



Aigle, June 15, 2020

Procedures to be followed for the re-opening of the road cycling season in the context of the coronavirus pandemic

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This document sets out instructions (mandatory measures) and makes recommendations for good practice (recommended and desired measures) for organising cycling events during the COVID-19 pandemic in the best possible conditions. It concerns all UCI road races for women and men categories. These measures will be adapted for other disciplines. The document is divided into two main sections, a section concerning risk assessment, and a section giving practical recommendations (and requirements) for the organisation of cycling events.

As a preamble, it is recalled that

- local and national rules and laws prevail over the requirements and recommendations proposed in the following documents;
- the process of adapting the conditions for organising sports events is part of a general risk-reduction strategy, knowing that there are no zero risks in the prevention of infectious diseases in general and of COVID-19 in particular;
- this document should be considered a "living" document, likely to evolve according to new knowledge and new advances in the field of biotechnology, especially for COVID-19 testing.

I. Global risk assessment.

In order to organise events that bring together a large number of people, including spectators, it is recommended to carry out a preliminary risk assessment. The aim is to determine the overall risk of spreading the disease during the event and the means to limit it. This analysis is based on specific tools proposed by the World Health Organization (WHO), which have been revised and adapted by an International Task Force set up by World Athletics.

The overall risk assessment must be repeated regularly, as soon as new preventive measures are implemented. COVID-19 risk assessment and risk mitigation measures should be carried out together with local public health authorities and should involve staff with expertise in mass gatherings, risk assessment, epidemiology and infectious disease control measures, from the very first stages of the organisational plan. This advice can evolve as the situation and knowledge about the disease evolves. This is why this document should be considered as a living document. The risk assessment should be based on the national COVID-19 control strategy.

Connected tools will be quickly available, with a dedicated link to carry out the global risk assessment quickly and easily.

A- Risk assessment related to COVID-19

The risk assessment allows the organisers to review the main questions posed by the COVID-19 epidemic for the organisation of a sporting event. This will help organisers understand and manage any additional risks caused by the COVID-19 pandemic.

This risk assessment must be regularly reviewed and updated immediately before entering the operational phase, in particular in the light of the rapidly evolving pandemic. The organisers may refer to the guidelines and status reports updated by the national public health authorities and / or WHO.

The questions included in the COVID-19 risk assessment deal with the pandemic phase in the country in which the event will take place, risk factors linked to travel, human movement, and the possibility of the spread of the virus linked to characteristics of the competition itself.

Total COVID-19 risk score

Additional risk of COVID-19 to the mass gathering sporting event	Yes (1)/No (0)	Score
Will the event be held in a country that has documented active local transmission of COVID-19 (community spread)?	1	1
Will the event be held in multiple venues/cities/regions/countries?	1	1
Will the event include non-local/international participants (athletes and spectators) from areas that have documented active local transmission of COVID-19 (community spread)?	1	1
Will the event include a significant number of participants (athletes or spectators) at higher risk of severe COVID-19 disease (e.g., some athletes with disabilities, people with underlying health conditions)?	1	1
Will the event include conditions that could increase the risk of spread for COVID-19 (e.g. mass start or mass arrival, medical intervention, unavoidable contact or limited distancing measures)?	0	0
Will the event be held indoors?	0	0
Total COVID-19 risk score		4

B- List of mitigation measures for COVID-19

Specific risk mitigation measures can be put in place to reduce the risk of transmission of the SARS-CoV-2 (i.e. new coronavirus) linked to the sporting event. Again, it must be remembered that while mitigation measures can reduce the risk of infection with the novel coronavirus, they cannot completely eliminate the threat.

Mitigation measures cover a wide variety of topics, including the overall assessment of the COVID-19 situation, emergency preparedness and response plans, coordination of stakeholders and partners, control of communication-related risks, anti-COVID-19 public health awareness campaigns, etc.

