilitate the effective isolation of a potentially person(s) until such time as they can be tested and/or transferred to the relevant medical facility.

6.1.13.3. Cleaning

It is widely understood and accepted that the COVID-19 virus can remain active on surfaces for an extended period. The precise time for which the virus can remain active, on surfaces of various materials, has been the subject of several studies since the start of the pandemic. These studies have suggested that this period can be as much as 2 days on glass and 3 – 4 days on plastics and stainless steels; with one study finding it can remain active on used PPE (i.e. a medical mask) for up to 7 days.

It is also widely understood and accepted that, like other coronaviruses, the COVID-19 virus is susceptible to being broken down by common soaps and detergents due its' fragile outer (lipid) layer.

The specific points noted above, in combination with established general infection prevention and control principles, have resulted in almost universal adoption of higher frequency and thorough cleaning of commonly touched surfaces as a COVID-19 transmission mitigation measure.

It is noted that higher frequency and thorough cleaning of commonly touched surfaces should be understood to be only one part of a package of mitigation measures, including good hand hygiene (5.2) and the recommendation to avoid touching of the face, aimed at mitigating indirect transmission of COVID-19 via contaminated objects and/or surfaces.

It is suggested that, in the preparation of an event, prior to the arrival of event attendees and before control of any venue space is passed to an attending stakeholder, the organiser considers the completion of a thorough venue cleaning process. The aim of this process should be to ensure that all touch surfaces are effectively cleaned to remove, or reduce as far as possible, COVID-19 virus that may be present upon them. It is noted that, cleaning prior to an event should be followed by frequent and effective cleaning during an event (6.2.2).

The WHO document "Cleaning and disinfection of environmental surfaces in the context of COVID-19" can be found HERE. The WHO notes "The purpose of this document is to provide guidance on the cleaning and disinfection of environmental surfaces in the context of COVID-19."

6.1.13.4. Uncontrolled Spectator Areas

As stated in the introduction, these Guidelines assume the absence of spectators at the event. However, some event locations there will be areas of the track or course where spectators are uncontrolled, i.e. the competition passes through publicly accessible land, and that following the extended period of isolation which many have experienced, any sporting event may draw more spectator interest than normal.

In addition to any standard actions event organisers may implement with respect to spectator control in publicly accessible / uncontrolled areas, it is suggested that consideration is given to pre-event messaging, using event social media channels and advertising, to actively discourage attendance in these areas due to the COVID-19 context. As an additional measure, signage in these areas reminding people of the core virus mitigation measures could be deployed.

It is recommended to limit the number of set up crews to limit cross handling when preparing or breaking down spectator areas.

6.1.14. VENUE AND PADDOCK ACCESS CONTROL

The provision of access control for the venue, and possibly also for one or more Paddock(s), Service Park(s), or Service Area(s) within the venue, is a normal consideration in the organisation of a motor sport event. Furthermore, it is noted that this is typically undertaken as a security measure.

For the organisation of an event in the context of the COVID-19 pandemic, it is suggested that Venue and Paddock Access be reviewed from the perspective of transmission mitigation. This review should include the identification of risks associated with access control, but should also include identification of ways in which access control can be used to support transmission mitigation measures such as social distancing (5.1) and the Group Separation strategy (6.1.10).

Access controls points, in and of themselves, can present a risk for transmission of COVID-19. They can easily create "bottlenecks", should a number of attendees attempt to enter or exit an area at the same time, resulting in difficulty in maintaining social distancing. Suitable mitigations and measures to avoid this risk should be considered (e.g. additional or wider access points, staggered access times for different Groups, provision of social distancing signage, social distancing floor markers at access points).

As described above, it is recognised that access control can be used to positively support transmission mitigation measures. Event organisers may consider the use of tighter controls on which event attendees, are able to access which areas and at which times in order to maintain a more even distribution of event attendees within the venue at all times.

6.1.15. PROVISION OF SHARED EVENT SERVICES

Shared Services are generally the providers of a specific product or service which is used by a number of or all competitors at an event. The provision of a number of these services is a requirement to ensure that a motor sport event can take place.

It is recommended that each provider of a shared service develop their own specific COVID-19 management plan as it relates to their activity. As an example, if a shared service provider is required to have a staff member in a team garage, the provider should work with the team to ensure that their plans include a suitable area where the supplier staff member can be based during the event.

Should the provider of a shared service have a staff member who interacts with a number of teams, the provider may advise the teams concerned prior to the event and agree specific and restricted time periods during which they will provide their service to each team, such that each team may take steps in order to minimise close contact with team members.

All mitigation measures, use of PPE and testing requirements contained within these Guidelines should also apply to the providers of shared services.

6.2. DURING THE EVENT (EXECUTION)

6.2.1. MITIGATION MEASURES ENFORCEMENT

The topic of mitigation measures enforcement can be viewed in two distinct contexts: firstly, in the context of national law enforcement, and secondly, in the context of the need to ensure event specific measures are universally adopted by all event attendees.

6.2.1.1. National Enforcement

As described earlier in these Guidelines, an event organiser will be required to liaise closely with and respect laws, regulations, policy, guidelines, or advice of their national government for the organisation and approval of an event.

It is recommended that during consultation with local authorities, any COVID-19 mitigation measures where failure to comply can result in a fine or prosecution be clearly identified. Additional signage within the event site identifying the measures which are subject to legal controls should be considered. This is of specific importance for an event where attendees have travelled from abroad to participate.

6.2.1.2. Event Enforcement

The effectiveness of event specific mitigation measures depends upon adoption of these measures by all event attendees, not only within the event site but also during any social time away from the event site during the event. The importance of maintaining the event COVID-19 mitigation measures at all times should be made clear to all event attendees through relevant communication channels.

In addition to clear communication of the requirement to adopt all event COVID-19 transmission mitigation measures, it is recommended that an event organiser consider the addition of COVID-19 specific provisions to the terms and conditions of entry to the competition and/or to the event site, such that in the event of a person(s) failing to comply there is a clear basis for their removal from the venue.

6.2.2. VENUE CLEANING

As elaborated earlier in these Guidelines (6.1.11.3), the frequent and effective cleaning of surfaces in order to remove or reduce the amount of the COVID-19 virus on them, is considered to be an important measure in almost all relevant guidance on the transmission mitigation of COVID-19.

It is recommended that frequent (at least twice daily) and effective (using products that can be specifically identified as being effective for breaking down the COVID-19 virus) cleaning processes are considered. It is noted that this is of specific importance for all shared venue spaces and any areas used for personal hygiene purposes (e.g. washrooms and changing rooms). Cleaners and maintenance staff responsible for carrying out the cleaning process must be provided with suitable PPE for the task.

In the planning of enhanced cleaning processes, consideration should be given to the compatibility of these processes with social distancing. For example, where a venue space is occupied and used by a single Group (**6.1.10**) (e.g. single team in a separated garage space) it may be preferable to request that a member of that Group be tasked with carrying out the cleaning process, rather than sending a member of another Group (e.g. venue cleaning or maintenance staff) to perform the task. In all cases, the staff responsible for carrying out the cleaning process, whether provided by the venue or other stakeholder. must use suitable PPE. The responsibility for provision of PPE (and the relevant cleaning materials) and the requirement for the use of PPE in this process must be clearly agreed and communicated prior to the event, if the process is to be delegated as described above.

The WHO document "Cleaning and disinfection of environmental surfaces in the context of COVID-19" can be found **HERE**. The WHO notes "The purpose of this document is to provide guidance on the cleaning and disinfection of environmental surfaces in the context of COVID-19."

7. CONSIDERATIONS FOR SPORT GOVERNANCE

7.1. REVIEW OF SPORTING, TECHNICAL AND EVENT SUPPLEMENTARY REGULATIONS

The Sporting, Technical and Supplementary Regulations for a Championship or Series should be reviewed, by the relevant issuing body or authority, in the context of the COVID-19 pandemic and specifically these Guidelines. This review should ensure the greatest amount of flexibility exists to facilitate the Championship or Series being able to hold an event.

Whilst any regulatory amendments need to be considered individually, consideration should be given to amendments that could or should be made to the regulatory provisions dealing with the following issues:

- Event Format: Practice, Qualifying and Race; Reconnaissance, Shakedown, Road Sections and Special Stages in the case of rally or hill climb events
- Testing: Are changes required to the testing provisions to facilitate a fair and equitable competition?;
- Administrative Checks: receipt of entry forms and checking of driver and entrant licences by electronic means;
- Briefings: Team Managers and Drivers Meeting and how they are conducted e.g. electronically or through restricted numbers in a suitable space to facilitate social distancing;
- Start Procedure: Adjustment of the critical timing intervals for team personnel arriving and departing the grid;
- Grid Procedures: Reduced number of people accessing the grid;
- Race Suspension Procedures: Do the timing intervals need to be amended to facilitate social distancing?;
- Access to the Pit Wall;
- Pit Stop Regulations: Can efficiencies and a reduction in personnel be safely achieved?;
- Scrutineering and Equipment Checking Requirements including if any regulations may need to be amended e.g. timings and/or process;
- Championship or Series Postscore: Are amendments required to deal with the possibility that a competitor is not able to compete?;
- Number of Cars/Competitors Required: Is there a minimum requirement for the number of cars or competitors to take place?;
- Component Use: Is there a restriction to the use of certain components and does this require amendments based on any Calendar changes?;
- Media Conferences: Any Press or Media Conference Requirements; and
- Podium Procedures.

The above list of considerations is non-exhaustive. Careful consideration should be given to each specific set of Championship or Series regulations, as well as any resultant impacts/adjustments that may need to be made.

7.2. STEWARDS OF THE EVENT AND STEWARDS HEARINGS

The requirement for the Stewards, their numbers and duties remain unchanged and depend upon the specific requirements in each Championship or Series.

The Stewards office should be set up to allow for appropriate physical distancing between not only the stewards but also any competitors or drivers who may require to see them.

When conducting a face-to-face hearing, all participants must wear the appropriate PPE. Additionally, any hard surfaces should be suitably cleaned prior to a hearing with a different participant.

All steward's documentation should be distributed and acknowledged by electronic means to minimise interaction with the competitors. Similarly, digital notice boards should be used to convey event specific information in lieu of the official notice board.

7.3. EVENT BRIEFINGS

7.3.1. OFFICIALS BRIEFINGS

Officials Briefings should continue to take place; however, these should be minimised to only essential activity.

Depending on the number of participants and availability of acceptable space to accommodate such briefings (e.g. suitably-sized room or open air), these briefings may be conducted in a face-to-face format with social distancing being observed and each participant utilising the appropriate PPE. If this is not possible, briefings may take place using electronic means (i.e. Zoom or similar) or the event radio network (outside of normal track operation times).

Any Officials Briefing documents should be circulated and acknowledged electronically prior to the event. Additional updates should also be circulated electronically with the appropriate team leader having responsibility to ensure their respective team members are briefed.

7.3.2. TEAM MANAGERS AND DRIVERS BRIEFINGS

Team Managers and Drivers Briefings are an important part of the event. These Briefings are either conducted separately or together depending upon the specific championship or series. Additional briefings may also be necessary depending upon the circumstances.

Depending on the number of participants and availability of acceptable space to accommodate such briefings (e.g. suitably-sized room or open air), these briefings may be conducted in a face-to-face format with social distancing being observed and each participant utilising the appropriate PPE. If this is not possible, Team Managers and Drivers Briefings should take place using electronic means (i.e. Zoom or similar).

Briefing documents should be circulated and acknowledged electronically prior to any briefing taking place. Any updates should also be circulated and acknowledged electronically.

7.4. SCRUTINEERING PROCESS & FACILITIES

Scrutineering and technical conformity within the respective regulations is of critical importance at any motor sport event. The requirements and processes for scrutineering and technical conformity vary according to the particular championship or series, depending upon their particular technical focus.

Wherever possible, technical conformity functions should be conducted remotely.

