SPORTS EVENTS
HEALTHCARE PROTOCOL

NOVEMBER 2021
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AIM AND SCOPE:

• This document aims to provide guidance on the best ways to facilitate the safe organization of any sport Event in the country, with specific regards to:

• Taking effective precautionary measures to protect the health of players, spectators, employees and support staff by reducing the risk of transmission of the COVID-19 virus during the Event including during arrival, hotel stay, transportation, training and matches.

• Providing guidance on the safe isolation and comprehensive management of participants with suspected or confirmed COVID-19 virus infection (Appendix 1).

• Providing information on how to manage close contacts (Appendix 1).

• Provide a summary of Pre-travel and Post-travel COVID-19 testing (Appendix 2).

• Guiding all health care workers, event managers, and other support personnel, including hotel staff, sports administration staff or any other employee involved in organizing the tournament on managing the Event.

This document is developed in line with COVID-19 public health measures and guidelines issued by the State of Qatar, including testing protocols and spectator arrangements. As such, the measures and restrictions found within this document may change in line with the implementation of additional measures and restrictions by the State of Qatar’s Ministry of Public Health (MOPH) and other relevant authorities during the various stages of the pandemic. Therefore, it is the responsibility of the organizing Committee, as the entity responsible for the organization of the Event, to monitor and implement the relevant measures when applicable accordingly.

OMISSION OF BIO-BUBBLE:

• The bio-bubble accommodations arrangement will be omitted for participants of outdoor sports events regardless of Vaccination status of the participants and for indoor sports events when 90% of participants are fully vaccinated with one of the the list of the approved vaccines by MOPH.

• The MOPH retain the right, if deemed necessary, due to any unforeseen future exacerbation of the pandemic in the country, to decide for the event to be hosted within a bio-bubble system.

• The MOPH retain the right, if deemed necessary, to require all participants, or a specific percentage of the participants, to be fully vaccinated as per the MOPH’s approved COVID-19 vaccine list. The last dose must have been received at least 14 days before the commencement or no longer than 12 months from the commencement of the event, or for participants exclusively from Qatar, must show evidence of previous COVID-19 infection no later than 12 months before the start of the event. Recovered participants from GCC countries are considered vaccinated if they provide evidence of receiving one shot of the approved vaccines. Alternatively, participants who have neither received the vaccine or had a previous infection as per the aforementioned guidelines, will be required to undertake repeated COVID-19 Rapid Antigen Testing (RAT) before every match day, with no longer than three days transpiring between each test.
• Additionally, the MOPH retain the right, if deemed necessary, to mandate that all vaccinated participants should receive a booster vaccine dose or, alternatively, required to undertake repeated COVID-19 RATs within the same guidelines mentioned above.

BIO-BUBBLE ARRANGEMENTS (ONLY WHEN REQUIRED):

• When required, a bio-bubble system in sports refers to a situation where competing teams and participants stay isolated from the general public throughout a tournament. When required, the bio-bubble includes all participants making use of accommodations and amenities located where the tournament is held. This bio-bubble concept was conceived to allow for the safe resumption of sports events in the context of COVID-19.

• When instituted, this bio-bubble system entails a semi-quarantine accommodation arrangement and, in this document, refers to the accommodation of all participants including team players, coaches, and the Local Organizing Committee (LOC) staff, as well as referees (the Participants). This includes single occupancy rooms, which are highly recommended, and, when not feasible due to exceptional circumstances, MOPH guidelines allow for a maximum of 2 people per room.

• During their time off from games, practices, training, and meetings, tournament participants can enjoy amenities while following prescribed safety regulations and practicing social distancing on the premises of their temporary residence. They might also be permitted to go to designated places for recreation or relaxation off the premises, but within the bio-bubble arrangement agreed to by the LOC Chief Medical Officer and in line with MOPH regulations.

• All event participants, including local and international players and accompanying support staff who need to accompany the delegates or directly interact with the participants physically, such as the tournament workforce, including drivers, housekeeping, security, officials, referees and others are required to enter the dedicated bio-bubble accommodation facilities or hotels a minimum of 2 days before each team’s first participation in a match or training session.

• When in the bio-bubble, participants are only allowed to leave their bio-bubble accommodation to participate in event preparations at the relevant venues, such as individual or group training at training sites and to participate at the actual official event as per the official schedule. This ensures that the tournament, and all its participants, will be held within a full bubble to bubble environment.

• All emergency referrals to and consultations at officially designated tournament hospitals and medical facilities are allowed without restrictions, including all life threatening or limb threatening conditions. Other referrals or engagements outside the bubble system require prior approval from the LOC Chief Medical Officer, and in coordination with the organising agency Medical Director if applicable.

