



Coronavirus (COVID-19)

Guidance for Event Organizers for the Protection of the Health of Sailing Communities

Version 1.0 – 25 March 2020

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World Sailing (WS) is the world governing body for the sport of sailing recognized by the International Olympic Committee and the International Paralympic Committee (IPC).

The creation of the International Yacht Racing Union (IYRU) began in 1904, This group went on to adopt a formal Constitution after a meeting at the Yacht Club de France in Paris on 14 October 1907 which is seen as the formation date of the International Yacht Racing Union.

On 5 August 1996, the IYRU changed its name to the International Sailing Federation (ISAF).

On 14 November 2015, ISAF changed its name to World Sailing.

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1. Introduction

In response to the current coronavirus (COVID-19) outbreak, this Guidance has been produced by the World Sailing (WS) to support all sailing event organizers and athletes. The purpose is to help organizers to follow advice provided by United Nations agencies including the World Health Organization (WHO), International Olympic Committee (IOC) as well as the Centre for Disease Control (CDC) and European Centre for Disease Prevention and Control (ECDC).

COVID-19 – a virus which can lead to respiratory disease and pneumonia – was first reported in December 2019 in Wuhan, China. More than 90,000 cases have been reported at the time of going to print, including several thousand deaths. While most of these have been concentrated in China, the virus is now spreading globally. No vaccine is currently available, and the focus of health authorities worldwide has been containment of the virus through preventative measures to limit and slow down widespread transmission.

On 30 January 2020, the Director-General of the World Health Organization, following the advice of the Emergency Committee convened under the International Health Regulations (2005), declared the current outbreak of COVID-19 a Public health emergency of international concern. On 11 March, the World Health Organisation declared that COVID-19 has become a pandemic due to the speed and scale of transmission rather than the severity of the disease. This severe public health challenge requires close co-operation between international agencies, governments and event organizers, in order to protect the health of athletes, as well as the general public.

The unprecedented and unpredictable spread of the outbreak has seen the situation in the rest of the world deteriorating having significant impact on global athletes' preparations for the Olympic Games Tokyo 2020 due to run from 24 July to 9 August 2020.

In the present circumstances and based on the information provided by the WHO, on 24 March IOC President and the Prime Minister of Japan have concluded that the Games of the XXXII Olympiad in Tokyo must be rescheduled to a date beyond 2020 but not later than summer 2021, to safeguard the health of the athletes, everybody involved in the Olympic Games and the international community.

We understand the significant challenges faced by athletes and Member National Authorities (MNA's), particularly in terms of travel regulations and the varying restrictions on the organisation of events which continues to change daily. As a result, we are focused on assisting MNA's to address any challenges and the delivery of Olympic qualification in the hope that this pandemic will cease to the level which makes Pre-Olympic qualifying events possible.

As part of our ongoing efforts to keep our athletes informed on the impact of COVID-19, the World Sailing continues to publish the latest information and advice on the World Sailing website at <https://www.sailing.org/medical/index.php>

This Guidance uses information contained in the Country & Technical Guidance - Coronavirus disease (COVID-19) available at:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

It is also recommended to use this alongside the *World Sailing Medical Guidelines for the International Team Coach* available at: <https://www.sailing.org/medical/index.php>

The World Sailing Medical Commission is grateful for all help received from international organizations, agencies and other various parties in preparation of these Guidelines.

2. Point of Entry Restrictions

The WHO has advised countries to institute public health measures proportionate to the public health risks and consistent with the International Health Regulations (IHR) and other international regulations.

The WHO has also underlined the importance of travellers' awareness in preventing the transmission of COVID-19.

The WHO IHR can be available at: www.who.int/ihr/publications/9789241580496/en/
Nevertheless, many governments have now introduced national and local restrictions including:

- Delayed border clearance
- Visa restrictions
- Imposition of quarantine or refusal of entry

While such measures can severely disrupt traffic, the reality is that MNA's, athletes and their teams, may have little choice but to adhere to these national and local restrictions due to the serious concern about COVID-19 and the potential risk to public health.

However, it is very important for race organizers to accept all teams (both athletes and supporting teams), but also to identify suspected cases of infection, as it is difficult to stop the outbreak and it could endanger others.

If any infection or contamination is found among incoming teams, event organizers may take additional measures to prevent spread of the infection or contamination. Together with other MNA's, athletes and their teams, event organizers should co-operate with their Public Health Authorities to ensure, where appropriate, that:

- Participants can be repatriated;
- Participants can be isolated;
- Event can continue if safe so;
- Participants can access adequate medical care;
- Prevention program measures are in place and
- Necessary certificates and documentation can be issued.

The IOC has advised that during the evolving COVID-19 outbreak, effective protection of the health and safety of athletes must remain a priority. Under the IOC regulations, event organizers must ensure all athletes are covered by adequate measures to protect their health and that they have access to prompt and adequate medical care while participating in the event. Event organizers must ensure that any athlete or participant in the event on their territory who need immediate medical care are given access to adequate medical facilities. World Sailing had issued several documents as a guideline for race organizers in setting up the medical support during the event, such as the *Medical Action Plan* and *Guidance for Medical Support at Designated Regattas*, accessible at: <https://www.sailing.org/medical/index.php>

3. Protective Measures Against COVID-19 for Athletes and Sailing Communities

Human-to-human transmission of COVID-19 is understood to occur primarily through droplets from a person with COVID-19. When someone infected with a respiratory disease, such as COVID-19, coughs or sneezes, they project small droplets containing the virus, landing on objects and surfaces around the person. Sneezing or coughing into hands may contaminate objects, surfaces or people that are touched. Other people catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs, sneezes or breathes out droplets.

Standard Infection Protection and Control (IPC) precautions emphasise the vital importance of hand and respiratory hygiene for every person. In particular:

- Frequent hand washing by participants using soap and hot water or alcohol-based (at least 65–70%) hand rub for 20 seconds;
- Avoidance of touching the face including mouth, nose and eyes with unwashed hands (in case hands have touched surfaces contaminated with the virus);
- Participants should be encouraged to cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose then dispose of the used tissue immediately;
- If a tissue is not available, participants should cover their nose and mouth and cough or sneeze into a flexed elbow;
- All used tissues should be disposed of promptly into a waste bin;
- Participants should aim to keep at least one metre (3 feet) distance from other people, particularly those that cough or sneeze or may have a fever. If they are too close, other can potentially breathe in the virus; and
- When receiving distributed food and water at the event it should always be handled with care, to avoid cross-contamination.