Physical scrutineering and technical conformity requirements should be reviewed on a case-by-case basis. Revisions should be made to any processes where interaction with team personnel will take place. These may include:

- Manner in which the scrutineering weight platform is used and the implementation of a cleaning process after each use;
- Review the number of officials provided by the organiser that are required to perform specific roles (see also Appendix 5 ("Guidance on Reduction of Volunteers and Officials") of these Guidelines);
- Use of the appropriate PPE (i.e. gloves, mask) by members of the scrutineering team whenever required to enter a team garage, as well as observing social distancing wherever practicable;
- Where scrutineers have been appointed by the event organiser and allocated to a specific team or car, a dedicated area(s) in the relevant team's garage should be designated for such scrutineers;
- Provision of scrutineering declaration(s) in electronic form where possible;
- Use of technology where possible to minimise interaction between team members and scrutineering team members;
- Weighing procedures for drivers following a session to facilitate physical distancing; and
- Management of Parc Fermé following a session.

The list above is non-exhaustive and is presented only as an indication of the type of activities that may need to be considered and adapted.

7.5. RACE CONTROL / EVENT COMMAND FACILITY

The operational functions of Race Control are critical to the safe and efficient management of any motor sport activity.

Consistent with the guidance provided in Appendix 5 ("Guidance On Reduction Of Volunteers and Officials"), the functions in Race Control should also be reviewed to ensure that only those essential to the operation of the on-track activity are present at the event.

Wherever possible, the appropriate physical distancing provisions should be made to the seating layout. Should this not be achievable, appropriate alternative mitigation measures (e.g. partition screens) should be implemented.

Where Race Control equipment is to be used by multiple racing series, and hence in some cases multiple groups of personnel during an event, dedicated personal equipment (i.e. headsets) should be used and all hard surfaces should be appropriately cleaned prior to being used by different people.

Where the requirement exists in certain championships or series for competitors to visit Race Control during an event, provisions should be made to facilitate electronic communication (i.e. radio or email) as much as possible.

The set-up and operating manner of each Race Control should be considered on a Circuit-by-Circuit basis and should take into account the requirements and operational needs of the specific championship or series.

7.6. GENERAL CONSIDERATIONS FOR MARSHALS

The FIA acknowledges that marshals are often volunteers who may have their own specific concerns about returning to racing in the current context of the COVID-19 pandemic. The following should be considered when assembling the marshalling team and ensuring their welfare on-event:

- Many marshals are in the older demographic of the volunteer workforce and as such may be subject to age restrictions based on local, regional or national COVID-19 measures;
- Some marshals, or their close-family members, may be in an 'at risk' group (6.1.8);
- Some marshals may have had a change in economic circumstances;
- There may be less marshals able or willing to travel to international events; and
- Marshals may be reluctant to participate without clear undertakings, guidance, and revised operational procedures from their ASN, circuit or club.

The logical conclusion is that it may be necessary to recruit and train new marshals, with a reallocation of roles and responsibilities amongst existing marshals as a result.

It is recommended that the following points be carefully considered in the planning and provision of COVID-19 mitigation measures for an event:

- Provision of marshal transport: to the Venue and within the Venue;
- Arrival at the Venue: online sign-on and integration into event medical plan;
- Marshals Briefing Arrangements: as described in the earlier section of these Guidelines- "Officials Briefings" (7.3.1);
- Guidance on use of PPE (e.g. masks) and social distancing measures;
- Provision of hand sanitiser and/or wash stations at marshal posts and in the pit / Paddock area;
- Display of signage and other reminder notices at each marshal post and throughout Venue relating to mitigation measures;
- Marshal segregation at marshal posts, using distancing markers, and the provision of guidance notes and signage as required on this topic;
- Restricted movement of marshals around the circuit i.e. no changing of teams during an event;

- Equipment: Hygiene (e.g. for Radios, Headsets and other tools or equipment), and delivery of equipment to marshal posts, respecting the recommendations for a Personal Issue Approach in Appendix 5 ("Guidance on Reduction of Volunteers and Officials") of these Guidelines;
- Marshal dining and toilet facilities using the Group Separation and Sub-Group strategy (6.1.10); and
- Marshals Welfare Arrangements (e.g. food, water, etc.).

Additional information on the operational considerations of trackside personnel is given in Appendix 5 ("Guidance on Reduction of Volunteers and Officials") of these Guidelines.

7.7. MARSHALLING (ASSEMBLY) AREAS

Marshalling areas are used for certain categories prior to entering the circuit and/or pit lane before their on-track sessions or the course and/or assembly areas in the case of rally, hill climb or other closed road events.

A specific procedure should be developed by the event organiser prior to the event to maximise the social distancing considerations in the most effective manner. Additionally, this procedure should be updated as required throughout an event if improvements can be made. This should include, where applicable, the route and process that will be followed in order to move from a paddock to the Marshalling Area.

Where use of a Marshalling Area is required all attendees should utilise the appropriate PPE and should keep appropriate physical distance from other Competitors and their team members.

All drivers should be suitably attired in their competition vehicles, as they would be during a session, whilst they are waiting in the marshalling area.

Where buggies or trolleys are used for the transport of equipment into pit lane, team members and equipment should be suitably spaced observing social distancing requirements. After each session where teams are exiting the pit lane, they should observe the same guidance as to when they entered the pit lane.

8. SPECIFIC CONSIDERATIONS FOR ENDURANCE RACING

Endurance racing is a form of motor sport where teams consisting of multiple drivers typically share a single vehicle during the course of a competition. It is noted that this sharing of a single vehicle by multiple drivers presents some additional and unique challenges in relation to COVID-19 transmission mitigation. The following sections of this document are intended to provide guidance on these points.

8.1. ADDITIONAL SPORTS REGULATORY CONSIDERATIONS

When considering the resumption of endurance racing events there are additional sports regulatory considerations over and above those listed under Considerations for Sport Governance **(7)** which should be addressed, including:

- Car preparation & assistance during the event: consider limiting the number of team personnel allowed to assist the competition vehicle crew to manage "close contacts";
- Pit Stop Regulations: consider including cleaning of vehicle controls between driver changes.

8.2. USE OF SUB-GROUPS IN ENDURANCE RACING

The use of a competition vehicle by more than one driver during a competition, without the opportunity for thorough cleaning of the vehicle controls, would represent the relaxation of transmission mitigation measures, and in turn introduces the possibility of virus transmission between drivers through surface contamination.

In order to mitigate this possible relaxation of the cleaning requirement, the competition vehicle crew (and any support technicians in direct contact with them e.g. during driver changes), could be considered as a Sub-Group. As described under Group Separation strategy (**6.1.10**), this mitigation then places more emphasis on ensuring that the Sub-Group will be effectively separated, specifically mitigating transmission beyond the Sub-Group. It must be noted that in the event of the identification of an infected person within the Sub-Group, it is highly likely that the entire Sub-Group will be identified as "close contacts" and hence will be subject to quarantine or other host country requirements for those identified as close contacts of an infected person.

For further information please refer to the section "Use of Sub-Group Concept in Multi-Occupant Vehicles" **(6.1.12)**.

8.3. USE OF PPE IN ENDURANCE RACING

In line with WHO guidance on the use of masks and face coverings in the community setting, the use of a full-face helmet and balaclava covering nose and mouth, by drivers and/or team members, can be considered as a relevant face covering. See the earlier section of these Guidelines, "Use of Masks and Face Coverings" **(5.4)**. It is noted that this is only a relevant and useful mitigation measure provided that it is used as part of a comprehensive mitigation strategy and appropriate hygiene measures are maintained by all personnel.

9. SPECIFIC CONSIDERATIONS FOR CLOSED ROAD EVENTS

Closed Road motor sport is the generic term used for competitions on public roads that are temporarily closed for the activity to take place. This includes rallying, historic rallying, hill climbs and other speed competitions. Cross-Country rally competitions, Bajas and other Off-Road events are also normally considered to fall under the same umbrella, despite many of them taking place on more "open" desert-type terrain. It is considered that these types of competition present some additional and unique challenges in relation to COVID-19 transmission mitigation. The following sections of this document are intended to provide guidance on these points.
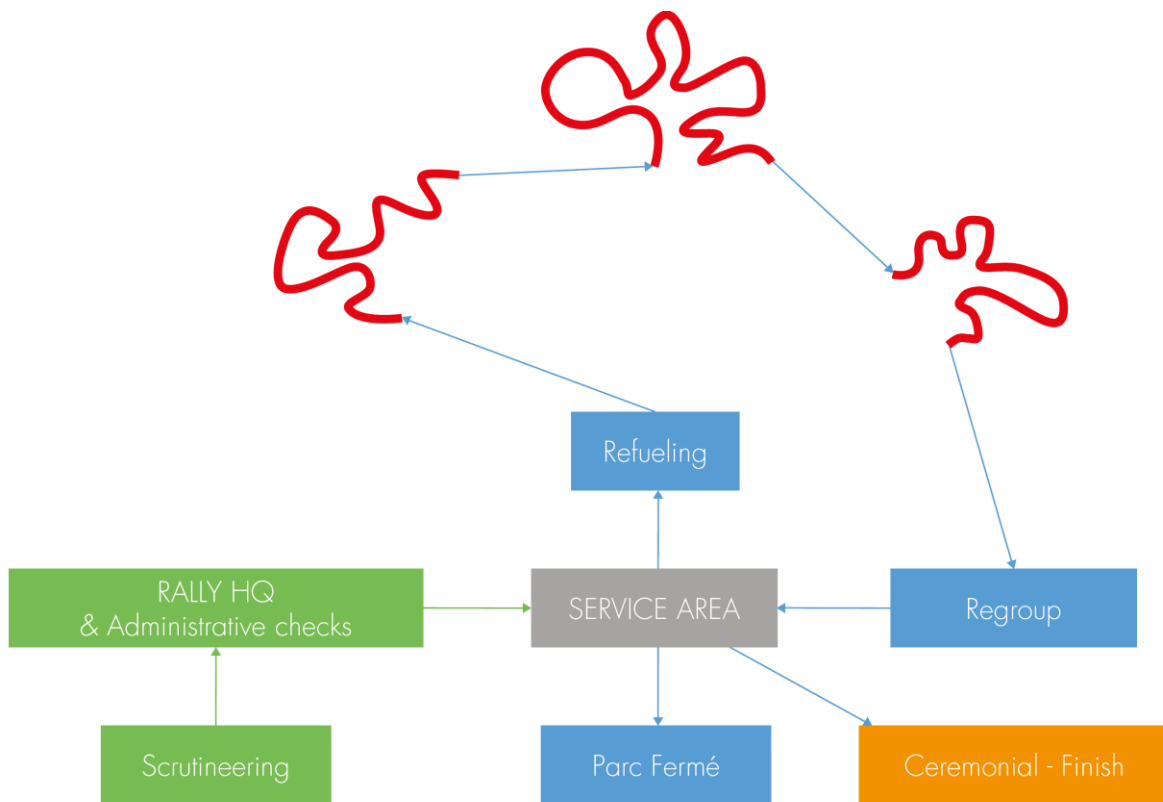
RED = COMPETITION
Blue = FIXED TIMING
Green = NON-COMPETITION

9.1. ADDITIONAL SPORTS REGULATORY CONSIDERATIONS

When considering the resumption of closed road events, and rallying in particular, there are additional considerations over and above those listed under "Considerations for Sport Governance" (7) which should be addressed, including:

- Route design: consideration should be given to limiting the event to one service park, where possible without remote tyre zones or remote refuelling, to make it easier to control access and track and trace "close contacts" should a positive case be identified.

