

An aerial photograph of a soccer field surrounded by a dense forest. The field is green with white markings, including the center circle, half-way line, and goal areas. Several players in various colored jerseys are scattered across the field. A goal is visible at the top of the field. The forest is lush with green and yellow foliage, suggesting an autumn setting. A large, faint watermark of a soccer ball is overlaid on the image.

FIFA[®]

Return to Football

International Match Protocol

Version 1.0, 29 September 2020



Return to Football

International Match Protocol

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INTRODUCTION

How to use this document

For ease of use, this document has been published as an interactive PDF and is designed to be read on screen.

The Contents page can be accessed via a [hyperlink](#) from anywhere in the document by clicking on the header at the top of any page.

The chapter and section headings on the Contents page are [hyperlinked](#), allowing easy navigation of the document.

Cross references (e.g. to a related section) are [hyperlinked](#) throughout the text.

DEFINITIONS

Access device: an item used to identify access privileges to enter a controlled space within an official site; only valid if used in conjunction with the accreditation (card), which permits access to the official site; may only be valid for a specific time interval

Accreditation card: any card or item issued by the host association (or other duly authorised body) which permits its holder to access an official site

Match attendees: anybody entering the stadium with accreditation or a valid ticket; this includes match participants and working personnel; used to identify all individuals who may rightfully enter the stadium and are present on the premises

Broadcast Compound (“OB compound”) (OB = outside broadcast) including “OB vans”: an enclosed area, either within the Stadium Internal or External Zone, where trucks used by broadcasters are parked and secured; such trucks are referred to as “OB vans”

Competition Operation Office: an office used by the FIFA representative responsible for overseeing match operations (i.e. FIFA Match Commissioner or General Coordinator)

Competition Regulations: the relevant regulations for a FIFA match, as issued by the FIFA Council, being the binding regulations for the relevant FIFA match regulating the rights, duties and responsibilities of all member associations participating in the preliminary competition or the final competition

Confederation: as stated in the FIFA Statutes, a group of associations recognised by FIFA that belong to the same continent (or assimilable geographic region)

COVID-19 preventative measures: absolute measures, in the footprint of the match and all official sites used for the match, which are designed to minimise the spread and/or reintroduction of COVID-19 in connection with the match taking place and as mandated herein

FIFA Match Appointees: match officials (referee, assistant referees, fourth official), Referee Assessor, FIFA Match Commissioner, Safety and Security Officer and any other individual appointed in writing by FIFA for the match

FIFA Regulations Governing International Matches: a set of regulations, issued by the FIFA Council and enshrined in the FIFA Statutes, that define the authorisation procedures for international matches between representative teams, club teams, domestic teams and scratch teams

FIFA Travel: FIFA's Travel Operations Department, responsible for making travel reservations for FIFA Match Appointees

General Coordinator: a key position in FIFA final competitions; overall responsibility for match operations in each stadium; key contact for the participating teams

Groundspeople: stadium or training site personnel responsible for pitch maintenance

Host association: the FIFA member association on whose territory the match will take place

Host country: the country or territory in which the match is being held

Host/match venue: the city in which the match is being held

Inner perimeter: the perimeter that immediately surrounds the stadium building, which usually contains the turnstiles; may comprise the stadium walls

International match calendar: sets the dates on which association football clubs are obliged to release their players for representative team matches; there are different calendars for men's and women's football

Invitation letter: a letter from the host association to support an individual's visa request for the host country

Match: any football match in its entirety (including replays, extra time and penalty shoot-outs) that takes place as part of the competition

Matchday (abbreviated as “MD”): the day on which any match takes place; MD = matchday, so MD-1 refers to the day before the match; MD-14 refers to two weeks before the match

FIFA Match Commissioner: officially appointed and entrusted by FIFA to supervise the orderly organisation of a match and ensure that FIFA’s regulations and instructions are observed

Match officials: collectively all referees, assistant referees and the fourth official on the FIFA Refereeing International Lists and any further appointed match officials; when applicable, also the fifth official and video match officials

Match participants: the players and officials from the two teams involved in the match, FIFA Match Appointees or host association officials who are essential for the running of the match

Mixed zone: the area designated by the host association which is to be located between the team dressing rooms and the dedicated team bus pick-up area, where players may be interviewed by media representatives

Official: a board member, committee member, referee, assistant referee, coach, trainer or any other individual responsible for technical, medical or administrative matters at FIFA, a confederation, an association, a league or a club

Official site: normally refers to stadiums, hotels and training sites selected for the match or competition in question; in certain cases, media or broadcast centres may also be official sites, if they are not attached to a stadium

Outer perimeter: the perimeter outside the inner perimeter, beyond which only officially accredited personnel and match ticket holders are entitled to pass on matchdays

Participant: a match attendee in a working capacity, not a spectator

Participating member association (abbreviated as “PMA”): a FIFA member association whose representative team is competing in a competition

Respiratory hygiene: the practice by which people cover their mouths and noses when coughing or sneezing and take all reasonable precautions to avoid spreading droplets, i.e. by wearing a mask

Stadium authority: the legal entity (whether a privately owned company or governmental entity) with the ultimate, ongoing, management and operational control of a stadium used for a particular event; the legal entity that grants the legal right to use the stadium for the particular event, as identified in the lease agreement for that event

Supplier: any company or further entity, other than a manufacturer, that provides, distributes or in any form, supplies workforce or services for the match

Team officials: the technical staff that work closely with the team and must stay with them, such as the head coach, team doctor, assistant coach, physiotherapist, goalkeeper coach, etc.; normally work with the team in the dressing room and may sit on the team bench; administrative staff that are part of a team’s organisation but do not need to work directly with the players should not be considered team officials

Team delegation: collectively all team delegation members

Team delegation member: any of the players and team officials of a member association

Thermal screening: temperature screening using a thermometer or similar device, which has been manufactured for that purpose and is intended for humans

Workforce: the personnel employed to deliver a match, excluding those directly involved with the participating teams; includes personnel provided by suppliers (such as cleaners, drivers and catering staff), as well as the operational staff provided by the match organiser

PREAMBLE

In response to the outbreak of the coronavirus disease 2019 (“COVID-19”) in early 2020, severe restrictions were imposed on every aspect of life throughout the world. Football too has been affected, with football activity suspended in almost every country or territory in the world.

As world football’s governing body, FIFA has a responsibility and mandate to provide appropriate guidance and recommendations to member associations (MAs) and their stakeholders to both mitigate the consequences of disruptions caused by the COVID-19 pandemic and ensure that any response is harmonised in the common interest.

FIFA is, however, not in a position to instruct MAs or determine when football should recommence in each country or territory. That decision must be made by each MA on the advice of its relevant local public health authorities.

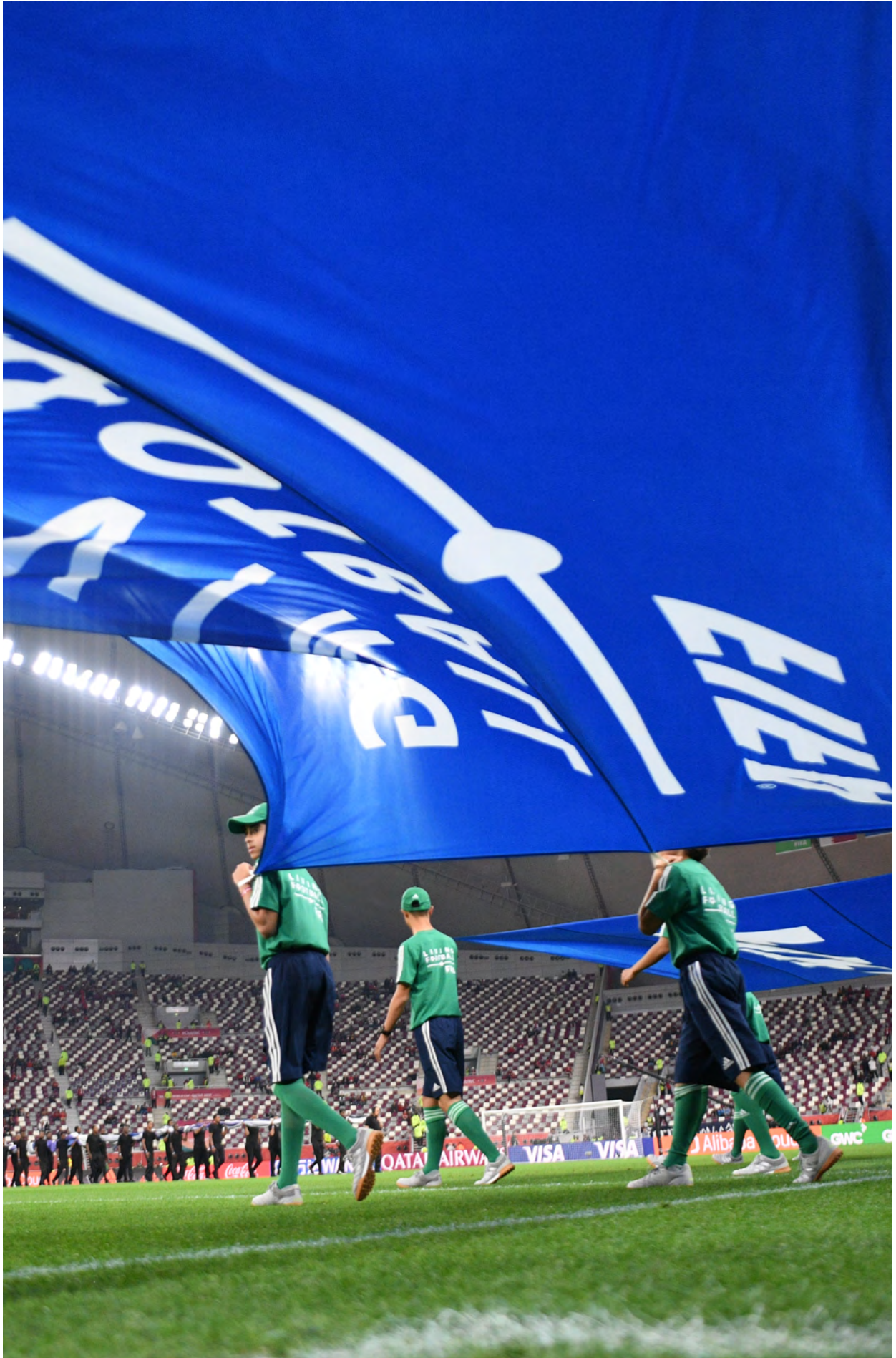
Thus, the easing of restrictions is likely to be implemented over a gradual period, with time frames differing across countries and territories. Therefore, this document must be read in conjunction with any public health directives issued locally and in the context of the local epidemiological risk situation, including any restrictions placed on the gathering, movement and travel of individuals nationally and internationally.

COVID-19 is a novel disease and, as the scientific community gathers new information, measures and practices will have to be adapted accordingly. Thus, the measures and practices described in this document draw on the current understanding of how COVID-19 is transmitted and wholly serve the guiding principle of “health comes first” in aid of preventing the spread and/or reintroduction of COVID-19 in connection with international football matches within its scope.

In particular, this document seeks to protect the health of all match attendees, including players and match officials, by providing standardised measures and practices to be applied in connection with international matches.

As the pandemic evolves, FIFA may require alterations to the requirements detailed herein. Such alterations will be communicated by FIFA by way of issuing a modified version hereof or a FIFA circular letter or other document intended to modify or supplement these recommendations.





I. GENERAL PROVISIONS

1. Scope of application

This document is a compilation of measures and practices (referred to as “protocols”) which must be applied to international matches taking place while restrictions in connection with the COVID 19 pandemic are still in force internationally.

These protocols shall apply to all international matches scheduled after the approval of this document by the FIFA Council.

