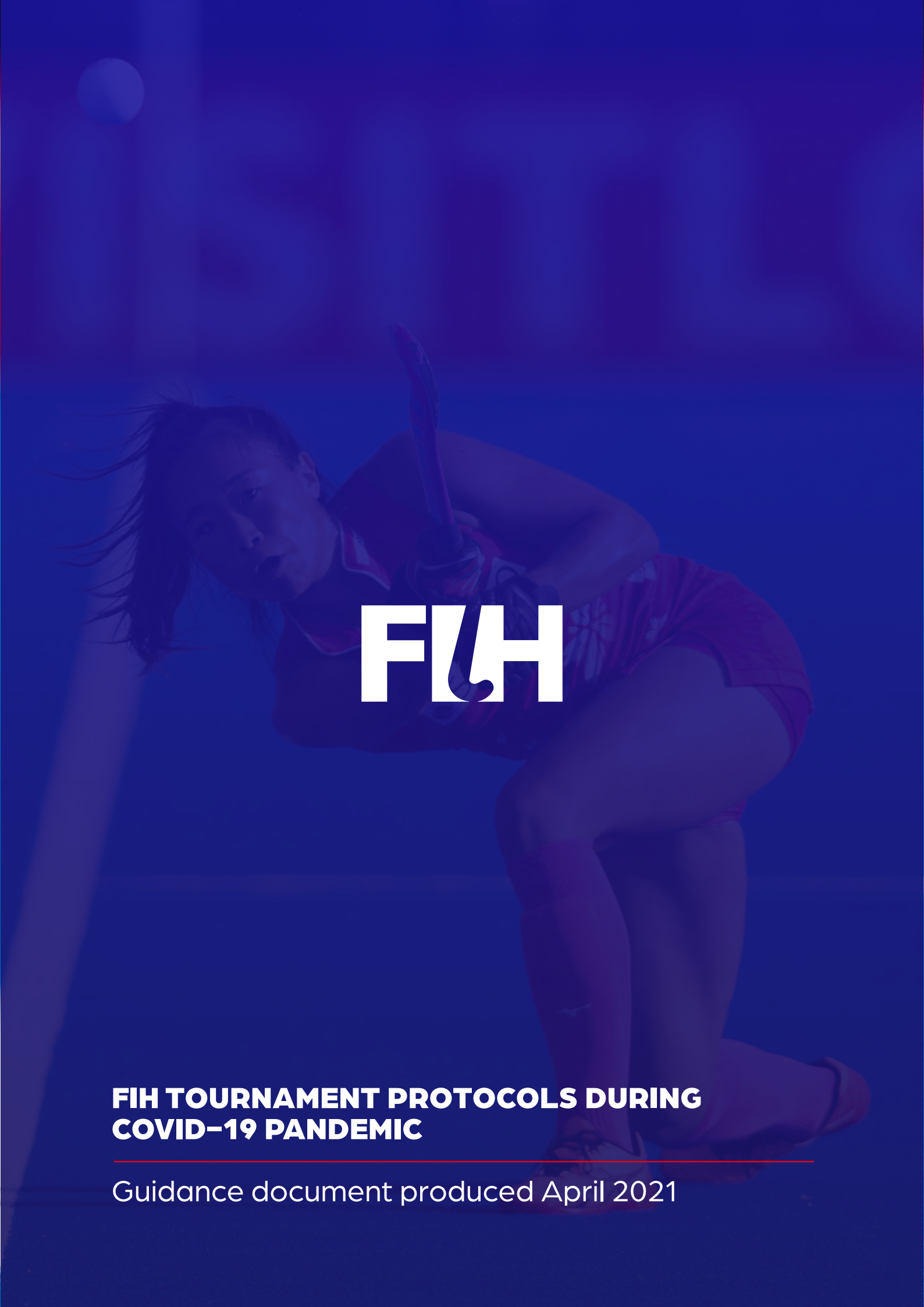

FIH TOURNAMENT PROTOCOLS DURING COVID-19 PANDEMIC

Guidance document produced April 2021

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1 INTRODUCTION

AIMS AND PURPOSE OF THIS DOCUMENT

This document is a guideline for hosts, teams, officials, media, broadcasters and spectators of FIH events, taking precautions to avoid the spread of SARS-COV2 (COVID19). In this document this is referred to as COVID-19.

Firstly, everyone is required to follow the local/national Government precautions in the hosts' country/city in addition to the current advice of the WHO.

The purpose of this protocol and guidelines is primarily to provide a consistent and safe playing environment for players and officials in all hockey competitions after their suspension due to the COVID-19 pandemic. Secondly, it is important that fans of hockey are aware of the risk mitigation factors that all participating teams and officials are following and understand how and why the playing environment is a safe one.

The main aim of the preventive measures is to reduce the risk of transmission of COVID-19 before, during and after the events. While the COVID-19 situation is constantly evolving and an infection-free environment cannot be guaranteed, the FIH's goal is to ensure the implementation of the utmost medical precautions for the protection of all stakeholders involved in hockey events, and to provide high standard medical services in the event of any suspected or confirmed case of COVID-19.