- Flexi service: consideration should be given to the use of flexi service, where teams service each car for a set period of time under Parc Fermé conditions. Note: the driver should remain and drive his own car into Parc Fermé at the end of the day.
- Competitor Route Reconnaissance: the measures outlined in this document, and in particular regarding the forming of competing crew Sub-Groups, should be put in place before the commencement of any competitor route reconnaissance (and pre-event test if immediately preceding).
- Competing crew Sub-Groups: care needs to be taken to ensure that competing crew Sub-Groups stay completely separate and do not travel or eat outside of their Sub-Group (socially distanced catering, transport, lodging, etc.).
- Physical timecards: the recording of timing should be done by electronic means with check sheets to avoid the need for any physical interaction between the competing crew and any Marshals, noting that co-drivers should stay in their vehicles throughout (procedural change to regulations).
- Time controls: consideration needs to be given to banning all but essential personnel from time controls, particularly banning media from stage stop controls.
- Ceremonial start / scrutineering checks both pre- and post-event / Flexi-service / Ceremonial finish: only the competing crew or others in their close contact Sub-Group should drive the car from one location to another.
- Press conferences, media zones and the daily "Meet the Crews": these should be replaced with activity as outlined in the section "Considerations For Media" **(10)**.
- Event safety cars crews: should follow the same Sub-Group protocols as competing crews. Consideration needs to be given to resilience should one or both members test positive for COVID-19 and need to be replaced.

Appropriate social distancing and PPE should be maintained in all areas of the competition and between competitors in service, refuelling, regroup, stage start, stage finish and Parc Fermé areas. Competitors should remain in or next to their vehicle at all times, with increased physical separation between vehicles.

9.2. SERVICE PARK

The service area at a rally or hill climb event can be crowded and under time pressure, with service bays busy with team personnel, media, family members and spectators. The high density of personnel in these areas could make adherence to all mitigation measures (i.e. Social Distancing) difficult. It is suggested that the planning and management of Service Parks will require specific attention in order to ensure mitigation measures can be adequately maintained. It is acknowledged this must be achieved whilst also providing a safe working environment for personnel to service the competition cars and an attractive and engaging area for spectators.

In order to facilitate Social Distancing, it is considered essential that adequate spacing between team areas can be provided and appropriate management of walkways (e.g. with one-way systems) between team areas and shared facilities can be provided within the service park.

In support of the Group Separation mitigation strategy, it could be considered to restrict and control access to the service park, in such a way that users of the service park may be considered as a Group for the duration of the event. These restrictions should also be applied to other areas of the event wherever possible (e.g. refuelling, regroup, Parc Fermé, etc.).

9.3. SHARING OF COMPETITION VEHICLES

As typically elaborated in the definition of "Close Contact", the occupancy of a vehicle by more than one competitor at the same time for a prolonged period results in an increased possibility of virus transmission between occupants.

Therefore, it is suggested that the competition vehicle crew (and any support technicians in direct contact with them, or with the competition or reconnaissance vehicles e.g. during on event servicing) should be considered as a specific Sub-Group. As described under Group Separation Strategy (6.1.10), this mitigation then places more emphasis on ensuring that the Sub-Group will be effectively separated, specifically mitigating transmission beyond the Sub-Group. It must be noted that in the event of the identification of an infected person within the Sub-Group, it is highly likely that the entire Sub-Group will be identified as "close contacts" and hence will be subject to quarantine or other host country requirements for those identified as close contacts of an infected person.

If the active management of multiple competitors sharing the same vehicle cannot be effectively managed through Group Separation Strategy and nomination of the relevant Sub-Groups, it should be considered to run the event as a driver-only Rally Sprint instead.

For further information please see "Use of Sub-Group Concept in Multi-Occupant Vehicles" (6.1.12).

9.4. SHARING OF COMPETITION VEHICLES IN HILL CLIMB AND OTHER SPEED COMPETITIONS

It is common practice for two competitors to share the same vehicle in hill climb and other speed competitions. Event organisers must ensure that competitors implement appropriate extended hygiene cleaning routines of all vehicle surfaces, and that normal social distancing and PPE measures are in place between runs.

9.5. USE OF PPE IN CLOSED ROAD EVENTS

In line with WHO guidance on the use of masks and face coverings in the community setting, the use of full-face helmet and balaclava covering nose and mouth, by drivers and/or team members, can be considered as a relevant face covering. See the earlier section of these Guidelines, "Use of Masks and Face Coverings" (5.4). It is noted that this is only a relevant and useful mitigation

measure provided that it is used as part of a comprehensive mitigation strategy and appropriate hygiene measures are maintained by all personnel.

> It should be noted that for a balaclava to be considered as an effective face covering it must adequately cover both the nose and mouth. It is therefore strongly recommended that all crews consider this when in contact with people that are outside of their close contact group (e.g. marshals, media, service park personnel).

9.6. SPECTATORS ON CLOSED ROAD EVENTS

While the immediate resumption of motor sport is expected to take place behind closed-doors, it is however inevitable that there will be pressure to admit spectators, particularly when they are often "free to roam" across public grounds to reach the area where the competition is taking place. See Section "Uncontrolled Spectator Areas" (**6.1.13.4**).

As the FIA Rally Safety Guidelines clearly state, anybody other than a marshal on duty or a competitor participating in the event, should be considered as a spectator and therefore as a member of the public. While this suggests that (rally and hill climb) spectators should simply abide by the measures recommended by the relevant national / governmental authority, the event organiser must still demonstrate appropriate social responsibility in encouraging all event spectators to maintain social distancing and to adhere to hygiene and PPE advice.

Consideration should also be given to advising spectators to only intervene in an incident in exceptional circumstances (fire, imminent danger) otherwise they should not assist the crews and allow marshals to help them in returning to competition unaided.

9.7. EVENT SAFETY PLAN

As with all motor sport competition, an effective safety plan requires optimum preparation in order to be understandable for those who have to work with the document. It should demonstrate that the event has assessed the potential risks and planned how to minimise those risks and run a safe event.

The overall Event Safety Dossier should consist of the following main elements:
- Safety Plan including:
  - o Risk Management documentation
  - o Stage safety information and maps
  - o Stage/venue set-up information and diagrams
  - o Spectator area plans
- Operational Plans for all officials/roles
- An Incident Management Plan (including the Major Incident & Communications Plan)
- The Safety Road Book

It is considered essential that all COVID-19 considerations are included in the event safety plan as it is a document which is often presented to local government authorities when seeking their approval for the event to take place.

10. CONSIDERATIONS FOR MEDIA

10.1. MEDIA PERSONNEL

The various protocols and procedures outlined throughout these Guidelines are also applicable to any media personnel on-site. For the purposes of these Guidelines, "the media" are split into two distinct stakeholder groups, those being "host broadcaster" and "general media".

It is recommended that the use of technology and remote working, where possible, by the respective media groups be implemented and facilitated on-site by the event organiser and commercial rights holder where appropriate.

Host broadcasters should be requested to ensure that only those personnel whose presence is essential for the delivery of the TV broadcast are at the venue. Where possible and feasible, remote operations of any other aspects of the host broadcast should be encouraged.

To assist in facilitating a general media presence at an event, the following suggestions are made:

- Provisions should be made to allow a small group of major wire service media agencies to facilitate widespread coverage of an event using the smallest number of onsite personnel possible.
- Any such group must work as a pool and adhere to the protocol requirements of the relevant key stakeholder.
- Relevant key stakeholders should compensate, where possible, for the lack of onsite general media access by providing content (audio, video, features) gathered by freelance individuals contracted to operate within the media pool solely for the purpose of pool content creation.

The same principles, as outlined above for written content, should be considered for photographic content, with a small group of the major agencies being permitted site access to provide editorial rights-free images in lieu of open access to independent media. Where a stakeholder, e.g. team or manufacturer, stipulates specific commercial photography requirements, the key stakeholder should work to ensure that the required images are supplied for commercial purposes.

It is recommended that the event organiser and relevant stakeholders, consider the use of an enhanced and more specific media plan to work with the general media on-site such that they can be viewed and controlled as a Group (6.1.10). In practical terms this would likely include, but not be limited to, centralised logistics for travel and accommodation, additional definition of Sub-Groups to separate those working in different event locations, e.g. Trackside photographers can remain separated from those operating within the pit lane or Paddock. Any enhanced media plan should also be used to facilitate the required social distancing measures in place by specifically limiting the number of general media at any specific location at any time. The adoption of Group control for the general media should focus on providing specific guidance for interactions with other Groups e.g. Pool photographers must not enter any team areas, garages etc.

10.2. MEDIA ACTIVITIES

It is anticipated that media "scrums" and general press conferences during the event will not be possible due to the social distancing measures required. The following specific operational suggestions are provided for consideration by an event organiser to mitigate the loss of these media activities.

10.2.1. CHANGES TO ANY MANDATORY ACTIVITIES

- Large scale press conferences can be replaced with smaller conferences that minimise the number of Groups involved i.e. do not mix drivers/team personnel from different teams
- TV pens or group media calls can be replaced by pooled unilateral TV interviews
- Key post-qualifying and post-race press conferences carried out using social distancing between interviewees and on-site general media, or where possible digital attendance of both on-site and off-site general media.

10.2.2. CHANGES TO MEDIA FACILITIES

- Standard specifications of Press Conference Room and TV Pens must be replaced with spaces adhering to social distancing guidelines
- Teams should not have specific areas for media gatherings anywhere in the paddock. A centrally managed space should be made available where possible by using rota system.

11. MASS GATHERING RISK ASSESSMENT

The relevant risk assessment tool provided by the WHO can be found in the document "Guidance for the use of the WHO Mass Gatherings Sports: addendum risk assessment tools in the context of COVID-19". and additional supporting information is provided in the document "Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19" (included in Appendix 3 ("WHO: Considerations for Sports Federations / Event Organisers") of these Guidelines)

The Risk Assessment, Mitigation Checklist and Overall Risk Score elements are intended for use by event organisers to evaluate their preparedness and specifically the mitigation measures put in place to reduce the risk of transmission of COVID-19 as a result of their mass gathering.

It is highly recommended that organisers of a motor sport mass gathering event use the risk assessment tool during the initial planning phase for an event, as well as re-visiting and updating the Mitigation Checklist and Risk Assessment Score at regular intervals to quantify preparedness in the context of COVID-19.

It is suggested that the process of the risk assessment be presented to relevant local governmental authorities of the territory where the event is intended to take place.

The interpretation of the Risk Assessment Score, and the resulting categorised "level of risk" for a proposed event should be carefully reviewed and agreed with the relevant local governmental authorities of the territory where the event is intended to take place.

12. ADDITIONAL PRACTICAL RESOURCES

12.1. FIA WEBSITE – "RETURN TO MOTOR SPORT" RESOURCE PAGE

The FIA will provide a "Return to Motor Sport" Resource Page, it will be accessed via the FIA website and linked here.

The primary aim of this web page is to provide a repository and quick access point for a variety of practical resources relevant for organisers of motor sport mass gathering events in the context of COVID-19.

Additionally, this web page is intended to provide a platform for exchange of information between key stakeholders. Relevant documents from national sporting authorities will be hosted here as a reference resource. Use of these documents is subject to applicable intellectual property restrictions.

Specific content that will be made available:

- FIA "Return to Motor Sport" Guidelines: Mitigation Planning and Risk Analysis (i.e. these Guidelines and subsequent updated or expanded versions thereof);
- WHO Risk Assessment Documents (user editable), as discussed in these Guidelines **(11)**;
- Links to all WHO resources referenced in these Guidelines, and specifically the documents:
  - o "Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak";
  - o "Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19: interim guidance";
  - o "How to use WHO risk assessment and mitigation checklist for Mass Gatherings in the context of COVID-19";
  - o "Guidance for the use of the WHO Mass Gatherings Sports: addendum risk assessment tools in the context of COVID-19"; and
  - o "Public health for mass gatherings: key considerations".
- Links to relevant and competent national and international organisations publishing status reports on the COVID-19 Pandemic;
- Signage graphics, relevant to suggestions and/or recommendations contained in these Guidelines, that can be used by organisers for their events;
- Relevant documents from national sporting authorities; and
- Links to similar resource pages prepared by national sporting authorities for the benefit of their members.

Any national sporting authority that would like to contribute the resources described above for publication on the FIA Return To Motor Sport Resource Page can contact: safety@fia.com.

APPENDIX 1 – WHO: Risk Assessment and Mitigation for Mass Gatherings[1]

How to use WHO risk assessment and mitigation checklist for Mass Gatherings in the context of COVID-19

Interim guidance
20 March 2020

World Health Organization

Background

This is an operational tool which offers guidance for organizers holding meetings during the COVID-19 outbreak and which should be accompanied by the WHO COVID-19 Generic Risk Assessment Excel file available on the WHO website.