All international matches that are scheduled within an international window, as defined in Annexe I of the Regulations on the Status and Transfer of Players, must be organised in compliance with:

- FIFA’s Return to Football – International Match Protocol; or
- an equivalent protocol of the relevant confederation; the equivalent protocol shall implement standards which are equal to or higher than those included in this document.

The relevant confederation shall submit its protocol to the FIFA general secretariat for review and approval prior to it being implemented.

For all other matches not covered by this scope, the protocols herein will serve as recommended guidelines.

FIFA recommends considering these protocols in coordination with expert advice and the directives issued by the relevant local competent authorities in each country or territory, and those issued by the confederation. If the respective host country or confederation’s requirements are stricter or more exhaustive than some or all of the provisions established hereinafter, those requirements shall prevail.

For matches played in the context of the FIFA World Cup 2022™ preliminary competition (“qualifiers”), confederations and PMAs shall be responsible for the implementation of measures and practices enshrined in this document which fall under their respective scope, as stipulated herein. For all other matches, the relevant match organiser shall be responsible for the implementation of all measures and practices enshrined in this document or in the equivalent protocol.

Any violations of the protocols mandated herein may be sanctioned by the Disciplinary Committee in accordance with the FIFA Disciplinary Code.

These protocols apply to both matches behind closed doors (i.e. without ticketed spectators) and those played in the presence of ticketed spectators. However, the additional provisions which must be put in place should ticketed spectators be permitted by the relevant local competent authorities will be published separately.

The appendices and illustrations contained herein form an integral part of this document.

Additional information not contained herein at the time of publication will be communicated formally by FIFA, including by way of issuing a modified version hereof or a FIFA circular letter or other document intended to modify or supplement these protocols.

2. FIFA approval and match preparations

2.1. Match venue approval (qualifiers)

This section focuses on the process of approval and match preparations for the FIFA World Cup 2022™ preliminary competition (“qualifiers”) including COVID-19 Regulations (“Competition Regulations”).

It should thus be read in conjunction with the Competition Regulations, published separately, which include additional provisions in relation to the COVID-19 pandemic and shall be in force until further notice.

Without exception, the host association shall comply with the timelines stipulated in the Competition Regulations for selecting the match venue and the stadium in order to allow all parties involved to prepare as thoroughly as possible.

Appropriate sites (e.g. stadium, training sites, hotels, etc.), which can comply with the protocols mandated by this document and reasonably accommodate the modifications required to implement the necessary preventative measures, should be selected from the outset.

Participating member associations (“PMAs”) and/or confederations, as appropriate to the local context, are strongly encouraged to engage in ongoing dialogue with the relevant competent authorities in the host country, and, where possible, seek exemptions from/agreement on measures which may impact upon the international window.

The confederation shall receive confirmation from the host association that all the relevant local competent authorities will be integrated in planning activities from the outset, and that in principle there is agreement for the match to go ahead.

To this effect, the host association must submit the formal football-specific risk assessment, as per [Section 4](#), and must provide details of mandated functions or their local equivalents at the host association, as per [Section 5.1](#), when submitting match and venue details to the confederation for approval.

The host association should also provide written confirmation from the appointed COVID-19 testing facility, stating that the required number of tests can be conducted according to the timelines stipulated in [Section 9](#).

The confederation shall review the submitted documentation against, but not limited to, the risk context of the host country, availability of COVID-19 testing facilities, and any restrictions, which are or may be imposed, such as travel restrictions or requirements for self-isolation/quarantine for travellers in the host country. Only after careful consideration shall the confederation share with FIFA the venue, name of stadium and kick-off time, along with a copy of the football-specific risk assessment.

Host associations which are unable to host matches in accordance with the Competition Regulations shall notify their confederation and FIFA in writing immediately, along with relevant supporting documents.

All efforts should be made by the host association together with the visiting association and/or confederation to play the qualifiers. This may, for example, include the use of a venue in a neutral member association of the same confederation.

2.2. FIFA Match Appointees (qualifiers)

In parallel to the match venue approval process, the confederation shall prepare a consolidated proposal of FIFA Match Appointees (match officials, Referee Assessor, FIFA Match Commissioner and Safety and Security Officer, where applicable) for each match and submit it to FIFA no later than six weeks prior to each match.

FIFA will examine and subsequently confirm the match appointments by sending out an official appointment letter to all the parties concerned, and including the match details. FIFA reserves the right to reject match appointments based on, but not limited to, the risk context of the country of departure, transit locations or host country, along with any restrictions which are being or may be imposed, such as travel restrictions or requirements for self-isolation for travellers in the host country, or the availability of COVID-19 tests before departure from the home country.

The Match Appointees shall confirm availability within 48 hours of receiving the invitation to the match.

In the lead-up to the match, from around MD-14, comprehensive COVID-19 preventative measures are required of all FIFA Match Appointees. This includes mandatory testing for COVID-19. The details of the required health monitoring and testing regime can be found in [Section 8](#) and [Section 9](#).

It is the responsibility of confederations as well as Match Appointees themselves to monitor the situation regarding travel restrictions and self-isolation requirements, which may prevent them from accepting the appointment or travelling at a later stage.

Any individual displaying symptoms of COVID-19, suspected of having contracted COVID-19, confirmed as a contact person of a COVID-19 positive individual, or who has tested positive for COVID-19 within 14 days prior to each match shall be precluded from participating.

FIFA and the relevant confederation will make the necessary replacements of FIFA Match Appointees without delay whenever an individual is not available – an updated appointment letter will be circulated to the parties concerned.

Given the prevailing uncertainties connected with the COVID-19 pandemic, movement restrictions imposed on international travel, as well as the stringent testing requirements

connected with international football matches, the confederation should consider appointing reserve match officials, as appropriate to the context of the match(es) taking place. Reserve match officials should be able to travel to the match venue at short notice, and shall thus be included in the pre-match testing schedule as if they were going to be deployed to the host country or host venue. FIFA will consider, in conjunction with the confederation, whether reserve match officials should travel to the match venue as a precaution; this will also be dependent on the risk context of the countries involved.

FIFA Travel will prepare the corresponding travel itineraries for all the Match Appointees and issue electronic tickets.

The host association shall provide support to the Match Appointees in obtaining their visas (e.g. invitation letter), as well as provide additional guidance on existing protocols in the host country, including directives imposed by local public health authorities, appointed laboratories and other related information (see also [Section 2.5](#)).

2.3. Match preparations (qualifiers)

Teams are requested to arrive at the match venue no later than the day before matchday (“MD-1”). Each team shall, in any case, plan their team delegation members’ travel so that the mandated COVID-19 tests can be carried out and results can be received in accordance with the requirements and timelines stipulated in [Section 9](#).

PMAs are responsible for ensuring that their teams comply with the testing requirements stipulated herein, regardless of where tests are carried out.

If a PMA chooses not to use the COVID-19 testing facility appointed by the host association, it should also provide written confirmation from the COVID-19 testing facility of its choice that the required number of tests can be conducted according to these protocols.

In the lead-up to the match, from around MD-14, comprehensive COVID-19 preventative measures are required by all team delegation members. This includes, but is not limited to, mandatory testing for COVID-19, as per [Section 9](#). It is the responsibility of the PMAs to ensure that all team delegation members under their direction are aware of and comply with the required measures to minimise the risk of the spread or reintroduction of COVID-19 connected with their deployment to the match in question.

As PMAs are in charge of their own flights, itineraries should be planned in such a way as to reduce the risk to which those travelling are exposed (see also [Chapter I of Annexe A](#)). In particular, travel restrictions and mandatory health measures such as self-isolation must be monitored for each individual, including but not limited to: their nationality, country of departure, transit country/countries and point of entry to the host country.

PMAs are encouraged to seek exemptions for their team delegations and/or individual members of the team delegation from the relevant governments that have implemented the inbound self-isolation measures which may impact upon the international window. As per the Competition Regulations, PMAs are obliged to inform FIFA of circumstances which impact the international window.

The visiting team shall duly inform the host association of its exact travel itinerary, as per the provisions of the Competition Regulations.

PMAs should liaise with each other well in advance (some weeks prior to the captioned fixture) and agree on logistical matters (accommodation, local transfers and transport, visa support, liaison officers, local laboratory, health provisions, etc.) (see also Match Preparation Information Sheet described in [Section 2.5](#)). For this purpose, the host association is required to divulge the residual risk score and level, as per the football-specific risk assessment ([Section 4](#)) to all recipients of the Match Preparation Information Sheet.

Teams are encouraged to call up enough (reserve) players. It is advisable to enlarge the available squad while restrictions in connection with the COVID-19 pandemic are still in place.

The official training session taking place on MD-1 is the only permitted training at the match stadium. For any other training activities, alternative locations should be arranged.

2.4. Match-related meetings (qualifiers)

All meetings related to the match should be thoroughly planned by the host association. The FIFA Match Commissioner should be involved as early as possible, preferably as soon as their appointment is confirmed.

It is recommended to hold all meetings virtually and/or to reduce the number of participants as far as reasonably practicable.

The distribution of paper and print-outs should be minimised and electronic versions of information sharing are preferred wherever possible.

2.5. Match Preparation Information Sheet

No later than 14 days before the match, the host association should disseminate a Match Preparation Information Sheet (see [Annexe D](#) for a suggested template). Any substantial changes to the arrangements listed on this sheet must be notified to all its recipients without delay.

Information to be included:

- key contacts in the host venue: host association Lead Hygiene Officer, host association Medical Response Coordinator, Hygiene Officer present at the stadium (on MD-1 and MD), or their appointed local equivalents;
- appointed COVID-19 testing facility;
- emergency medical contacts in the host venue: doctor, hospital;
- COVID-19 reporting requirements;
- applicable COVID-19 protocols and preventative measures;
- residual risk score and level, as per the football-specific risk assessment ([Section 4](#));
- protocols related to the stadium and other official sites; and
- any other relevant points in relation to the impact of COVID-19 and local restrictions on the match.

In return, the visiting team must inform the host association of the direct contact details of the individuals they have appointed, as per [Section 5.1](#): Team Medical Liaison Officer, Team Hygiene Implementation Officer.

Recipients of the sheet are responsible for informing personnel under their direction of the relevant details (e.g. PMAs keeping their team delegation members informed of the risk situation in the host country and the arrangements in place for their health and safety).

2.6. International friendly matches

The FIFA Regulations Governing International Matches are applicable to matters relating to the organisation of international (friendly) matches.

In addition to the timelines and provisions therein, a clear strategy must be in place to ensure that the match organiser takes ownership of the implementation of the protocols mandated in this document.

The match organiser shall be the:

- (i) host association, if one of its representative teams is taking part in the match; or
- (ii) PMAs where no representative team of the host association is taking part in the match.

The match organiser shall implement:

- **for matches in category (i):** the protocol adopted by its confederation and approved by the FIFA general secretariat (see [Section 1](#)), or, in the absence of such approval, FIFA's Return to Football – International Match Protocol;
- **for matches in category (ii):** in the absence of such approval, FIFA's Return to Football – International Match Protocol.

Upon requesting authorisation from the confederation on whose territory the match is to be played, the match organiser shall submit the football-specific risk assessment and details of the required appointments, as per [Section 4](#) and [Section 5](#).

The confederation should only approve the request upon receipt of all required information, and in the context of the overall risk situation of the proposed match.

A copy of the football-specific risk assessment shall be submitted to FIFA.

Late or incomplete applications shall not be considered by FIFA.

The match organiser is responsible for ensuring that the protocols mandated herein are implemented.

PMAs are responsible for ensuring that the health monitoring and PCR testing requirements ([Section 8](#) and [Section 9](#)) are complied with by their team delegation members (or individual players, as applicable). Both teams should follow the protocols for visiting teams.

