

FIFA®

COVID-19: MEDICAL CONSIDERATIONS FOR A RETURN TO FOOTBALLING ACTIVITY





Table of contents

03	Introduction
04	Football's response to COVID-19
06	Emerging from a period of enforced restrictions
07	Measures to facilitate a return to participation
10	Risk assessment of football events
12	Player health, fitness and injury considerations
13	Amateur and grassroots football
15	Conclusion
16	Point of contact
17	References
19	Appendix: composition of FIFA COVID-19 Medical Working Group

Introduction



On 16 April 2020, FIFA established a working group in response to the coronavirus disease 2019 (COVID-19) pandemic to examine the medical considerations for a return to footballing activity at all levels throughout the world. A medical/scientific representative of each of the six confederations was invited to consider the risk assessments and critical factors required for football to resume safely. Six medical/scientific representatives spanning each confederation (GC, GS, MF, OP, TM and YZ) with the addition of the two FIFA medical leads (AM and AW) and one external consultant (SC) were convened in an advisory panel (FIFA COVID-19 Medical Working Group) for this consensus statement (see appendix). All personnel were consulted in an open-ended format so that they could provide their key planning considerations for football to resume safely. The draft was shared with an expert group within the World Health Organization (WHO) and the FIFA Medical Committee for their recommendations, which were included in the final draft. A liaison (DS) was assigned to collate all the panel's responses. All personnel who contributed to the statement were provided with multiple opportunities to amend the final draft.

The following guidelines represent the outcome of the various discussions among the members of the working group and were adopted unanimously.

The purpose of this document is to outline key planning considerations for the organisers of footballing events in the context of the COVID-19 pandemic. It should be read in conjunction with organisational medical standards and international and national guidance on public health and mass gatherings.



Football's response to COVID-19

The WHO has categorised COVID-19 as a pandemic that is expected to pose a profound challenge in all aspects of life. The pandemic has notably resulted in large-scale morbidity, a global recession and the progressive shift of what we have come to expect as social norms. The high transmissibility of the causative virus strain – severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – and its elevated virulence have been detailed as the basis for the raised mortality and morbidity rates compared to other respiratory infections.¹

Mitigation measures advocated by the WHO and enforced by national governments, local authorities, sports organising bodies, businesses and individuals have saved and will continue to save lives. However, the indefinite continuation of movement restrictions, and other constraints on everyday lifestyles, is unfeasible. The current public health and social measures, which have varied from region to region, are not designed to be a complete and final strategy but rather an opportunity to buy valuable time for an international and intersectoral collaboration between governments and health authorities to build the resources and systems required to:

- test: every case where testing is indicated while having effective prevention strategies in place;
- trace: follow up all confirmed cases of COVID-19 and contact-trace every contact to identify and deter transmission; and
- treat: manage all cases effectively with adequate health system capacity, ventilators and staff.²

The vast majority of football globally has been placed on hiatus during the COVID-19 pandemic. However, football has health, social and economic benefits for the individual and society. FIFA, the WHO and many governments collaborate to promote certain types of physical activity that can confer benefits on the immune system, physical health and mental health (as exemplified by the #BeActive campaign).³ As countries/regions gain improved control of the transmission of COVID-19, and only at such a time, it may be appropriate to reintroduce team sport – both professional and amateur – for all aspects of the population, and indeed evidence of this has already been seen in certain countries.⁴

Given the novel status of the COVID-19 virus, there is a dearth of scientific evidence with regard to the role that sports participation and physical activity play in the transmission of the infection. Stakeholders should understand that characteristics of COVID-19 may well remain unknown. The appropriate risk assessment must be undertaken by local authorities and governing bodies, and mitigation policies and substantial modifications must be put in place to minimise any potential risk to football participants. It is incumbent on governing bodies and member associations, on the resumption of footballing activities, to have accompanying measures that investigate any potential transmission related to playing football,

as well as steps in place to detect, contact-trace and treat cases of the disease, and to disseminate the knowledge gained to the broader scientific/medical community.