Routine planning for Mass Gatherings includes conducting risk assessments to determine the overall risk of disease spread. This document provides a COVID-19 risk assessment and mitigation checklist for use by host countries and mass gathering organizers and staff. Specifically, this document provides an overview of the following:

- Information to collect about the meeting
- COVID-19 risk assessment tool
- COVID-19 mitigation measures checklist
- Decision matrix that incorporates the risk assessment and mitigation measure scores for the final determination

Instructions

Organizers should be up to date on the outbreak, using the daily situation reports provided by WHO as well as national reports, if available.

The COVID-19 risk assessment and mitigation measures checklist need to be completed in the accompanying WHO COVID-19 Generic risk assessment Excel file, as the scores are able to be automatically calculated. The scores can then be put into the decision matrix for the overall risk score and a recommendation on the implementation of additional measures.

The COVID-19 risk assessment and mitigation checklist must be conducted with local public health authorities and ensure that personnel with expertise in mass gatherings, risk assessment, epidemiology, and infectious disease control measures are included from the initial stages of planning.

For the overall determination, factors under consideration include:

- current stage of the outbreak and known transmission dynamics,
- geographic distribution, number of participants, and their individual risk profile
- risk assessment tool
- mitigation measures currently in place or proposed.

It is important to remember that while mitigation measures can reduce the risk of COVID-19 infections, they cannot completely eliminate the threat. This guidance may change as the situation and the knowledge about the disease evolves. The risk assessment should be based on the country strategy for controlling COVID-19. Finally, WHO may provide advice and technical guidance to host countries on public health risks, but has no decision power to uphold, postpone, or cancel mass gatherings hosted by Member States.

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[1] https://www.who.int/publications-detail/how-to-use-who-risk-assessment-and-mitigation-checklist-for-mass-gatherings-in-the-context-of-covid-19

Information to collect about the meeting

The following needs to be collected by the meeting organizer. This information will be used to answer some of the questions in the mitigation checklist..

Name of event	
Organizer / Sponsor of meeting	
Contact person	
Dates (Start – Finish)	
Hosting City and Country	
Expected number of participants?	
International participation?	
Current travel restrictions of host country?	
Current health prevention measures in place by host country that may affect the event (e.g. banning gatherings with more than a certain number of individuals, etc.).	
The number of participants coming from countries or areas affected by the COVID-19 outbreak* within 14 days before the event?	
Estimated percentage of participants who may be considered at risk (age > 65, pre-existing conditions, health care workers, or other responders).	
Will there be Head of State / Head of Government / Ministerial or deputy ministerial involvement (number)?	
Will there be side events in addition to the main mass gathering? Will there be different meeting sites for the various events?	
What measures are in place to minimize close contact between participants?	
What measures are in place specifically regarding remote attendance by both participants and speakers?	
Briefly, what are seen as the major impact(s) of postponement of the meeting (financial, operational, reputational, etc.)?	
Any other information relevant to the meeting that may affect the risk assessment.	

*See WHO daily COVID-19 Situation Report for list of countries.

COVID-19 risk assessment tool

Please use the accompanying WHO COVID-19 Generic risk assessment Excel file to conduct the risk assessment. The risk assessment tool will enable organizers to review the key considerations for hosting an event, and thus inform their risk assessment of COVID-19 for the event. This will help organizers understand and manage any additional risk for COVID-19.

This risk assessment should be reviewed regularly during planning and updated immediately before handover to the operational phase, especially in light of the rapidly evolving outbreak, with reference to the updated WHO guidance and situation reports. The COVID-19 risk assessment for the event must be coordinated and integrated with the host country's national COVID-19 risk assessment and should include input from the local public health authority, along with consulting WHO's updated technical guidance and ensuring that there is an up-to-date evaluation of the epidemiological situation.

Questions considered for this risk assessment include:

- Will the event take place in a host country with documented active local transmission (community spread)?
- Will the event include international participants from countries that have documented active local transmission (community spread)?
- Will the event include a significant number of participants at higher risk of severe disease (e.g. people > 65 years of age, people with underlying health conditions)?
- Will the event be primarily indoors or will people be in close contact with each another for a prolonged period of time?

COVID-19 mitigation measures checklist

Mitigation measures are meant to reduce the risk that the event will facilitate COVID-19 virus transmission. Together with the risk assessment score, the mitigation measures will contribute to the decision matrix and influence the assessment of the total risk of transmission and further spread of COVID-19, and the recommendation as to whether the mass gathering should be held.

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How to use WHO Risk Assessment and Mitigation Checklist for Mass Gatherings in the context of COVID-19: interim guidance

Mitigation measures cover a variety of topics, including:

- Understanding of the overview of the current COVID-19 situation by event organizers
- Event emergency preparedness and response plans
- Stakeholder and partner coordination
- Command and control
- Risk communication
- Public health awareness of COVID-19 before and during the event
- Surge capacity

Please use the accompanying WHO COVID-19 Generic risk assessment Excel file to conduct to conduct the mitigation measures checklist.

Decision matrix for final determination

The decision matrix combines the risk score and the mitigation score to provide a color determination, which identifies the total risk of transmission and further spread of COVID-19 and provides a recommendation on whether an event should be held and if further mitigation measures are advised. The color determination key below the decision matrix describes the total risk for each color and if any recommendations are suggested.

Risk versus mitigation matrix

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

Colour Determination Key

KEY	
(green)	Overall risk of transmission and further spread of COVID-19 is consiered very low
(yellow)	Overall risk is low, however recommend checking if mitigation measures can be strengthened
(orange)	Overall risk is moderate, recommend significant efforts to improve mitigation measures or reduce risk of transmission
(red)	Overall risk of transmission and further spread of COVID-19 is considered very high

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How to use WHO Risk Assessment and Mitigation Checklist for Mass Gatherings in the context of COVID-19: interim guidance

Acknowledgements

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

WHO reference number: WHO/2019-nCoV/POE mass_gathering_tool/2020.1

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APPENDIX 2 − WHO: Planning Recommendations for Mass Gatherings[2]

Key planning recommendations for Mass Gatherings in the context of COVID-19

Interim guidance
19 March 2020

World Health Organization

Background

Mass gatherings are highly visible events with the potential for serious public health consequences if they are not planned and managed carefully. There is ample evidence that mass gatherings can amplify the spread of infectious diseases. The transmission of respiratory infections, including influenza, has been frequently associated with mass gatherings.[1] Such infections can be transmitted during a mass gathering, during transit to and from the event, and in participants' home communities upon their return.

The purpose of this document is to outline key planning considerations for the organizers of mass gatherings in the context of the novel coronavirus (COVID-19) outbreak. It should be read in conjunction with WHO's Public health for mass gatherings: Key considerations,[2] which provides general advice on the public health aspects of mass events. It is also adapted from the interim planning considerations that were previously released by WHO addressing mass gatherings in the context of pandemic (H1N1) 2009 influenza and guidance for international meetings attended by individuals from countries affected by Ebola virus. Updated technical guidance on COVID-19 outbreak should also be consulted.

As the COVID-19 outbreak continue to evolve, meeting organizers may want to consider the following three phases in planning appropriate preparedness measures:

1. Planning phase − the period (weeks or months) before the event begins, when operational plans for health and security services during the event are developed, tested, and revised;
2. Operational phase − the period after plans are finalized and the delivery of the event services begins; this may be several weeks before the event commences if teams arrive in advance to complete their training or preparations;
3. Post-event phase − the period after the event finishes when participants are returning to their home countries and organizers are reviewing the event delivery and any follow-up actions that are necessary, as well as reviewing any lessons learned and the event's legacy.

Planning phase

Planning should ensure that robust systems and processes are in place to manage public health issues during mass gatherings. Organizers should review their plans to ensure that they correspond to the most current evidence and recommendations. Additional advice could be sought through consultation with global experts.

General advice on planning for the public health aspects of an event is set out in WHO's key considerations document (mentioned in Section 1). Specific actions to be taken in relation to the COVID 19 outbreak are discussed in this section.

1. **Liaison with local and national public health authorities.**
- Event organizers should establish direct links with local and national public health authorities. This should include the local provider of health services for the event.
- There should be a nominated liaison person in the organizing team and also one in the designated public health agency. Contact information should be shared, and contacts should be available 24 hours a day.
- Regular contact should be maintained throughout the planning period to share information, risk assessments, and plans.
- Channels of communication between agencies and organizers and with the public should be agreed in advance.

2. **Risk assessment**

The decision to proceed with a mass gathering or to restrict, modify, postpone, or cancel the event should be based on a thorough risk assessment. Event planners should undertake such an assessment in partnership with local and national public health authorities.

For highly visible or particularly large events, WHO may provide advice and technical support to the host country to help with assessing the public health risks associated with the event.

General considerations include the following.

- A comprehensive risk assessment should be undertaken at the beginning of the planning phase, reviewed regularly during planning, and updated immediately before the handover to the operational phase.
- The risk assessment should include input from the public health authority and should take into account the security assessment for the event.
- In relation to COVID-19, the risk assessment should include consulting WHO's updated technical guidance and ensuring that there is an up-to-date evaluation of the epidemiological situation.
- The risk assessment for the event must be coordinated and integrated with the host country's national risk assessment.

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Key planning recommendations for Mass Gatherings in the context of the COVID-19 outbreak: interim guidance

Specific considerations in relation to COVID-19.

Specific information that is necessary for the risk assessment includes:

- the global COVID-19 situation reports as provided by WHO;
- the national COVID-19 situation report.
- The risk assessment for COVID-19 should consider both general features and specific features.
- General features of COVID-19 include:
- transmission dynamics
- future likely spread of the epidemic
- clinical severity
- treatment options, including available pharmaceuticals.
- potential for prevention, including vaccine.

Specific features of the event that should be considered include:

- crowd density;
- nature of contact between participants (for example, a concert or religious event, indoors or outdoors, the layout of the venue);
- whether the event will be attended by registered and non-registered participants;
- profession of the participants and their possible previous exposure;
- number of participants coming from countries or areas affected by the COVID-19 outbreak within 14 days before the event;
- age of participants; because elderly people who have co-morbid conditions appear to be more seriously affected, mass gatherings composed principally of this cohort may be associated with increased transmission;
- type or purpose of event (for example, sporting, festival, religious, political, cultural);
- duration and mode of travel of participants; if the duration of the mass gathering is longer than the incubation period for COVID-19 infection (14 days), then most event-associated cases would be expected to occur while the event is underway. In contrast, if the duration is shorter, most cases would likely occur after the event as people travel and return to their home communities.

WHO's Public health for mass gatherings: key considerations can be consulted for a detailed discussion of the general principles and elements of risk assessment and management. Additionally, online training is available on public health preparedness for mass gatherings.

3. Specific action plan for COVID-19

Action plans should be developed to mitigate all risks identified in the assessment. Some actions will be the responsibility of the public health authority to deliver, some will be the responsibility of the local health service provider, and the event organizer will be responsible for others; each action plan should specify who is responsible for delivering each action, the timescale for delivery, and how and by whom delivery will be ensured. Action plans should include:

- integration with national emergency planning and response plans for infectious diseases;
- command and control arrangements to facilitate the rapid communication of information and efficient situation analyses and decision-making;
- any appropriate screening requirements for event participants – for example, will participants be screened for COVID-19 symptoms on arrival?
- disease surveillance and detection – for example, how will the disease be recognized and diagnosed in participants?
- treatment – for example, how and where will ill participants be isolated and treated?
- decision trigger points – for example, who will decide whether affected participants can continue or resume their role in the event? What trigger points will indicate the need to reconsider or revise the plans? What would trigger postponement or cancellation of the event?

If the decision is made to proceed with a mass gathering, planning should consider measures to:

- detect and monitor event-related COVID-19;
- reduce the spread of the virus;
- manage and treat ill persons;
- disseminate public health messages specific to COVID-19.