2.7. Augmented risk scenarios

Where the match is suggested to take place in an augmented risk scenario, as defined in Section 4, FIFA reserves the right to appoint additional personnel for the purpose of monitoring, auditing or enforcing COVID-19 preventative measures, as described in this document.

3. Underpinning principles of a return to football

3.1. Epidemiological context

COVID-19 is caused by the SARS-CoV-2 virus, and spreads from person to person via the transmission of secretions of saliva or respiratory droplets, which are produced when an infected person coughs, sneezes, speaks, or sings. Infection can also occur when individuals touch contaminated surfaces or objects and then their eyes, nose or mouth before cleaning their hands.¹ Crucially, individuals may transmit COVID-19 while pre-symptomatic or asymptomatic, meaning that they show no symptoms at all while transmitting the virus to others.

The risk of transmission appears to be proportional to the closeness (less than 1m) and frequency of the interaction between an infected individual and an individual who is not infected.

To control the spread of COVID-19, interventions are needed to break the chains of person-to-person transmission, ensuring that the number of new cases generated by each confirmed case is maintained below 1 (effective reproduction number (R) < 1). Planning for COVID-19 preventative measures should take into account all primary forms of transmission and eliminate them wherever possible using the measures mandated herein.

Note that, as the pandemic evolves, whenever applicable and in case of contradiction, the most current local public health directives take precedence over protocols mandated in this document, where such directives are more stringent than those contained herein.

¹ WHO (9 July 2020), Transmission of SARS-CoV-2: implications for infection prevention precautions: www.who.int/publications/i/item/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations.

3.2. Absolute measures in preventing the spread or reintroduction of COVID-19

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. Therefore, the implementation of the following absolute measures, in the footprint of the match and all official sites, as recommended by the World Health Organization (WHO),² remains critical.

Full details of the corresponding preventative measures are stipulated in [Annexe B](#). The following (including the details contained in the Annexe) shall summarily be referred to as “COVID-19 preventative measures”:

- a. Hand hygiene:** provisions shall be in place for regular and thorough handwashing with soap and water, or hand hygiene with alcohol-based hand rub (“sanitiser”) (see also [Section 1 of Annexe B](#)).
- b. Respiratory hygiene:** FIFA requires that all match attendees (accredited and ticketed, if spectators are present) wear face masks covering the nose and mouth, with the exception of match participants involved in match activities, including training/warming up and playing, and those providing live commentary in designated commentary positions. Additional information on the use of face masks can be found in [Section 13](#).
- c. Physical distancing:** a recommended minimum distance of 1m shall be kept by all individuals except those involved in match activities, including training/warming up and playing. This is increased to 2m in an augmented risk scenario, as described in [Section 4](#). The maximum safe capacity of the stadium and all areas, zones and spaces therein will be based on this requirement and/or the directives issued by the local competent authorities, if more exhaustive than those required herein (see also [Section 3 of Annexe B](#)).
- d. Cleaning and hygiene regimes:** all spaces and surfaces which will be used by match attendees (i.e. anybody entering the stadium with accreditation or a ticket) shall be regularly and thoroughly cleaned and disinfected. Furthermore, any surfaces and objects that are often touched shall be frequently cleaned and disinfected (see also [Section 4 of Annexe B](#)).

² WHO (10 May 2020), Considerations for public health and social measures in the workplace in the context of COVID-19: www.who.int/publications/i/item/considerations-for-public-health-and-social-measures-in-the-workplace-in-the-context-of-covid-19.

- e. Risk communication and awareness:** it is critical to ensure a clear risk communication strategy is in place addressing the specific needs of each constituent group. This includes the provision of information, instruction, training, supervision and signage to ensure all attendees understand and comply with the requirements mandated by this document (see also [Section 5 of Annexe B](#)).
- f. Monitoring and testing:** comprehensive protocols for self-monitoring, health checks and external testing shall be put in place. These correspond to the current understanding of how COVID-19 is transmitted and may be updated accordingly as the pandemic evolves (see also [Section 8](#), [Section 9](#) and [Section 6 of Annexe B](#)).
- g. Defining and tracing contacts:** adequate records shall be maintained to enable contact tracing to be carried out by the relevant competent authorities in each host country, as per the latter's requirements. Operations should be adjusted to minimise close contact, as defined herein, between individuals (see also [Section 9.2](#) and [Section 7 of Annexe B](#)).
- h. Management of people with COVID-19, its symptoms and their contacts:** any individuals who develop symptoms consistent with COVID-19, are suspected of having contracted, or have been confirmed as having, the disease must stay at home, self-isolate, and follow local health protocols. They should under no circumstances enter the stadium or any official site used in connection with the match (see also [Section 10](#) and [Section 8 of Annexe B](#)).
- i. Management responsibility and planning:** the host association, through its appointed managers, relevant personnel, suppliers, etc. is responsible for ensuring that directives established by the local public health authorities as well as the measures required by the confederations and FIFA are fully adhered to (see also [Section 9 of Annexe B](#)).



II. STRATEGIC PLANNING

4. Football-specific risk assessment

The ability to safely proceed with sporting events relies on a robust risk assessment and implementation of the appropriate mitigation of factors that may contribute to the spread and/or reintroduction of COVID-19, even at times when the global transmission of the disease may be in decline.

An adaptation of WHO risk assessment tools has been developed by a group of football bodies to address specific challenges related to this sport.³ The football-specific risk assessment tool, in Excel spreadsheet format, will be reviewed and updated regularly as the pandemic evolves. For this reason, the latest version of the hyperlinked file should be used on each occasion.

In order to accurately provide answers to the risk assessment and mitigation checklist, the host association as the event organiser is required to be knowledgeable on the current COVID-19 outbreak, including the national COVID-19 situation reports, if available.

It should be ensured that the football-specific risk assessment is conducted with input from local public health authorities and that the necessary personnel with expertise in mass gatherings, risk assessment, football operations, sporting/training features, epidemiology, and infectious disease control measures are included from the initial stages of planning.

For the overall determination of the residual risk score of a match, factors to be considered include the current stage of the COVID-19 outbreak and known transmission dynamics, as well as the mitigation measures that are currently in place or feasible.

³ The football-specific risk assessment tool is a joint effort between FIFA, UEFA, the European Club Association, FIFPRO, the World Leagues Forum and European Leagues, with support from the WHO:
<https://resources.fifa.com/image/upload/covid-19-football-ra-060520a-final-hsp.xlsx?cloudid=raw/upload/gasm901hqp2n0zj4mtr.xlsx>.

4.1. Residual risk scores

The constituent parts of the football-specific risk assessment (i.e. the overall “risk assessment” tab used in conjunction with the “mitigation checklist” tab) produce a residual risk score in accordance with the matrix shown in the image below.

The residual risk score indicates the level of risk connected with the match in question after application of all available risk mitigation measures (also referred to as “risk controls”).

There are six risk levels: negligible, very low risk, low risk, moderate risk (low/high), high risk, very high risk.

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

FIFA recommends that matches subject to a HIGH or VERY HIGH residual risk (shown in red) not take place.

Those events with a HIGH-MODERATE residual risk level (shown in orange), after the application of all available mitigation measures, shall be subject to stricter measures, described in this document as an augmented risk scenario.

The mitigation measures presented in the risk assessment tool should form the framework for concepts, protocols and operational plans, as required by local competent authorities, and as stipulated in this document.

It is important to remember that, while mitigation measures can reduce the risk of COVID-19 infections, they cannot completely eliminate the threat. In May 2020, the WHO stated its view that all countries with “community transmission”⁴ should seriously consider postponing or adapting events that bring people together and have the potential to amplify disease, and should support the recommended practice of physical distancing.

As such, the staging of any match taking place while the host country is subject to “community transmission” classification status of COVID-19 shall also be treated under the augmented risk scenario, regardless of the residual risk score provided. The latest status classifications are available as part of the weekly updates on the WHO website.⁵

⁴ The WHO defines “community transmission” as “experiencing larger outbreaks of local transmission, defined through an assessment of factors including, but not limited to: large numbers of cases not linkable to transmission chains; large numbers of cases from sentinel lab surveillance; and/or multiple unrelated clusters in several areas of the country/territory/area”.

⁵ WHO (2020), Coronavirus disease (COVID-19) Weekly Epidemiological Update and Weekly Operational Update: www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports.

4.2. Use of the risk assessment tool for the approval process (qualifiers)

For the FIFA World Cup 2022™ preliminary competition (“qualifiers”), the use of this football-specific risk assessment tool provided by FIFA is mandatory.

The football-specific risk assessment tool must be completed by each host association and submitted to its confederation as part of the approval process, as mandated in [Section 2](#). (Note that the WHO provides free online training on the use of its risk assessment tools. Practitioners are encouraged to familiarise themselves with the training to ensure an adequate assessment of the risks.)⁶

The key considerations and risk controls which are documented in the football-specific risk assessment tool may constitute part or all of the operational protocols applied by the host association in connection with each match in question. The confederation and/or FIFA shall reserve the right to request evidence of risk controls, such as appointments, plans, and minutes of meetings or other relevant documents before approval, as per [Section 2](#).

The decision to approve the match based on the residual risk score in conjunction with the proposed and evidenced mitigation measures rests with the confederation, and ultimately with FIFA, as part of the approval process for each match.

4.3. Updating and reviewing risk assessments

Host associations should be aware of the dynamic development of the COVID-19 transmission scenario prevalent in the area where the match will take place, and the public health and social measures implemented by the host country’s relevant competent authorities. A country or area can move from one transmission scenario to another, in either direction, in a short space of time.

⁶ WHO (2020), WHO COVID-19 Mass Gatherings Risk Assessment Training: <https://openwho.org/courses/WHO-COVID-19-mass-gatherings-risk-assessment-training>.

In response to each transmission scenario, local public health authorities may adopt progressively stricter public health and social measures, applicable at the individual level (e.g. hand hygiene, respiratory etiquette, physical distancing) and potentially at the community level (e.g. movement restrictions, limitation to social and professional activities), often at very short notice.

This can have a profound impact on the residual risk associated with staging the match.

Following submission of the risk assessment, it is thus essential to maintain ongoing dialogue between the host association and confederation with timelines for regular risk review agreed between both parties. These timelines and the frequency of review should be led by the nature and severity of the epidemiological situation in the host country along with the residual risk score.

The risk assessment should be updated in time for the match participants' travel to ensure the match takes place at an acceptable risk level.

The host association must inform the confederation of any substantial change in residual risk level, following the initial submission of the completed football-specific risk assessment tool, along with any further restrictions placed upon match attendees.

5. Roles and responsibilities

5.1. New personnel requirements

The following key functions are required in order to ensure that the protocols set out in this document can be implemented successfully.

Where confederations and/or PMAs have made arrangements or appointments covering the functions outlined below, this shall be acceptable provided that a sufficient number of personnel are deployed to carry out these functions adequately. In such cases, the naming conventions utilised by the confederations and/or PMAs shall apply to avoid confusion.

Irrespective of how these functions are covered, FIFA requires appointments to be communicated in accordance with [Section 2.1](#) (as per the Competition Regulations) to ensure the necessary arrangements are in place at host association level.