A specific Excel file is available in order to automate the quantitative evaluation of mitigation measures, before an automated application or internet function becomes publicly available. Details on the availability of this tool will be provided later.

C- Matrix for the final decision.

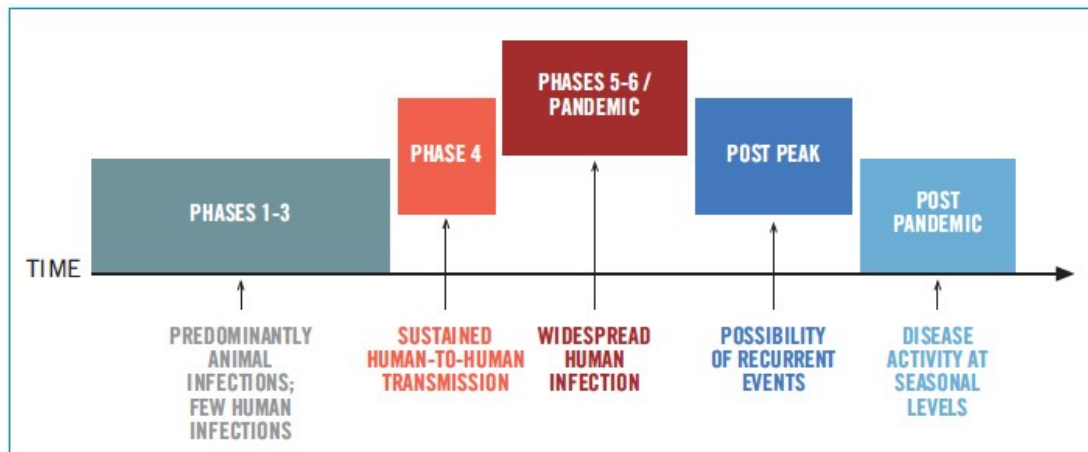
The risk vs mitigation matrix combines the COVID-19 total risk score and the risk mitigation score to determine a “colour” that identifies the total risk of transmission and spread of COVID-19. This provides a clear indication of whether the staging of an event is recommended or not, or whether other mitigation measures should be introduced. The meanings of the colours are shown in the table below, with an overall risk and suggestions for recommendations.

Total Risk Assessment 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 - Negligible	Very low	Very low	Very low	Very low
1 - Very Low Risk	Very low	Very low	Low	Low
2 - Low Risk	Low	Low	Low	Moderate
3 - Moderate Risk (low-moderate)	Low	Moderate	Moderate	Moderate
4 - Moderate Risk (high-moderate)	Moderate	Moderate	High	Very High
5 - High Risk	High	High	Very High	Very High
6 - Very High Risk	Very High	Very High	Very High	Very High

KEY FOR COLOUR DETERMINATION OF OVERALL RISK	
VERY LOW	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>very low</u> .
LOW	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>low</u> . Recommend checking whether mitigation measures can be strengthened.
MODERATE	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>moderate</u> . Recommend <u>significant</u> efforts to improve mitigation measures or reduce risk of transmission (decrease risk assessment score).
HIGH	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>high</u> . Recommend <u>significant</u> efforts to both improve mitigation measures and reduce risk of transmission (decrease risk assessment score).
VERY HIGH	Overall risk of transmission and further spread of COVID-19 in relation to the mass gathering is considered <u>very high</u> .

II. Assessment of severity of the pandemic.

The different stages of a viral pandemic are clearly defined in a document published by the WHO, which describes the several phases of the influenza pandemic "*Pandemic influenza preparedness and response*". Although there are only few clinical and epidemiological analogies between the influenza and COVID-19 pandemics, the influenza transmission model is commonly used by health national agencies to characterise the stage of an epidemic. The different phases of an epidemic (which becomes a pandemic) can be illustrated according to the following diagram.