4. Capacity and resource assessment

Some of the capabilities and resources to be considered when planning for an event include the following:

- National health authorities should assess whether additional resources and capacity are needed to deliver appropriate risk-mitigation actions to the local community during and after the event, for example, by adding diagnostic testing capacity, isolation and treatment facilities, and resources for contact tracing.
- Event organizers should assess the capacity needed and the resources available to deliver all specific COVID-19 risk-mitigation actions that arise from the risk assessment.
- Capacity and resources should be coordinated with the public health authority and health service provider to avoid duplication or gaps.

5. Risk communication and community engagement plan

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Event organizers should agree with the public health authority how participants and the local population will be kept informed about the health situation, key developments, and any relevant advice and recommended actions.

Operational phase

There are no published experiential data specific to planning and implementing a mass gathering during the current COVID-19 outbreak. However, arrangements must be in place to ensure regular communication between event organizers and the public health authority.

These arrangements should include:

- regular and full sharing of information by organizers and public health authorities;
- arrangements to provide participants with information about how to access health advice;
- arrangements for ongoing, dynamic risk assessments to be conducted by the public health authority and organizers as the event progresses;
- arrangements for communicating with participants and the local population to ensure that messaging is consistent.

To date, there is no scientific evidence to support the screening of participants as a cost-effective measure.

1. Risk communication

Risk communication is an integral part of mass gatherings. The following measures should be considered.

- Key messages for the local population and event participants must be coordinated and consistent.
- Consideration should be given to how messages about risk can be delivered to the population and to participants quickly if an unusual event occurs.

Messaging should include:

- an overall assessment of the local risk;
- advice on preventive measures, especially respiratory etiquette and hand hygiene practices;
- advice about how to access local health care if necessary, including how to do so without creating a risk to health care workers;
- advice on self-isolation and not attending the event if symptoms develop;
- information about disease signs and symptoms, including warning signs of severe disease that require immediate medical attention;
- advice on self-monitoring for symptoms and signs for participants travelling from affected countries, including checking their temperature;
- information that WHO does not currently recommend quarantine for healthy travellers or other travel restrictions;
- information that wearing a face mask is recommended for participants who have respiratory symptoms (for example, cough); it is not recommended for healthy participants.

Event organizers in collaboration with public health authorities may wish to consider whether specific information or advice is needed about the potential risks that persons already at increased risk of severe disease might face in the setting of a mass gathering, especially if the COVID-19 virus is circulating in the community.

More information on COVID-19 risk communication and community engagement can be found in Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV).[5] WHO has developed advice for the public about COVID-19 and information about myths.

2. Surveillance of participants

Some key features to consider for surveillance include the following.

- Detection and monitoring of event-related COVID-19 should be considered in the context of surveillance schemes that are already in place and if new or enhanced surveillance is deemed necessary.
- Organizers will need to work with local public health authorities to ensure that systems are in place to identify indicators of illness arising in the local population or in event participants, such as increases in the number of people experiencing symptoms or a rise in the use of proprietary medicines.
- Surveillance systems will need to operate in real time or near–real time to support rapid response actions.
- Surveillance systems should be linked to risk assessments, so that any abnormal signal in the surveillance systems triggers an immediate revision of the risk assessment.

3. Testing and diagnostic arrangements

Organizers need to consider with the local health authority how and where participants presenting with COVID-19-like symptoms will be tested. Organizers will need to ensure that their health provider has access to appropriate testing tools, probably from the national public health agency. This will also require prior agreement about how to transport specimens or participants to a testing facility.

4. Treatment facilities

Some considerations for treatment facilities include the following:

- Event organizers should consider the need to provide isolation facilities at the event site for participants who develop symptoms and the need to wait for a health assessment. Whether this is necessary depends on the nature of the event and the extent to which the event will provide its own medical services rather than depend on the local health service to do so. Preparing for an isolation facility includes training health care workers, implementing infection control and prevention measures in any health care setting, and preparing personal protective equipment to be used by staff.
- Organizers need to consider where any participant who becomes unwell with COVID-19-like symptoms will be treated and how they will be

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transported to a treatment facility. This is likely to be in a national health facility where there is appropriate containment capacity and expertise, so participants will not be able to remain in the event's medical facility. Agreements about any consequent funding issues should be confirmed in advance.

- Participants at events sometimes expect that they will be returned to their home country for medical treatment rather than be treated in the host country; this will not be possible for anyone diagnosed with COVID-19 except through the use of specific medical evacuation flights that have appropriate isolation and containment facilities: such facilities are scarce and expensive and not readily available for illnesses such as COVID-19.
- Organizers need to consider how any affected participants will be transferred home if their illness extends beyond the end of the event and pre-arranged travel is no longer available.
- Event organizers working with public health and health care officials need to assess national capacity to deliver supportive treatment, including admitting participants to an intensive care unit and providing ventilator support. Such care should be provided near the mass gathering if possible.
- National plans for deploying and providing access to medical supplies, such as antibiotics, ventilators, and personal protective equipment should be reviewed.

5. Decision-making

In collaboration with local health authorities, organizers should also agree in advance the circumstances in which risk-mitigation measures would need to be enhanced or the event postponed or cancelled. Prior agreement on potential trigger points will facilitate these discussions if they become necessary.

6. Operational practices for reducing event-related transmission of the COVID-19 virus.

The basic general principles for reducing transmission of the COVID-19 virus are applicable to a mass gathering.

- People should be advised to stay away from the event if they feel ill.
- Persons who feel unwell (that is, have fever and cough) should stay at home and not attend work or school and avoid crowds until their symptoms resolve. This applies to participants as well as staff.
- Promoting appropriate hand hygiene and respiratory etiquette in mass gathering venues requires providing informational materials that reach a range of age groups and varying reading and educational levels. In addition, soap and water or alcohol-based hand sanitizers and tissues should be easily accessible in all common areas, and especially at medical treatment sites at the event.
- People who become ill while at the event should be isolated.
- Organizers should plan for the likelihood of persons becoming ill with fever and other typical symptoms of COVID-19 during the event. Organizers should consider establishing isolation areas in on-site

medical treatment clinics or facilities where such persons can be initially assessed and triaged. Persons who are ill can be provided with a mask to help contain respiratory droplets generated from coughing and sneezing. The isolation area should be equipped with the necessary supplies to facilitate hand hygiene and respiratory etiquette. In addition, medical staff attending persons who are ill should wear a mask, dispose of it immediately after contact with someone who is ill, and cleanse their hands thoroughly afterwards.

- The usual precautions should be practiced with travellers arriving from international destinations:
- If travellers have symptoms suggestive of acute respiratory illness before, during or after travel, they should be encouraged to seek medical attention and share their travel history with the health care provider.
- Public health authorities should provide to travellers information about reducing their general risk of acute respiratory infections through health practitioners, travel health clinics, travel agencies, transportation operators, and at points of entry.
- Crowding should be minimized where possible, and event organizers should consider using distancing measures to reduce close contact among people during the gathering (for example, by increasing the frequency of transport, staggering arrivals, diverting departures, and minimizing congregation at sanitary stations and food and water distribution areas).

Post-event phase

After the conclusion of the mass gathering, the following should be considered:

1. After the event

After the gathering, if public health authorities suspect that transmission of the COVID-19 virus has occurred, organizers and participants should support the response of authorities.

- Meeting organizers must liaise with public health authorities and facilitate the sharing of information about all symptomatic participants (such as their itineraries, contact information, visa procedures, hotel bookings).
- Individuals who develop symptoms during the mass gathering and their stay in the country should isolate themselves, seek medical attention, and inform the appropriate public health authorities about their potential exposure, both in the country where the event was held and upon returning to their country of residence.

2. Risk communication

- It may be necessary both for clinical reasons and under the International Health Regulations to notify the home countries of returning participants of any people who developed COVID 19 while attending the event.

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Key planning recommendations for Mass Gatherings in the context of the COVID-19 outbreak: interim guidance

- Organizers also need to ensure that test results reported after the event are notified to the participant and, possibly, to the home country's public health system.

3. Lessons identified

As always, it will be important for lessons from any event to be identified through review after the event so that they can be passed on to future event organizers.

4. Legacy

Organizing mass gatherings during a global health emergency is unusual, but it can be done depending on the risk assessment. Organizers should see any such event as an opportunity to enhance their ways of working and to pass this learning on to both future events and the host country.

References

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5. World Health Organization. Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV). Geneva: World Health Organization; 2020 (accessed 19 February 2020).

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

WHO reference number: WHO/2019-nCoV/POE mass gathering/2020.2

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APPENDIX 3 – WHO: Considerations for Sports Federations / Event Organisers[3]

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

Background

This sports addendum should be read in conjunction with the WHO key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak which provides general advice on the public health aspects of such events.

This addendum has been developed to provide additional support to sports event organizers in assessing the specific additional risks, identifying mitigation activities and making an informed evidence-based decision on continuing to host any sporting event. Additional guidance is provided in the specific WHO COVID-19 mass gatherings sports addendum risk assessment tool and mitigation checklist.

Updated technical guidance on COVID-19 should also be consulted. These documents will be reviewed and updated as the pandemic evolves.

Key issues and mitigation options

The key factors for consideration for each sporting event are included in the WHO COVID-19 mass gathering sports addendum risk assessment tool. These key factors address the specific issues that should be taken into consideration when planning a sporting mass gathering event. The table below provides an overview of and background information on some of these additional factors, including mitigation measures that will also be captured during the risk assessment process.

Key considerations	Comments	Risk factors and mitigation checklist
Are there sports that could be considered a lower or higher risk?	Lower risk sports where physical distancing is possible, e.g. archery, shooting and some athletics events. These will be less of a risk if physical distancing advice for athletes, coaches and spectators is followed. Higher risk sports include contact sports. Physical and close contacts among players increases risk of transmission of COVID-19.	See details in the mitigation checklist. Consider: • daily health check of competitors • Physical (at least 1 meter) separating of competitors, officials, spectators and support staff • thorough disinfection and cleaning after/between bouts/competitions • sharing of equipment should be prohibited, in particular ensuring that water bottles and cups are not shared • consider safe utilization of the closed containers for all disposable and reusable hygiene materials (e.g. tissue, towels, etc.).

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[3] https://www.who.int/publications-detail/considerations-for-sports-federations-sports-event-organizers-when-planning-mass-gatherings-in-the-context-of-covid-19-interim-guidance

Size of event	The size of the sporting event affects the risk. Physical distancing of spectators must be maintained if spectators and support staff are to be present during the event. Other factors must also be considered across the different target groups: • participants (includes officials) • spectators • host country (international events) • other participating countries (international events). The numbers of participants relative to spectators in sporting events are usually low. Participants are also a known group so easier to advise, support and follow up if needed so it could be possible to consider holding events in closed stadia.	See details in the mitigation checklist Conducting sporting events with designated seats in arenas with widely spaced spectators for at least 1-metre physical distancing, numbered seats for contact tracing, temperature monitoring at entrances and provision of visual reminders such as stickers or wrist stamps may reduce the possibility of incidental contact.
Indoor or outdoor locations	Outdoor events will be better ventilated than indoor events. It may be easier to ensure physical distancing advice is followed in outdoor events with non-designated seating such as horse racing, golf, etc.	See details in the risk assessment WHO advice on physical distancing must be maintained during sporting events
Venue facilities	Requires liaison with the venue owners to ensure the facilities do or can comply with WHO and national recommendations during the COVID-19 pandemic.	See details in the mitigation checklist An isolation room/space identified to hold any symptomatic person found at the venue while awaiting patient transport to a medical facility is necessary. Additionally, having a medical post and designated personnel on site is advisable to help assess cases and potential other illness..
Demographics (age and health)	Competitors of sporting events tend to be younger and healthier than spectators. However, some competitors, coaches and support staff may have underlying health conditions. The age and health of spectators and other staff will vary.	See details in the mitigation checklist Pre-travel and pre-event health checks are highly encouraged/mandatory to ensure exclusion of those with potential additional risks (co-morbidities, medications, allergies) Spectators can include vulnerable groups so consider advising some at-risk groups not to attend.
Risk communication	Ensure public health advice is available before and during the event to all participants, staff, and personnel of all relevant stakeholders	See details in the mitigation checklist and the event organizers recommendations below Display signs to inform spectators and support staff about ways in which they can prevent themselves from getting infected with COVID-19 and passing the virus to others.