GENERAL INFORMATION ABOUT COVID-19

1. Symptoms

According to the World Health Organization (WHO), COVID-19 is the infectious disease caused by the most recently discovered coronavirus. The symptoms of COVID-19 include but are not limited to fever equal or higher than 38°C, cough, loss of smell and/or taste, difficulty in breathing and general weakness.

After being infected, a person is developing symptoms on average within 5 to 6 days, considering that it might take up to 14 days. Most infected people will either have mild or moderate flu-like symptoms while others will have a severe manifestation form of the disease requiring hospitalisation and even intensive care unit admission. Some infected people are asymptomatic while being carriers of the disease and infectious to others.

2. Infection transmission routes

COVID-19 mainly spreads between people through direct or close contact with infected people through infectious droplets from their mouth or nose during coughing or sneezing or extensive conversations for more than 15 minutes.

Indirect contact may also lead to the spread of the virus through touching contaminated objects or surfaces such as tables, doorknobs and handrails before touching the mouth, nose or eyes. Furthermore, ventilation could be considered as a risk factor for airborne transmission.

3. Hygiene guidelines

In general, physical distancing is considered the most effective way to reduce the risk of transmitting the virus.

Therefore, all stakeholders involved in hockey events must keep **physical distancing of at least 1.5m** to other persons, where possible. Contact with any person having symptoms of respiratory illness such as coughing, sneezing or fever must be avoided.

Furthermore, all stakeholders involved in hockey events must respect the following **hand hygiene** guidelines:

- Washing hands using soap and water for at least 20 seconds is essential
- Dry your hands using paper towels and dispose of them afterwards
- In case soap and water are not available, use hand disinfectant
- Avoid touching the water tap before and after washing your hands, use paper towels to open and close the tap and then dispose of them
- Avoid touching eyes/nose/mouth with your hands

In addition to the hand hygiene guidelines, compliance with the rules of personal hygiene and especially good respiratory hygiene practices (cough etiquette) is of utmost importance.

Moreover, all stakeholders involved in hockey events must wear **face masks (surgical or medical masks)** in all closed premises (accommodation, training and competition venues, means of transportation, etc.) at all times, except for players, team officials and referees during matches or trainings.

Everyone should ensure using and wearing a mask or respirator properly and consistently, according to its purpose as described in the instructions. Used and contaminated masks or respirators should be properly removed to prevent the spread of viruses to the hands, face and other contact surfaces. Only the straps but not the surface of the mask or respirator should be touched when removing it.

Washing hands after disposal of a used mask or respirator is strongly recommended. The amount of talking when wearing a mask or respirator should be reduced in order to lower the amount of condensation produced within the mask or respirator and thus extend its effective life. To be effective, masks or respirators should be changed if soiled or wet. As masks or respirators are contaminated once used, they should not be reused.

In addition, the organisers must ensure that all surfaces throughout the venues are periodically cleaned and disinfected. Using disposable eating and drinking equipment is strongly recommended.

Posters of COVID-19 precautionary measures should be displayed at dedicated places in the venues, accommodation places and transportation in order to inform about the spread, symptoms and prevention of the virus and raise the stakeholders' awareness on the importance of hand hygiene, following respiratory etiquette, wearing face masks and maintaining physical distancing of at least 1.5m.

People who have symptoms indicative of COVID-19 or belong to vulnerable (COVID-19) groups should not travel or participate in any hockey activity before or during the event.

2 WHO IS COVERED BY THIS PROTOCOL

a. **Athletes**

b. **Officials**

c. **Team staff**

d. **Event workforce (Volunteers, FIH staff, Local Organising Committee staff etc)**