A) The criteria

Different criteria make it possible to characterise these phases with qualitative and quantitative factors. The difficulty is to propose criteria that are easily accessible in all countries of the world. The organisers must contact local or national health authorities in order to characterise the state of the pandemic according to the phases described by WHO. As a first estimate, we can propose to use as a basis:

- the number of new confirmed cases of COVID-19. The number of new cases reported each day is available for all countries in the world on the WHO website (<https://covid19.who.int>). In order to smooth out the daily variability of data, it is possible to consider the weekly average. The daily number of new cases should be analysed for the country in which the competition is taking place, and for other countries in the same WHO region.
- the basic reproductive number (R_0) is an excellent parameter for characterising human-to-human transmission. R_0 represents the number of people on average that a single infected individual may contaminate around him or her; it is a determining factor in epidemic risk. An undeniable difficulty is obtaining this information for all countries. This information is not centralised by WHO and its estimation remains the initiative of the national authorities; the organisers should contact the national health authorities to obtain this information.

B) Characterisation of the different phases of the pandemic

Even if the decisions are made by local or national authorities, it is reasonable to consider that cycling competitions could be held only during the following phases of the pandemic:

1- Moderate risk period (WHO phase 4);

This phase is characterised by confirmed human-to-human transmission of an animal-borne coronavirus, which can cause "outbreaks of epidemics". Phase 4 does not necessarily mean that a pandemic is inevitable. It can be characterised by,

- * confirmed clinical cases occurring in only one country in a WHO region,
- * a regular but moderate increase in the daily rate of confirmed clinical cases (difficult to quantify what is considered to be "moderate", since the methods of COVID-19 diagnosis depend on national strategies, either by systematic screening using RT-PCR tests for viral diagnosis, or by RT-PCR screening only of patients suspected of having / who have been exposed to COVID-19, or only of hospitalised patients, etc. Furthermore, the data are not always normalised to the global population). These clinical cases present in the form of large clusters which tend to evolve towards a community transmission.

* 20 to 50 new cases of COVID-19 declared per week, per 100,000 people.

* R0 values higher than 1.5.

2- Low risk period (WHO phase 3, post-peak period);

This low risk situation corresponds to either,

* the circulation of a coronavirus which causes sporadic infections or small clusters of respiratory infections. Human-to-human transmission does not appear to be sufficient to cause outbreaks. Limited human-to-human transmission can occur in certain risky circumstances, but these modes of transmission remain limited to certain circumstances. This does not indicate that the virus has acquired the level of human transmissibility necessary to cause a pandemic. This period is a pandemic (pre-pandemic) alert period. This situation can be characterised by,

- a sporadic and moderate increase in the daily rate of confirmed clinical cases.

- R0 values higher than 1.5.

* the post-peak period of a pandemic. Pandemic activity appears to be decreasing but it is not certain whether or not new waves will occur. The drop in the level of activity of the pandemic should not mean the end of all preventive measures as several months may separate the arrival of new pandemic waves. This period can be characterised by,

- a regular drop in the rate of confirmed COVID-19 cases. To assess this, we can monitor the evolution of the average weekly reported COVID-19 cases and consider that for this phase, it should be less than 20 new cases declared per week per 100,000 people.

- R0 values lower than 1.

- Very low risk period (WHO phase 1, WHO phase 2, post-pandemic phase).

This situation corresponds either to the identification of a coronavirus known to have caused infections in humans, and identified in wild and / or domestic animals (epizootic situation), or to a post-pandemic period during which the coronavirus will behave like a seasonal virus. At this stage, it is important to keep prevention measures to a minimum. We can characterise this period by,

- the absence of new confirmed cases for more than 3-4 weeks.

- R0 values less than 1 (for the post-pandemic period).

III. Optimal conditions for organising competitions.

The concrete actions to be implemented for an optimal organisation of cycling competitions should be considered according to the national health regulations in force in the countries (or administrative regions), and according to the evaluation of the phase of the pandemic which will be made closer to the competition (see the document describing pandemic phases consistent with the holding of competitions).