<p>FIFA</p>	<p>FIFA COVID-19 Expert Advisory Board</p> <ul style="list-style-type: none"> • consultative body addressing any medical questions related to the monitoring and testing processes in relation to COVID-19, which cannot be resolved by the confederation’s COVID-19 Expert Advisory Board (or equivalent body)
<p>Confederation</p>	<p>COVID-19 Expert Advisory Board (or equivalent)</p> <ul style="list-style-type: none"> • consultative body addressing any medical questions related to the monitoring and testing processes in relation to COVID-19, which affect matches under the aegis of the confederation • advises in disputes related to COVID-19 testing and test results between confederations and their member associations • advisory function only – the directives and decisions by the local public health authorities in each host country are binding

<p>Host association</p>	<p>Medical Response Coordinator (or equivalent)</p> <ul style="list-style-type: none"> • liaises with the official/appointed laboratory conducting the COVID-19 testing for the match on all medical questions • prepares the COVID-19 Medical Preparedness and Response Plan • coordinates the medical preparedness and response for the match • coordinates risk communication planning • is the first point of contact for Team Medical Liaison Officers with regards to the medical preparedness and response for the match, including the testing regime in place • should be a medical professional or an employee within the medical department of the host association <p>Lead Hygiene Implementation Officer (or equivalent)</p> <ul style="list-style-type: none"> • ensures the operational implementation of the protocols, including the mandated COVID-19 tests, as defined in this document • ensures that arrangements are in place to test individuals in line with the requirements herein, monitors the return of results • ensures that all official sites are ready to receive participants • first point of contact for hygiene concerns for official sites' and suppliers' appointed Hygiene Implementation Officers • puts in place arrangements (including human resources) to educate on, monitor and correct the measures required under this protocol, as well as the operational plan for the stadium • managerial role, which requires no medical background, but appropriate induction training into the role • separate role from that of the Medical Response Coordinator • reports any matter of concern which could adversely affect the running of the match to the FIFA Match Commissioner for resolution and/or escalation
<p>Teams</p>	<p>Team Medical Liaison Officer (or equivalent)</p> <ul style="list-style-type: none"> • ensures that the testing protocols defined in this document are carried out • must ensure that the test results are provided to the FIFA Match Commissioner and/or appointed Lead Hygiene Implementation Officer and available prior to entry to the stadium on MD-1 and MD • role to be carried out by one of the team's medical staff <p>Team Hygiene Implementation Officer (or equivalent)</p> <ul style="list-style-type: none"> • ensures implementation of preventative measures as defined in this document during all phases of the team's stay in the host venue • liaises with all touchpoints to ensure measures are in place: transport, training, accommodation, food service, etc. • liaises and communicates with the host association • coordination/administrative role; may have another function within the team delegation structure

In addition, and depending on the local risk context, covering the following functions with competent personnel should be considered to ensure the highest standard of implementation:

<p>Host association</p>	<p>Expert adviser</p> <ul style="list-style-type: none"> • assists the host association and/or Medical Response Coordinator in an advisory function • consults on COVID-19 testing and immune status assessment • advises on the selection of official/appointed laboratories • should be an independent medical adviser (e.g. could be an employee of a public health authority) • should have relevant medical background
<p>Stadium</p>	<p>Stadium Hygiene Implementation Officer</p> <ul style="list-style-type: none"> • manages and monitors operational implementation of COVID-19 preventative measures, as defined in this document, for the stadium where the match is held • briefs relevant stadium personnel regarding the measures required under this protocol and operational plan for the stadium • could be carried out by the Lead Hygiene Implementation Officer, a nominated deputy or an individual employed by the stadium operator; dependent on local organisational arrangements, as well as the size and complexity of the stadium operation <p>(Zonal) Hygiene Implementation Officer</p> <ul style="list-style-type: none"> • manages and monitors operational implementation of COVID-19 preventative measures, as defined in this document in one stadium zone only • as a minimum, one dedicated person should be appointed for the Match Participants’ Zone • ensures that evidence of negative tests is produced before access to the zone in accordance with the local arrangements (e.g. by players and match officials who must produce their test documentation upon arrival at the stadium) <p>Stadium Medical Coordinator</p> <ul style="list-style-type: none"> • only required if spectators are permitted • manages and monitors operational implementation of the stadium medical plan/Medical Response and Preparedness Plan
<p>Suppliers</p>	<p>Hygiene Implementation Officer</p> <ul style="list-style-type: none"> • plans and implements the COVID-19 preventative measures, defined herein, for the personnel under the direction of the respective supplier (e.g. security, stewarding, cleaning, catering, TV, broadcast, etc.) • puts in place arrangements (including human resources) to educate their workforce on the measures required under this protocol, as well as the operational plan for the stadium, as appropriate to the supplier’s function • depending on the extent of their duties, they may carry out other functions for the supplier as part of their matchday role

For training recommendations, see [Section 19 of Annexe A](#).

5.2. Additional duties placed upon existing personnel

Chief Medical Officers of member associations

Chief Medical Officers oversee the implementation of the health monitoring and testing measures mandated by this document for all team delegation members before departure to the host country.

Chief Medical Officers or nominated deputies should actively liaise with clubs/club doctors, as required, to agree on health monitoring and testing schedules for players before departure and ahead of the return of the player to their club.

Chief Medical Officers or nominated deputies should liaise, as appropriate, with the official/appointed laboratories conducting the COVID-19 testing for the match on all medical questions relating to team delegation members.

Note that Chief Medical Officers may transfer some or all of the responsibilities indicated above to the team doctor or other nominated individual(s).

FIFA Match Commissioner

In consultation with the relevant confederation, FIFA will appoint a FIFA Match Commissioner as its official representative at a qualifying fixture for the supervision of the match delivery at the match venue.

The FIFA Match Commissioner will be the delegated authority responsible for monitoring that the match is properly organised and runs smoothly according to FIFA regulations and guidelines.

The FIFA Match Commissioner shall constantly be alert to any issues concerning the match itself and report these to FIFA accordingly.

In addition, the FIFA Match Commissioner will ensure that the COVID-19 preventative measures are implemented, as per the requirements of both these protocols and the Competition Regulations. In particular, this individual will oversee the delivery of the COVID-19 test results before allowing access to the stadium, in accordance with the requirements stipulated in

Section 9. Special attention will be given to the arrangements in place for team delegations, FIFA Match Appointees and those working in the Match Participants' Zone, along with the implementation of zonal protocols (e.g. zone lockdown).

The FIFA Match Commissioner shall bring to the attention of the Lead Hygiene Implementation Officer or other duly nominated official any concern regarding the COVID-19 preventative measures and shall stipulate a time frame for correction before escalating the issue to FIFA.

The FIFA Match Commissioner will include in the daily reports any breaches of the requirements mandated in this document.

Urgent issues brought to the FIFA Match Commissioner's attention will be reported to FIFA for resolution/escalation, as deemed appropriate. Depending on the nature of the transgression, FIFA will escalate the issue, as appropriate.





III. MEDICAL

6. Medical context

The WHO has categorised COVID-19 as a pandemic that is expected to pose a profound challenge in all aspects of life. 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.

Stakeholders should understand that characteristics of COVID-19 may well remain unknown as COVID-19 is a novel disease. The appropriate risk assessment must be undertaken by local authorities and member associations, and mitigation policies and substantial modifications must be put in place to minimise any potential risk connected with the staging of international football matches.

It is incumbent on confederations and PMAs to have accompanying measures in addition to the protocols mandated herein 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 in the football context.

It is reiterated that FIFA consider footballing activities to be secondary to the health of every participating individual.

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

7. Measures to facilitate competitions in the international match calendar

At this stage, 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 COVID-19 preventative measures remains critical, and can be broadly divided into three pillars:

- 1. hygiene and physical distancing** in training and competitive settings, including training sites and stadiums (see also [Annexe A](#));
- 2. precautions pertaining to the use of vehicles and other facilities**, including hotel and home stays (see also [Annexe A](#)), as follows:
 - sanitising modes of transport to and from all official sites;
 - sanitising accommodation and food preparation and distribution;
 - implementing and maintaining rigorous physical distancing measures; and
 - maintaining a skeleton staff to minimise transmission and close contacts;
- 3. systematic monitoring and testing**, as described in the following sections and [Annexe B](#).

8. Health monitoring activities

From MD-14, all match participants, FIFA Match Appointees and any person in Contact Group 2 (as per [Section 9.2](#)) shall be subject to the following:

- a.** daily body-temperature screening;
- b.** symptom check to assess for any of the following:
 - fever;
 - dry cough;
 - tiredness;
 - aches and pains;
 - sore throat;
 - diarrhoea;
 - conjunctivitis;
 - headache;
 - loss of taste or smell;
 - skin rash, or discolouration of fingers or toes.

Players under the care of their clubs should be monitored by their club doctors. All other individuals should self-monitor. The use of recorded health diaries is recommended.

Under no circumstances should any individual experiencing or suspecting viral symptoms or a raised temperature travel to or enter any official site used for the match.

FIFA recommends that all teams keep detailed evidence of daily monitoring regimes and PCR testing of all team delegation members, in preparation for any enquiries and investigations by the public health authorities in the host country (see also [Section 6 of Annexe B](#)), starting at the latest with their arrival in the host country.

9. Testing procedures

The proposed COVID-19 testing regime has the following aims:

- acting as a safeguard to prevent the spread of COVID-19 through effective detection and isolation; and
- building psychological confidence within the team, match participants and surroundings.

The following minimum requirements for COVID-19 testing must be met:

SARS-CoV-2 RT-PCR testing (hereinafter referred to as “PCR testing”) is mandatory for all match participants and all other individuals requiring permanent access to the match stadium’s Match Participants’ Zone on MD-1 and MD while the zone is operational, along with specific contact persons.

For this purpose, match participants have been divided into contact groups, as detailed in [Section 9.2](#). Suggested zoning principles for the stadium are detailed in [Section 6.1 of Annexe A](#).

PCR testing and the analysis of samples must be performed by trained healthcare personnel and under the regulations and quality assurance of internationally recognised and regulated laboratories or equivalent statutory bodies.⁷ Home kits or self-test kits will not be acceptable.

⁷ Public health testing needs in each country or territory shall take precedence over the requirements stipulated in this document.

To fulfil the requirements of a “verified” PCR test, the following information must be provided in order for the test result to be considered complete by FIFA:

- full name of the tested individual, matching passport;
- date, time, location of sample collection;
- result of the test;
- full name of the laboratory and contact details of the person in charge
- full name of the test, including full name of manufacturer (test name, manufacturer, city, country);
- details of the targeted genes, e.g. E, N, S, ORF1b;
- details of the positive results, especially the so-called cycle threshold (CT) value, e.g. E gene = positive (CT=32.34); ORF1b gene = positive (CT=29.26);
- result of the internal control amplification.

FIFA recommends that, wherever possible, testing laboratories be requested to store aliquot (part of the original sample) for two weeks, in case of dispute and need for confirmatory testing.

In addition, there may be specific requirements regarding COVID-19 testing and the selection of laboratories imposed by the local public health authorities.

9.1. Testing schedule

The following PCR testing schedule takes into account that there is a variety of possible travel itineraries and modes of travel in connection with international matches, including travel by air and on the ground. The risk connected with individual journeys should nonetheless be assessed, and all directives by relevant competent authorities must be complied with.

As such, local public health authorities may issue additional requirements not covered hereinafter.

Pre-match

The following PCR test is mandatory for access to the match stadium to be granted on MD-1⁸ or MD, whichever is earlier:

Match participants (i.e. players, match officials, FIFA Match Appointees)

The mandatory PCR test should be conducted no earlier than 72 hours before the match participants access the stadium. Any exceptions must be agreed by the confederation and in line with the directives of the local public health authorities.

Results shall be available two hours before departure to the stadium on MD-1 or MD, whichever is earlier.

If MD-4/MD-3 (72 hours before access to the stadium is required) is a travel day, the PCR testing schedule has to be fitted around the departure from the home country and/or subsequent arrival in the host country/venue, ensuring that the test is conducted in line with the above.

The host association is responsible for appointing a laboratory (“appointed COVID-19 testing facility”) which can carry out PCR tests in the host venue in accordance with the requirements of these protocols.