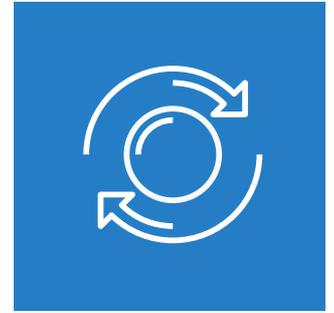
It is anticipated that each confederation will have a designated medical/scientific representative who will advise on the processes required for football to resume safely. Football should only occur at a time when all health, social and economic benefits exceed the risks of COVID-19, while maximising the safety of athletes, staff, supporters and the wider society. It is of paramount importance that FIFA consider footballing activities to be secondary to the health of every individual. A focus on the physical and mental health of every individual globally should underpin any decisions made with regard to the global reintroduction of footballing activities.



Emerging from a period of enforced restrictions

Football is not feasible under the most severe restrictions during a pandemic (i.e. “lockdown”). A “new normal” will be required when movement restrictions are eased. The easing of restrictions is likely to be implemented over a gradual period, with timeframes differing across countries, and it is anticipated that these guidelines will be used in conjunction with the public health advice from local regions/governments. The following is expected:

- Regions/associations with lower numbers of cases can begin to ease restrictions in a stepwise and strategic fashion.
- “Physical distancing” and enhanced standards of personal hygiene will be continued in the long term.
- Risk assessments and appropriate mitigation procedures will be established beforehand, regularly updated and activated appropriately, as advised by FIFA and the WHO.⁵



Measures to facilitate a return to participation

During this phase, it is essential to highlight guidance aimed at preventing the spread and/or reintroduction of COVID-19, and the complications that may arise from infection. Implementation of these measures remains critical. These are divided into three pillars:

1. Hygiene and distancing (in a training and competitive environment, to include training facilities and stadiums):

- Remaining informed of current guidelines from national and local authorities, the WHO and football governing bodies on the latest developments related to COVID-19. These include public health recommendations and guidelines for controlling and preventing the spread of the virus.
- Maintaining social distancing, i.e. a distance of at least 1m.⁶
- Encouraging and mandating hygiene measures, such as:
 - hand washing; use of hand sanitisers;
 - avoidance of touching eyes/mouth/nose;
 - covering the mouth and nose with a bent elbow or a tissue when coughing or sneezing;
 - disposal of tissues in a sealed bin;
 - sanitising sports or exercise equipment regularly, as well as “high-traffic areas”;
 - avoiding the sharing of sports equipment, e.g. water bottles;
 - strategies to limit contact/interactions, e.g. one-way systems in buildings and maintaining doors in the open position; and
 - avoiding handshakes, high fives and any other personal contact.
- Planning footballing activities that accommodate people with specific healthcare needs. Ensuring that such people avoid performing continuous vigorous exercise unless it is medically safe for them to do so.
- Ensuring adequate sleep and nutrition.

2. Testing and monitoring where appropriate:

- Monitoring participants closely for any flu-like symptoms, and isolating affected

individuals and contacting a healthcare provider immediately if any respiratory illness is noted.

- Implementing recommended protective measures, including daily health checks (ranging from the monitoring of respiratory signs/symptoms to body-temperature checks and specific COVID-19 laboratory testing).
- Performing specific respiratory, cardiac and musculoskeletal tests as advised by healthcare professionals, depending on availability, exposure to COVID-19, finances and level of competition.
- Testing of football participants, depending on the availability and reliability/validity of testing kits. It is important that the procurement and use of testing kits in no way detract from the resources and capabilities of the local/national health authorities' testing regimes. Testing kits should only be used subject to scientific validation, local availability and the directives of the local health authorities, and in conjunction with education to foster understanding of the testing procedures and the meaning of the test results. In the future, regular testing (possibly both PCR and antibody testing) will most likely be a component of group training, play and travel. The evidence supporting the use of testing is growing quickly and this document will be updated as additional evidence emerges.
- A proposed COVID-19 screening procedure is as follows:
 - All players returning to professional football to be tested for COVID-19 as a safeguard and to build psychological confidence within the team and surroundings.
 - a.** The first test to be conducted 72 hours before footballing activities resume to prevent false negatives (asymptomatic carriers of the virus).
 - b.** The second test to be conducted before the first training session begins.
 - c.** Football participants then to be tested at home or at designated sites at their clubs by team doctors following recommended hygiene and protective procedures. Drive-through sites may be possible.
 - d.** Football participants who test positive will not be allowed to participate in any footballing activities and will be directed to follow the recommendations of the health authorities of the host country in question.
 - e.** Only football participants who test negative will be allowed to participate in footballing activities.