One of the general principles behind the instructions for organising competitions is the creation and maintenance of protective "bubbles" around the teams which, in the context of road races, will link to form a "peloton bubble". The measures implemented will be based on controlling entry into the "team bubble", and preserving the "team bubbles" and the "peloton bubble" from contacts with people whose health status has not been checked.

The mitigation measures are grouped into three categories: "mandatory, MAN", "recommended, REC", or "desired, DES". The MAN measures will be for the organisers (MAN-org), the teams (MAN-team) or the UCI (MAN-uci). A general diagram of the measures is presented below, and their level of requirement will be presented in the form of a table according to the "severity" of the pandemic at the end of this document.

A) Pre-event measures

1. Appointment of a COVID-19 Coordinator for the event.

Ensure that a dedicated expert in communicable diseases has been appointed by the Local Organising Committee (LOC); this COVID-19 Coordinator is a specialist in infectious diseases who is up to date with the directives put in place by the national authorities to ensure the security of sport events, and who regularly consults the pandemic status in the host country on the WHO website (<https://covid19.who.int>) or on a dedicated national website. This person is responsible for determining the phase of the pandemic in the run-up to the competition, and is the advisor for the implementation of preventive measures. The COVID-19 Coordinator is the link between the LOC and the local or regional health authorities; in this regard, he/she must provide the organisers with the exact protocol for the management of suspected COVID-19 cases, including all stages of patient management, and the identification of contact cases. This information will be made available to the teams on the dedicated secure platform (see end of this document).

2. Ensure that the accommodation where teams are staying has the capacity to maintain a "life bubble" around each team.

Each team will be grouped on a single floor (or a wing of the hotel), with a reserved and independent dining room. The staff of each hotel must be informed of individual preventive measures (physical distancing, hand washing, wearing a mask, etc.).

The LOC will ensure that hotel staff abide by the rules in force for cleaning and disinfecting furniture and objects in the context of the pandemic.

3. Ensure the prior management of suspected COVID-19 cases

- for multi-day events (UCI World Championships, stage races), consider designating a single room per team, known as "isolation" for anyone who presents COVID-19 symptoms, before referral to the COVID Doctor (see point C.5).

4. Ensure that the teams have implemented prevention procedures within their group (staff and riders) such as personal protection, cleaning of technical equipment, cleaning and disinfection of commonly touched surfaces in the vehicle buses, etc.

B) Before the event

1. Pre-travel health checks;

These health checks have a clinical and a biological component and involve **all members of the team's staff**.

The UCI recommends a serological test before the start of the competition period. In the event of a positive immune response (increases in specific IgG and IgM of SARS-CoV-2 using tests validated by national public health authorities), the UCI will issue a certificate authorising the rider to participate in competitions for the rest of the season, without further COVID control. In the absence of serological conversion, the following procedure will be applied:

1.A. One-day races.

In the absence of serological conversion, the following procedure will be applied:

1.A.1- athletes and staff members.

* COVID clinical suspicion questionnaire to be completed daily on the 5 days preceding the race (see below); the team doctors must be able to see that the risk score is never "strongly suspect", and the "moderately suspect" score is not found more than 2 days out of 5;

* an RT-PCR test carried out within the previous 10 days which must be negative to be allowed to compete.

* if no RT-PCR test has been carried out within the previous 10 days, a RT-PCR test must be carried out at least 72 hours before arrival at the departure site.

These tests are the responsibility of the team.

Attention is being given to the development of rapid viral diagnostic tests which must be validated by the national health authorities, and whose indication must be specified (diagnostic tests as is the case of RT-PCR tests, or detection test which must be confirmed by RT-PCR tests). Once validated and available, these tests will completely or partially replace the current RT-PCR tests.