The host association shall provide details to the visiting member association of the appointed COVID-19 testing facility. The visiting member association is responsible for ensuring PCR testing appointments for the visiting team delegation are made with the appointed COVID-19 testing facility, or an alternative facility of its choice, which can comply with the requirements mandated herein.

The confederation is responsible for ensuring testing appointments for FIFA Match Appointees are made with the appointed laboratory in the host venue (either directly or through the host association).

The Team Medical Liaison Officers must ensure that test results are provided in the required format to the relevant appointed individual prior to entering the stadium.

⁸ Access on MD-1 is only required if the individual concerned is attending the official training session in the match stadium.

Other key personnel and potential close contacts

The host association shall also be responsible for ensuring that all other individuals in Contact Group 2, as outlined in [Section 9.2](#), can provide evidence of a negative test compliant with the requirements stipulated herein before being admitted to the stadium on MD-1 or MD and/or before commencing their duties in close contact with the teams (e.g. drivers), whichever is earlier.

It must also be considered that the host association, via its local competent authorities and/or public health authorities, may require further testing of match participants based on the local public health directives. If this is the case, FIFA strongly urges the host association to notify the affected parties thereof in advance and recommends that any such testing not interfere with the preparation of the match.

Testing prior to departure to the host country

In addition to the mandatory PCR test, the risk associated with the travel of match participants is to be further reduced by adhering to the following:

Any individual subject to mandatory testing as mandated herein and who is departing from a country/area or transiting through a country/area with current COVID-19 “community transmission” status must provide confirmation of a negative PCR test result conducted **no earlier than 72 hours before departure**.

The test result should be available before departure. Individuals should therefore be in a position to evidence that, as far as reasonably practicable, they were considered uninfected⁹ before commencing their travel to the host country.

Team delegations: the PMAs shall consider the risk posed by those travelling to the host country from abroad or nationally, and should ensure, as far as reasonably practicable, that their team delegation members are not infected and can provide confirmation of the same. The need for additional pre departure tests, monitoring and preventative requirements is largely dependent, but not limited to: the transmission status at their point of departure; the testing and monitoring regime at their place of work (e.g. their club); travel route and transits; means of transport; timing of trip and team activities immediately after arrival

⁹ It is accepted that a residual risk of “false negatives” remains, thus necessitating the tests around two weeks before departure as well as 72 hours before access to the stadium is required, as described herein.

(e.g. gathering, meeting, training). FIFA recommends that, wherever possible, an additional pre-departure PCR test be conducted as close to departure from the home country (or residence in host country) as is practicable.

Players: furthermore, it is recommended that an additional PCR test on or around MD-14 be conducted to help decrease the risk of false positive results in non-infectious subjects, and assist with clinical decision-making, for example in the case of positive test results in the period leading up to matchday.

FIFA Match Appointees: regardless of transmission status and until further notice, FIFA requires a pre departure PCR test to be carried out in the home country before departure. The test should be conducted **no earlier than 72 hours before departure**, with the result available before the individual starts their travel. FIFA will assist individuals with finding suitable laboratories in their home countries. The PCR test result must be negative for the individual to commence travel to the host country. If an individual cannot travel based on their test result, the confederation should appoint another individual as a replacement without delay, as described in 2.2.

There may be additional testing requirements stipulated by the host country's public health authorities. These must be communicated by the host association to the confederation and the visiting association.

FIFA reserves the right to verify the laboratories' credentials before they are used.

Testing prior to leaving the host country

A PMA may require additional PCR testing to be conducted in the host country prior to departure should there be a requirement for a team delegation member to be in possession of a test result prior to their re-entry into the home country, or to facilitate reintegration into the home club.

As testing technologies evolve over the coming months, FIFA will provide updates, as appropriate, including by way of issuing a FIFA circular letter or other document intended to modify or supplement these protocols.

9.2. Contact groups

All individuals assigned to Contact Groups 1 and 2 must be PCR tested in accordance with the requirements stipulated in the testing schedule above. They must provide confirmation of a negative test before being admitted to the stadium on MD-1 and MD.

Contact Group 1: match participants (i.e. players, team officials, FIFA Match Appointees)

Contact Group 2: attendees in a working capacity who fulfil the criteria of a contact person with Group 1 in accordance with the WHO definition below or a relevant local definition

The individuals in Contact Group 2 are most likely based in the host country/venue, and robust administrative procedures must be put in place by the host association to ensure that they are PCR tested in accordance with the requirements stipulated herein.

Specifically, all personnel permanently working in the Match Participants' Zone within the stadium while the zone lockdown is active (i.e. when the match participants are present on MD-1 and MD) are automatically assigned to Contact Group 2. [Section 6.1 of Annexe A](#) details the personnel likely to work in the Match Participants' Zone.

Furthermore, work activities of all other personnel who will not be present in the stadium, but may come into close contact with the match participants, should be assessed to identify those who may be classed as a close contact. An example of such a working function are drivers of vehicles transporting match participants to and from the official sites.

As above, these individuals will in most cases already be in the host country/venue, and should therefore be PCR tested as close to deployment as possible to minimise the risk of infection between being tested and starting work.

Special arrangements for personnel who are deployed on consecutive days must be made to ensure that exposure to sources of infection overnight (e.g. when returning to their local place of residence or accommodation) is minimised as far as reasonably practicable. It is thus crucial to limit the potential exposure of tested uninfected individuals to any individual, object or surface that could constitute a COVID-19 infection risk.

The requirements stipulated in [Section 9](#) and [Annexe B](#) must be observed, following those individuals' PCR tests until the conclusion of their final shift connected with the match in order to reduce the risk of the spread or reintroduction of COVID-19.

Contact Group 3: all other individuals working at or attending the match

These individuals shall not be deployed in any capacity, which may lead to them being classed as a close contact of Contact Group 1 or 2. Contact between Contact Groups 1 and 2 and Contact Group 3 should be avoided.

The requirements stipulated in [Section 9](#) and [Annexe B](#) must be observed, following those individuals' tests until the conclusion of their final shift connected with the match or their departure from the match venue respectively.

Any individuals travelling with the team delegation not included in Contact Group 1 due to their function will be treated as Contact Group 3, unless they are subject to the same PCR test regime and protocols as Contact Groups 1 or 2. Thus, they should not have access to the team or any of the team delegation members as this could render them a contact person in accordance with the WHO definition herein. They should thus not be accredited for or admitted to the Match Participants' Zone or other controlled areas, regardless of their function, purpose or status.

Members of the public

During their stay in the host country, there should be no contact between Contact Group 1 and members of the public (e.g. spectators, citizens, etc.), as far as reasonably practicable. Possible contact involves giving autographs, handling fan items or posing for selfies.

Security arrangements must be made at all official sites to prevent unauthorised access and/or people from congregating in order to meet the teams or any other match participant.

WHO definition of contact

A contact is defined as anyone with the following exposures to a COVID-19 case, from two days before to 14 days after the case’s onset of illness:

- being **within 1m** of a COVID-19 case **for more than 15 minutes**;
- being in **direct physical contact** with a COVID-19 case;
- providing direct [physical] care for [people] with COVID-19 disease **without using proper personal protective equipment (PPE)**; and
- **other definitions**, as indicated by local risk assessments, for example anyone staying in the same close and confined environment as a COVID-19 case.

(Note that the definition of the terms “contact person” and “close contact” applied by the local public health authorities may differ from the WHO definition.)

9.3. Summary of proposed testing schedule

MD-14	Players: to mitigate the risk of false positive results and aid clinical decision-making
Before departure from home country	<p>No earlier than 72 hours before departure:</p> <ul style="list-style-type: none"> • Mandatory pre-departure test for FIFA Match Appointees • Additional mandatory PCR test for players and team officials departing from or transiting through locations with “community transmission” status
MD-6 to MD-3	<p>No earlier than 72 hours before deployment:</p> <p>Contact Group 2: close contacts in host country who will be providing a service to the teams (e.g. drivers); timelines dependent on start of deployment</p>
No earlier than MD-4 or MD-3	<p>No earlier than 72 hours before access to the stadium is required</p> <p>Contact Group 1: as per this document and in line with travel plans</p>
After MD, before entering the country of the next match	Dependent on travel plans and/or as mandated by the relevant public health authorities in the host country of the next match
After conclusion of deployment	Contact Group 1: there may be testing requirements stipulated by relevant competent authorities upon re-entering the home country; these should be planned for accordingly for all individuals
After arrival in home country	<p>Players – dependent on travel plans and at the earliest feasible point</p> <p>Should be agreed in line with the requirements placed upon the clubs by leagues and public health directives in each country</p> <p>PMAs to liaise with clubs to ensure that players can be reintegrated without delay</p>

9.4. Responsibility for testing

The breakdown of the different individuals to be PCR tested, and of those responsible for ensuring that this testing is carried out in accordance with the guidelines established herein, is as follows:

Individuals concerned	Individuals/entities responsible for testing
Players	PMAs, under the direction of the PMA Chief Medical Officer and/or the PMA team doctor and/or the Team Medical Liaison Officer, as appropriate
Players (when in the care of their club)	Testing procedures before and after the release window to be established between the club doctor and the player's PMA
Team officials	PMAs, under the direction of the PMA Chief Medical Officer and/or the PMA team doctor and/or the Team Medical Liaison Officer, as appropriate
Match officials	Member association to which the match officials belong – for the test in the home country; if this is not feasible, FIFA, prior to departure Confederation/host association* for the host country after arrival
Referee Assessor	FIFA – for the test in the home country prior to departure; confederation/host association* for the host country after arrival
FIFA Match Commissioner	FIFA – for the test in the home country prior to departure; confederation/host association* for the host country after arrival
Security Officer	FIFA – for the test in the home country prior to departure; confederation/host association* for the host country after arrival
FIFA auditor (or other appointee)	FIFA – for the test in the home country prior to departure; confederation/host association* for the host country after arrival
Group 2 personnel	Employers/suppliers, under the direction of the host association, specifically under the management of the Lead Hygiene Implementation Officer or a nominated equivalent host association official

* The confederation is responsible for ensuring that testing arrangements have been put in place for FIFA Match Appointees – either through the host association or through a nominated individual at the host association.

9.5. Test results

Note that the course of action in response to positive test results, taken in each country or territory, will be determined by the directives of the local public health authorities. Therefore, the recommendations below should be applied in coordination with such directives.

Transmission of results

For the purpose of participating in or working at the match, the PCR test results will be transmitted manually (i.e. in person) at the time of entering the stadium on MD-1 and MD.

Test results are sensitive, personal data and will be released by laboratories directly to each tested individual. PMAs and specifically the host association should ensure that mechanisms are in place for individuals to be informed of test results as they are released so that appropriate action can be taken. FIFA will do the same. This includes any additional tests which may be required before departure to the host country, as indicated in [Section 9.1](#).

The host association must ascertain from the local public health authorities what the requirements are for the visiting team to demonstrate test results received outside of the host country, for example prior to departure, and these should be included in the Match Preparation Information Sheet ([Section 2.5](#)) and/or relayed to all relevant parties, as appropriate.

Action to be taken in case of positive results

Before travelling to the host country: generally, if an individual tests positive, they should isolate immediately for a number of days (typically seven to ten), as stipulated by the local public health authorities in the country where the test was conducted (assuming this to be the home country or country of departure). In addition, each country's local public health authorities will determine local reporting and contact tracing procedures required by law.

The ability of a player to travel to the match is dependent on a number of factors, including the time of the test, availability of a second test before departure, directives issued by the public health authorities of the home and host countries and, on a case-by-case basis, the discussions between the medical officials of the player's club and the PMA of the player. In addition, the relevant confederation's COVID-19 Expert Advisory Board (or equivalent body) (as per [Section 11](#)) may take a view on specific results on a case by case basis and advise accordingly.