It is important that participants should be given the time and opportunity to clean their hands after coughing, sneezing, using tissues, or after possible contact with respiratory secretions or objects or surfaces that might be contaminated.

Although face masks may provide some protection – especially if there is a risk of exposure when interacting with other persons – the routine use of face masks is not generally recommended as protection against COVID-19. WHO advises that it is appropriate to use a mask when coughing or sneezing. If an individual is healthy, it is only necessary to wear a mask if the person is taking care of a person with the suspected COVID-19 infection.

www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

Hand and respiratory hygiene are considered far more important.

Athletes and other event participants should inform Chief Medical Officer (CMO) of the event or other designated medical person supporting the event if they have visited an area where COVID-19 has been reported within the past 14 days, or if they have been in close contact with someone with respiratory symptoms who has been to a place which has COVID-19 or someone with COVID-19 infection. Those officers should receive information in time (By Personal Location Form (PLF) available at: <https://www.sailing.org/medical/index.php> and Appendix A of these guidelines on entering the marina or in advance - electronically). Event organizers will put this as prerequisite for participation in the event.

If athletes develop fever, cough or difficulty breathing during the event, it is important to seek medical attention promptly and notice CMO or other designated medical person of the even.

Safety posters for athletes and other event participants are provided in Appendix B.

4. Sailing Events as Mass Gatherings

High profile international sporting events such as the Olympics or World Cups as well as other major international sport events like the major sailing regattas, count as mass gatherings (MG). However, lower profile sailing events can also meet WHO's definition of a mass gathering.

An event counts as a “mass gathering” if the number of people it brings together is so large that it has the potential to strain the planning and response resources of the health system in the community where it takes place.

You need to consider location and duration of your event, current epidemiological situation, as well as the number of participants. For example, if your event takes place over several days during major epidemics in a small island state, where the capacity of the health system is quite limited then even an event with just a several hundred participants could place a big strain on the health system and then be considered a “mass gathering” event. Conversely, if the event with several thousand participants is held in a big city in a country with a large, well-resourced health system and lasts just a few hours, the event may not constitute a “mass gathering” event. Before the event, consult with your Public Health Authorities should your event be considered as “mass gathering event”.

Every event requires thorough planning and coordination and your medical support team and Public Health Authorities need to know what to look for. This can be conceptualized in three steps:

- **Risk assessment:** What might happen, and how likely is it to happen?
- **Surveillance:** How will we know when it happens?
- **Response:** What will we do when it happens?

5. Risk Assessment

Regardless your event is considered as mass gathering (MG) or not, risk assessment is a key element in prioritizing planning. It is a continuous process that should occur throughout the period leading up to the event and during the event, starting from the initial concept of the Medical Guidelines and stopping only after the event has finished. It should include ongoing assessments of how your medical support and the health care system are coping with increases in health risks related to the event and can indicate both what and how much intervention is needed. The risk assessment process should be documented and available for later review.

The level of risk for each factor is a function of two variables: the probability of a threat occurring and the consequences (impact) of that event. This is often mapped on a risk matrix. Decisions on acceptable levels of risk should be determined primarily by human health considerations. Other factors (e.g. economic costs, benefits, technical feasibility and societal preferences) could also be considered, particularly when determining risk management measures to be undertaken.

Characterization of risks depends on the question that is being asked. For example, many questions that characterize risk could be asked of any potential public health threat:

- What is the impact on the event?
- What is the impact on public health?

Answers could be:

- **Minimal** Little or no consequence or disruption to the event. Little or no consequences
- **Minor** Small impact on event - can be managed with little impact on the event. Few illness or injuries which medical services can manage
- **Moderate** Some controlled impact on the event and reputation for host. Death and or injuries or illness (e.g. COVID-19 cases) occur. Public and medical services are strained.

- **Major** Disruptive to event and reputation of host. Many deaths, injuries or illness. Disrupts public health and medical services
- **Severe** Causes cancellation of some or all of events. Significant adverse impact on event and host reputation. Substantial loss of life and serious injuries or illness. Widespread disruption of local services and infrastructure

Sailing events mainly are falling in the *Minimal* and *Minor* category but with COVID-19 outbreak they could fall into or *Moderate*, *Major* or *Severe* risk category. After the epidemics started, several Olympic Qualification events were categorised as *Severe* risk and cancelled.

World Sailings advises you to conduct the event only if it falls in *Minimal* or *Minor* risk category

For countries not currently known to be experiencing community transmission of COVID-19, the priority consideration will be whether the planned event substantially increases the risk of the virus (re)entering the country and becoming established, as well as the risk for participants to importing infection back to their home country and further increasing global spread. In making this assessment, the organizers and their national or local Public Health Authorities should recognize that the risk of imported cases of COVID-19 is naturally linked to international travel. They should also recognize that **it is neither realistic nor desirable to aim for zero risk**. When organizers and health authorities are determining whether to hold a mass gathering or even an event that is not falling under the definition of “mass gathering”, they should determine what is an **acceptable risk** and what additional measures should be implemented to mitigate that risk.

Specific considerations in relation to COVID-19 possible impact on sailing events should be taken from global COVID-19 situation reports (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>) as provided by WHO and national COVID-19 situation report, and those should be, without exception done in cooperation with local Public Health Authorities.

Facts show that specific features of the sailing events that are inherent to the sport or can be easily mitigated as such, have significant potential for prevention and in making sailing events much safer compared to other sports.

For instance, low or no-crowd density policy, outdoor field of play, layout of the meeting venue, access to only registered participants, young age of participants that are not in direct contact during the event, dispersed housing where teams are renting their own (dispersed) accommodation, individual catering, mode of travel (cars/vans with the trailers) are favouring the safety of sailing events. If the event is longer than duration period of COVID-19 incubation (14 days), than most event-associated cases would be expected to occur while the event is underway. In contrast, on sailing events, where duration is usually shorter, most cases would likely occur after the event as people travel and return to their homes.