Covid-19 questionnaire	
Fever > 38°C	4 pts
Cough and abnormal dyspnea	4 pts
Cough	1 pt
Stuffy nose or sore throat	1 pt
Anosmia	1pt
Unusual aches	1 pt
Unusual headache	2 pts
Diarrhea - vomiting	1 pt
Abnormal fatigue	2 pts
< or = 2	a little suspicious
3 - 5	moderately suspicious
> or = 6	highly suspicious → PCR test

1.A.2- Commissaires.

The appointed Commissaires will provide the UCI Medical Director with:

* the results of the self-administered COVID clinical suspicion questionnaire, filled out daily during the 5 days preceding the competition.

* a certificate from his/her doctor, certifying the absence of signs suggestive of COVID-19.

The methods for sending these documents are detailed at the end of this document.

1.B. Stage races.

1.B.1- athletes and staff members;

These provisions concern riders and staff members of the team (Sports Director, mechanics, medical staff, etc). Anyone joining the team at a later stage must apply the procedures set out below.

* three days before travelling to the race start venue,

complete the COVID clinical suspicion questionnaire (see above);

have a first RT-PCR test to look for specific RNA sequences of SARS-CoV-2.

If these checks are negative, the riders are authorised to join the start venue of the race. The team doctor is technically responsible for carrying out and interpreting these checks, depending on the means put in place by the team.

- * arrival at the venue,

- # the COVID clinical suspicion questionnaire is completed every morning,

- # a second RT-PCR test is carried out at least 72 hours before the start of the race.

If these checks are negative, the riders can join the "team bubble". All team members who have undergone all of these controls with negative results will be able to join the "peloton bubble".

For these races too, the evolution of rapid diagnostic tests must be followed, because after validation by the national health authorities, they could take place as part of screening strategies, thus making it possible to lighten the logistics and improve the tolerance of virus testing.

1.B.2- Commissaires.

The appointed commissioners will provide the UCI Medical Director with:

- * the results of the self-administered COVID clinical suspicion questionnaire, filled out daily during the five days preceding the competition .

- * a certificate from his/her doctor, certifying the absence of clinical signs suggestive of Covid-19.

The methods for sending these documents are detailed at the end of this document.

2. Contact the local health authorities (hospitals, emergency services);

Contact the local hospital and Emergency Medical Services to inform them of the event, and ensure they have the capacity to handle trauma patients during the pandemic.

3. Identify a physician, member of the race medical service, in charge of COVID-19 suspected cases (COVID doctor for the race);

- this doctor is responsible for managing any clinical suspicion of COVID-19

- the COVID doctor must have

 - a face mask for anyone who is sick or has suspicious symptoms

 - mandatory protective equipment for medical personnel in charge of managing COVID-19 suspected patients (FFP2 mask, gloves, visor or protective glasses, coveralls).

4. Ensure all personnel have appropriate information on personal hygiene procedures

5. Provide information about the use of Personal Protective Equipment (PPE) for everyone at all times if distancing cannot be ensured. Everyone involved in the organisation is concerned, as well as team staff, except for athletes during competition, warm-up and training.

6. Arrange separate pathways for different categories of personnel;

- within the media zone

- within official zones

- within the VIP area.

7. Arrange the communal areas accessible with accreditation to allow for physical distancing (min 1.5 m between people), especially;

- in the media zone, arrangement of workspaces

- in official areas

- in VIP areas

If physical distancing cannot be maintained, impose the wearing of individual masks.

8. Forbid use of changing rooms and other communal areas.

9. Manage the presence of spectators;

- limit spectators in the departure and arrival areas according to the rules published by the national authorities

- maintain a safe distance between spectators and riders
- encourage spectators to wear a face mask.

10. Ensure cleaning and disinfection of common areas and equipment, and limit sharing of materials;

- restrooms (in sufficiency, cleaning procedures, 1.5 m physical distancing, including for queues (marks on the ground))
- regular cleaning of all commonly-touched points
- availability of hand sanitisers at strategic points.