• Participants and organizers are required to stay in assigned hotels exclusively, allowing no other non-event guests to visit at any time. External visitors are strictly prohibited.
• All those who are suspected to have COVID-19 at the tournament should be isolated and reported to the Public Health authority at MOPH for track and trace and, if the infection is confirmed, for transfer to an isolation facility. Therefore, all assigned hotels will have to have enough capacity for the temporary isolation of people suspected to have COVID-19 until their final disposition.

• On arrival to accommodation facilities, participants will be required to show a green code on their Ehteraz app, unless this requirement is waived by MOPH.

• Take away food (food delivered), groceries and other shopping items are allowed at bio-bubble hotels provided that they are delivered according to shopping and food delivery safety measures set by local authorities.

COVID-19 VACCINATION AND TESTING: (KINDLY REFER TO APPENDIX 2 FOR SUMMARY OF PRE AND POST ARRIVAL TESTING FOR VARIOUS CATEGORIES OF PARTICIPANTS):

COVID-19 vaccination is strongly recommended for all sports events participants and spectators. The MOPH accept all approved vaccines that have fully completed the WHO evaluation process, and any other specific vaccine program as published by the MOPH at the time of the tournament, now with conditional approval of Sputnik V, Sinopharm and Sinovac vaccines. For vaccines that are conditionally approved by MOPH, participants must provide evidence of an active Serum COVID-19 antibody test done within 30 days before arrival as determined by MOPH guidelines. If antibody testing is not active, the participants will be required to undertake repeated RATs as highlighted above. If Serum Antibody certificate is not presented, the participants are expected to undertake Rapid Antibody Test at the airport or the hotel at their own expenses.

• Participants are required to present a negative COVID-19 test within 72 hours prior to arrival to the State of Qatar, regardless of their vaccination status or whether they have proof of a previous COVID-19 infection, and regardless of country of origin.

• All international participants (including players, referees, officials, delegates and support staff) regardless of previous vaccination or COVID-19 infection, are required to undergo one COVID-19 RAT upon arrival to the State of Qatar at hotel check-in.

• A negative initial test result will be required for all participants to be allowed to continue with the intended activity. At the hotel, participants will remain quarantined in their own rooms until the result of this first COVID-19 test is issued. When RAT test is positive a confirmatory PCR test results will be required. In such cases the result will be issued within 10 hours from the time of the sample received at the laboratory. Any inconclusive PCR tests will have to be repeated immediately, within a maximum of 12 hours from the time of issuance of the first PCR test result. The participants will remain to be isolated in his room till issuance of the PCR result.

• If any PCR tests are positive with a Ct value that is less than 30, the participant will be transferred to an isolation facility for 10 days.
• If the PCR Ct value is equal to or more than 30 (Reactive), and it is the first PCR undertaken by the participant, the participant will be transferred to isolation. For such participant, the PCR test is repeated after 48 hours. If the repeat PCR test shows a Ct value still equal to or more than 30, the individual is discharged from isolation. If the Ct value becomes less than 30, the participant will continue isolation to complete a total of 10 days from the date of the first positive test.

• When the Ct value is equal to or more than 30, the participant can also avoid isolation altogether if he or she submits evidence of a previous COVID-19 infection within 12 months prior to the event.

• When required to continue isolation, the participant will be discharged on day 10, without the need to repeat the PCR test.

• All test results and intended further actions will be relayed to the organizing agency medical team and the concerned participant or their team immediately.

• For Qatar based participants, officials and support staff, the initial COVID-19 testing is to be performed on the same day of check-in. The participant must remain in their hotel room until the result of the test is issued.

• For all participants, when a PCR test is done, a nasopharyngeal swab will be collected for laboratory testing which is done at designated authorized laboratories in Qatar.

• If the participant is fully vaccinated within 12 months from the beginning of the event, subsequent repeated COVID-19 testing will not be required other than the initial one after arrival or check-in.

• International Participants, other than those recovered from COVID-19 locally or from GCC with at least one dose of an approved vaccine, who are previously infected with COVID-19 are not exempt from COVID-19 testing as per MOPH guidelines.

• For players, application for further competition testing exemptions to the relevant tournament owner’s, could be required when applicable.

• If not vaccinated, subsequent RATs will required from all participants. For those that are expected to be at tournament venues, this must be done before every match, whereas those that are not required to be at tournament venues must get tested every 3 days. This is to be arranged by LOC and the Local Organizing Committee.

• Frequency of testing may vary, if deemed necessary by the MOPH, depending on the status of disease occurrence or spread of infection among participants throughout the tournament. (For example, for close contacts, see below under management of close contacts.)

• Teams and participants will be scheduled for testing following the above guidelines without interference to their training or official matches. COVID-19 testing schedules will be shared in advance.