In the case of FIFA Match Appointees, the relevant confederation shall replace the individuals affected.

There may be additional restrictions imposed by local public health authorities with regards to individuals who have tested positive within the time period leading up to their arrival in the host country. Such restrictions may prevent individuals from travelling and are outside of the control of FIFA and the confederation.

After arrival in the host country: individuals who test positive should isolate immediately for a period of time determined by the public health directives of the host country. The case must be reported to the local public health authorities, as required by the law of the host country. The procedure for this should be included in the COVID-19 Medical Preparedness and Response Plan prepared by the host association (as described in [Section 12](#) and [Annexe C](#)). It is the responsibility of the individual who has tested positive to inform the relevant appointed individuals, as appropriate to the local context.

It is assumed that the local public health authorities in the host country will investigate each case and identify those whom they consider close contacts. As such, it is possible that additional individuals may be identified as close contacts and subsequently ordered to quarantine. The local public health authorities' decisions as to the required course of action are binding.

In order to avoid a team having to go into quarantine, as much as reasonably practicable, the COVID 19 preventative measures should be designed to avoid close contact, as defined by the WHO or locally. Furthermore, it is recommended that teams keep detailed logs of their preventative measures, for example through the use of signed checklists for each day, so as to provide evidence of good practice to the investigating local public health authorities. This duty would fall to the appointed Team Hygiene Implementation Officer (or equivalent) in accordance with [Section 5.1](#).

Previous confirmed cases

As the pandemic evolves, there is increased potential for individuals who have previously recovered from COVID-19 to deliver positive PCR test results, despite having no contagion risk or virus symptoms. The participation of these individuals in the match should be considered on a case-by-case basis.

Confederations should oversee the arrangements for assessing each case and advise PMAs accordingly. Notwithstanding the directives issued by the relevant public health authorities, the confederation’s Expert Advisory Board or equivalent body may exempt such individuals from further testing or, as the pandemic evolves, recommend other necessary steps to prevent the spread and/or reintroduction of COVID-19.



10. Development of symptoms while in host country/ host city

Action to be taken

All individuals showing symptoms of COVID-19 should be isolated immediately, in line with the arrangements made as part of the COVID-19 Medical Preparedness and Response Plan.

The directives given by the local public health authorities must be followed. However, tests can be expedited if so required. Upon receipt of the test results, action can be taken accordingly and in line with the information given in this document.

Hospital stays and repatriation

If a hospital stay is necessary for any match participant as a result of COVID-19, the procedures detailed in the COVID-19 Medical Preparedness and Response Plan should be followed.

Teams are responsible for ensuring that all players and team officials under their control have adequate insurance in place for this occurrence, including for repatriation, as required by the Competition Regulations.

FIFA is responsible for ensuring that all FIFA Match Appointees have adequate insurance in place for this occurrence, including repatriation.

The ability to repatriate is likely mandated by the local public health authorities of both countries (i.e. the host country and the country to which the player is repatriated).

Additional costs should be borne by the entity paying for flights and accommodation, i.e.:

- players and team officials: their member association;
- FIFA Match Appointees: FIFA.

11. Confederation COVID-19 Expert Advisory Board (or equivalent)

It is recommended that each confederation establish a COVID-19 Expert Advisory Board or equivalent body to be appointed according to the statutes and regulations of each relevant confederation. This body should consist of specialist medical professionals in the field of transmissible diseases and detection, and serve as a consultative body in response to any issues regarding the monitoring and testing process.

It should consist of a minimum of three members, all of whom should be experts in their field, for example a Medical Committee member from the relevant confederation or a clinical or laboratory virologist.

It would be available to guide and advise on monitoring and testing procedures and address questions relating to test results, including, but not limited to, subjects who, prior to the international match calendar dates, had a documented positive test result for the virus.

Any such enquiries need to be detailed by the respective member association's Chief Medical Officer/team doctor in a timely fashion, and supporting documents need to be provided to the relevant confederation's COVID-19 Expert Advisory Board or equivalent body. This body can then provide recommendations, as appropriate.

Any such recommendations are strictly advisory and cannot override local public health directives.

12. COVID-19 Medical Preparedness and Response Plan

A COVID-19 Medical Preparedness and Response Plan must be developed by the host association, in agreement with all match operational departments and with medical counterparts, especially with the local public health authorities.

The objectives of this plan are to:

- ensure alignment of the event plan with wider national emergency preparedness and response plans;
- document provisions for detecting and monitoring match-related cases of COVID-19, reducing the spread of the virus, managing and treating ill persons, disseminating public health messages specific to COVID-19 in culturally appropriate ways and in languages used by its participants and other attendees;
- establish a clear line of command and control, enabling efficient situation analysis and decision-making for a range of pertinent regular and contingency scenarios.

Details of this plan can be found in [Annexe C](#).

13. Use of face masks

FIFA requires that all match attendees (accredited and ticketed, if spectators are present) wear face masks covering the nose and mouth, with the exception of match participants involved in match activities, including training/warming up and playing, and those providing live commentary in designated commentary positions.

FIFA recommends that, as far as reasonably practicable, face masks worn by all match participants, attendees and working personnel at any official site connected with the match be medical-grade as opposed to home-made or fashion masks.

The WHO defines medical masks as “surgical or procedure masks that are flat or pleated (some are shaped like cups); they are affixed to the head with straps. They are tested according to a set of standardized test methods (ASTM F2100, EN 14683, or equivalent) that aim to balance high filtration, adequate breathability and optionally, fluid penetration resistance.”¹⁰

If necessary, the host association must ensure that medical masks are available free of charge at the stadium and other official sites under its control to comply with this requirement. Teams are responsible for their team delegation members.

Suppliers must agree to and comply with this requirement, and enforce it for the personnel under their control.

Depending on their activities, medical personnel, for example the pitch response teams, may require medical masks of a higher grade, alongside other PPE items. The requirement for these items should be informed by the directives given by local public health authorities or the Chief Medical Officers at confederation or member association level.

Unless those directives are stricter, FIFA recommends using face masks and additional PPE as follows:

¹⁰ WHO (5 June 2020), Advice on the use of face masks in the context of COVID-19: <https://apps.who.int/iris/handle/10665/332293>.

SITUATIONAL REQUIREMENTS FOR THE USE OF PPE

Hazards		NON-MEDICAL SCENARIO Where physical distancing may be breached, including at training	LEVEL 1 Where government-advised physical distancing may not be maintained at all times	LEVEL 2 Within 2 m, which may include face-to-face contact for emergency/ first-aid management of all individuals	LEVEL 3 Aerosol-generating procedure (AGP) or high potential for aerosol
Gloves	Single use*	✗	✗	✓	✓
Apron	Single use*	✗	✗	✓	✗
Fluid-resistant long-armed gown/overalls	Sessional use**	✗	✗	✗	✓
Fabric/cloth mask (i)	Sessional use**	✓	✗	✗	✗
Type IIR fluid-resistant surgical face mask (ii)	Sessional use**	✗	✓	✓	✗
Filtering face piece respirator 3 (FFP3) mask (iii)	Sessional use and reusable***	✗	✗	✗	✓
Goggles/full face visor in addition to personal spectacles	Sessional use and reusable***	✗	✗	✓	✓

i 3 layers: 1st = water-absorbent cotton, 2nd = filter layer, 3rd = water-resistant. Important: a face covering or cloth mask is not the same as a Type IIR surgical face mask. It is therefore not sufficient to be used in a medical setting.

ii When using a fluid-repellent surgical face mask, the metal strap of the mask should be moulded over the bridge of the nose. It should be ensured that the mask fits snugly under the chin, around or across any facial hair if present. Can be worn without removal for up to a 4-hour session, and must be changed if visibly soiled, damp or damaged.

iii The WHO states that FFP2 is an alternative to FFP3; however, use must comply with the directives issued by the local public health authorities. Each individual using an FFP mask should ensure that the mask is compatible with the shape of their face. Each mask should be tested for personal fit to ensure that no aerosols leak through the seal. Facial hair does impact the efficacy of masks and affected individuals are advised to consider alternative arrangements.

* Single-use equipment must be changed after each contact.

** Sessional use: worn for a period of time when undertaking duties in a specific clinical-care setting/ exposure environment. A session ends when the responder leaves this defined remit; however, masks must be changed if visibly soiled, damp or damaged.

*** Reusable if appropriately decontaminated following the directives of the local public health authorities.

Face masks that are intended for single use should be discarded immediately after use. Face masks that are manufactured for multiple use should be thoroughly cleaned in accordance with the manufacturer's instructions, typically by washing them at a minimum of 60°C. Further guidance may be found on the WHO website.¹¹

Face mask identification and branding

Teams are obliged to adhere to all FIFA regulations applicable to the preliminary competition of the FIFA World Cup 2022™, including the FIFA Equipment Regulations in force, which govern the authorisation of all equipment used in connection with matches inside the pitch area (as defined therein), in addition to any other relevant requirements placed upon them by their respective host association and/or confederation.

Insofar as players and other team delegation members are situated, during a match, in areas other than those immediately surrounding the field of play, such as in the stands when matches are taking place behind closed doors, references to the "Pitch Area" in the 2015 FIFA Equipment Regulations shall be interpreted to also include such areas. Accordingly, unless otherwise explicitly permitted by FIFA in writing, face masks worn inside the Pitch Area must be free and clear of any visible marks, branding, insignia, statements, slogans, names or numbers, including anything that could identify a member association, manufacturer, supplier or any other third party.

Notwithstanding the area of a stadium in which face masks are worn, FIFA strictly prohibits the use of face masks in connection with any ambush marketing activity or in any other way that, in FIFA's discretion, gives rise to an unauthorised commercial association with FIFA and/or the FIFA World Cup 2022™. Furthermore, face masks must not display anything which may be construed as being political, religious, discriminatory or offensive in nature.

¹¹ WHO (2020) Coronavirus disease (COVID-19) advice for the public: When and how to use masks: www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks.





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ANNEXE A

Operational implementation guidelines for the International Match Protocol

I. LOGISTICAL CONSIDERATIONS

The following sections are particularly relevant for all those individuals who will require testing in accordance with the schedules stipulated in the International Match Protocol. It is particularly crucial to limit the potential exposure of tested uninfected individuals to any person, object or surface that could constitute a COVID-19 infection risk.

As such, all measures are designed to:

- maintain the highest standards of personal hand and respiratory hygiene; wearing face masks covering the nose and mouth and using handwashing/hand-sanitising facilities while in transit is considered mandatory;
- maintain the highest standards of physical distancing as far as reasonably practicable in any given means of transport or when in transit; and
- maintain the highest standards of cleaning and disinfection – for example by ensuring that all charter planes or vehicles are thoroughly disinfected for use.

1. International travel

For international matches, a large number of participants and attendees are required to travel internationally, most likely by air.

For travel by air, the use of charter flights is recommended when travelling both internationally and domestically. It is, however, accepted that this is not possible for most of the trips likely to be made in connection with the match concerned.

If a charter flight is not possible, the following additional precautions should be taken when travelling through airports and during the flight:

- avoiding shops, food outlets and all other areas in the airport where crowding occurs;
- coordinating with the airline and/or official travel partners to ensure all team members and/or groups travelling together are seated together;

- minimising or having no contact with other parties who are not airport or security personnel; and
- wiping surfaces on the flight with antiseptic wipes, as necessary.

The same recommendations apply for international travel by bus, train, ferry, etc.

It is recommended that all those not travelling as part of an organised group be issued with a personal travel plan (or appropriate equivalent) to draw their attention to the risks and requirements relevant to their journey. Individuals travelling independently should also be issued with hygienic materials for use in transit, such as face masks, portable hand-sanitising gels and disinfectant wipes for surfaces. PMAs are responsible for their players and team officials, while FIFA is responsible for the FIFA Match Appointees.