11. Provide waste bins for contaminated items to allow for the safe disposal or storing of all hygienic materials.

C) During the events

One-day races.

1. On the morning of the race, the COVID-19 clinical suspicion questionnaire is completed by all team members, riders and staff members (see B.1.). This measure is under the technical responsibility of the team doctors, depending on the means implemented by the team. In the absence of a team doctor on the day of the course, results can be checked by a physician at distance.

2. Adapt the registration procedures so as to respect physical distancing.

3. Adapt the feed zones;

- make this area safer, ensure it complies with all national directives on social distancing, and prohibit it from the public.

Stage races

1. Perform daily health checks of riders;

- under the technical responsibility of the team doctors
- looking for suspicious clinical signs of COVID-19 using the questionnaire reported in B.1
- the questionnaire will be completed on the morning of the start of each stage and in the evening, including the rest days.

2. Adapt the procedures for signing the start list in order to respect physical distancing.

3. Adapt the feed zones;

- make these areas safer, ensure they comply with all local directives on social distancing, and prohibit them from the public.

4. Organise COVID-19 tests to detect virus carriers (who may be asymptomatic);

- dedicated tests should be considered during races with more than 10 stages

- in these conditions, it is important to organise a biological control during the rest days
- in order to avoid the constraints linked to the repetition of swabs, we are awaiting the validation of new testing techniques (pooling of samples, rapid diagnostic tests, etc.). The practical details of these tests will be specified in the coming weeks depending on the validation of these new methods by the national health authorities

- performing these tests is the responsibility of the organisers.

5. Management of a suspected COVID-19 case.

- the first suspicion of COVID-19 is signaled by the team doctor or by a doctor from the medical team put in place by the organisation

- this doctor will contact the COVID doctor to manage the suspect patient

- the management of clinical cases will be carried out in agreement with the local health service and in accordance with WHO guidelines (see reference at the end of this document)

- the implementation of the initial clinical examination protocol, and referral of the patient to the nearest COVID centre are the responsibility of the race's COVID doctor.

D) After the race

1. Adjustment of the awards ceremony;

- restrict the number of athletes to be awarded at one time

- require athletes to wear masks during the ceremony

- place the podium blocks 1.5 m apart

- create 1.5 m pre-podium boxes in which riders can wait their turn to stand on the podium

- create a self-serve option where riders can collect their medals after hand sanitising

- request riders not to touch each other during the podium ceremony

- limit the number of photographers according to national health regulations

- limit the size of the crowd, respecting social distancing

- create a one-way traffic plan for pedestrian traffic into this area.

2. Adapt the anti-doping station and procedures;

- ensure that doping control protocols are consistent with measures to prevent viral contamination (physical distancing outside and inside the station, procedures for checking and signing documents, etc.)

- a specific document is being drafted together with the Cycling Anti-Doping Foundation (CADF).

III. Enforcement of these measures depending on the state of the pandemic.

Proposals for measures consistent with the other pandemic situations, i.e. **moderate risk** (WHO phase 4), **low risk** (WHO phase 3 and post-peak pandemic phase) and **very low risk** (WHO phases 1 and 2, and post-pandemic phase) are shown in the following table.

	Moderate risk	Low risk	Very low risk
A) Pre event			
1. Appointment of a COVID-19 Coordinator	MAN-org	MAN-org	REC
2. Accommodation of teams in hotels			
- maintain a life bubble	MAN-org	MAN-org	REC

3. A single room per team as “isolation”	MAN-org	MAN-org	REC
4. Prevention procedures in cycling teams	MAN-team	MAN-org	REC