• For those participants deemed to be COVID-19 positive through a PCR test, participation in the event is not allowed except after the passage of at least 10 days of isolation from the date of test result as described previously. (See details of COVID-19 Positive cases isolation guidelines and recommendations for return to Event activities below as well).

• Refusal of COVID-19 testing, when required at any stage, will result in exclusion from participation in the event.
• Non-vaccinated workforce must also undergo a COVID-19 RAT. For those that are expected to be at tournament venues, this must be done before every match, whereas those that are not required to be at tournament venues must get tested every 3 days.

• Local unvaccinated participants could be exempted from the repeated swabbing protocol highlighted above, except for the initial testing, if they show a proof of previous COVID-19 infection within 12 months before the beginning of the tournament.

• If the MOPH decides subsequently to institute a booster dose, the MOPH retain the right to require the booster dose if deemed necessary. Alternatively, participants who do not receive the booster dose will be required to undertake repeated RAT Testing as above.

• The results of the COVID-19 tests will be interpreted and acted upon, by the LOC Chief Medical Officer as per MOPH protocols. Therefore, any of the above interpretations and guidelines may change, if any amendments are subsequently imposed by the relevant authority in the State of Qatar.

PARTICIPANTS’ TRANSPORTATION:

• Masks to be worn by all participants at all times including during transit.

• Participants shall be transported in small groups depending on the size of the vehicle (75% of the capacity of the buses) used to avoid spread of infection, maintaining a minimum of 1 meter distance at all times. Seating capacity may change if necessary, depending on the current allowed seating capacity at the time of the event. The maximum allowed capacity must always allow for the use of alternate seats in the transportation vehicle.

• Tissues and containers available to dispose of used tissues with lids must be available on all transportation vehicles.

• For participants arriving in private cars, the maximum occupancy is 4 passengers including the driver. This seating capacity may change if necessary, depending on the current allowed seating capacity at the time of the event if applicable.

MEALS AND RESTAURANTS:

• Meals, if served, should be done while maintaining a 2 meter distance between dining tables and as per the rules further highlighted below under “Food Outlets”.

• Strictly, no food to be consumed in spectator seating areas.

• Food outlets at stadiums are restricted to readymade take-away food in disposable packaging. Meals must be pre-prepared, grab and go food meals and drinks to shorten waiting time for customers.

• Queues are to comply with the minimum of 1 m physical distancing precautions.
• All outlets must mark floors to ensure compliance and provide staff or volunteers to ensure public compliance.
• No shared platters or utensils are allowed.
• Water is only served in bottles or single use disposable cups.

USE OF HEALTH CLUB, GYM AND SPA:
• Participants may use gyms and other recreational areas at the accommodation and hotels in line with public health precautions maintaining continuous sanitizations and proper hygienic practices for Health Clubs, Gyms and Spas.
• Customers not staying in the event’s accommodation or hotels should not be allowed to use the same gyms, clubs or spas where the delegates and participants are staying.
• Tournament organisers must ensure the availability of rubber gloves to team staff and volunteers handling laundry, towels, etc.
• It is recommended to avoid the use of common showers, saunas and steam rooms at gyms and swimming pools.

PRECAUTIONS DURING THE EVENT AND TRAINING:
• All participants should wear face masks all the time while at the activity venue (except when training and competing).
• Organizing meetings are strongly recommended to be conducted online. If physical meetings are deemed inevitable, they should be done preferably in outdoor settings maintaining the safe distance of 1 meter and masking for all.
• Social gatherings are allowed during the event as per relevant MOPH guidelines.
• Team staff and volunteer leads should ensure that their teams are briefed on the protocols for suspected and confirmed COVID-19 cases, on infection prevention and control measures.
• Anyone due to attend the event who is feeling ill should not come to any tournament venues.
• Participants are advised to maintain a distance of 1 meter in changing rooms and while talking to the other players, staff or event organizers.
• Sanitizers should be made available throughout the training and competition venues and should be used frequently.
• Players and participants should use their own drinking bottles and not share with others.
• Spitting should be avoided on the field of play and at the training and accommodation venue.
• Use of common showers at the training and the event venues is not recommended.
• All participants must wash and sanitize their hands thoroughly and frequently.
• All participants should avoid handshaking, hugs, kissing and physical person-to-person contact in general.
• Everyone should follow sneezing and coughing etiquette and the recommendations for hand sanitizing when touching elevators buttons, doorknobs, handrails, meeting room chairs, tables and other common surfaces.
• Delegates should not share any items such as pens, documents, etc.
• It is the responsibility of LOC to appoint staff or volunteers to monitor the compliance of all participants with the preventive measures mentioned throughout this document.