For countries where COVID-19 has already started to spread in the community or after the outbreak is under control and virus ceased to spread, key consideration will be:

- aiming at containing the current situation or at least slowing down the spread of the virus in the local community/country.
- preventing participants from other countries being infected with COVID-19

In each case the risk should be considered in the context of the known features of COVID-19, its severity, its transmissibility and the effectiveness of measures to prevent or reduce transmission. The strain already placed on the local health system in responding to COVID-19 outbreak(s), and the additional strain the mass gathering or other sailing event might place on the system, also needs to be taken into account.

You can find more advice on what to look at in the WHO document *Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak interim guidance, 14 February 2020*. See: <https://www.who.int/publications-detail/key-planning-recommendations-for-mass-gatherings-in-the-context-of-the-current-covid-19-outbreak>

To conduct the risk assessment, you can use the WHO risk assessment tool available at <https://www.sailing.org/medical/index.php> and outlined within Appendix C of this document. That will enable you to review the key considerations for hosting an event, and thus inform your risk assessment of COVID-19 for the event. This will also help you to understand and manage any additional risk for COVID-19. This risk assessment should be reviewed regularly during planning and updated immediately before the event, especially considering the rapidly evolving outbreak, with reference to the updated WHO 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. Please follow the document carefully and use WHO COVID-19 Generic risk assessment Excel file with decision matrix for final determination of risk available at: <https://www.sailing.org/medical/index.php> and within Appendix C of this document

The national and local Public Health Authorities in the country where you plan to hold the event will most likely know how to conduct a health risk assessment. We advise you not to do it alone and not to put them into situation to assess the risk without your help and understanding of the specific circumstances of sailing event competition. It is also important to introduce them to specific mitigation measures specified in this Guidelines that can be applied to sailing events.

If there is a WHO Country Office there, they may also be able to provide some expert support. So too, might the WHO Regional Office in your part of the world. You can find the names and contact details of the WHO Regional Offices at <https://www.who.int/about/who-we-are/regional-offices>

6. COVID-19 Specific Action Plan

Action plan should be developed to mitigate all risks identified in the risk assessment. Some actions will be for the Public Health Authority to deliver, some for the event medical support and some for teams' medical support. Action plan should specify who is responsible for delivering actions, what is the timescale for delivery, and how and by whom delivery will be assured. When developing action plan, Event organizers should also take into consideration *World Sailing Medical Action Plan* and *World Sailing Guidance for Medical Support at Designated Regattas* (<https://www.sailing.org/medical/index.php>)

An action plan should identify which **mitigation measures** can be put into place to manage the risk and reduce either the probability or impact. Based on the risk evaluation, options should be determined for treating each risk. World Sailing recommends you to apply the following mitigation measures and include them in your action plan:

- Closing of marina area to the general public.
- Appropriate safety measures on entrances that could include health status control (e.g. temperature, 14 days clearance)
- Every visitor that had to be allowed in marina area (security, media, technical, etc.) to be submitted to control (e.g. PLF, temperature scan) and sanitary measures applied to participants (e.g. masks, disinfection, etc).
- To avoid all gatherings (e.g. ceremonies, parties, etc).
- To have all the meetings in open space or in the large rooms with enough space between participants (1m minimum). For instance, limiting the number of team representatives to one person and limiting the number of chairs in the room and spreading them in desirable distance.
- Protests and hearings should take place in large rooms with the wide table (1m minimum) between sailors and jury.
- Special attention to avoid grouping in other gathering places like food and water distribution sites (e.g. to organize distribution in allocated time slots).

- Alcohol disinfectant gels to be available in all key places; entrance, boat park, rooms, food and water distribution stations, all gathering rooms and spaces. If possible, to put volunteers in place (entrances – marina, rooms, gathering places, distribution sites...) to secure that everybody who is entering is using them.
- Make face masks available to participants and host crew, in easy reached and visible places.

Assessing the existing communicable disease control response system in a context of COVID-19 prior to an event, is crucial. It should be done in cooperation with local medical services and local Public Health Services. Action plan should specifically define how the disease would be recognized and/or diagnosed in participants. It should **define decision trigger points** – who will decide whether affected participants can continue or resume their role in the event (CMO, Director of the event, Public Health Authority?); what trigger points will indicate the need to reconsider or revise the plans (suspected case or confirmed case?); what would trigger postponement or cancellation of the event? Roles and responsibilities, in steady state and as part of emergency response in the case of COVID-19 incident, should be documented.

Event organizers should develop a written **outbreak management plan** in case one or more participants become ill with COVID-19 symptoms. This should include rapid isolation of the ill person and their safe transfer to a local health facility. All participants should have knowledge of the outbreak management plan and implement it as required. **Testing plans and training, including volunteers, is essential.** Personnel should be briefed prior to the event to ensure they understand their duties and expectations. A written operational plan used as a basis for the briefing will ensure that all personnel receive the same information.

Organizers should consider whether the number of participants at the event could be reduced. Postponement or cancellation of events or requesting that certain people do not attend (e.g. those more likely to have severe or fatal illness – older members of the staff, jury, race committee, etc.) should be considered.

WHO has produced guidance and also a training course on how to plan for a mass gathering. The guidance and the course both look at how to conduct a risk assessment, plan for and manage health risks in partnership with the local authorities:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/points-of-entry-and-mass-gatherings>

7. Pre-event Information

Before the event, all participants and hosting event crew should receive information in accordance with the WHO advice regarding the outbreak of COVID-19. Advice is available on the WHO website for COVID-19 at www.who.int/health-topics/coronavirus

In your communication to participants prior to the event you should promote hand washing, respiratory hygiene and social distancing at the event. You can find advice to give individual participants on how to protect themselves from COVID-19 at:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Make sure that before the event you already have emergency contact details for all participants, including where they are staying during the event (PLFs). **Make that prerequisite for participation at the event.** You should make it clear to them that this information will be shared with the local Public Health Authorities to enable rapid contact tracing if a participant at the event becomes ill with COVID-19 or came in the contact with confirmed case.