More information in Q&A on mass gatherings and COVID-19.

A checklist of recommended actions is included below for:

• Event organizers
• Participants

Recommendations to event organizers

These measures may help obtain exceptions from authorities to allow athletes to train and participate in other events such as qualifications considered crucial by the organizers. Elite sport is a very controlled environment and organizers should be able to achieve this in a comprehensive way.

Consider the opportunity of using sports ambassadors to promote messaging. It is everyone's responsibility to keep themselves and others healthy and contribute to a successful event.

Recommendations to event organizers	
Pre-event and during event (including venues)	Ensure availability to handwashing, alcohol- based hand gel and hygiene facilities at multiple locations in the event facility and accommodation.
	Ensure good hygiene signage across all venues, changing rooms, training facilities, etc.
	Provide first aid and medical services, including designated medical providers who are able to triage and refer suspected cases for COVID-19 testing.
	Team medical staff or Local Organizing Committee (LOC) staff at venues should check competitors' temperatures each day, any temperatures above 38°C should be reported to the event medical lead/chief medical officer. Follow advice on the management of ill travelers at points of entry (international airports, seaports, and ground crossings) in the context of COVID-19
	Ensure capacity to isolate suspected cases: • team/officials and event staff • volunteers, support workers.
	Develop and make available risk communication on: • clinical features of COVID-19 and preventive measures, especially respiratory etiquette and hand-hygiene practices • the criteria for asking individuals with symptoms to leave the venue or retreat to a designated area • information on physical distancing • information on the use of face coverings and medical masks • the meaning and practical implications of quarantine, self-isolation and self-monitoring in the context of the event, e.g. not attending.
	Ensure availability of rubber gloves to team staff and volunteers handling laundry, towels, etc.
	Recommend that towels are for single use only.
	Provide each participant with a clean water bottle.
	Make tissues and containers to dispose of used tissues with lids available on all buses and in all facility changing rooms.
	Provide each team with a thermometer (e.g. infrared) and a recording sheet/internet link for athletes' temperatures. If this is not possible, can each team be equipped with a non-contact sensor thermometer?
	Determine where an individual diagnosed with COVID-19 will be cared for and isolated
	Determine where a contact of a confirmed cases will be quarantined
	Determine how athletes and team staff will be notified of a case and COVID-19 situation where they are training.
	Define a place where a large number of people can be quarantined in case of a large number of athletes or event staff being exposed
	Predetermine emergency contacts with local health authorities.
	Medical masks should be ready for use by organizers' medical staff and sick individuals
	Provide disinfectant wipes and advise venue cleaning staff to disinfect door handles, toilet handles, bathroom faucet handles, etc. in all areas several times per day.
	Consideration of provision of individual prevention packages for athletes containing: • small personal packages of disposable tissues and plastic bags for tissue disposal • small laminated prevention card with key reporting information • medical mask to wear if they are ill (any symptoms, including fever, cough, shortness of breath) • small packages of an alcohol-based hand wipes • small package of disposable plastic drinking cups • thermometer • hand sanitizer.

Recommendations to event participants	
Pre-event	Anyone participating in the event (athlete, volunteer, official, food handler etc.) should proactively and regularly check their health status (including taking their temperature, and monitoring for any symptoms).
	Anyone due to participate in the event who is feeling ill should not come to the venue and be advised on the designated contact online or by telephone.
	Team staff and volunteer leads should ensure that their teams and volunteers are briefed on the protocols for a suspect and confirmed patients, on infection prevention and control measures and on where to find more information.
During the event	Participants should be aware of and cooperate with team medical staff or event organizing staff at venues in taking their own/or competitors' temperatures each day, any temperatures above 38°C to be reported to the event medical lead/chief medical officer. Follow the same approach as the management of ill travelers at points of entry (international airports, seaports, and ground, crossings) in the context of COVID-19
	Wash hands often with soap and water. Use an alcohol-based hand sanitizer if soap and water not available. Hand sanitizer stations should be available throughout the event venue, the accommodation, and on team buses.
	Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing. Practise respiratory etiquette (maintain distance: at least 1 m), cover coughs and sneezes with disposable tissues or flexed elbow, wash hands). If coughing persists, isolate and seek medical advice.
	Avoid contact with sick people, including avoiding close contact with those suffering from acute respiratory infections. Avoid contact with anyone if you are ill.
	Gloves should be worn by team and event staff handling towels or laundry in the team environment.
	Towels should not be shared.
	Athletes should not share clothing, bar soap or other personal items.
	Recommended protocol for the use of water bottles: • Good team hygiene includes ensuring all players, officials and staff have their own water bottles to prevent the transmission of viruses and bacteria. • Bottles should be labelled and washed (with dishwasher soap) after each practice or game.
	Advise athletes not to touch their own mouths or nose.
	Avoid shaking hands or hugging.
	Avoid steam rooms or saunas.
	Be aware of regular cleaning of frequently touched items (door handles, elevators, gym equipment, etc.)

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

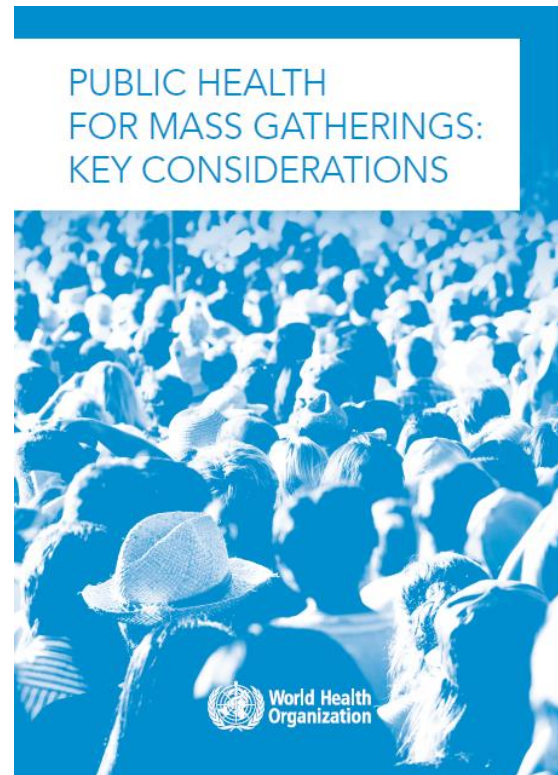WHO reference number: WHO/2019-nCoV/Mass_Gatherings_Sports/2020.1

APPENDIX 4 – WHO: Public Health for Mass Gatherings: Key Considerations[4]

This reference document is not reproduced in full here due to size; please use the link below or click on the image to access the document directly via the WHO website.

Overview

This document provides an update to the Communicable disease alert and response for mass gatherings: key considerations, June 2008. This new version builds on the expertize gained across the global mass gathering (MG) community since this was published. It has also been expanded to cover more than communicable diseases and includes new areas such as legacy, environmental health and different contexts such as unplanned mass gatherings (MGs).

Legacy has been included here as a key element of the planning for MGs. Leaving a viable public health legacy and sustainable improvements in the health infrastructure and capacity should be a key aim of those involved with preparing for any MG. Legacy can include improvements in the health systems in the host country, improvements in health behaviours, and ability to deliver future MGs. It is important that the legacy planning is seen as equal to other areas of planning and both political will and the associated funding should be used to achieve this.

PUBLIC HEALTH FOR MASS GATHERINGS: KEY CONSIDERATIONS

World Health Organization

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[4] https://www.who.int/publications-detail/public-health-for-mass-gatherings-key-considerations

APPENDIX 5 – Guidance on Reduction of Volunteers and Officials

The following recommendations include references to the emergency intervention of volunteers and officials in serious incidents. Any references to medical requirements are contextual in nature and the specific medical recommendations contained within Appendix H to the ISC should be referred to for further guidance.

OBJECTIVES

This Appendix offers guidance on achieving a reduction in the number of personnel involved in the operation of an international motor racing event under COVID-19 conditions. This Appendix provides recommendations on how to accomplish the following tasks:

- Assess the health, safety risk and incident response elements of an event Safety Plan;
- Objectively assess the number of marshals and officials required to effectively manage each task;
- Determine the location, allocation and number of personnel required around a circuit;
- Examine potential for multi-tasking by volunteers and officials, particularly at marshal posts and in pit lane where practicable; and
- Review the personnel involved in the organisation and operation of the event from within race control, pit lane and Paddock with a view to implementing remote working wherever practical and permissible.

It does not focus on the use of PPE or other social distancing measures for marshals or other personnel as this is covered elsewhere in the main body of these Guidelines as well as the specific WHO Guidelines.

It is recognised, however, that while intervention in an incident will involve close contact between marshals, officials, competitors and other rescue personnel, such situations are relatively rare and therefore appropriate operational distancing to minimise and mitigate the risk of COVID-19 transmission should still be possible during the majority of the event.

It should be noted that the number of marshals, intervention and recovery vehicles will vary from circuit to circuit based on the circuit length, number of corners, number of marshal posts required to achieve line of sight, and the distance between vehicle access points. As such, these details must be reviewed on a case-by-case basis. Similarly, the number of personnel required in race control will also vary, although the key operational roles will normally remain the same.

Nothing recommended herein is intended to compromise the current safety standards and incident response times for racing incidents, and it is important to ensure that all other health and safety considerations continue to be addressed when any task specific risk analysis is carried out.

APPENDIX H:

The latest version of Appendix H to the ISC can be found on the FIA website **HERE**

PERSONAL ISSUE APPROACH:

It is recognised that it is common practice for event organisers to issue specific equipment to volunteers and officials for the execution of their duties at an event. Where possible, all necessary resources should be allocated to individuals on a 'personal issue' basis.

'Personal issue' basis means that any piece of equipment, tool etc. issued to someone in order to carry out their work/task should be considered to have been issued for their exclusive personal use only for the duration of the event unless (in line with national/international guidance) it can be safely used by another person after being rigorously cleaned or decontaminated after use or through the use of appropriate PPE.

This practice applies to a wide range of resources including vehicles. Where possible, vehicles should be allocated to specific individuals and only those individuals should travel/work in that vehicle*.

This practice applies (but is not limited) to:
- Personal communication equipment, e.g. radios, headsets, mobile phones;
- Flags and marshal post equipment;
- Equipment / Tools e.g. for barrier repair;
- Helmets e.g. medical/technical rescue; and
- Vehicles e.g. recovery, track inspection.

*Medical and technical rescue teams will have to travel in a vehicle together but only for emergency intervention.

SAFETY PLAN

For each competition there should be an overall Event Safety Plan, based on the recommendations contained within Appendix H to the ISC. The Safety Plan should be approved in advance of the event by the Clerk of the Course and used to regulate all operations during the competition.

The Safety Plan concerns the establishment of:
- Marshal posts;
- Medical and firefighting services and relevant intervention vehicles;
- Other interventions and relevant vehicles; and
- Public safety and security measures.

It should name the official responsible for each of these services, who will report directly to the Clerk of the Course or his deputy and define the associated function of Race Control.

The Safety Plan is the fundamental anchor point for any task specific risk analysis, as it should contain the fundamental aspects of event command and control. These aspects should now be re-examined in the context of the COVID-19 situation.

An effective Safety Plan needs to be much more than just a schematic diagram of the circuit, embellished with its key features, the location of marshal posts, fire marshals and vehicles, medical

teams and vehicles, rescue/extrication teams and vehicles, and recovery teams and vehicles, safety car, and other assets and resources.

The Safety Plan schematic should also have a supporting narrative for each key facility, asset, or resource which briefly describes and succinctly justifies the logic behind:

- Why that asset or resource has been located;
- What exact sector or area that asset or resource covers;
- What risk level does that sector or area present (based on risk, severity, probability and frequency);
- Typical incident response times (pedestrian and vehicle) to various points within each marshalling sector / sector boundaries;
- Sector Marshal Notes;
- Manning levels – the number and grades of marshals and other operational personnel stationed at this post or point(s);
- Summarised roles and responsibilities;
- Radio channel(s);
- Vehicle specifications. (e.g. type and capacity of fire-fighting equipment, or lifting/towing capacities, or medical equipment and consumables); and
- Any specific ASN licence or FIA homologation conditions or requirements.