SPECTATORS AND SPECTATOR CAPACITY

• The Ministry of Public Health (MOPH) in Qatar retain the right to determine the maximum stadium spectator capacity for the event depending on the national and international pandemic status. A final decision on spectator capacity will be taken by the MOPH based on a request submitted by the LOC.
• For outdoor sports events, spectator capacity shall be at 75% venue capacity and for indoor sports events spectator capacity shall be at 50% venue capacity. In such case, 90% of spectators must be fully vaccinated within 12 months, and/or local national spectators who recovered from previous COVID-19 infection within 12 months before the event. Such vaccinated or locally recovered spectators will not be required to undergo any further COVID-19 testing.
• A maximum of 10% of venue capacity can be from the non-vaccinated spectators. In such case, the spectator must provide evidence of a negative PCR test within 48 hours or a negative rapid antigen test (RAT) within 24 hours prior to each match.
• Pre-arranged seating allocation for spectators is required. All spectators’ names, ID numbers, mobile numbers and seating allocation must be ready to be made available to MOPH through the local Chief Medical Officer if requested.
• Seating must be allocated in a manner that ensures safe distance, whenever it’s possible, according to the seating capacity allowed by MOPH. Where relevant, members of the same household can sit together, but with the same safe minimum distance from others in all directions that the approved capacity will allow.
• Family groups of the same household can sit together if logistically possible.
• Spectator arrival times must be staggered at venue where possible to reduce crowding.
INTERNATIONAL SPECTATORS:
International spectators must submit proof of completion of one of the approved vaccines by the MOPH in Qatar within 12 months before the event and must fulfill the relevant State of Qatar requirements for tourism. Kindly review and monitor, any subsequent changes to this policy by the relevant authorities as they are published and communicated accordingly.

REDUCING TRANSMISSION FOR SPECTATORS:
• All staff, participants and spectators must use masks at all times.
• On arrival to the stadium, staff to check that Ehteraz App is downloaded for all spectators that are over the age of 18 and not exempted from doing so.
• Ehteraz status must be green to allow entry for all staff, organizers, delegates and the general public.
• Queues must comply with the minimum of 1 meter physical distancing precautions. Floors must be marked to ensure compliance, and staff or volunteers must be made available to ensure public compliance.
• Smoking is not allowed in the stadium, on the stands and in public places. Smoking rooms, if any, should be approved by the MOPH.

SPECTATORS TICKET MANAGEMENT:
• Tickets and Fan IDs preferably should be electronic and scannable. It is best to avoid paper tickets.
• Handling of cash at ticket counters should be avoided preferably. Digital ticketing and purchasing could be used instead.
• Tickets are preferably to be purchased online prior to attendance to reduce queuing at entrances.
• Pre-booking is preferred, and seats are to be allotted with spectators identified by ID and mobile numbers

SPECTATORS’ FOOD OUTLETS:
• Shops and food concessions inside the event buildings and at venue precincts outside the event building in the fan zones are allowed, provided strict healthcare precautionary measures are maintained and crowding is strictly prohibited. The LOC Chief Medical Officer is responsible for authorizing these concessions to operate. Relevant MOPH staff will monitor compliance to precautionary measures. Such staff must be accredited to access venues.
• Food outlets are restricted to take away and grab and go in disposable packaging.
• Water is served bottled, if allowed by LOC, or in single use disposable cups. Water bottles can be placed on or under spectators’ seats if needed.

INFECTION, PREVENTION, AND CONTROL MEASURES:
• Hand washing and/or hand sanitizers must be made available at multiple locations in the event facility and accommodation. Organisers must provide disposable hand towels/tissues. No air dryers shall be used. Alcohol based sanitizers should be easily accessible and should be spread throughout the venue.
• Where appropriate, eliminate or reduce the number of items at the event that will be handled by multiple people.
• Follow the recommendations for hand washing and sanitizing. Ensure good hygiene signage across all venues, changing rooms, training facilities, etc.
• Ensure adequate ventilation which allows for fresh air.
• Frequent cleaning and disinfection of regularly touched surfaces is mandatory.
• Ensure frequent toilet cleaning and disinfection between customers.
• It is necessary to allocate an isolation room or space to hold any symptomatic person found at the venue while awaiting patient transport to a medical facility.
• Ensure the availability of medical post and designated personnel on site as per host country protocol to help assess cases and potential other illness and injuries.
• Sports equipment should be cleaned and disinfected before and after use.
• Stagger loading schedules during setup and cleanup to enable distancing of staff, volunteers and vendors at loading docks and entryways
• Lockers should be cleaned and disinfected each day.
• Barriers, signs, floor markings and verbal announcements can be used to support physical distancing.