3. Travel precautions and facilities (including hotel and home stays):

- sanitising modes of transport to matches/training;
- sanitising accommodation and food preparation and distribution;
- maintaining a skeleton staff to minimise transmission; and
- implementing and maintaining physical distancing measures.



Risk assessment of football events

Mass gatherings in general likely increase the risk of transmission of COVID-19.⁵ Public health administrators remain cautious regarding the possibility of a subsequent wave of infections.⁷ Therefore, the importance of preventing and controlling the spread of COVID-19 – by taking the steps required to ensure this – remains paramount.

Proceeding with sporting events relies on a robust risk assessment and a consideration of the mitigation of factors that may contribute to the spread of COVID-19, even at times when the global transmission of COVID-19 is remitting. Football governing bodies are encouraged to liaise with relevant public health authorities and to undertake a comprehensive risk assessment to determine whether it is safe to proceed. The following key factors are critical in determining risk

- national and sport-specific regulations;
- evidence of national/local community transmission of COVID-19;
- the requirement for individuals to travel from areas with COVID-19 transmission;
- the size of mass gatherings, which can be better mitigated by events being held behind closed doors;
- the presence of vulnerable groups (>65 years old, individuals with pre-existing medical conditions);
- the health and medical infrastructure available in the locales where mass gatherings are due to occur; and
- travel restrictions and advice for the locales to which participants may be travelling.

FIFA suggests that the following documents serve as a guide to those undertaking risk assessments within their sports:

- Football-specific risk assessment tool (<https://resources.fifa.com/image/upload/covid-19-footballra-060520a-final-hsp.xlsx?cloudid=raw/upload/gasm901hqp2n0zj4mtr.xlsx>).
- WHO risk assessment and mitigation checklist for mass gatherings in the context of COVID-19 (<https://www.who.int/publications-detail/how-to-use-who-risk-assessment-and-mitigation-checklist-for-mass-gatherings-in-the-context-of-covid-19>).⁸
- WHO risk assessment tool: addendum for sports mass gatherings in the context of COVID-19 (<https://www.who.int/who-documents-detail/guidance-for-the-use-of-the-who-mass-gatherings-sports-addendum-risk-assessment-tools-in-the-context-of-covid-19>).⁹
- Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19 (<https://apps.who.int/iris/handle/10665/331764>).¹⁰

If football events return, then adherence to WHO guidance and close liaison with local/national governments, public health authorities and member associations are necessary to:

- minimise infection transmission risk;
- work to ensure readily available testing, while not taking testing capacity away from health systems that need it most; and
- be able to isolate and contact-trace expeditiously and accurately (identify individuals or groups who may have been exposed).

When events do occur, they must be treated as an opportunity to learn and to improve understanding.⁶ The lessons learnt must subsequently be shared within the organisation concerned and beyond.

Given that the COVID-19 pandemic is fluid and the prognosis of the disease is difficult to predict,¹ information may also be found in the following resources:

- the WHO's global COVID-19 situation reports (<https://www.who.int/health-topics/coronavirus>);
- COVID-19 statistics by country, to identify risk by geographical location (<https://www.worldometers.info/coronavirus/#countries>);
- the daily WHO situation and country-specific report (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>);
- regional/national COVID-19 situation reports; and
- the European Centre for Disease Prevention and Control website on COVID-19 (<https://www.ecdc.europa.eu/en/novel-coronavirus-china>).

Player health, fitness and injury considerations



The effect of a period of detraining combined with isolation has been sparsely investigated in the past. Consideration needs to be given to the ranging fitness levels that footballers may possess on returning to training and steps must be considered to prevent the predicted increased risk of injury. Attention is to be paid to the following factors:

- whether a player has contracted COVID-19 and, in the event of contagion, if any sequelae are present;
- the duration of the detraining period and the confinement;
- the level of physical activity that the player maintained during the detraining period; and
- the duration of the expected return-to-fitness/return-to-play period.