8. Pre-event Screening

Until the end of the COVID-19 outbreak, all event organizers are advised to provide all participants with general information on COVID-19 and its preventative measures and implement pre-event screening.

A sample of the pre-event Athlete Location Form (PLF) is provided in Appendix A. The purpose is to identify incoming event participants who may need to have their participation deferred or may need to be tested on-site and to ensure proper management by competent health authorities. You should also consider possibility of screening participants for COVID-19 symptoms (cough, fever, malaise) at points of entry to the venue.

9. Information and Awareness

World Sailing will provide guidance to athletes on how to recognise the signs and symptoms of COVID-19. Event participants should be reminded of the plan and procedures to follow if their team member displays signs and symptoms of acute respiratory disease. Country-specific guidance about prevention measures may be available, such as at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Medical staff supporting the event should be informed and updated about the outbreak of COVID-19 and any new evidence and guidance available. It is recommended to review the WHO website for COVID-19. Information about the use of medical masks can also be found on the website at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

The posters provided at Appendix B can also be used during the event to provide a gentle reminder of best practices for participants to adopt. They are also available for download from the World Sailing website at: <https://www.sailing.org/medical/index.php>

10. Hygiene Measures for Event Organizers' and Crew on Sailing Events

Event organizers should provide specific guidance and training for their crew regarding:

- Hand washing (using soap and hot water, rubbing hands for at least 20 seconds);
- When hand washing is essential (e.g. after assisting an ill participant or after contact with surfaces they may have contaminated, etc);
- When to hand rub with an antiseptic instead of hand washing, and how to do this;
- How to cough and sneeze hygienically (e.g. using disposable tissues or a flexed elbow);
- Appropriate waste disposal;
- When and how to use masks; and
- On avoidance of close contact with people suffering from acute respiratory infections.

11. Surveillance of participants

During the event, the aim of surveillance is to rapidly identify relevant health related incidents, communicate information about them and respond appropriately. A regular situation report that summarizes surveillance activity, events being followed (including risk assessment) and any public health response should be produced and disseminated to all stakeholders. In the context of COVID-19 pandemic, consideration should also be given to regular communication with the public, such as via a regularly updated website, even if no significant events are occurring. For most events, at least some minor event will occur that will require a public health response and there are also likely to be a number of public health events that may not be linked to the event

but will require public guidance or reassurance. Extensive preparation will assist with the management of these, however unforeseen.

12. Suspected Cases of Infection

If participants only have mild respiratory symptoms and have not visited an area where local transmission of COVID-19 has been reported within the past 14 days, or if they have been in close contact with someone with respiratory symptoms who has been to a place which has COVID-19, they should still carefully practise basic hand and respiratory hygiene and social distancing, until fit.

If the virus spreads more widely this definition may change, but a **suspect case** requiring diagnostic testing is generally considered to be:

A participant with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), and with no other set of causes that fully explains the clinical presentation and a history of travel to or residence in a country/ area or territory reporting local transmission of (COVID-19) during the 14 days prior to the onset of the symptoms.

Or

A participant with any acute respiratory illness and having been in contact with a confirmed or suspected COVID-19 case during the 14 days prior to the onset of the symptoms.

Or

A participant with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath and requiring hospitalization and with no other set of causes that fully explain the symptoms.

13. Management of Suspect Cases by Medical Support Providers

If someone during the event is suspected to have COVID-19, Personal Protective Equipment (PPE) for interview and assessment may be used by medical support providers. Key outbreak control activities will include supportive treatment, e.g. giving oxygen, antibiotics, hydration and fever/pain relief.

14. Precautions at the Medical Facility

The following precautions should be taken:

- Patients must cover their nose and mouth with a tissue when coughing or sneezing; or a flexed elbow if not wearing a mask. This should be followed by performing hand hygiene with an alcohol-based hand rub (at least 65–70%) or soap and hot water for 20 seconds.
- Careful hand washing should occur after contact with respiratory secretions.
- Suspect cases must wear a medical mask once identified and evaluated in a private room with the door closed, ideally an isolation room;
- Any person, including healthcare workers, entering the room should apply appropriate precautions in accordance with the requirements of WHO infection prevention and control during healthcare when COVID-19 is suspected; and
- After preliminary medical examination, if the CMO officer or other designated person responsible for the provision of medical care during the event believes a suspect case exists, the patient should be isolated.

If the illness is not considered a suspect case but the person has respiratory symptoms, the person should strictly perform social distancing and other personal preventive measures. CMO will decide on the mode of his further participation in the event (e.g. wearing a mask).

15. Case Handling

Case handling should:

- Be initiated by CMO and designated medical care providers in order to detect any new suspect cases;
- Include directly contacting participants, asking about current and recent illnesses, and checking if any person meets the criteria for a suspect case; and
- Be recorded in the appropriate medical logbook.

CMO and designated medical care providers should ensure a suspect case is interviewed and provide information about the places they have visited within the last 14 days prior to the onset of symptoms and their contacts, including the period from one day before the onset of symptoms on board the ship or ashore; and

Keep records regarding:

- Anyone on event who has visited the medical facility as a suspect case and the isolation and hygiene measures taken;
- Any close contact or casual contact with low risk exposure to monitor their health;
- Contact details of casual contacts with low risk exposure who will disembark and the locations where they will be staying in the next 14 days (completed PLFs); and
- Results of active surveillance.

16. Isolation

Suspect cases should be isolated immediately, and Local Public Health Authorities informed of suspect cases:

- With acute respiratory infection, either a cough, sore throat, shortness of breath, whether requiring hospitalisation or not;
- Who in the 14 days before onset of symptoms met the definition of a suspect case as outlined in Section 12: Suspected Cases of Infection

Patients should be isolated in either a designated isolation facility, hotel room, private quarters/apartments/houses with precautionary measures. Anyone entering an isolation room should wear gloves, impermeable gowns, goggles and medical masks.

17. Laboratory Testing

Laboratory examination of clinical specimens for suspect cases should be made with the competent local authorities who will then inform the CMO about test results. CMO will further inform participants on the results. Means of communication during and after the event should be set up prior to event.

Organizers should secure that laboratory test results are available as soon as possible to allow prompt decisions on cancelling or further continuation of the event according to the COVID-19 Specific Action Plan (see Chapters 6 and 20).