EDUCATION AND AWARENESS:
• Post signs in highly visible locations (e.g., entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs and viruses (such as by properly washing hands and properly wearing a face covering and keeping safe distance, etc.) Signs should include visual cues such as clear, easy-to-understand pictures demonstrating desired behaviors at the appropriate reading and literacy level.
• Health and safety measures announcements and posts to be maximized during the event at all venues.
• Develop and make available by all means possible and applicable risk communication on:
  ○ The importance of COVID preventive measures, and what they are.
  ○ Good hygiene signage across all venues, changing rooms, training facilities, etc.
  ○ Information so that individuals can keep themselves and others safe from COVID-19 transmission.
  ○ Awareness of clinical features of COVID-19 and preventive measures, especially respiratory etiquette and hand-hygiene practices.
  ○ The criteria for asking individuals with symptoms to leave the venue or retreat to a designated area.
  ○ Information on minimum 1 meter physical distancing and the use of face coverings and medical masks.
  ○ The meaning and practical implications of quarantine, self-isolation and self-monitoring in the context of the event, e.g., not attending.

VULNERABLE GROUPS:
• Vulnerable groups, regardless of vaccination or previous Covid-19 infection status, such as elderly people, those with chronic illnesses and children younger than 3 years old, are strongly advised not to attend the event.

RETURN TO EXERCISE AND SPORT ACTIVITY POST COVID-19 INFECTION:
COVID-19 presents unique health issues that should be considered prior to a return to sports and exercise post infection. While the vast majority of people afflicted with the coronavirus have mild symptoms or remain asymptomatic, the infection can cause direct injury or inflammation to the lungs, heart, kidneys or other organs and systems. The sports medicine community believes that patients with a prior COVID-19 infection should undergo a full medical assessment before returning to exercise and sports activities. The LOC, therefore, recommends that every player or delegate with a prior diagnosis of COVID-19, symptoms suggestive of COVID-19, or have been in close contact with someone with COVID-19 should be further evaluated clinically prior to returning to sports as follows:
• Assessment could include additional cardiac testing, such as an electrocardiogram (ECG), cardiac biomarkers (i.e., hs-troponin), and an echocardiogram depending on the severity of past COVID-19 illness, ongoing symptoms, or clinical suspicion.
• Tests to evaluate kidney function (i.e., urinalysis, serum creatinine) could also be considered to evaluate kidney function after recovery from COVID-19.
• Once a decision to resume sports activity for a player or delegate is taken, a careful gradual process of exercise adaptation is strongly recommended that includes physical fitness establishment, gradually increasing the duration and intensity of exercise over a minimum of several days, to achieve full adaptations.

• If a decision for a player post-COVID 19-infection recovery to resume participation in competition is taken, the concerned delegate/player and/or his or her team will be fully responsible for such a decision.

• The Local Organizing Committee and the MOPH do not accept any liability or responsibility directly or indirectly, for any disease contraction, transmission or any complications that any participant including, players, delegates staff, supporting personnel and spectators may develop during the event, including during or after the return of a player or delegate to sporting activities post COVID-19 infection.

MANAGEMENT OF BREACH AND VIOLATION OF THIS PROTOCOL:

All teams’ representatives are required to sign a declaration of commitment and compliance to the event specific protocol outlined here within.

As per the LOC policies and procedures, the following will apply to any breach and violation of the protocol:

• The Venue Commander shall report immediately to anyone who tries to violate or breach the bio-bubble arrangement when applicable (the “Violator”). At the same time, he/she will inform Event Management and the Accommodation Manager.

• Event management will inform the relevant organising agency personnel.

• When a bio-bubble arrangement is in place, temporary accommodation is to be arranged for the Violator and further action is to be considered by LOC and local authorities. If the Violator is COVID-19 positive, he/she will be transferred to a government Isolation facility.

• Breaching the bubble arrangement may result in an immediate dismissal of the Violator from the tournament and removal from the bio-bubble hotel. LOC and local authorities may take any other decision and impose any other measures on the Violator they deem necessary.

FURTHER GENERAL MEDICAL INFORMATION AND REPORTING:

• All issues, questions, or concerns – including queries and compliance issues related to the above requirements – can be communicated directly to the LOC Chief Medical Officer or the event’s MOPH representative.
APPENDIX 1

MANAGEMENT OF SUSPECTED, CONFIRMED COVID-19 CASES AND CLOSE CONTACTS:

Definitions:
The definition of COVID-19 contacts in sports tournament follows the same definition in other settings (reference 1). However, it is very important to note that the evidence suggests that contacts of positive COVID-19 cases on the field are considered low risk contacts. Furthermore, if a person was taking the COVID-19 preventive precautions (face mask and a safe physical distance) when in contact with others outside of the field, they will be considered a low-risk contact.