Therefore, per the above points, it is extremely important that sufficient time be allowed for the return to play, so that:

- At the time of resuming sports activity, suitable health screening and testing allowing objective evaluation of the players' physical and mental condition are performed.
- There is an appropriate pre-competition period with a training plan, including both aerobic and strength conditioning training.¹¹ Adequate durations for "isolation" training, small-group training, team training and football-specific training must be taken into consideration.

Players must also be reminded of their obligations concerning prohibited substances and the risk of anti-doping rule violations, with specific emphasis placed on medications and/or supplements that they may choose to take in response to COVID-19.



Amateur and grassroots football

The above guidance is as applicable to professional football as it is to the amateur/grassroots setting. Personal hygiene measures, self-isolation with symptoms, maintaining physical distancing, limiting group numbers and restricting non-essential travel are the most effective means of preventing the spread of the virus. Caution will need to be exercised in the team environment to avoid exposure and the aforementioned spread. The resumption of footballing activities can contribute many health, economic, social and cultural benefits to a society emerging from the COVID-19 environment; however, all decisions about such a resumption must be made with careful reference to local and national public health guidelines. The important guiding principle is that the resumption of footballing activities should not compromise the health of individuals or the community. Furthermore, the resumption of footballing activities should be based on objective health information to ensure that activities are conducted safely and do not risk increased local COVID-19 transmission rates.

The resumption of amateur/grassroots footballing activity should take place on a staged basis, with an initial phase of small-group activities in a non-contact fashion, prior to a subsequent phase of larger-group activities. Individual local and national guidelines should determine progression through these phases, taking account of national and local epidemiology, risk mitigation strategies and public health capacity and capability. This includes the resumption of children's outdoor sport, with strict physical distancing measures for non-participating attendees such as parents.

It is important to remember that all recreational and professional football must respond to the directives of the respective public health authorities. Future increased transmission of COVID-19 may require local authorities to again restrict activity. The detection of a positive COVID-19 case at a recreational football club or organisation should result in a standard public health response, which could include a whole team or large group, and close contacts, being quarantined for the required period.

In the absence of a vaccine, the following points will need to be considered when planning any recreational footballing activity:

Personal hygiene

Increase the frequency of hand washing with soap or hand sanitiser, in conjunction with regular disinfection of heavily used areas and surfaces, both at home and in recreational areas. Avoid touching high-contact surfaces such as door handles, walls or windows, etc. Do not share water bottles or use team water bottles, and continue to use the crook of your elbow or a tissue (and dispose of the tissue in a sealed bin) when coughing or sneezing. Spitting should be avoided, as the main mode of transmission of the virus is in respiratory secretions.

Guidelines regarding mask use in public differ between countries. Early recommendations were not to use masks; however, many countries are moving to support their use, especially as supply has increased.^{11,12} Surgical masks may prevent contagion and the spread of the disease.¹³ However, it is important to note that masks such as these are in short supply globally, and their use should not detract from the efficacy and abilities of the local and national health authorities.

Maintain physical distancing

This is easier to do at home, at work and when travelling to and from footballing activities. Once movement restrictions are eased and footballing activities are permissible, it will be important to bear this consideration in mind on the pitch. Training drills may well need to be adapted to maintain a physical distancing principle. The use of smaller-group training sessions or matches that are aligned with local/national advice at the time will limit the infection risk, and should an infection occur, will potentially limit the number of people who are subsequently required to self-isolate or be quarantined. Outdoor activities are deemed to be safer, due to the permanent exchange of air. With regard to indoor facilities, the dispersion of respiratory droplets is aided by ventilation. Where possible, any communal areas should be well ventilated. Physical contact, such as shaking hands or embracing, should be avoided. The use of communal changing rooms and showers should also be discouraged, and players should be advised to arrive already prepared in kit and return home to use their own washing facilities.

Self-checks

Self-checks will be important to prevent transmission among people who are unaware that they are carriers of the virus. This could help identify if you have had a high temperature (above 37.5°C), have developed a cough, shortness of breath or sore throat, or are feeling unwell. These are the symptoms of a possible viral infection such as COVID-19 and should prompt you to isolate and contact your primary-care doctor.