18. Hospitalization of a Suspect and a Confirmed Case

The Event organizers should take the following precautions:

- Control transport to avoid any contact with other participants or home crew;
- The patient should wear a surgical mask; and
- Personnel escorting the patient should wear suitable PPE (gloves, impermeable gown, goggles and medical mask).

The event may be continued according to the pre-defined triggers defined in COVID-19 Specific Action Plan (Chapter 6), once the Public Health Authority has determined that public health measures have been completed satisfactorily in particular the measures as follows:

- Management of the suspect case or cases and close contacts;
- Completion of contact tracing forms, isolation of close contacts (see Chapter. 19); until the termination of COVID-19 Public Health Emergency of International Concern is declared. All participants should fill in a PLF to be kept by CMO and organizer for at least one month after the event;
- Information in the completed PLF should be provided upon the request of local or participants' Public Health Authorities to facilitate contact tracing if a confirmed case is detected after the event has ended;
- Information has been provided to every participant about the symptoms and signs of the disease and who to contact in case the relevant symptoms develop in the following 14 days; and
- Cleaning and disinfection, and disposal of infectious waste.

19. Close Contacts (High Risk Exposure)

Any participant that may have been in close contact with a suspect case during the event should be:

- Traced immediately after the suspect case is identified and reported to CMO;
- Asked to remain in isolation in his hotel (room) until laboratory results of the suspect case are available (measures that apply following positive laboratory results are described below); and
- Categorised as either contacts with **high risk exposure** or with **low risk exposure**.

Further guidance can be found at [www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](http://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

A 'close contact with high risk exposure' is a person who, for example:

- Has stayed in the same hotel room with a suspect/confirmed COVID-19 case;
- Has had close contact within one metre or was in a closed environment with a suspect/confirmed COVID-19 case (for event participants this may include jury hearings, briefings, team leaders' meetings, etc);
- Participated in common activities on sea or ashore (e.g. race committee boat, referee boat, jury meeting);
- Participated in the same immediate travelling group;
- Dined at the same table (for athletes and their team members this may include working together in the same boat camp area);
- Is a hosting team member who cleaned the meeting or hotel room;
- Is restaurant staff who delivered food to the event participants;
- Is a trainer, jury member, or other official who provided close instruction to a case; or

- Is a medical support worker or other person providing direct care for a COVID-19 suspect or confirmed case.

Participants who do not fulfil the definition of a 'high risk close contact' will be considered as having **low risk exposure** and should:

- Be requested to complete PLF with their contact details and the locations where they will be staying for the following 14 days;
- Be provided with the information and advice on the details of symptoms and how the disease can be transmitted;
- Be asked to self-monitor for COVID-19 symptoms, including fever of any grade, cough or difficulty breathing, for 14 days from their last exposure; and
- Be asked to immediately self-isolate and contact CMO of the event if any symptom of respiratory illness appears during the event.
- Be asked to immediately self-isolate and contact CMO of the event and their local health services in the event of any symptom appearing within 14 days after the event. If no symptoms appear within 14 days of their last exposure, the contact person is no longer considered likely to develop COVID-19.

Close contacts may be difficult to define during the event, and if widespread transmission is identified then all participants could be considered as 'high risk close contacts' having had high risk exposure.

20. Management of Contacts in a Suspect Case

Public Health Authorities will conduct risk assessments in cooperation with CMO to identify all contacts, and issue instructions according to prepared COVID-19 Specific Action Plan to follow, until laboratory results are available (see Chapter 6.).

All event participants that fulfil the definition of a 'high risk close contact' (see below) should be asked to complete a PLF (see Appendix A) and remain in isolation in their rooms or preferably at a specially designated facility outside event's premises, in accordance with instructions received by the competent health authorities and stated in organizers COVID-19 Specific Action Plan/Outbreak management plan (see chapter 6.), until the laboratory result for the suspect case is available. The forms should contain contact details and locations where they will stay for the following 14 days.

All participants should be informed about the suspect case during the event.

If the laboratory examination results are positive:

- All high-risk close contacts should be quarantined for 14 days; and
- The patient should be isolated in accordance with the competent authority's instructions.

Quarantine measures should follow WHO guidance of considerations for quarantine of individuals in the context of COVID-19 and are also likely to include:

- Active monitoring by the Public Health Authorities for 14 days from last exposure;
- Daily monitoring (including fever of any grade, cough or difficulty breathing);
- Avoiding social contact and travel; and
- Remaining reachable for active monitoring.

All contacts (high and low risk) of a confirmed case should immediately self-isolate and contact CMO (and their local Public Health Authorities if already returned home) if symptoms appear within 14 days of last exposure. If no symptoms appear, the contact is not considered at risk.

Implementation of specific precautions may be modified following risk assessment of individual cases and advice from Public Health Authorities.

21. Reports to Public Health Authorities

Public Health Authorities must always be informed if there is a suspect case during the event. CMO should immediately alert the competent health authority of participant's home country or his NOC or MNA, about any suspect case during the event and any measures taken.

The participant may need to proceed, at its own risk, to his home country if capacity is not available, or if warranted by the critical medical status of the suspect case. After measures applied are considered by the Public Health Authority to be completed satisfactorily, athlete should be allowed to return to his home.

The measures taken should be recorded.

22. Cleaning, Disinfection and Waste Management

It is important to maintain high levels of cleaning and disinfection measures during ongoing case management. Patients and ‘close contacts’ rooms and quarters, should be cleaned using cleaning and disinfection protocols (as per local regulations or *World Sailing Medical Guidelines for International Team Coach*, available at: <https://www.sailing.org/medical/index.php>). Surfaces on event premises should be cleaned thoroughly with hot water, detergent and applying common disinfectants (e.g. sodium hypochlorite). Once a isolated participant has left the premises, the isolation room or quarters should be thoroughly cleaned and disinfected by staff using PPE who are trained to clean surfaces contaminated with infectious agents. Laundry, food service utensils and waste from isolation room or quarters of suspect cases and contacts should be treated as infectious, in accordance with procedures for handling infectious materials.

There should be regular communications between Public Health Authorities, CMO, medical team(s), hotel and event organizers, about the persons in isolation.