COVID-19 Suspected case:
A. A person who meets the clinical AND epidemiological criteria:

Clinical Criteria:
1. Acute onset of fever AND cough.
Or
2. Acute onset of ANY THREE OR MORE of the following signs or symptoms:
   Fever, cough, general fatigue, headache, muscle ache, sore throat, cold, shortness of breath, nausea, vomiting, diarrhea, altered mental status.

AND

Epidemiological Criteria:
1. Residing or working in an area with high risk of transmission of virus: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or
2. Residing or travel to an area with community transmission anytime within the 14 days prior to symptom onset; or
3. Working in any health care setting, including within health facilities or within the community; any time within the 14 days prior of symptom onset.
B. A patient with severe acute respiratory illness: (SARI: acute respiratory infection with history of fever or measured fever of ≥ 38 C°; and cough; with onset within the last 10 days; and requires hospitalization).

C. Asymptomatic person not meeting epidemiologic criteria with a positive COVID-19 rapid test.

COVID -19 Probable case:
A. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case or linked to a COVID-19 cluster.
B. A suspect case with chest imaging showing findings suggestive of COVID-19 disease.
C. A person with recent onset of loss of smell or loss of taste in the absence of any other identified cause.

D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND was a contact of a probable or confirmed case or linked to a COVID-19 cluster.

**COVID-19 Confirmed case:**

A. A person with a positive COVID-19 PCR test.

B. A person with a positive COVID-19 rapid test, AND meeting either the probable case definition or suspect criteria A OR B.

C. An asymptomatic person with a positive COVID-19 rapid test, who is a contact of a probable or confirmed case.

**COVID-19 Contacts Definitions:**

In February 2021 update of “contact tracing in the context of COVID-19 interim guidance”, WHO define a contact as a person who has had any one of the following exposures to a confirmed case:

1. face-to-face contact with a confirmed case within 1 meter and for at least 15 minutes.
2. direct physical contact with a confirmed case.
3. direct care for a patient with confirmed COVID-19 disease without the use of recommended PPE; or
4. other situations as indicated by local risk assessments.

Exposure must have occurred during the infectious period of the case, and defined as follows:

- Exposure to a symptomatic case: 2 days before and 10 days after symptom onset of the case, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms), for a minimum of 13 days total after symptom onset.
- Exposure to an asymptomatic case: 2 days before and 10 days after the date on which the sample that led to confirmation was taken. Contacts should be managed in the same way as for a symptomatic case.

**Isolation**

The separation of suspected or confirmed case of COVID-19 from other people, so as to prevent the spread of infection to others.

**Management of Close Contacts of an infected COVID-19 patient:**

- Contacts who meet the above definition, will be swabbed (RT PCR), as soon as possible, and sent to a quarantine waiting for the swab result:
- If the result is negative, they will be advised to continue their duties as normal if they are fully vaccinated or previously infected with COVID-19 within 12 months.
• If the result is negative and they are not fully vaccinated or vaccinated with a vaccine which is not approved in Qatar they will be subjected to a quarantine for 10 days if the index case is positive and for 7 days if the index case is Reactive (Ct value equal to or more than 30). They will be subjected to daily rapid antigen testing for 7 days by public health team. They can still participate in outdoor settings and in outdoor matches only.

• If the result is positive, they will be isolated for 10 days and will resume their duty as recommended by the treating physician

• All close contacts with negative swab results will be quarantined in a single room and confined to a controlled environment for 10 days. Close contact may still be able to continue participating in training and matches if tested negative on repeated COVID-19 testing after 48 hours after the contact date.

• The bio-bubble hotel accommodation will be considered as quarantine facilities. When the bio-bubble system is not applicable, the dedicated quarantine rooms need to be identified and allocated in each of the hotels.

• Transportation for close contacts will be in private vehicles individually.

• Further testing of close contacts could be required as per MOPH public health discretion until the end of participation in the tournament. However, participation in the tournament will not be interrupted due to testing procedures.

• All close contacts shall be closely monitored for any COVID-19 symptoms and will be offered medical care if they develop any further symptoms.

• Visitors to the rooms of close contacts are strictly prohibited.

• Close contacts are not allowed to use the common areas including common fitness areas, swimming pools, dining areas and so on.

• Close contacts to have their meals in their rooms (Room Service).

• They should not leave the accommodation except to the match or to train with strict maintenance of social distance. Transportation to training or to participate in a match should be individually in a private vehicle.

• Close contacts must limit all unnecessary movement and socializing outside the controlled environment.

• Close contacts must maintain frequent hand washing and use of sanitizers.