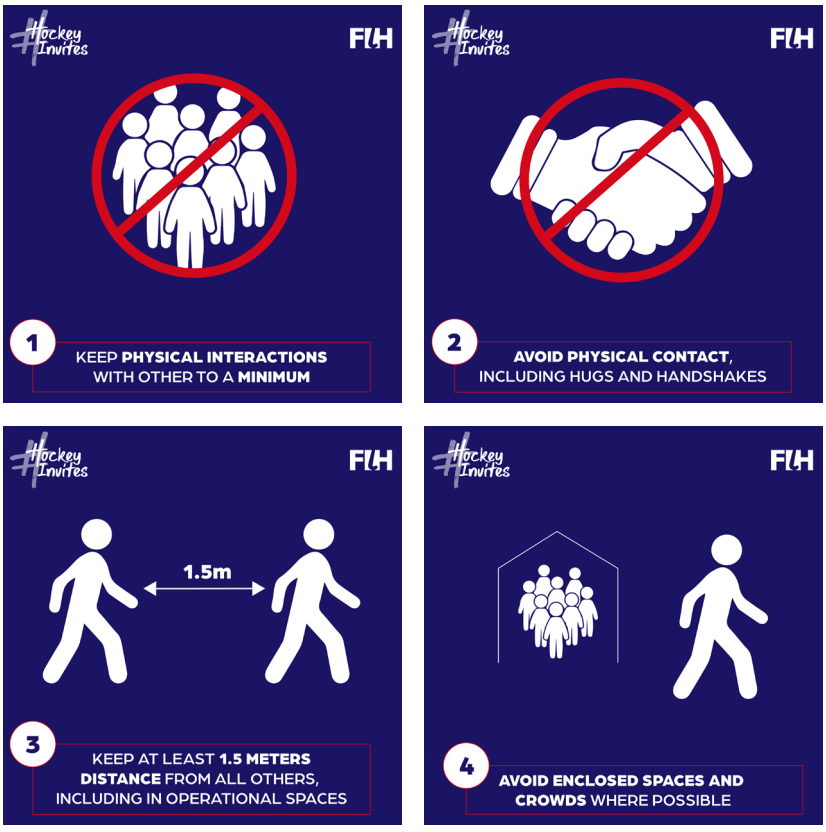
e. **Media and broadcast personnel**

f. **Spectators**

3 GENERAL PRINCIPLES

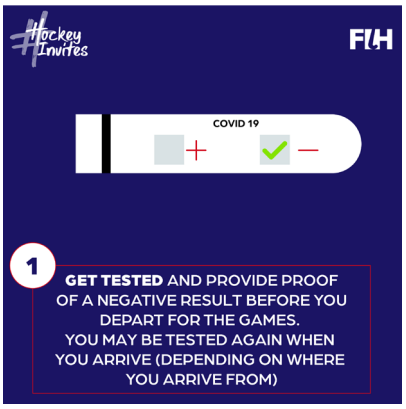
Minimise Physical Interaction

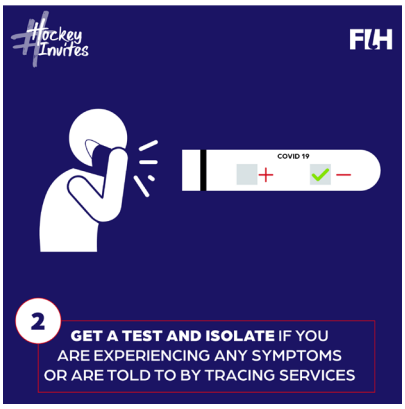
COVID-19 is transmitted through infected droplets in our breath exhaled by coughing, sneezing, talking, shouting or singing – and is passed from person to person when we are in close contact. The risks of catching COVID-19 grow in crowded poorly-aired spaces and when we spend time in proximity to those carrying COVID-19. That is why it is important to minimise social interaction, wear a mask, and avoid the 3Cs: spaces that are closed, crowded or involve close contact.



Test, trace and isolate

To stop the spread of COVID-19, it is vital to break the chain of human-to-human transmission. That is why it is important to identify who has the COVID-19 virus, through testing; understand who the disease might have been passed to, through contact tracing; and to use isolation and quarantining to stop the virus from spreading further.





Think Hygiene

COVID-19 can live on everyday surfaces through droplets exhaled by an infected person. If we touch those objects with our hands and then touch our eyes, nose or mouth we run the risk of becoming infected. That is why we must not forget the basics of good hygiene — regularly and thoroughly cleaning our hands, disinfecting surfaces, avoiding touching our face, and covering our mouths when we sneeze or cough.

4 TEAM BUBBLES

The Team bubble concept is applied with the aim of minimising the transmission of COVID-19 infections before, during and after the event. All the stakeholders involved in the events should enter the bubble without any external contact between one and three days before and throughout the event.

The term "Team bubble" means the playing squad and all travelling staff, or the team of officials and umpires, and aims to mitigate all reasonable risk. The Team bubble will, at all times, aim to reduce the group's exposure to anyone outside that group.

- All players, support staff and officials in close interaction with each other to be within the bubble from the time of testing until the end of the event
- Limit all other physical interactions with people outside of the bubble
- Maintain the Team bubble in the accommodation, during transport and at training and match venues. Each NA to be responsible for liaising with hotels, and each host to ensure training and match venues comply with FIH requirements.
- All food to be prepared by minimum number of staff with personal protective equipment worn by staff when serving food
- All members of the Team bubble only eat in their hotel and do not use external restaurants. Hotels will need to put in place rotas and time slots for different teams to eat and still be able to observe social distancing rules
- Each NA to work with their hotels to set up zones to maintain Team bubbles and hosts to set up zones within venues with clarity over who can enter each zone
    - For example, at match venues, players, team staff and officials only allowed in the zone that includes the changing rooms and pitch
- All rooms and facilities to be used within bubble to be thoroughly cleaned prior to usage and regularly cleaned between usage

The Team bubble concept should also be applied to other groups at events beyond the teams, team staff and officials. The members of these "Event Team Bubbles" should be clearly defined and the same principles applied.

5 VACCINATION

Vaccines are one of many tools available in the toolbox, to be used at the appropriate time and in the appropriate way. The FIH continues to strongly support the priority of vaccinating vulnerable groups, nurses, medical doctors and everyone who is keeping our societies safe.

When vaccinations are made available to a broader public, the FIH calls for International teams to be vaccinated – given their role as ambassadors of their countries given the role of sport "to promote safe sport as a contributor to the health and wellbeing of individuals and communities", as recently stated in a UN resolution, which was adopted by consensus in the UN General Assembly.

Therefore, the FIH will work with the National Associations to encourage and assist their athletes, officials and stakeholders to get vaccinated in their home countries, in line with national immunisation guidelines, before they travel to an event. This is to contribute to the safe environment of the event, but also out of respect for the hosts, who should be confident that everything is being done to protect not only the participants, but also the local people themselves.