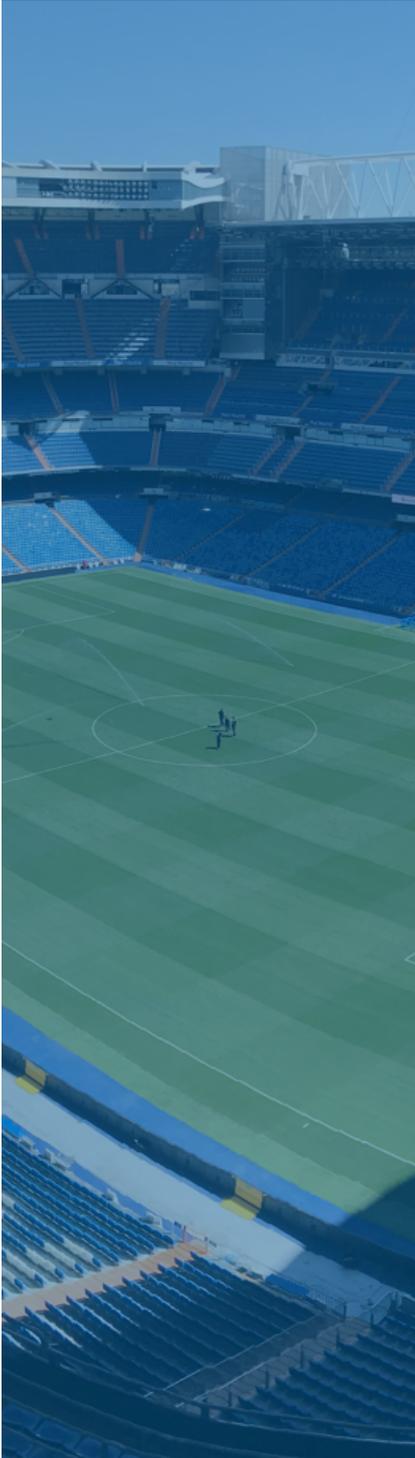
We all have a responsibility to protect the health of our nations and each other. Your actions will speak far louder than words and will affect not only your health, but that of your family, your colleagues and your team-mates.



Conclusion

Protecting the health and well-being of every individual globally remains of paramount importance to FIFA. It is important that the following measures continue to be advocated: enhanced hygiene, physical distancing, healthy lifestyle choices, eating well and avoiding non-essential travel. Planning for a safe return to football must start now given the health, social and economic benefits of the game globally. Football governing bodies must come together to cautiously and methodically prepare for a post-pandemic return to footballing activities. Until a vaccine is developed for COVID-19, the team environment will be quite different. Every person involved in a football team or game will have a responsibility to prevent the spread of COVID-19.

Point of contact



FIFA is fully committed to assisting member associations and football stakeholders around the world with regard to the medical considerations relating to football participation during this special time.

In this context, FIFA is willing to open a direct line of contact for any questions or enquiries that you may have about the content of this document and its impact on your respective daily operations.

Please feel free to contact us regarding any medical matters at medical@fifa.org or visit our dedicated webpage for more information about FIFA's initiatives and programmes in the context of the COVID-19 pandemic: <https://www.fifa.com/what-we-do/covid-19>.



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Appendix: composition of FIFA COVID-19 Medical Working Group

Name	Position	Organisation
Andrew Massey	<i>Medical Director</i>	<i>FIFA</i>
Alexis Weber	<i>Head of Medical and Anti-Doping</i>	<i>FIFA</i>
Sean Carmody	<i>Medical doctor</i>	<i>External consultant to FIFA</i>
Dexter Seow	<i>Medical doctor</i>	<i>External consultant to FIFA</i>
George Chiampas	<i>Chairman of the Medical Committee</i>	<i>Concacaf</i>
Mark Fulcher	<i>Medical advisor</i>	<i>OFC</i>
Tim Meyer	<i>Chairman of the Medical Committee</i>	<i>UEFA</i>
Oswaldo Pangrazio	<i>Chairman of the Medical Committee and Director of the Anti-Doping Unit</i>	<i>CONMEBOL</i>
Gurcharan Singh	<i>Chairman of the Medical Committee</i>	<i>AFC</i>
Yacine Zerguini	<i>Vice-President of the Medical Committee</i>	<i>CAF</i>