• Close contacts must observe respiratory etiquette.

• Close contacts should wear a mask at all times (expect during matches and training).

• Close contacts are allowed to participate in the team’s group training and matches with the following precautions:
  ○ Avoidance of physical contact as much as possible.
  ○ Use of designated changing rooms and showers/toilets.
  ○ Use of designated transportation.
  ○ Use of personal training equipment, towels, and water bottles.
At the day of the match:
- Close contacts should be swabbed one day before or on the same day of the match
- Close contacts should be assessed by medical staff for COVID-19 symptoms.
- Close contacts should be checked for high temperature.

Management of Suspected or Confirmed COVID-19 Cases:

- Isolation is required for players, sport staff or any staff involved in the sport tournament who are suspected or confirmed to have a COVID-19 infection, who are asymptomatic or with mild symptoms after having received consultation from a healthcare professional.

- Suspected or confirmed COVID-19 infected persons should be placed immediately in a separate room until their transfer to healthcare facilities (for those who appear sick) or to home/facility isolation (for those with no or mild symptoms), following a well-defined pathway as per MOPH guidelines.

- If home isolation is chosen for local workforce, players or participants, then the residential setting, should be suitable for home isolation. It’s preferable if several visiting team members test positive for COVID-19, that they are placed in one defined isolation facility.

- When several individuals from the same team test positive for COVID-19, the MOPH have the right to isolate all close contacts as per the approved close contact definition. The decision to exclude a concerned team from the tournament is at the discretion of organizing agency.

- The decision to isolate a participant occurs after a suspected case is identified, and must follow a process where tournament organisers and public health authorities are immediately notified.

- Rooms and areas occupied or visited by a confirmed case should be cleaned and disinfected as per the MOPH guidelines.

- Tournament organisers should consider posting visual alerts (e.g., signs, posters) at the entrance of the dedicated isolation area and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and health care workers with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use facemasks or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.

- Dedicate well trained staff for housekeeping activities, cleaning and disinfection, room services and any other service must be provided in the designated isolation areas.

- Tournament organisers must ensure strict movement control and provide 24/7 security.

The following instructions should be followed by those players and any staff placed under isolation:

- Stay at home or a dedicated isolation facility except to get medical care: You should restrict activities outside your location, except for seeking urgent medical care. Do not go to public areas. Do not use public transportation.
• Separate yourself from other people. You should stay in a well-ventilated room separate from other people. Limit unnecessary movement outside the room and in case needed, use a face mask when people come close to you e.g., a caring family member.

• If you cannot wear a surgical mask, the people who are close to you should wear one.

• Follow cough and sneeze etiquette. Cover your mouth and nose with a tissue or with the flexed elbow. Throw away used tissues in a closed bin and immediately wash your hands with soap and water or disinfect with alcohol-based hand sanitizer.

• Clean your hands: Wash your hands often and thoroughly 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, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

• Avoid touching your eyes, nose and mouth with unwashed hands.

• Avoid sharing household items: You should not share your used dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people. It’s recommended to use disposable items as much as possible.

• Monitor your symptoms: Seek prompt medical attention if you develop any symptoms such as fever, cough, and sore throat, shortness of breath or difficulty breathing.

• Do not allow visitors: Do not invite or allow visitors and communicate with others over the phone.

**Assistance for person in isolation:**

LOC shall provide the following assistance for persons in isolation:

• Assistance with communication with family members outside the isolation facility.

• Provision of access to the internet, news and entertainment.

• If the person is a player, they will provide a treadmill to maintain mild to moderate exercise while in isolation.

• Psychosocial support.

• Special considerations for older individuals and individuals with co-morbid conditions, due to their increased risk for severe COVID-19 disease.

**Quarantine facilities:**

• Provision of single rooms.

• Rooms should be well ventilated, with a self-closing door.

• Provide PPE for support staff.

• A shower and toilet located inside a single room.

• Hand wash basin in the room.

• Waste bins placement.
• Regardless of the setting, an assessment must ensure that the appropriate conditions for safe and effective quarantine are being met.

**Discontinuing isolation:**

Typically isolation can be discontinued after 10 days from the date of a positive PCR test, or 10 days from the onset of symptoms with at least 5 days since the disappearance of symptoms.

The decision to discontinue isolation precautions will be approved by the LOC Chief Medical Officer, in consultation with relevant MOPH healthcare professionals if needed.