Please note: You will not be required to have received a vaccine in order to participate in hockey events – and all of the rules outlined in this document will apply, whether or not you have received the vaccine.

6 MEDICAL OFFICERS AND FACILITIES

The following COVID-19 officers and medical staff shall be appointed by the event organisers:

- Event chief medical officer
- COVID-19 officers (hosts)
- Teams' COVID-19 officers (one per participating team)
- Venue medical teams
- Hotel medical teams

The following medical facilities should be made available throughout the event:

- Venue medical aid points
- Hotel medical aid points
- COVID-19 isolation rooms at hotels
- COVID-19 referral hospitals
- Ambulance services
- Testing laboratories

PPE (personal protective equipment) should be made available for all event participants.

7 BEFORE EVENT

Period 1: 10 days before the start of the event until arrival at the competition venue

During this period, some players will be involved in club training sessions and matches, as well as national training sessions. It is therefore unreasonable and impractical to expect players to be completely "bio-secure" during these periods and to live and behave in quarantine conditions.

However, what is expected of all players, team staff and officials, is that during this time they behave responsibly, follow social distancing guidelines and the government guidelines or directives in place in their country. It is not possible for this behaviour to be fully monitored by the FIH, so all National Associations are responsible for their players health and safety and are expected to guide and advise their players and staff on what is appropriate and reduces risk as much as possible whilst still facilitating players to play and train for their clubs and national teams.

Once national teams come together to travel, or train in the days prior to an event, the National Association will have greater control over their playing group and staff, and it is expected that their risk factors will be further reduced.

Each National Association will be responsible for their own travel and will liaise with the host regarding accommodation. All NAs are asked to support each other in providing recommended options for hotels.

Travelling to host country

The FIH recommends before booking flights/train tickets to pay attention to the cancellation policies.

International travel procedures

International travel usually refers to airline flights.

It is imperative to follow hygiene guidelines and local laws throughout the international travel. Every stakeholder involved in a hockey event must comply with the applicable instructions of the airlines. Temperature screening may be carried out at the departure airport as well as at the arrival airport.

In many cases, the host nation will require any person entering the country to provide a neg-ative COVID-19 PCR test carried out within 72 hours before the arrival date. Please follow local government guidelines in the host country of the event.

Local travel procedures

Local travel refers to bus, van, and car for the transportation of stakeholders between airport and hotel, and hotel, event venue and training pitches.

The drivers and passengers should always wear a face mask and respect all hygiene guidelines.

For bigger vehicles such as buses, the drivers and stakeholders must maintain a distance of 1.5m at all times (chessboard seating arrangement). Therefore, there may be a need for 2 buses for each squad in order to maintain the 1.5m social distance. If the buses have entrances in the centre or rear, these doors should be used, so that passengers can enter and exit, and keep sufficient distance to the driver. Busses should be dedicated to a particular team or groupd of Officials and not shared by multiple teams.

All vehicles should be thoroughly cleaned and disinfected before and after every trip during the event.

Team Accommodation

- The Host NA to share detailed information with each visiting team on the hygiene measures put in place at the team Hotels.
- Separate dining facilities for athletes from general public at hotel
- Table service for dining at hotel for lunches and dinners, rather than buffet service. If a breakfast buffet, this to follow all hygiene protocols
- All Hotel staff servicing athletes and officials' areas to wear masks
- Clear clarification of cancellation procedure for Hotels to visiting NAs

Period 2 – from arrival at the competition location until the start of the competition

All players, team staff and officials should be PCR tested as close to the start of an event as possible but such that the results will be received the day before the first match in the event. This is required regardless of whether individuals have already been tested prior to any travel to the event.

All tested athletes, staff and officials, will remain in a Team bubble that is as secure as possible from the time of the test until leaving the venue after the end of the final match of an event.

All National Associations are responsible for their players and staff, and all costs associated with their testing.

All teams are strongly encouraged to adopt a conservative and cautious approach to minimise risk for their groups as well as their opposition, including additional testing

during pre-event training camps before the mandatory testing, traveling in a socially distanced way, staying in single rooms etc if budgets allow.

If any test process or result is disputed, this will be referred by the event Medical Officer to the FIH Health & Safety Committee who will decide whether an athlete is available for selection.

The event hosts will pay for the testing of the umpires and Officials such that results are returned 24 hours before the competition begins. Should any umpire test positive, a replacement umpire will be sought but if this is not possible at short notice the event will take place with one less umpire.

8 DURING EVENT

Risk Assessment

In order to produce an overall risk assessment for the event, all risks inherent to the event need to be identified, and then balanced against all possible mitigation measures that can be reasonably put in place. To support this process, it is recommended for Hosts to use the WHO risk assessment tool: Key planning recommendations from the WHO Mass Gathering COVID-19 Risk Assessment Tool – Sports Events which is available at:

https://www.who.int/publications/i/item/10665-333187

Risk Mitigation factors

There are several natural event-specific risk mitigation factors for Hockey:

- Absence of direct contact of participants with spectators and officials
- Teams and officials can exist in a bubble between hotel and event venue once arrived in the Host Nation
- Possibility to establish low density or no-crowd policies
- Possibility of individual catering for teams and separate hotels for each team if required
- Pre-event testing prior to event being deployed for teams and officials with results confirmed at least 24 hours prior to the start of an event

Pre-event Planning

Hosts must appoint a COVID19 Officer who is knowledgeable on the precautions to be taken.