23. Supplies and Equipment

National health authorities regulate medical supply requirements for sport events. Plentiful supplies and equipment should be available to handle an outbreak as described in the latest WHO suggested list of supplies for COVID-19. Most equipment should already be available on event’s medical facility. However, WHO also recommends other equipment that is unlikely to already be present which World Sailing suggest could be provided by a local Public Health Authority.

[www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](http://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov))

24. Post Event Phase

After the event finishes and participants are returning to their home countries, organizers should review the event delivery and decide on any follow-up actions that are necessary. They must liaise with their Public Health Authorities and facilitate the sharing of information about all symptomatic participants. It may be necessary (both for clinical reasons and under IHR) to notify the home countries of returning participants of any COVID-19 infection while attending the event. Organizers also need to plan for test results that are reported after the event to be notified to the participant and, possibly, to home county public health system.

World Sailing continues to be in close communication with the World Health Organisation (WHO) and the IOC Medical and Scientific Commission Games Group public health experts in order to closely monitor the development of this outbreak and advised countermeasures.

Please also do not hesitate to let us know if you would like to arrange any direct discussions between yourself or our medical officials. We also believe it is very important to provide the latest medical advice to athletes which we have loaded onto the World Sailing website: <https://www.sailing.org/medical/index.php>

Appendix A – Personal Location Form (PLF)

The Personal Location Form (PLA) is available to download from the World Sailing website at:
<https://www.sailing.org/medical/index.php>

Appendix A

Sample Personal Location Form (PLF)

To be completed by all participants of the event

Name as shown in the passport or other ID:

Your permanent address (street/apartment/City/postal number/Country):

Your address during the event:

Your telephone number:

Your e-mail address:

Countries that you visited or stayed in last 14 days

Within the past 14 days, have you:

	YES	NO
had close contact with anyone diagnosed as having Coronavirus disease COVID-19?		
provided direct care for COVID-19 patients?		
visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?		
worked together in close proximity, or sharing the same classroom environment with COVID-19 Patient?		
traveled together with COVID-19 patient in any kind of conveyance?		
lived in the same household as a COVID-19 patient?		

Appendix B - Posters

WHO, CDC, ECDC and IOC among others, have provided advice to avoid the spread of COVID-19. To highlight their key messages and to help event organizers, athletes and other event participants know how best to protect themselves and those they meet, World Sailing has produced the following posters for event organizers.

The recommended posters are also available to download from the World Sailing website at: <https://www.sailing.org/medical/index.php>

Be READY for COVID-19

How to protect yourself and others



Be VIGILANT

reduce your exposure –
take care of yourself

- Maintain a healthy lifestyle – get sleep, eat well, exercise and talk with friends and family... all of these things will help you stay well.
- Regularly and thoroughly clean your hands with an alcohol-based hand rub (for 20-30 sec) or wash them with soap and water (for 40-60 sec).
- Avoid crowded places and maintain at least 1 metre (3 feet) distance between yourself and others.
- Greet each other from a distance and avoid hand shaking or hugging.
- Avoid touching your eyes, nose and mouth.
- It's normal to feel sad, stressed, confused, scared or angry. Seek accurate advice and talk to someone you trust.



Be WISE

prevent spreading the infection –
take care of others

- Stay home if you feel unwell. Don't go to work and minimize contact with others.
- Follow the directions of your national and local health authority.
- Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately, preferably into a closed bin.
- If you are experiencing COVID-19 symptoms, seek medical care. Make contact by telephone in advance of your visit.



Be INFORMED

seek trusted information

- Contact national and local authorities for information about COVID-19 in your community.
- Contact your in-house medical services for information on health and wellbeing and for an individual risk assessment before and after travel.
- Visit the WHO website for the latest updates and advice about COVID-19: www.who.int/COVID-19



Be ALERT

know the symptoms

- Most common symptoms are fever, dry cough and tiredness.
- If you have fever, cough and difficulty breathing, you should seek medical care immediately. Make contact by telephone in advance of your visit.
- Older people and those with underlying medical conditions are more likely to develop severe illness.

Be WELL



UNITED NATIONS



World Health
Organization

More info:
www.who.int/COVID-19



#COVID19

WUHAN CORONAVIRUS OUTBREAK

What You Need To Know



WHAT IS CORONAVIRUS?

Coronaviruses are a family of viruses that can cause a range of illnesses from the common cold to severe diseases, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

In December 2019, a new kind of coronavirus, 2019-nCov, was identified as the cause of various cases of pneumonia in Wuhan City, Hubei Province of China. It has become a concern because the origin and the exact conditions of its spreading are still not known.¹

HOW DO I RECOGNISE IT?

The main symptoms of coronavirus resemble those of a bad cold or the flu, which can make detection difficult. They include:

- › Fever
- › Cough
- › Shortness of breath

More severe cases can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. The incubation period is believed to be around two weeks.



KEY FACTS

- › Although 2019-nCov is in the same family as the viruses that cause MERS and SARS, it is in fact a different strain
- › As of 31st January 2020, cases were confirmed outside of China in Australia, Cambodia, Canada, France, Japan, Malaysia, Nepal, Singapore, Taiwan, Thailand, The Republic of Korea, The United States and Vietnam

1. Center for Disease Control and Prevention, <https://wwwnc.cdc.gov/travel/notices/alert/novel-coronavirus-china>, January 6, 2020.

WUHAN CORONAVIRUS OUTBREAK

Answers to Frequently Asked Questions

BACKGROUND

What is coronavirus?

Coronaviruses are a large family of viruses found in humans and animals. Some can infect humans and are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).¹

How is the coronavirus transmitted?

Most often, spread from person-to-person happens mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza spreads. These droplets can land in

the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

What are the symptoms of coronavirus?

Symptoms can include fever, cough and shortness of breath. The Center for Disease Control and Prevention (CDC) believes that symptoms of 2019-nCoV may appear in as few as 2 days or as long as 14 after exposure at this time.²

PREVENTION & TREATMENT

Can coronavirus be prevented? What can I do to protect myself?