**For caregivers and hotel staff members:**

If those who are suspected or confirmed to be infected with COVID-19 have been placed under temporary isolation or quarantine in the participant’s hotel, the following should be ensured:

• Limit the number of caregivers of the person suspected or confirmed to be infected with COVID-19. Ideally assign one person who is in good health without any risk conditions.
• Prevent visitors.
• Limit the movement of the individual and minimize shared space.
• Remind the individual to wear a surgical mask in the presence of others. If the mask gets wet or dirty with secretions, it should be changed immediately, and hand hygiene must be performed after discarding the mask.
• Keep elderly people and those who have compromised immune systems or specific health conditions away from the ill-person. This includes people with chronic heart, lung or kidney diseases and diabetes.
• Avoid direct contact with the individual’s body fluids and wear a surgical mask, gown and gloves when handling individual’s blood, body fluids and/or secretions, such as sweat, saliva, sputum, nasal mucous, vomit, urine, or diarrhea.
• Throw away surgical masks, gowns, and gloves after using them and do not reuse.
• Wash your hands immediately after removing your medical mask, gown, and gloves.
• Avoid other types of possible exposure with the infected person’s or contaminated items in their immediate environment (e.g., avoid sharing toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, cloths or bed linen).
• Wash your hands often and thoroughly with soap and water. Use an alcohol-based hand sanitizer if soap and water are not available, and if hands are not visibly dirty.
• Avoid touching eyes, nose, and mouth.
• Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily. Also, clean any surfaces that may have blood, body fluids and/or secretions on them with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water).
• Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water).
• Clean clothes, bedclothes, bath and hand towels, etc. using regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and then dry thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid direct contact of skin and clothes with the contaminated materials.

• Use disposable gloves and protective clothing (e.g., plastic aprons) when cleaning or handling surfaces, clothing or linen that are soiled with body fluids. Perform hand hygiene before and after removing gloves.

• Place all used gloves, gowns, medical masks, and other contaminated items in a lined container before disposing them with other household waste. Wash your hands immediately after handling these items.

REFERENCES

1. https://apps.who.int/iris/handle/10665/337834
2. https://digitalhub.fifa.com/m/1c2391ad0e79b187/original/iepkvqns9kek6ftlx8k-pdf.pdf
APPENDIX 2

SUMMARY OF PRE-TRAVEL AND POST-TRAVEL COVID-19 TESTING

- All participants are required to have Pre-travel PCR done within 72 hours before arrival to Qatar regardless of country of travel, vaccination status, or previous COVID-19 infection.
- All participants are required to do RAT testing upon arrival at the hotel.
- No PCR nor Rapid Antigen Testing (RAT) will be performed for any participants in the airport.
- For fully vaccinated with MoPH approved vaccines (Pfizer, Moderna, Astrazenica and Johnson & Johnson):
  - Pre-travel requirements: Negative PCR Test (within 72 hrs prior to arrival, Ehteraz Pre-Travel Registration if not waived through the link: https://www.ehteraz.gov.qa/PER/loginPage?language=en)
  - Upon arrival: commitment letters completion and Rapid Antigen Test (RAT) at the hotel
  - During tournament: No further testing conducted during the tournament (unless pre-departure COVID-19 testing is needed)
- For fully vaccinated with the MoPH conditionally approved vaccine:
  - Pre-travel requirements: PCR Test (within 72 hrs prior to arrival, Ehteraz Pre-Travel Registration if not waived, proof of an active Serum COVID-19 antibody test done within 30 days before arrival)
    - If they have active antibody test, as per the levels recognized by MOPH, they will be considered vaccinated.
    - If the rapid antibody is not active, they will be treated as unvaccinated and hence expected to repeat RAT every 3 days or before every match.
  - Upon arrival: commitment letters completion and RAT test at hotel
  - During tournament: No further testing conducted during the tournament (unless pre-departure COVID-19 testing is needed)
  - Upon arrival: commitment letters completion and RAT test at hotel
  - During tournament: No further testing conducted during the tournament (unless pre-departure COVID-19 testing is needed)
- Upon arrival RAT test to be conducted at the hotel, individuals to isolate until test results are produced within 20-30 mins. If results are positive, individuals will be required to undergo confirmatory PCR Test and isolate till result is issued.
- Ehteraz Pre-Travel Registration uploads include PCR negative test certificate, vaccination certificate, Identification document. If individuals do not upload PCR test they can provide a hard copy of negative result certificate at the airport.
- Vaccinated with conditionally approved vaccines must carry a hard copy of their antibody test certificate to present upon arrival.
• If participants are coming from countries that do not provide antibody testing, they will have to conduct a rapid antibody test at the airport at their own expenses.

• Unvaccinated participants required to undertake repeated RAT every 3 days or before each match.

• COVID-19 recovered international participants, other than from GCC, are considered unvaccinated and hence will be expected to undergo repeated RAT testing as explained above. If they are from GCC and recovered from the disease in GCC countries and received one dose of one of the 4 approved vaccines, they are considered vaccinated.