Where the information above does not currently form part of the Safety Plan, the plan should be updated with this key information.

Another useful data source and management tool (where available) used by some circuits is a circuit historical 'heat map' depicting exactly where incidents of various severity have historically occurred around the circuit. This can be used to determine the severity, frequency and probability of incidents and assist with the assessment and determination of low risk and high-risk sectors, turns, and marshal posts.

The availability of such detailed information in the Safety Plan makes the task of allocating suitably qualified and experienced personnel, evaluating manning levels or locational changes easier, more logical and justifiable.

Using the information from the Safety Plan, and within the boundaries of the aforementioned regulations, circuit homologation, ASN licences and other constraints it should be possible to examine the legitimacy, logic, and efficacy of all current trackside assets, resources and manning levels for each location.

SPECIFIC COVID-19 RECOMMENDATIONS FOR TRACKSIDE PERSONNEL

A reduction in the numbers of trackside personnel needed at certain locations around a motor racing circuit would significantly aid the adoption of COVID-19 safe working practices.

However, the fundamental requirement to maintain safe conditions for running a competition through observation, signalling, intervention and the provision of appropriate emergency services must still be respected at all times.

It is therefore recommended that the allocation of trackside personnel for a competition always follows the minimum requirements of Appendix H, noting the following:

1. There should be no reduction in the number of first Intervention / Fire Marshals as specified in Appendix H;
2. The second (and third) intervention of firefighting, medical and extrication operations could be reduced but the response time should remain unaffected;
3. The number of flag, communications and observer marshals could be reduced following an appropriate risk assessment on a case by case basis; and
4. The number of circuit maintenance and vehicle recovery personnel could be reduced provided that the minimum number required to ensure the safe and timely conclusion of the competition is maintained.

A reduction in the number of marshals assigned to each marshal post through role/duty sharing would enable safer operational distancing to be maintained between the Post Chief, Flag and Intervention Marshals, Light Panel Operator, and any other recovery crews in attendance.

The use of electronic light panels remotely operated directly from Race Control may also help to reduce the number of marshals required at an individual marshal post, but the presence of flag marshals remains essential in case of a situation requiring simultaneous signals.

While the role of flag and other marshals may be progressively changing with the increasing use of light panels and other technologies, the ability to rapidly respond to any on-track incident and physically move a car to a safe location ensures that Intervention/Track Marshals are still vital.

The key areas to be addressed that would make the most significant impact in the reduction of marshalling numbers required to aid COVID-19 specific work practices are considered to be:

- Marshal Post manning requirements;
- Pit Lane Marshal manning requirements;
- Intervention / Fire Marshal manning requirements;
- Medical/Rescue/Extrication Team manning requirements (refer to CMO);
- Scrutineering Team manning requirements (refer to Chief Scrutineer); and
- Recovery Team manning requirements (refer to Chief of Recovery).

Article 2.4.2 of Appendix H to the ISC prescribes that "the distance between consecutive posts (disregarding supplementary posts) should not exceed 500 m" around the circuit. Consequently, in addition to any general reduction in manning levels recommended below, any review should also consider whether those parameters can be met by simply not manning certain marshal posts and/or further assessing if other marshal posts might be considered as being in a low risk 'marshalling sector' (e.g. on a straight, with no track access / egress gap for vehicle recoveries).

In such cases the options could be that a marshal post is:
- Left completely unmanned – with any adjacent FIA Light Panel operated remotely from Race Control;
- Manned solely with an FIA Light Panel Operator;
- Manned solely with a Flag Marshal (who would also double as an Observer / Communicator);
- Manned with both an FIA Light Panel Operator and a Flag Marshal - (again, who would also double as an Observer / Communicator); and
- Manned with a reduced marshalling team – as summarised below.

In some cases, an F1 Marshal Post can comprise up to 12+ marshals, with the inclusion of:

- Post Chief
- Observer
- Communicator
- FIA Light Panel Operator

- 2-4 Flag Marshals
- 2-4+ Intervention Marshals
- 1-2 Dedicated Fire Marshal(s) (Only at some circuits/events)

It is worth considering a reduction in these levels by adopting the following team structure:

- Post Chief
- Observer / Communicator
- FIA Light Panel Operator

- 2 Flag Marshals
- 2-4+ Intervention Marshals

At some low risk posts, it may even be practical to reduce the numbers even further by:

- Assigning the role of Observer / Communicator to one or both Flag Marshals.

This would result in a team of 6 marshals as follows:

- Post Chief
- FIA Light Panel Operator

- 2 Flag Marshals
- 2 Intervention Marshals

Article 2.6.3 of Appendix H to the ISC prescribes the intervention procedure, which is summarised as follows:

The initial intervention can be most efficiently and practically organised in two stages and, while the equipment and method may vary at different circuits, the criteria of the 1st and 2nd interventions should always be satisfied:

- **1st intervention:** as soon as practicable following an incident, and only with permission from Race Control, at any point on the circuit, at least two intervention marshals with portable fire extinguishers should reach the scene and be capable of intervening with appropriate means to minimise any fire in the cockpit of the car to enable removal of the driver.
- **2nd intervention:** the second intervention, if required at an incident, should be planned to facilitate rescuing of any injured persons from the incident.
- **3rd intervention:** arrival of supplementary appliances, if necessary.

It is reminded that, save in exceptional circumstances (e.g. fire or other imminent danger), the first medical intervention must be made by the medical service and the driver should not be moved if injured. Any driver finding it difficult to evacuate his vehicle without external assistance must not attempt to leave the vehicle on his own, but rather await the arrival of the specialist rescue services. In all such cases, the marshals must not themselves extract a driver who has been involved in an accident, but may only ensure his safety whilst waiting for the arrival of the specialist rescue services.

The number of Medical Intervention Vehicles (MIVs), 2nd Intervention (Firefighting) vehicles and subsequent recovery vehicles required to attend an incident is largely dependent on each circuit's configuration, network of boundary roads and access points.

The use of MIVs to respond swiftly and effectively to incidents should be reviewed, particularly in light of any reduction in marshal manning levels around the circuit. Any such reduction would in fact place an increased emphasis on the use of MIVs under race neutralisation and suspension conditions. However, all sectors of the track should continue to be covered to enable the maintenance of current response times.

The minimum number of MIVs assigned to the pit lane should remain at two vehicles: one at pit entry (capable of responding to any incident in pit lane) and the other at pit exit (capable of deploying onto the circuit).

All such vehicles should remain double crewed and no vehicle should enter the circuit without prior permission from Race Control.

SPECIFIC COVID-19 RECOMMENDATIONS FOR NON-TRACKSIDE PERSONNEL

A review of all non-trackside personnel involved in the organisation and running of an event should be undertaken with a view to reducing total attendance at the event.

It is acknowledged that each individual who typically attends will have a specific role and set of work practices that they will be expected to fulfil throughout the duration of the event.

The main responsible person for each key operational role should be referred to in the pre-event planning stage during any task specific risk analysis is conducted and. That person should remain present on-site throughout the event so as to facilitate any subsequent task reallocation and remote working.

Appropriate contingency planning should be put in place for key senior race officials who fall ill or are unable to travel at the last moment.

As a general principle, it is recommended that all non-safety related support functions be reviewed and where possible implemented remotely depending on the availability of appropriate, reliable, online means of communication (in accordance at all times with the ISC and relevant sporting regulations).

In addition to operational distancing and the use of PPE, the normal tasks of signing on and briefing drivers and race officials/marshals should be carried out online and via remote video/radio address systems.

Similarly, communication to teams may be made electronically using TV monitors, radio intercoms, email, and documents made available online as appropriate.

OTHER CONSIDERATIONS

The need to carefully examine and challenge current manning levels, allocations, working locations and practices should always be addressed in the context of the Event Safety Plan.

In addition to health and safety requirements, an element of retraining and upskilling may be required in order to enable multiple roles to be performed and new responsibilities to be undertaken.

The welfare of all marshals and officials should be fully considered when asking that they attend events being run under COVID-19 restrictions, particularly as many of them are volunteers.

TRACKSIDE PERSONNEL CHECKLIST

The following trackside personnel should be considered when reviewing the Event Safety Plan, with minimum values given as an example:

PIT LANE AND PADDOCK	Min.	2019	2020	Comments / Notes
Chief Pit Lane Marshal	1			
Deputy Chief Pit Lane Marshal	1			
Pit Marshal	20			
Chief Fire Marshal	0			Roles performed by pit marshals
Deputy Chief Fire Marshal	0			Roles performed by pit marshals
Intervention / Fire Marshal	0			Roles performed by pit marshals
Chief Flag Marshal / Starter	1			
Deputy Chief Flag Marshal	1			
Chief Grid Marshal	0			Role performed by Chief Pit Marshal
Deputy Chief Grid Marshal	0			Roles performed by pit marshals
Grid Marshal	0			Roles performed by pit marshals
Paddock Marshals	0			Roles performed by pit marshals
Safety Car Driver	1			
Safety Car Communicator	1			

TRACKSIDE	Min.	2019	2020	Comments / Notes
Sector Marshal (Deputies)	5			Number depending on sectors
Chief Post Marshal / Observer	1			Per post
Deputy Chief Post Marshal	0			
Communication/Radio Marshal	0			
Flag Marshal	2			Per post
Light Panel Marshal	1			Per post
Intervention / Fire Marshal	2			Per post
Fire Intervention Vehicle Team				As per Event Safety Plan
Recovery Personnel				As per Event Safety Plan
Crane/Tractor / Tele-Handler				As per Event Safety Plan
Track Service / Maintenance				Circuit Dependent
Marshal Welfare Team				Circuit Dependent
Boundary Rider				Circuit Dependent

MEDICAL AND RESCUE	Min.	2019	2020	Comments / Notes
Doctor				Refer to Medical Plan
Paramedic				Refer to Medical Plan
Medical Team				Refer to Medical Plan
Medical Vehicle Driver				Refer to Medical Plan
Medical Vehicle Doctor				Refer to Medical Plan
Extrication Team Cutting Tools				Refer to Medical Plan
Extrication Team Medical				Refer to Medical Plan
Medical Helicopter Crew				Refer to Medical Plan

NON-TRACKSIDE PERSONNEL CHECKLIST

The following non-exclusive list of non-trackside personnel should be considered when reviewing which (supporting) roles could be carried out remotely:

RACE CONTROL	Min.	2019	2020	Comments / Notes
Chairman of the Stewards	1			
Stewards (FIA)	1			
Stewards (ASN)	1			
Secretary of the Stewards	1			
Race Director	1			
Deputy Race Director	1			
Race Control Manager	1			
Race Control Video Operator	1			
Race Control Event Logger	0			
Race Control CCTV Operator	1			
Race Control Radio Operator	1			
Race Control Radio Technician	1			
Chief of Radio Communications	1			
Clerk of the Course	1			
Deputy Clerk of the Course	1			
Chief Safety Officer	1			
Emergency Controller	0			Circuit role for general public
Competitor Relations Officer	0			If required by FIA Championship Regs.
Chief Marshal	1			
Chief Recovery Marshal	1			
Deputy Chief Recovery Marshal	1			
Rescue Chief	1			
Secretary of the Event	1			
Deputy Secretary of the Event	1			

MEDICAL	Min.	2019	2020	Comments
Chief Medical Officer	1			
Deputy Chief Medical Officer	1			
Chief of Medical Centre	1			
Deputy Chief of Medical Centre				Refer to Medical Plan
Medical Centre Personnel				Refer to Medical Plan
Other Medical Personnel				Refer to Medical Plan

EVENT OPERATIONS	Min.	2019	2020	Comments
Safety Delegate	1			
Sporting Delegate	1			
Technical Delegate	1			
Medical Delegate	1			
Media Delegate	1			
Chief Timekeeper	1			
Timekeepers				Event specific
Chief Scrutineer	1			
Deputy Chief Scrutineer	1			