There is currently no vaccine to prevent 2019-nCoV infection. The best way to prevent infection is to avoid exposure. The Center for Disease Control and Prevention (CDC) recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:²

- › Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing.
- › If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- › Avoid touching your face with unwashed hands.
- › Avoid close contact with people who are sick.
- › Stay home when you are sick.
- › Cover your cough or sneeze with a tissue.
- › Clean and disinfect objects and surfaces using a household cleaning spray or wipe.

Can coronavirus be treated?

There is no antiviral treatment recommended for 2019-nCoV infection. People infected with 2019-nCoV should receive care to help relieve symptoms.²

PREVENTION & TREATMENT (CONT.)

Should I wear a face mask?

Wearing a medical mask can help limit the spread of some respiratory disease, but using a mask is not guaranteed to stop infection. Other prevention measures including hand and respiratory, hygiene and avoiding close contact – at least 3 feet (1 meter) distance between yourself and other people – should be followed.¹

World Health Organization (WHO) advises using masks only if you have respiratory symptoms

(coughing or sneezing), or suspected 2019-nCoV infection with mild symptoms, or are caring for someone with suspected 2019-nCoV infection.¹ A suspected 2019-nCoV infection is linked to travel in an area in China where 2019-nCoV has been reported, or close contact with someone who has traveled from China and has respiratory symptoms.¹

Visit the [UK Government](#) website for more information.

POPULATION RISK ASSESSMENTS

Who is at risk for infection?

People living or travelling in an area where the 2019-nCoV virus is circulating may be at greater risk of infection. At present, 2019-nCoV is circulating in China where the vast majority of 2019-nCoV cases have been reported. Those infected from other countries are among people who have recently traveled from China, or who have been living, or working closely with those travellers, such as family members, co-workers or medical professionals caring for a patient before they knew the patient was infected with 2019-nCoV.¹

Health workers caring for persons who are sick with 2019-nCoV are at greater risk and should protect themselves with appropriate prevention and control procedures.¹

What is the current risk in the U.K.?

Visit the [UK Government](#) website for more information.

ILLNESS AND TRAVEL IN CHINA & CONTACT WITH IMPORTED MATERIALS

Is it safe to travel?

At this time it is not recommended to travel to China. Check the [UK Government](#) website for the most current travel advice and recommendations.

What should a traveller who has recently returned from Wuhan, China or an affected location do?

If you develop symptoms of illness, such as fever, cough or shortness of breath, within 14 days after travel from China, you should stay indoors and avoid contact with other people and call NHS 111.

Find out more information [here](#).

Can the virus be transmitted through packages shipped from China?

People receiving packages are not at risk of contracting the new coronavirus. These types of viruses do not survive long on objects, such as letters or packages.

CIGNA COVERAGE & INFORMATION

Do Cigna plans cover clients regardless how the coronavirus is categorised, i.e. as an epidemic versus pandemic?

Cigna medical plans cover medically necessary claims related to infectious diseases and medical conditions per the terms of the medical plan. Please refer to the terms in your plan for coverage details.

Does Cigna recommend proactive testing for business travellers who were in an area of possible exposure?

Testing for coronavirus is not medically indicated unless symptoms are present (fever, cough and shortness of breath).¹

Will Cigna help locate and/or support the procurement/shipping of supplies such as gloves, mask, thermometers and hand sanitizers to customers?

Cigna is not a medical supplier and encourages customers seeking supplies such as gloves, mask, thermometers and hand sanitizers to visit local suppliers and clinics. Please refer to the terms in your plan for coverage details.

Does Cigna cover the cost of face masks and respirators if I choose to use these to avoid the virus?

Please refer to the terms in your plan for coverage details.

Will Cigna post communications on various portals?

Cigna is committed to keeping you informed as the situation develops. Communications are being posted and updated as appropriate in various locations including on [Cignaglobalhealth.com](https://www.cignaglobalhealth.com).

As always, Cigna customers who are feeling sick have access to licensed doctors through phone or video with the **Cigna Virtual Health**® app, and those who have questions about preventing transmission of the coronavirus may visit the [UK Government](https://www.gov.uk) website for more information.

WORRIED ABOUT YOUR SYMPTOMS?

Contact NHS 111 to seek advice.

1. World Health Organization, <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>, February 2, 2020.

Together, all the way.®



This information is for educational purposes only. It is not medical advice and should not be used as a tool for self-diagnosis. Always consult with your provider for appropriate examinations, treatment, testing and care recommendations. Your use of this information is at your sole risk.

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WHAT CAN I DO TO PROTECT MYSELF?

- › Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol based hand sanitiser
- › Avoid touching your eyes, nose, and mouth
- › Avoid close contact with sick people
- › Avoid visiting crowded places
- › Consider using a face mask
- › If you need to travel, make sure to follow [guidelines](#) to avoid illness



WHAT DO I DO IF I THINK I HAVE THE VIRUS?

- › Cover your mouth with a tissue when you cough or sneeze or consider using a face mask
- › Remain at home if possible
- › If you show any symptoms, especially after having travelled to an affected area, **please seek medical care immediately** and mention your recent travels to your doctor

MORE INFORMATION

For more information on the novel coronavirus please follow the below links:

- › [World Health Organization](#)
- › [Centres for Disease Control and Prevention](#)

WORRIED ABOUT YOUR SYMPTOMS?

Contact your local general practitioner to seek advice.
You may also have access to a virtual GP via Cigna Virtual Health®.

Together, all the way.®



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2704 MED/ER/0120

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

FEVER



COUGH



*Symptoms may appear 2-14 days after exposure.

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

SHORTNESS OF BREATH



cdc.gov/COVID19-symptoms

SHARE FACTS ABOUT COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT
1

Diseases can make anyone sick regardless of their race or ethnicity.

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

FACT
2

For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

FACT
3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

FACT
4

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

FACT
5

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.



Steps to help prevent the spread of COVID-19 if you are sick

FOLLOW THE STEPS BELOW: If you are sick with COVID-19 or think you might have it, follow the steps below to help protect other people in your home and community.

Stay home except to get medical care

- **Stay home:** People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.