In the lead up to the event this person will report to the Organising Committee who will in turn report in turn report to the FIH, organising CF or National Association. During the event the COVID19 Officer will report to the FIH/CF/NA Event Director who will in turn raise relevant issues with the appointed TD and Chair of the Local Organising Committee.

Key planning considerations for hockey events in the context of COVID-19: include:

- A contact tracing procedure must be put in place
- Modifications to the event in relation to adjusting the official capacity of the venue (spectators/no spectators)
- Registering attendees and workforce, designating seating, marking the floor with social distancing measures

- Advising people to observe physical distancing, respiratory/cough etiquette, mask wearing and hand hygiene practices
- Advising people with higher risk of complications from COVID-19 that they should not attend the event
- Keeping the duration of the event to a minimum to limit contact among participants (reduce the time before each match that doors open if spectators, that teams arrive on-site)
- Ensuring adequate pre-event workforce training, medical response planning, provision of PPE and cleaning protocols
- Obtaining timely COVID-19 testing; and ensuring that any athlete or participant in the event on the Host territory who needs immediate medical care are given access to medical facilities.
- Building a flexible communications strategy
- Clarification by Host of its appropriate insurances for the match hosting
- Confirmation of Local Regulations applicable to the matches by Host NA to FIH & other NAs at latest 7 days in advance of matches (subject to changes in the period up to the matches)
- Put in pace a dedicated cleaning programme for all areas which should be submitted to FIH in advance of the event

Competition venue

Prevention and control measures applicable during the operational phase include:

- Ensure 1 entrance and 1 exit to the pitch. If this is not possible, make sure to have a volunteer guard at this gate to manage the movement of people going onto and off the pitch
- Separate athletes and officials from event operations staff
- Regulate the flow and density of people entering, attending, and departing the event (e.g. by increasing the frequency of transport, staggering arrivals, temperature checks on entry)
- Regularly ventilate all rooms used during the event, eg changing rooms, meeting rooms
- Make sufficient extra seats available for players/staff beside the dugouts to ensure social distance
- Make space behind the fence and in the vicinity of the dugouts, for non-playing team members and extra staff and mark this with tape
- Ensure that spectators cannot get in the vicinity of the dugouts and Technical Table
- Ensure that the Technical Table is covered and can have 2 persons sitting behind it with sufficient space between them to ensure social distance

- Teams will be advised (see below) that depending on the size, video towers will perhaps not be accessible for more than 1 person
- All match balls must be disinfected after the matches
- Provide an area at the venue where the teams can do their half-time team talks, in case they cannot stay on the pitch when this is being watered (not applicable on sand based pitch or indoor)
- All players, after the matches, should be able to walk through a Mixed Zone but remember press should keep the required distance when doing the interviews
- Player mascots accompanying teams are not allowed
- No Nations flags are to be displayed by flag bearers. Nations flags should be displayed pitch-side
- Ball patrols should be limited to 4 people per match. They are required to wear face coverings and plastic gloves. Ball patrol is not allowed to touch any PC defending equipment
- No handshakes between teams (replaced by tapping of sticks) and no children's mascots
- Ensure appropriate masks /PPE being worn by all those delivering the event around the Field of Play
- Athlete team masks to be in line with the amended FIH Uniform Regulations
- Video umpire to be located in such a way to ensure the bubble can be preserved from the broadcast team
- Hold all the meetings in open space or in the large rooms with enough space
- Ensure adequate medical support on site and crisis management processes
- Ensure the availability of handwashing facilities with soap and water and/or Alcohol disinfectant gels stations to be available in all key places
- Ensuring regular and thorough cleaning and disinfection of the venue by designated staff and additional waste disposal facilities and no food to be prepared on site
- Limit the sharing of equipment, towels and no showering on venue in athlete areas, together with provision of bottled water, etc between participants (social distancing minimum in the Host country)
- Ensure good visual hygiene and sanitation signages are in place across all venues, changing rooms, training facilities etc.

On the basis that all players, team staff and officials have tested negative for COVID-19 and have been within a "Team bubble" since then, the aim is to have the matches played as normally as possible.

There are some practical changes that will be made as well as some guidelines for behaviour, conscious of the media coverage and profile events may receive and the im-

portance of a positive public perception which will be reinforced through communication channels before, during and after the matches.

Changes to protocol – mandatory

- No mascots accompanying teams pre-match
- No flags or flag bearers
- No handshakes after national anthems or at end of match between opposition players
- Lesser number of ball patrol personnel – as they will not collect up the face masks and gloves after a penalty corner and replace them in a container behind the goal, this may cause a slightly longer delay than the 40 seconds allowed for the defending team at a penalty corner to get all of their protective equipment on and be ready for the corner. Umpires will be advised of this and leniency applied to allow all players to be equipped and ready to defend a pc.
- No sharing of equipment – all players must have their own protective equipment for defending penalty corners
- No spitting (punishable by cards during matches)
- No physical interaction between players and event staff/volunteers/spectators before, during or after matches

Guidelines to be followed although not enforced

- Reduce times when players are in close proximity of each other. Whilst this does not pose a significant health risk (as all players will have tested negative) it is important that the public perception be considered eg reduce number of people and length of huddles during breaks in play or before penalty corners

Changing rooms should be provided for teams although showers not to be used. Teams should return to hotels after matches to shower and change.