1.1. Airport arrivals and departures

The host association and visiting team/association should liaise with the relevant authorities to ensure segregated arrival and departure procedures at airports and minimised contact with third parties wherever possible. The following measures could be considered:

- use of dedicated arrival and departure terminals (e.g. business or first class, V/VIP) or equivalent;
- use of dedicated arrival and departure lounges (e.g. business or first class, V/VIP);
- drop-off/pick-up of team or match participants directly at/from the aircraft;
- priority boarding/group boarding;
- dedicated or crew/first-class/business-class screening channels;
- dedicated fast-track passage through immigration, customs or security screening.

Where possible, the host association should endeavour to extend these services to the FIFA Match Appointees.

All travellers should be prepared to undergo testing on arrival, as per the directives issued by the public health authorities in the host country, regardless of their test status before departure, if so required by those authorities.

The host association shall circulate the Match Preparation Information Sheet, which will include the arrival, departure and transport arrangements.

2. Domestic travel and ground transportation

2.1. Teams and FIFA Match Appointees

The host association is responsible for arranging ground transportation in accordance with the recommendations herein. It must ensure that any transport suppliers are aware of, agree to and meet the specific testing, hygiene and cleaning protocols in order to transport teams and FIFA Match Appointees. Designated Hygiene Implementation Officers for each constituent group must ensure that protocols are in place before the use of vehicles, and must put in place effective monitoring strategies to ensure continued compliance.

All vehicles used to transport teams and FIFA Match Appointees must be thoroughly cleaned and disinfected before and after each use.

Physical distancing should be maintained on all forms of ground transportation provided. This may require larger or additional vehicles (e.g. a second team bus). It is recommended that only window seats be used and alternate rows be empty between individuals to ensure minimum physical distancing.

If standard passenger cars are used for ground transportation, there should be no more than two passengers in addition to the driver. Windows should remain slightly open, if feasible.

Drivers of vehicles may be considered contact persons and must be tested in accordance with the requirements stipulated in [Section 9](#) of the International Match Protocol.

The total number of drivers deployed should be kept to a minimum.

Drivers for teams and FIFA Match Appointees should be dedicated to that team or official for the duration of their stay in the host country. Wherever possible, accommodating drivers in the hotel of the team or group to whom they are providing their services should be considered to further minimise their exposure to potential sources of infection when not on duty.

It is recommended that vehicles be equipped with clear screens (e.g. perspex or plexiglass), as far as reasonably practicable, to further reduce the risk of contact between drivers and passengers, and that the secondary passenger door be used wherever possible.

Proactive health monitoring must be in place for drivers before and after their shift, for example through the use of thermal screening and health questionnaires so that a robust trail of evidence can be collated in case of enquiries or investigations led by the local public health authorities.

The host association shall circulate the Match Preparation Information Sheet, which will include the arrival, departure and transport arrangements.

2.2. Accredited personnel

The host association is responsible for the arrangements pertaining to accredited personnel under its control. With respect to those individuals who are not under the direct control of the host association, for example medical or technical service providers, the host association must liaise with the relevant supplier(s) and/or individuals themselves to ensure that effective protocols are in place.

Those individuals who are classed as being in Contact Group 2, as per the International Match Protocol (Section 9.2), should, wherever possible, be provided with domestic transport in accordance with the recommendations above to reduce their exposure to untested individuals as far as reasonably practicable. This is particularly crucial for tested individuals between the completion of their COVID-19 PCR test and their deployment to the match.

Further details about protocols for working personnel are given in [Chapter IV of this Annexe](#).

3. Hotels

3.1. Teams and FIFA Match Appointees

Hotels must be aware of, agree to and meet the specific testing, hygiene and cleaning protocols for accommodating teams and FIFA Match Appointees. Designated Hygiene Implementation Officers for each constituent group must ensure that protocols are in place before their arrival, and must put in place effective monitoring strategies to ensure continued compliance.

All relevant spaces and surfaces must be thoroughly and regularly cleaned and disinfected.

Hand sanitiser must be provided in every room (including players' and officials' bedrooms, medical room(s), equipment room(s), fitness room(s), etc.).

Potential contact with other hotel guests should be avoided as far as possible, for example through:

- exclusive use of the entire hotel;
- exclusive use of a self-contained part of the hotel;
- exclusive use of one or several floors of the hotel;
- provision of private and dedicated entrances and lifts;
- provision of private dining spaces;
- exclusive use of fitness and/or leisure facilities.

The respective participating teams and FIFA Match Appointees shall be in separate hotels from each other, as per the Competition Regulations. Where this is not possible, every effort should be taken to ensure that contact between these parties is avoided.

Each individual must have their own hotel room.

It is recommended that, when not in the hotel room, training or playing, individuals wear face masks covering the nose and mouth.

Individuals should not leave dedicated areas within the hotel. This may mean not leaving the hotel room except for specific pre-arranged and controlled activities, such as meetings, meals, training or playing.

If exclusive use of hotel facilities such as a gym or spa is not possible, individuals should not be permitted to use them.

All common rooms, including dining and meeting rooms, should have sufficient space and seating to allow for physical distancing in accordance with the recommendations made in this document or any other local public health directive.

All rooms should be adequately ventilated.

Interactions with hotel staff should be kept to an absolute minimum.

There should be no self-service or buffet option for meals. Meals should be served to tables or a serving station where individuals can pick them up.

Food service should be planned in such a way that interactions between hotel staff and teams, match officials, etc. are minimised. Clean-up should take place after all meals have been finished and the dining room has been vacated. If feasible for teams, this could be facilitated by dedicated team staff.

There may be additional interactions which typically involve hotel staff. In those cases, for example for laundry services, teams should consider whether special arrangements are required.

3.2. Accredited personnel

The host association is responsible for the arrangements pertaining to accredited personnel under its control. With respect to those individuals who are not under the direct control of the host association, for example medical or technical service providers, the host association must liaise with the relevant supplier(s) and/or individuals themselves to ensure that effective protocols are in place.

Those individuals who are classed as being in Contact Group 2, as per the International Match Protocol (Section 9.2), should be accommodated in accordance with the recommendations that follow as far as reasonably practicable.

This may mean making use of room service only to avoid contact with other guests of the hotel and not using fitness or spa facilities. There should be no joint meals or sharing of personal equipment among colleagues.

Avoiding contact with any other person in the hotel or members of the public is considered particularly crucial for tested individuals between the completion of their COVID-19 PCR test and their deployment to the match.

4. Training facilities and activities

PMAAs may make their own arrangements for training away from the match stadium provided they can put in place appropriate preventative and risk control measures. Team medical staff along with the designated Team Hygiene Implementation Officer are responsible for ensuring that the use of the training site complies with medical and hygiene standards as required herein.

Training site owners and operators must be aware of and meet the specific testing, hygiene and cleaning protocols connected to the match.

All relevant spaces and surfaces must be thoroughly cleaned and disinfected by teams and FIFA Match Appointees before and after each use, or as appropriate.

Hand sanitiser should be provided in front of or within every room used during training.

Training sessions should be closed to the media and public. Contact with any other individuals should be avoided regardless of their function, purpose and status, and must adhere to the basic protocols outlined in [Annexe B](#) detailing the mandatory COVID-19 preventative measures.

All players and team officials should wear face masks unless actively engaged in a physical activity.

A dedicated entrance only used by teams and match officials should be provided.

Time spent in closed environments, such as the dressing room before and after training, should be minimised. All rooms should be adequately ventilated.

If security and the need for privacy permit, all doors should remain open as much as possible in order to avoid using handles and to ventilate rooms.

The use of closed environments (e.g. rooms) must take into account the need for physical distancing. This may mean providing additional changing facilities and/or changing and showering at the hotel rather than the training site. It is recommended that players arrive in their training kits to avoid prolonged use of dressing rooms.

Wherever reasonably possible, team gatherings/meetings should take place in the open air.

If this is not possible, they should be conducted in spaces large enough to comply with the physical distancing and ventilation requirements. This may mean conducting more formal team meetings at the hotel rather than the training site.

Common spaces should be used only where absolutely necessary with no or only essential contact with other site users.

Essential site personnel should wear face masks and keep to the mandated minimum distance.

The use of fitness rooms should be timetabled and used by smaller, separate groups at a time to ensure physical distancing.

Any spa, sauna, wet-room, jacuzzi, ice-bath or similar facility should remain closed.

All medical personnel must wear face masks and gloves, especially when in contact with players. In addition, they must disinfect their hands as well as change gloves after each contact with players.

The same recommendations apply to training sessions for match officials.

4.1. Handling of equipment

All surfaces (e.g. team benches, goal posts), training equipment (e.g. cones, balls), etc. must be disinfected both prior to and after each training session by the supplier of the equipment (host association or team staff).

Equipment used for training, subject to personal physical contact, such as “Thera bands” or water bottles, must not be shared among individuals. All equipment should be labelled with the name of the person using it.

Laundry or any other equipment, which requires cleaning and/or disinfecting should be placed in individual single-use bags and handed to the responsible person.

Personal, labelled or personal single-use water bottles should be used by the players and match officials.

4.2. Medical/therapeutic treatments

As far as reasonably practicable, the use of treatments should be limited to the minimum required. Any person giving treatments may be considered a close contact person to the player and presents an additional risk. Therefore, the following steps should be taken:

Thorough disinfection should take place before and after each treatment.

Appropriate PPE must be worn, including a medical face mask, disposable gloves, and, if deemed necessary, additional items such as a disposable plastic apron or goggles (see also [Section 13](#) of the International Match Protocol on the recommendations regarding situational requirements for the use of PPE).

PPE must be changed after each treatment.

Bed towels (or equivalent) must be changed after each treatment.

II. MATCH OPERATIONS

5. General principles for operations

In accordance with the COVID-19 preventative measures required under the International Match Protocol, the following general principles shall apply to every attendee, space and activity taking place at the stadium:

- Only essential personnel should be deployed for work at the stadium.
- All match attendees¹ must be symptom-free before entering the stadium.
- Additional screening for the known symptoms of COVID-19 should be conducted using non-invasive thermal screening alongside other appropriate methods before attendees enter the stadium or whilst already on the premises.
- Anyone with known or suspected COVID-19 shall not be permitted to enter the stadium and should be placed, or remain, in isolation and follow the directives given by the local public health authorities.
- Where provided, hand-washing stations and hand sanitisers must be used – these should be located in prominent and/or critical places around the stadium.
- Face masks covering the nose and mouth shall be worn by all attendees on MD-1 and MD with the exception of match participants involved in match activities, including training/warming up and playing, and those providing live commentary in designated commentary positions.
- A strict physical distance shall be maintained in line with the local public health directives or as stipulated herein.
- All spaces, surfaces and objects shall be cleaned and disinfected regularly, in line with a formal hygiene and cleaning plan for the stadium.
- Detailed records shall be maintained for the purpose of contact tracing, as outlined in [Annexe B](#).
- To minimise contact between and movement of match attendees, an effective zoning and accreditation system shall be in place.
- One-way systems for the movement of people and vehicles should be established around the stadium;
- All non-essential activities, such as catering, should be limited, as far as reasonably practicable.

¹ A match attendee is anybody entering the stadium with accreditation or a ticket, if spectators are permitted. For clarity, a participant is a match attendee in a working capacity; a match participant is either a player, team official, FIFA Match Appointee or host association official who is essential for the running of the match.

6. Stadium operations

6.1. Zoning and access control

A zoning system and strict access control protocols shall be put in place with the objective of minimising contact between different groups of match attendees.