Separate yourself from other people in your home, this is known as home isolation

- **Stay away from others:** As much as possible, you should stay in a specific “sick room” and away from other people in your home. Use a separate bathroom, if available.
- **Limit contact with pets & animals:** You should restrict contact with pets and other animals, just like you would around other people.
 - Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people with the virus limit contact with animals until more information is known.
 - When possible, have another member of your household care for your animals while you are sick with COVID-19. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with them. See COVID-19 and Animals for more information.



Call ahead before visiting your doctor

- **Call ahead:** If you have a medical appointment, call your doctor’s office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.



Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people and before you enter a healthcare provider’s office.
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live in the home should stay in a different room. When caregivers enter the room of the sick person, they should wear a facemask. Visitors, other than caregivers, are not recommended.



Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.



Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.

Clean all “high-touch” surfaces everyday

Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.



- **Clean and disinfect:** Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
 - If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.
- High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.
- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found [here](#).

Monitor your symptoms

- **Seek medical attention, but call first:** Seek medical care right away if your illness is worsening (for example, if you have difficulty breathing).
 - **Call your doctor before going in:** Before going to the doctor’s office or emergency room, call ahead and tell them your symptoms. They will tell you what to do.
- **Wear a facemask:** If possible, put on a facemask before you enter the building. If you can’t put on a facemask, try to keep a safe distance from other people (at least 6 feet away). This will help protect the people in the office or waiting room.
- **Follow care instructions from your healthcare provider and local health department:** Your local health authorities will give instructions on checking your symptoms and reporting information.



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**.

Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:
 - **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
 - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers) AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
 - at least 7 days have passed since your symptoms first appeared
 - **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
 - You no longer have a fever (without the use medicine that reduces fevers) AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
 - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.



In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

More information is available [here](#).

Additional information for healthcare providers: [Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus](#).



Hands that look clean can still have icky germs!



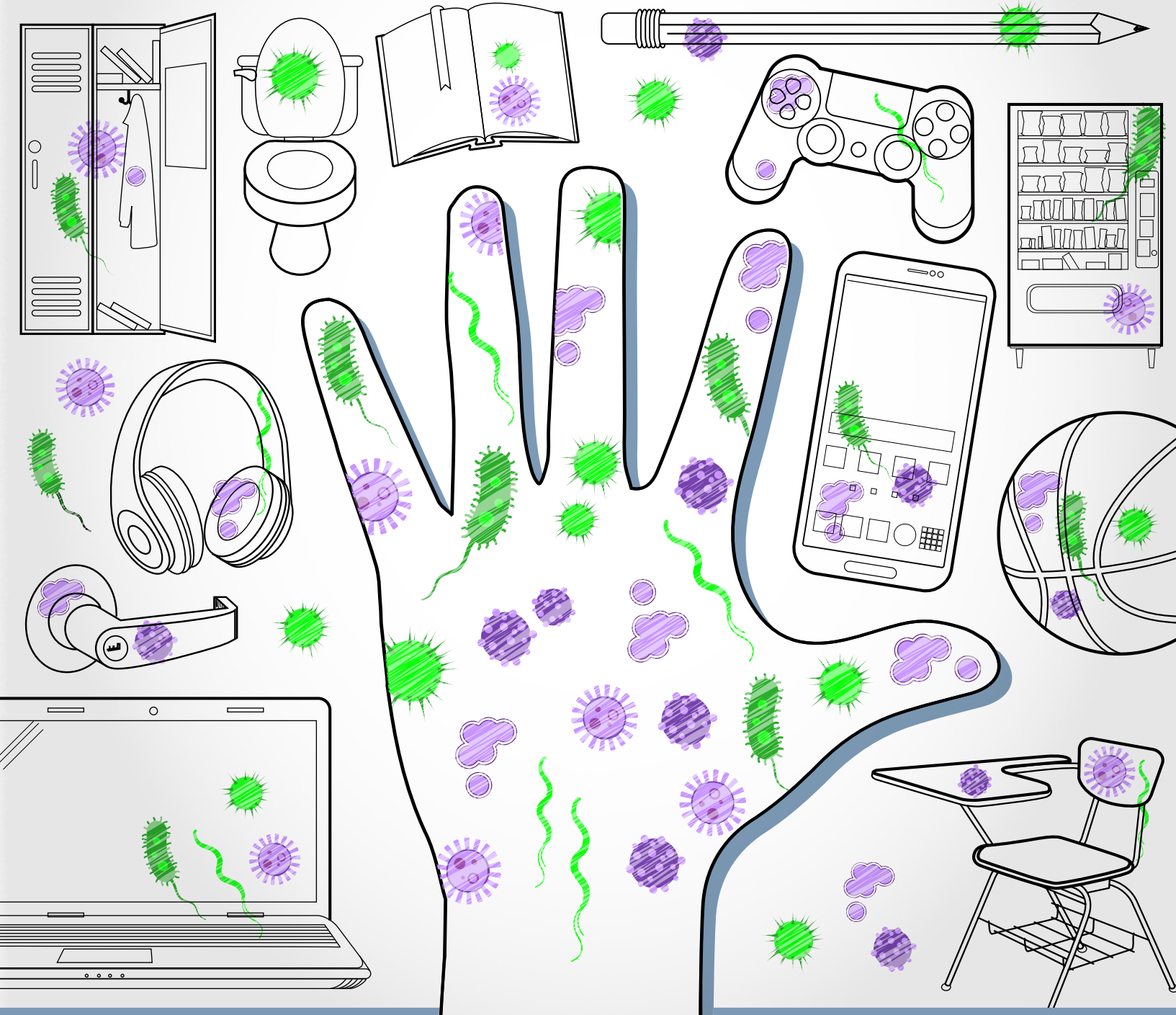
WASH YOUR HANDS!



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

GERMS

are all around you.



Stay healthy.
Wash your hands.

Appendix C – Risk Assessment (WHO guide)

As recommended in Section Risk Assessment Guides (WHO) Tools and Templates follow on the next pages and are available for direct download on the World Sailing website at the following link: <https://www.sailing.org/medical/index.php>

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

Interim guidance
20 March 2020



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.

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.

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

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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.

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WHO reference number: [WHO/2019-nCoV/POE mass_gathering_tool/2020.1](https://www.who.int/publications/m/item/WHO/2019-nCoV/POE_mass_gathering_tool/2020.1)