Teams and officials should have their own changing rooms, medical treatment rooms and toilets. The changing room should be large enough to allow for sufficient space between each player to en-sure physical distancing is respected. Time spent in changing rooms must be restricted to the minimum necessary (approx. 30–40 min. for individual players). Players are recommended to put on the players' uniform at the hotel before going to the arena or training hall. Players should take a shower at their hotel rooms.

Teams must bring their own, towels and personal items. Eating in the changing room is not allowed.

The staff at the training and competition venues should ensure that the changing rooms, medical treatment rooms and toilets are thoroughly cleaned and disinfected after each

training session and after each match. The door knobs, chairs, tables and floors must be cleaned and disinfected regularly. Changing rooms need to be ventilated regularly, and need to have waste bins with lid.

9 POSITIVE TEST RESULT MANAGEMENT

If any player has a positive PCR test for COVID-19, they will not be available for the remainder of the event until they are tested again and have a negative result, and must follow the Government guidelines (or laws) in the relevant country.

MEDICAL SERVICES PROTOCOL: STEPS TAKEN WITH A PLAYER OR OTHER INDIVIDUAL WITH SUSPECTED COVID-19 SYMPTOMS

NOTE: Local government regulations and public health guidelines may differ by region and might result in deviations from the protocol listed below.

1. Player tests positive on one or more screening items (clearly specifying their symptoms, including a fever, loss of taste and smell)

- Reports Feeling Unwell
- Answers questions in daily questionnaire indicating symptoms of or exposure to COVID-19
- Presents with an elevated Temperature or other vital symptoms

Initial Recommended Steps:

- Isolate player / individual (stay in hotel room or take player to designated isolation room at event site or in hotel)
- Player / individual is given a facemask or instructed to put on their own facemask
- Contact Local Organising Committee appointed Physician, who will arrange for PCR testing
- Appointed Physician to notify FIH of suspected COVID-19 case
- Notify Local Public Health Department: This will differ by region / tournament location.
- If identification of player / individual with suspected COVID-19 symptoms is on-site, player / individual is brought back to the hotel in designated official car with appropriate hygiene measures and PPE in place (cleaning of all surfaces with 70% alcohol, proper airing of the car). Staff/ medical personnel managing the player transfers must be properly equipped with PPE kit. All the assisting staff/ personnel needs to be properly disinfected post successful transfer of the player from the event site to the hotel
- Where possible, move the player to a single room with a dedicated bathroom (hotel designated isolation room or player room).
- PCR testing takes place (either in hotel or at a PCR testing centre based on local public health recommendations and FIH protocol)

Steps After Confirmation of Positive COVID-19 Test Result:

- Player stays in isolation
- If the player / individual lives so close that they can drive home by themselves and are fit to travel, they are allowed to leave under the direction of local public health authorities
- For follow-up PCR testing and Return to Play, see the schedule below

Follow-up Based on Objective Test Findings: (All done in accordance with Local Health Authority)

Scenario A: Asymptomatic person and positive PCR test:

- Player stays in isolation
- Return to play after x days (according to the local health regulations)
- If second or later test has a high CT value and CT value is going up, see protocol for retest ("presumptive positive")

Scenario B: Person with mild symptoms and positive PCR test

- Player stays in isolation according the local health regulations
- Isolation can be lifted after x days(according the local health regulations) and when at least 3 days symptom free
- If second or later test has high CT value and CT value is going up, see protocol for retest ("presumptive positive")
- The player should undergo a preparticipation physical examination by a physician
  If no abnormalities, the player is allowed a gradual return to play

Scenario C: Player with moderate to severe symptoms and positive PCR test

- Player stays in isolation x days (according the local health regulations)
- The length of isolation and further PCR testing will depend on local requirements and severity of the illness
- After recovery, the player should undergo a preparticipation physical examination by a physician
- Further cardiovascular screening may be indicated
- Once player is cleared, player is allowed a gradual return to play

Isolation

- The guidelines for each hosting country should be followed as they are different in the case of a positive test result
- Each NA will confirm with their local health authorities whether players from traveling teams have to stay in country for the duration of their isolation quarantine period, or whether they can return and finish their quarantine isolation period in their own country. This to be communicated to their travelling opponents asap

Close contacts

Any "Close contacts" of an individual who tests positive will also not be available for the event. Nations are therefore encouraged to avoid having any close contacts within their playing groups by putting in place protocols for travel, eating, sleeping, training and medical treatment that avoid any 2 people coming into close contact (<1.5m for 15 minutes or more) at any time. Therefore, there should not be any close contacts within the Team Bubbles.