Scrutineers – Garage	0			Remote by CCTV / Supplier tyre checking
Scrutineers – Platform / Pushers	6			
Event Logistics Manager	1			
Circuit Operations Manager				Provided by circuit
Circuit Management Team				Provided by circuit
Equipment/Logistics Manager				Provided by circuit
Chief of Security				Provided by circuit
Security Personnel				Provided by circuit
Event Administration Staff	3			

SUPPORT EVENTS	Min.	2019	2020	Comments
Safety Delegate				TBC – depending on event category
Sporting Delegate				TBC – depending on event category
Technical Delegate				TBC – depending on event category
Medical Delegate				TBC – depending on event category
Media Delegate				TBC – depending on event category
Competitor Relations Officer				TBC – depending on event category
Scrutineers – Support Events				TBC – depending on event category
Support Event Race Director(s)				TBC – depending on event category
Support Event Stewards				TBC – depending on event category
Support Event Timekeepers				TBC – depending on event category
Support Event Scrutineers				TBC – depending on event category
Support Administration Staff				TBC – depending on event category

VEHICLES IN OPERATION	Min.	2019	2020	Comments
Extrication Vehicle				As per Event Safety Plan
Ambulance				As per Event Safety Plan
Race Control Course Car				As per Event Safety Plan
Crane/Tractor/Tele-Handler				As per Event Safety Plan
Recovery Vehicle				As per Event Safety Plan
Fire & Rescue Vehicle				As per Event Safety Plan
Marshals Transport Vehicle				As per Event Safety Plan
Marshals Support Vehicle				As per Event Safety Plan
Maintenance & Repair Vehicle				As per Event Safety Plan
Track Sweeper				As per Event Safety Plan
Fast Intervention Car				As per Event Safety Plan
Equipment & Supply Vehicle				As per Event Safety Plan
Medical Service Support				As per Event Safety Plan
Safety Car for FIA Events				As per Event Safety Plan
Medical Car for FIA Events				As per Event Safety Plan
Safety Car for National Events				As per Event Safety Plan
Medical Car for National Events				As per Event Safety Plan
Water Rescue Vehicle				As per Event Safety Plan
Boundary Rider (bike/scooter)				As per Event Safety Plan
Rescue Unit				As per Event Safety Plan

Coronavirus (COVID-19) Medical Contingency Plan

* Event Name *

This document sets out how all * Venue * staff, contractors and volunteers, including * Venue * Medical Team personnel providing care on behalf of * Venue *, should react to and manage suspected presentations of Coronavirus.

Document Author:

Chief Medical Officer: * Responsible CMO which maybe for the Event, the Venue or both *

Contact Details:

COVID-19 Response Co-ordinator:

Contact Details:

COVID-19 Contingency Planning Working Group:

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Table of Contents

1. **What is coronavirus?**
   COVID-19 is a new illness that can affect your lungs and airways. It's caused by a virus called coronavirus.

2. **Stay at home if you have coronavirus symptoms**
   Stay at home if you have either:
   - **a high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
   - **a new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

   To protect others, do not go to places like your Doctor's office, pharmacy or hospital. Stay at home.

   How long to stay at home
   - if you have symptoms of coronavirus, you'll need to stay at home for 7 days
   - if you live with someone who has symptoms, you'll need to stay at home for 14 days from the day the first person in the home started having symptoms

   If you live with someone who is 70 or over, has a long-term condition, is pregnant or has a weakened immune system, try to find somewhere else for them to stay for 14 days.

   If you have to stay at home together, try to keep away from each other as much as possible.

3. **How to avoid catching or spreading coronavirus (social distancing)**
   Everyone should do what they can to stop coronavirus spreading.

   Do
   - wash your hands with soap and water often – do this for at least 20 seconds
   - always wash your hands when you get home or into work
   - use hand sanitiser gel if soap and water are not available
   - cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
   - put used tissues in the bin immediately and wash your hands afterwards
   - avoid close contact with people who have symptoms of coronavirus
   - only travel on public transport if you need to
   - work from home, if you can
   - avoid social activities, such as going to pubs, restaurants, theatres and cinemas
   - avoid events with large groups of people
   - use phone, online services, or apps to contact your Doctor or other Medical services

Don't
- touch your eyes, nose or mouth if your hands are not clean
- have visitors to your home, including friends and family

4. **How coronavirus is spread**

   Because it's a new illness, it is uncertain as to exactly how coronavirus spreads from person to person. Similar viruses are spread in cough droplets. It's very unlikely it can be spread through things like packages or food.

5. **Treatment for coronavirus**

   There is currently no specific treatment for coronavirus. Antibiotics do not help, as they do not work against viruses. Treatment aims to relieve the symptoms while your body fights the illness. You'll need to stay in isolation, away from other people, until you have recovered.

6. **Action to be taken if someone presents with symptoms of coronavirus**

   1. **No apparent need for urgent clinical assessment or treatment:**
      - they should be advised to leave the venue and go straight home, not utilising public transport if possible
      - they should be advised _not_ to go to a Doctor's office or hospital
      - they should stay indoors and avoid close contact with other people
      - if they are unable to go home, they should be immediately placed in a room away from other people, with the door closed and asked to call the dedicated Corona virus hotline * 12345 6789 *

   2. **Urgent clinical assessment or treatment needed:**
      - call the Medical Centre on * 987353 563827 *
      - do not assume the person will be seen at the Medical Centre

   3. **If presenting directly at the Medical Centre * or any venue medical facility *:**
      - _Do not_ enter the building but speak to a member of the Medical Team using the door intercom system.

      In all cases the Chief Medical Officer and COVID-19 Response Co-ordinator must be notified and a record made of the occurrence.

7. **Medical Centre options**

The * venue * Medical facilities are a critical part of the venue's infrastructure and are vulnerable to contamination from coronavirus. If contaminated, the facility will have to be closed for deep cleaning. As the Medical Centre facility forms part of the track safety resources, an enforced closure may necessitate a suspension (or cessation) of track activity. Consequently, the decision to admit a person into the Medical Centre will not be taken lightly and must be risk assessed.

1. **Preferred Option – utilise a notified Isolation room – * See attached location Map ***

2. **Alternate Option – if possible, utilise a specified, contained area of the Medical Centre that can be shut off / partitioned from the main building**

8. **Personal Protective Equipment (PPE)**

The following PPE is to be worn by all persons entering the area where a patient is being isolated (either before definitive assessment, or once assessed as a possible case):
- fluid resistant surgical mask
- single use disposable apron
- gloves
- eye protection, if blood and/or body fluid contamination to the eyes or face is anticipated

If a patient meeting the case definition undergoes an aerosol generating procedure, then the following PPE is to be worn:
- a long sleeved, fluid-repellent disposable gown – wearing scrubs underneath obviates problems with laundering of uniforms and other clothing
- gloves
- FFP3 respirator
- eye protection, such as single use goggles or full-face visors, must be worn

(note prescription glasses do not provide adequate protection)

The patient must wear a surgical mask while being transported between areas.

9. **COVID-19 Case definition:**

For the purpose of a common description is a patient …

- requiring admission to hospital **and**
- have either clinical or radiological evidence of pneumonia **or**
- acute respiratory distress syndrome **or**
- influenza like illness (fever ≥37.8°C and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing)

10. **Cleaning and Decontamination**

Once a possible case has been transferred from the venue, the area where the patient was placed should not be used, the door(s) should remain shut, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately.

1. **Preparation**

   The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:
   - collect all cleaning equipment and clinical waste bags before entering the area
   - any cloths and mop heads used must be disposed of as single use items
   - before entering the area, perform hand hygiene then put on a disposable plastic apron and gloves

2. **On entering the area**
   - keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products
   - bag all items that have been used for the care of the patient as clinical waste, for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant
   - remove any fabric curtains or screens and bag as infectious linen
   - close any sharps containers wiping the surfaces with either a combined detergent disinfectant solution.

3. **Cleaning process**

   Use disposable cloths or paper roll or disposable mop heads, to clean and disinfect all hard surfaces or floor or chairs or door handles or reusable non-invasive care equipment or sanitary fittings in the room, following one of the options below
   - * As determined locally *
   - * As determined locally *
   - * As determined locally *

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4. **Cleaning and disinfection of reusable equipment**
   - clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal
   - clean all reusable equipment systematically from the top or furthest away point

5. **On leaving the area**
   - discard detergent or disinfectant solutions safely at disposal point
   - all waste from suspected contaminated areas should be removed from the area and quarantined until patient test results are known (this may take 48 hours); if the patient is confirmed to have COVID-19 further advice should be sought from * your appointed Infection Control Advisor *
   - clean, dry and store re-usable parts of cleaning equipment, such as mop handles
   - remove and discard PPE as clinical waste
   - perform hand hygiene

6. **Cleaning of communal areas**
   If a suspected case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant (as above) as soon as practicably possible, unless there has been a blood or body fluid spill which should be dealt with immediately. Once cleaning and disinfection have been completed, the area can be put back in use.

11. **Staff exposure**
    Any members of staff who were exposed to the person should follow the advice above as for .
    In all cases the Chief Medical Officer and COVID-19 Response Co-ordinator must be notified and a record made of the occurrence.

12. **Distribution**
    This document will be uploaded to the * Venue Medical Services * Intranet. A global notification email will be sent to all Medical Team personnel to advise of this and further emails to advise on updates. All Medical Team personnel will be required to read the document and confirm that they have read it. * Local Policy to apply *

13. **Review**
    This policy will be reviewed every week, unless an early review is dictated by a change in government advice or by circumstance at the venue. The Chief Medical Officer and COVID-19 Response Co-dinator will be responsible for ensuring this document is reviewed in a timely manner.

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14.   **Appendix 1 – Location maps indicating isolation areas and rooms**
(Advisory – Only include the Medical Centre / Main venue medical facility IF there are isolation areas, otherwise the whole place may be regarded as contaminated and unusable until fully cleaned)

15.   **Appendix 2 – Advice to Event attendees**
To be widely distributed to all personnel on-site either by printed document (attention: ensure updates !!) or electronically.

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16. Appendix 3 – Use of PPE
Example only from the UK

COVID-19

Public Health England

Putting on (donning) personal protective equipment (PPE)

Use safe work practices to protect yourself and limit the spread of infection
- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

Pre-donning instructions
- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

Perform hand hygiene before putting on PPE

1 Put on the long-sleeved fluid repellent disposable gown - fasten neck ties and waist ties.

2 Respirator.
Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility

Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

Perform a fit check. The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

3 Eye protection - Place over face and eyes and adjust the headband to fit

4 Gloves - select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.

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COVID-19

Public Health England

Removal of (doffing) personal protective equipment (PPE)

PPE should be removed in an order that minimises the potential for cross contamination. Unless there is a dedicated isolation room with ante room, PPE is to be removed in as systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection.

The FFP3 respirator must always be removed outside the patient's room.

Where possible (dedicated isolation room with ante room) the process should be supervised by a buddy at a distance of 2 metres to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing.

The FFP3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP3 respirator in a safe area (e.g., outside the isolation room).

All PPE must be disposed of as healthcare (including clinical) waste.

The order of removal of PPE is as follows:

1 Gloves – the outsides of the gloves are contaminated

Firstly:
- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand

Then:
- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard

Clean hands with alcohol gel

2 Gown – the front of the gown and sleeves will be contaminated

Unfasten neck then waist ties

Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated

Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin

3 Eye protection (preferably a full-face visor) - the outside will be contaminated

To remove, use both hands to handle the retraining straps by pulling away from behind and discard.

4 Respirator – In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g., outside the isolation room).

Do not touch the front of the respirator as it will be contaminated
- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin

5 Wash hands with soap and water

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17. Appendix 4 – Inventory of PPE held at * location *

Item	Quantity
FFP3 Masks	11
Surgical Masks	50
EN14126 Protective Coveralls	10 sets (size L)
Examination Gloves (boxes of 200)	Several boxes of all sizes – S, M, L, XL
Plastic Aprons	200 approx
Long-cuffed Chemical Resistant Gloves	10 pairs (size 10)
Safety Glasses	20 pairs