B) Before the events

1. Pre-travel health checks;			
- athletes	MAN-team	MAN-team	REC
- commissaires	MAN-uci	MAN-uci	REC
2. Contact with local health authorities.	MAN-org	REC	DES
3. Member of medical team dealing with suspected COVID-19 cases.	MAN-org	MAN-org	REC
4. Appropriate information on individual hygienic procedures	MAN-org	MAN-org	MAN-org
5. PPE for everyone if physical distancing impossible.	MAN-org	MAN-org	MAN-org
6. Provision of separate pathways	MAN-org	MAN-org	REC
7. Ensure physical distancing in communal spaces	MAN-org	MAN-org	MAN-org
8. Forbid use of changing rooms.	REC	REC	REC
9. Presence of spectators;			
- limit spectators (departure and arrival areas) according to national rules.	MAN-org	MAN-org	MAN-org
- maintain a safe distance between spectators and athletes.	MAN-org	MAN-org	MAN-org
- encourage spectators to wear a mask	MAN-org	REC	REC
10. Ensure cleaning and disinfection of communal areas	MAN-org	MAN-org	MAN-org
11. Provide waste bins	MAN-org	MAN-org	MAN-org

C) During the events

One-day races

1. Complete the COVID questionnaire on race morning	MAN-team	MAN-team	REC
2. Adapt the registration procedures	MAN-org	MAN-org	REC
3. Adapt the feed zones	MAN-org	MAN-org	REC

Stage races

1. Daily health checks on riders	MAN-team	MAN-team	REC
2. Adapt the registration procedures	MAN-org	MAN-org	REC
3. Adapt the feed zones	MAN-org	MAN-org	REC
4. COVID-19 testing during the event	MAN-org	MAN-org	REC
5. COVID-19 suspected cases.			
- coordination with local health department	MAN-org	MAN-org	MAN-org
- provide a clean mask to all sick people	MAN-org	MAN-org	MAN-org
- provide PPE for medical professionals	MAN-org	MAN-org	MAN-org

D) After the race

1. Adjustment of the awards ceremony.			
- restrict the number of athletes to be awarded	REC	REC	REC
- require athletes to wear face masks.	DES	DES	-
- place the podium blocks 1.5m apart	MAN-org	MAN-org	REC
- create 1.5 m pre-podium boxes	REC	REC	DES
- create an individual reward recovery system	MAN-org	REC	DES
- riders should not be allowed to touch each other	MAN-org	REC	REC
- limit the number of photographers according to national health regulations.	MAN-org	MAN-org	MAN-org
- limit size of crowd in finish zone	MAN-org	MAN-org	MAN-org
- one-way traffic plan for pedestrians into finish zone	MAN-org	REC	REC
2. Adapt the anti-doping station and procedures.	MAN-org	MAN-org	MAN-org

IV. Exchange of information.

In order to promote the exchange of information necessary for the organisation of competitions, two secure data storage spaces will be opened by the UCI,

A - one is intended to provide information on the criteria for organising the races. This space will be open to organisers, and will be accessible to teams for consultation. The organisers will use this to deposit

- * the COVID-19 suspect case management protocol, including;
 - the conditions of isolation of suspect subjects before biological confirmation
 - the procedures for managing suspected COVID-19 cases
 - the criteria for defining contact cases, and their management,
 - the criteria for stopping the race due to a health decision.
- * the risk assessment,
- * a summary of the risk mitigation measures put in place.

B - the other is intended to inform the UCI about the implementation of medical tests within the teams (questionnaires and COVID tests), as well as of the monitoring by questionnaire of the Commissaires and CADF staff members. This space will be open to team doctors and will only be available for consultation by the UCI Medical Director.

Team doctors will use this storage space to drop:

- * the results of serological tests carried out at the start of the competition period,
- * the state of the PCR tests carried out before the race.

The Commissaires and CADF members will submit the state of clinical monitoring by questionnaire of the five days preceding the race, as well as the certificate of absence of suspicious clinical signs of COVID-19.

In order to facilitate the collection of information, adapted forms will be distributed shortly.

V. Regulatory provisions.

Failure to implement the MAN (mandatory) measures may give rise to sanctions against the responsible entities (i.e. teams, organisers or the UCI). These modalities will be defined in a later version of this document.

References.

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