2. Historical positive

When a player tests positive who has previously tested positive for COVID 19

Protocol for "retest" (for samples with Cycle-Threshold (CT) values 32 or higher)

- Put player in temporary isolation
- Retest PCR after 24 hours
- Conduct serological testing for IgG antibody levels

a. If player remains asymptomatic and retest is negative or positive with high CT values, isolation can be lifted, and player is allowed to return to play. However, the player should be closely monitored for symptoms and physical distancing, facemasks and hand hygiene should be kept in place
b. If retest is negative or positive and CT levels remain the same or higher AND IgG antibodies are present, see protocol for players with prior confirmed COVID-19 in the past and positive test for IgG antibodies

Protocol for players who have confirmed Covid-19 in the past and have IgG antibodies:

The conditions for assuming a presumptive positive, and therefore adopting the following protocol, to be as follows:

- Proof of a positive test no more than 2 months old (preferable to have knowledge of CT values although not all countries have access to this data)
- Proof of antibodies present

    a. When a presumptive positive presents itself CT values should be higher then 32, if between 25–32 a second PCR test can be performed within 48h within *the same lab* to verify if CT value is going up or down

If all of these conditions are met, an application can be made to the FIH Health & Safety Committee, who will have the final decision on exempting the player from needing to have to test for 2 months. After 2 months the player will return to the general testing pool and will have to go into quarantine if they test positive again.

Application process

- Bring proof of the first positive PCR test and when available follow-up tests (PCR or IgG antibody)
- The player applies to the FIH for exemption from testing in the PCR testing pool for two months
- If this exemption is granted by the FIH H&S Committee, check IgG antibody levels after 2 months

    a. If IgG antibodies are still present after 2 months, the player can apply for an additional 2-month period of exemption from PCR testing, to the FIH H&S Committee. Players must submit a 2 monthly antibody test when applying to the FIH for further extensions after the initial 2-month exemption to remain on the exempt list from PCR testing

    b. If no antibodies are present after 2 months, the player will return to the PCR testing pool

After a maximum of 6 months all players with confirmed COVID-19 in the past will return to the PCR testing pool

10 TOURNAMENT MANAGEMENT FOLLOWING POSITIVE TEST RESULTS

Athlete withdrawal and reserves

- As per the FIH Tournament Regulations for outdoor events, nations must provide their squad (18 + 2 reserves) 14 days pre-tournament
- For Indoor Hockey tournaments, nations must provide their squad (12 + 2 reserves) 14 days pre-tournament
- The need for a PCR test to travel will be dependent on local travel regulations
- All squad members should take all possible precautions from the first test until the end of the competition
- All players and team staff will be required to take a PCR test at the event location 2-3 days before the event starts and show a negative test result in order to participate
- Athletes can be replaced using the 2 names reserves if they test positive or are considered a close contact of anyone who tests positive and have to isolate
- There will be no mandatory testing during the event once it has started, but if athletes are not available because they exhibit COVID symptoms and following local government regulations test positive, the processes outlined below must be followed
- Positive test results of team staff:
    - **a.** If all players test negative then the staff member plus close contacts would have to isolate but the squad could continue to participate
    - **b.** If any close contacts are players then the rules would be applied in the same way as if players are unavailable

Numbers to cause team withdrawal from an event.

Players can be considered unavailable due to either a positive test result or being a close contact, and therefore having to isolate.

Outdoor events

More than 3 positive tests within a single Team Bubble, will result in that team having to withdraw from the event.

Should there be 3 or less positive test results, those players or staff must be isolated from the group, but the team can continue in the competition as long as they have a minimum of 14 players available.

Scenario 1: If a team travels with only 18 players, then the maximum number of players unavailable for them to continue in the competition would be 4. This could be the case with 2 positive results and 2 close contacts, and they would then have 4 players in isolation and not available, but could continue with a squad of 14. However, to be clear, if they have 4 positive **test results** but no other close contacts then they must be withdrawn even though they could still have 14 available players due to the risk that the other squad members could be infected despite testing negative.

Scenario 2: If a team brings in up to 2 reserve athletes, due to players having to isolate because of positive test results or close contacts, then they could continue with a maximum of 6 players unavailable and continue with 14, as long as they have no more than 3 positive tests. This is therefore consistent with the regulations being followed in the FIH Pro League. If they have 4 positive test results then they must be withdrawn even though they could still have 16 available players due to the risk that the other squad members could be infected despite testing negative.

Indoor Hockey events

- More than 2 positive tests within a single Team Bubble, will result in that team having to withdraw from the event.

- Should there be 2 or less positive test results, those players or staff must be isolated from the group, but the team can continue in the competition as long as they have a minimum of 10 players available.

Results of matches and impact on tournament (see General Tournament Regs)

If a nation is forced to withdraw prior to the start of the event, the reserve team can be invited if possible. If this is not possible due to timing and logistics, the event will take place with one less team.

If a nation is forced to withdraw after the start of the tournament, then all of their matches in the tournament will be considered as 5-0 losses, and their results and participation in the tournament will be null and void. They will be managed on TMS in the same way that a team who has been disqualified.

Officials testing positive

Should any event Officials test positive for COVID, they will not be able to take any further part in the event and will have to follow local health guidelines regarding isolating and quarantining.

If the positive test result occurs before the start of the event, and there is time for a reserve official to be brought in, this can be done, but once the event has started, no replacement officials can be brought in and the event will continue without the official(s)

who have tested positive in the same way that a situation with an injured or ill official would be managed.

Event postponement or cancellation

The decision to postpone an event due to team(s) withdrawing will be made on a case by case basis at the discretion of the FIH in consultation with the hosts

If more than 2 teams have to withdraw from an event due to COVID positive test results, the hosts will meet with the FIH to discuss continuation, postponement or cancellation of the event based on the health risk to all participants

11 DOPING CONTROL

Hygiene and mask guidelines should be respected in the doping control room at all times.

The room must be fully clean and disinfected. It should be large enough to allow players and dop¬ing control officers (DCOs) to respect the physical distancing. Where possible, a second room for doping tests shall be set up to physically separate players on both teams.

The DCOs are required to wear gloves and masks to proceed the sample collection from the players. These DCOs must have a negative COVID-19 test result 72 hours before entering the arena and doping control room.

12 MEDIA

Media interviews and protocols will be developed to ensure both social distance and other risk mitigation measures, for example the wearing of face masks by interviewers and good distance between themselves and the players is maintained at all times.

General principles

Everyone involved in the event on-site, including, but not limited to, all companies,their staff members and all representatives from the media, must comply with the applicable local and national law as well as the requirements of the present COVID-19 Medical Precaution Plan. These include regular PCR tests within every 72 hours, a mandatory wearing of masks, keeping a safe distance and regular washing of hands.

Moreover, the broadcasters must meet all local and national requirements during their work, for example the use of plexiglass dividers between operator positions.

Everyone operating at the event, including, but not limited to, companies and their staff members, will be informed about all requirements and restrictions in place in advance. The venue's medical team must guarantee that all regulations are respected.

In general, the number of media representatives and broadcasting staff members will be kept at a minimum depending on the capacity of the venue. Priority should be given to agencies and bigger media outlets.

Medical services for media representatives should be provided in the venues where possible.

Staff, facilities and positions for broadcasters and photographers

On-site staff members

The number of on-site staff members depends on:

- The applicable local law;
- The working spaces available with appropriate hygiene measures;
- The total number of people permitted in the media areas as well as any limitation on the number allowed in the venue under local or national law.

Broadcast compound and trucks

If there is a broadcast compound at the venue, the compound must be arranged in a way that allows sufficient space for people to move, i.e. it must not be crowded. For example: vehicles appropriately spaced apart, creating additional routes or paths to limit any crowding of people.

Media tribune

The seating in the media tribune must guarantee that a 1.5m – or more, if required by local law – distance can be maintained.

During their work, commentators are temporarily exempt from the requirement to wear a mask, but must still wear one at all other times.

Media centre/room

A physical distance of 1.5m – or more, if required by local law – must be respected in any media room at all times. Media rooms need to be ventilated regularly.

Broadcast positions during matches

TV personnel operating in the venue must ensure that they always keep at least a 1.5m – or more, if required by local law – distance from all players and officials, except where it is unavoidable and accidental during a match.

Photographers during matches

The number of photographers during a match will be kept at a minimum depending on the capacity of the venue, to guarantee a safe distance between each photographer. The position of each photographer must be clearly marked.

Media activities

Pre-match interviews

- Positions to do pre-match interviews must be allocated beforehand, with a distance of at least 1.5m – or more, if required by local law – between each position. The maximum number of positions depends on the venue.
- The maximum number of people, including the interview guest, is limited to four per interview.

Press conferences

- If possible, press conferences should be avoided. However, if the number of attending media and/or the configuration of the venue makes it safer to hold a press conference, then the media access must be kept at a minimum, with a distance of at least 1.5m – or more, if required by local law – between each position. Regarding the teams, only the coach and one player should attend.

Flash Zone interviews

- Flash Zone interviews are allowed, provided the allocated area allows for 3 square meters per person. The reporter and camera crew must wear a mask and stay at least 1.5m – or more, if required by local law - from the coaches and players at all times.
- All arrangements must be discussed and agreed upon before¬hand be-tween the Host Broadcaster, the team representative and the FIH.

Mixed Zone

- Mixed Zones are allowed, provided the allocated area allows for 3 square meters per person. The reporters must wear a mask and stay at least 1.5m – or more, if required by local law - from the coaches and players at all times.

13 SPECTATORS

In order to avoid overcrowding and allow for physical distancing in the event venue, only a limited number of spectators will be allowed. Depending on the development of the pandemic, the Medical Commission will decide on the capacity of each venue, considering that a distance of 1.5m must be maintained at all times (chessboard seating arrangement).

To enter and exit the venue, different routes must be followed. Crowding of spectators at the entrance and exit of the venue should be avoided at all times. Any staff working in the spectator area must not mix with anyone working in the other areas.

Hand disinfectant should be used regularly and masks must be worn at any time from entering the venue, until exiting. Anyone not wearing a mask will be removed from the venue.

Spectators must be made aware of the COVID-19 preventive measures.

All camera positions within the spectator area must be in isolated cabins.

Waste bins with lid should be provided throughout the arena and a safe waste removal must be ensured.