The zoning system should prevent any non-pre-approved or uncontrolled contact between individuals in Contact Groups 1 and 2 and other match attendees.

The boundaries of all zones should take into account the flow into and out of each zone – access control checks must be carried out on the outside of each zone to reduce the likelihood of contact between different groups of attendees.

The host association (or confederation/match organiser, as applicable) will be responsible for the configuration of the zones. It will be also responsible for establishing the number of people allowed into each zone, taking into account the COVID-19 testing requirements for specific zones as well as any limits of capacity mandated by the relevant local competent authorities or public health bodies.

Zoning is required on all days/occasions when teams and match officials are on-site, typically on MD-1 and MD.

Proposed zoning system

In line with the rationale underpinning the COVID-19 testing requirements and to minimise contact between different groups at the stadium, the following distinct zones are recommended as a minimum:

Match Participants' Zone	This zone includes the competition area, is the most sensitive and should only be accessed by those absolutely necessary for the operation of and participation in the match. All personnel operating in this zone after zone lockdown must be PCR tested for COVID-19. ²
Pitch Perimeter Zone	This zone should only be accessed by those who require access to the pitch perimeter for the purpose of the operation of essential aspects of the match (groundspeople, ball kids/ball persons), technical infrastructure (LED boards, football technology) and contractual obligations (photos, broadcasts, marketing). Personnel dedicated to this zone should have no access to the Match Participants' Zone.
Stadium Internal Zone	This zone comprises the stadium's interior spaces (sometimes referred to as the "inner perimeter"), which can usually only be accessed using accreditation (or tickets, if spectators are permitted).

Where there are spaces outside the stadium which should only be accessed using accreditation, an additional zone is recommended:

Stadium External Zone	This zone is part of the match footprint, i.e. associated with match activities, and may be in a shared public space.
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² Special exceptions, for example for essential short visits by technical personnel, should be agreed formally in the Match Coordination Meeting.

The graphic below is indicative of each zone's extent. The configuration of each zone shall be the responsibility of the host association (or confederation/match organiser, as applicable) and should take into account the layout of the stadium, operational requirements and the ability to effectively control access to each zone.

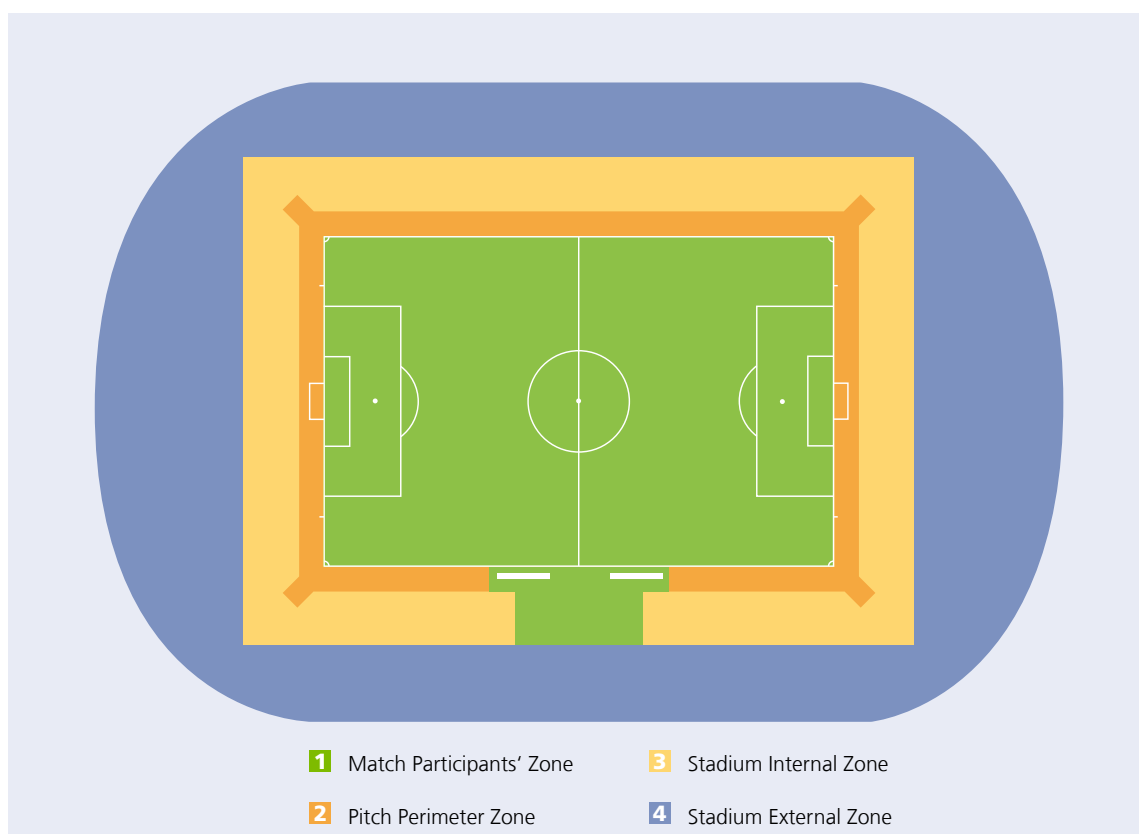


Fig. 1: extent of recommended zones (illustrative schema)

The following indicative spaces and personnel are to be considered in each zone:

Zone	Indicative spaces	Personnel may include:
<p>Match Participants' Zone</p>	<ul style="list-style-type: none"> • Players' dressing rooms • Match officials' dressing rooms • Sanitary facilities for players and match officials • Doping control room • Team Kit Manager's room • Team technical office • Team indoor warm-up area • Treatment rooms • Players' tunnel • Medical room • Competition operation office <p>External to the tunnel area:</p> <ul style="list-style-type: none"> • Team benches • Technical seats • Fourth official's bench • Team medical positions • Players' outdoor warm-up areas 	<ul style="list-style-type: none"> • Teams incl. team personnel and officials • Match officials • Doping officials • Doping chaperones • Medical services/officials • Pitch doctor • Stretcher bearers • Hygiene officer/official • VAR/GLT/football technology personnel • Host MA's competition official (e.g. General Coordinator)/FIFA Match Commissioner <p>By exception only:</p> <ul style="list-style-type: none"> • Specialist broadcast staff • Referee Assessor
<p>Pitch Perimeter Zone</p>	<ul style="list-style-type: none"> • Stretcher bearer and external medical positions • Service tunnel/pitch area access • Storage facilities and equipment for groundspeople and stadium facilities/maintenance • Manned camera positions • Photo positions • LED boards <p>If permitted:</p> <ul style="list-style-type: none"> • Interview area 	<ul style="list-style-type: none"> • Host association staff (e.g. critical function managers such as marketing, IT, etc.) • Ball kids/ball persons • Groundspeople • Facilities/maintenance personnel • VAR/GLT/football technology personnel • LED board operators • Match/team analysts • Photographers • Broadcast partners • Medical staff not permitted in the competitions area (incl. stretcher bearers) • Governmental security agencies • Emergency services • Governmental inspection bodies • Stewards and security • Personnel undertaking specific cleaning and disinfections

Stadium Internal Zone	<ul style="list-style-type: none"> • Stadium (spectator) seating areas/ tribunes • Concourses • Sanitary facilities • Outlets (vending, F & B etc.) • Camera positions • Venue Operations Centre • Infotainment facilities • Internal Broadcast Compound • Storage facilities and equipment for groundspeople and stadium facilities/ maintenance • Offices • Third-party facilities (closed) <p>If permitted:</p> <ul style="list-style-type: none"> • Mixed zone • Media tribunes • Media centre • V/VIP areas • Hospitality areas 	<ul style="list-style-type: none"> • Operational staff • Groundspeople • Facilities/maintenance personnel • Photographers • Broadcasters • Media representatives • Medical staff • Governmental security agencies • Governmental inspection bodies • Emergency services • Stewards and Security • Cleaners • Catering staff • Stadium staff • Spectators (if permitted) • V/VIPs (if permitted) • Hospitality guests (if permitted)
Stadium External Zone	<ul style="list-style-type: none"> • Access routes for vehicles and pedestrians • External Broadcast Compound • Outer perimeter fence • Queuing space • Ticket/sales offices • Parking (public/accredited) 	<ul style="list-style-type: none"> • Accredited individuals connected with the match (e.g. broadcasters wishing to access the External Broadcast Compound)

Capacity of each zone

In line with local statutory requirements, the host association (or confederation/match organiser, as applicable) will be responsible for determining the maximum number of attendees³ that are permitted in each zone at any point in time (i.e. the zone's capacity under the prevailing restrictions set by the local competent authorities).

Regardless of a zone's capacity, the number of attendees that are issued with access devices (e.g. accreditation cards) for each zone should be kept to the absolute minimum required for operations and commercial obligations only.

³ Where spectators are permitted, attendees also include ticketed spectators. In this case, the maximum safe capacity should be calculated in line with the recommendations given in the FIFA Stadium Safety and Security Regulations.

Therefore, clear group quotas should be set for each function, and a full list of match attendees who require access to a particular zone should be prepared. The number of access devices distributed, both in total and per zone, must not exceed the maximum capacities allowed or group quotas allocated.

An effective capacity control/counting system (analogue or digital) should be put in place to determine the number of individuals within each zone at any point in time, if so required by the local competent authorities.

It is recommended that separate entry and exit points to each zone be established to enable capacity control/people counting. These points can be co-located (e.g. separated by barriers), provided they comply with the need for physical distancing.

Zone privileges

The zones defined herein focus on the control of movements and contacts of working personnel and match participants. As such, they are different from the accreditation zones typically used at a host association's or FIFA event. It is the host association's (or confederation's/match organiser's, as applicable) responsibility to determine whether any other supplementary device (e.g. wristband) should be used, or whether existing host association accreditation can be used to control access to sensitive spaces (e.g. the stadium media centre, media tribune, non-public spaces, etc.).

Each attendee should be allocated zone entitlements before operations commence and in line with the aforementioned group quotas. The distribution of access devices (e.g. accreditation cards) shall be conducted in line with the basic COVID-19 preventative measures stipulated in this document.

The access devices should clearly indicate for which zone(s) they are valid. They must be readable/recognisable from a distance of more than 2m to enable access control personnel to remain physically distanced.

It is recommended that only personalised access devices showing the name and photo of the bearer be used.

Personnel who have access to the Match Participants' Zone must be issued with photographic access devices. This should be checked against ID along with their required PCR test results before they are allowed to access the stadium. The tested group should access the Match Participants' Zone via a dedicated entry or drop-off point in order to segregate it from all others.

Presence lists, such as check-in and check-out logs, should be maintained for accredited individuals for each zone. For the purpose of enabling effective contact tracing, the ID and contact details of each person should be verified before entry to the stadium.

Protocols should be put in place for exceptional access to a zone.

Access control operations

Stewards and/or security personnel are typically responsible for controlling access in each zone, and must do so on the perimeter of each zone wherever possible. The process used for checking if a person is permitted to enter each zone must be carried out at the appropriate physical distance.

Access control boards should be provided at each access control point to indicate zoning privileges and access devices admitted at each point.

Additional signage should be added to explain protocols (e.g. in case of dispute about access privileges) and thus reduce the time taken and contact made with stewards or security personnel.

Depending on the location and nature of the access point, it may be necessary to plan for queueing or holding areas, for example at the arrival points for working personnel when accessing the stadium.

Adequate space should be available for queueing/holding areas, with visible or physical space dividers used as guidance.

Preparation and set-up for access control operations must be completed prior to the arrival of teams and match officials and/or their kit (whichever arrives earlier).

Zone lockdown

A zone-lockdown protocol shall be implemented from the time the first match participants (teams, team officials, match officials) or their kit arrive at the stadium (whichever arrives earlier).

Team kits/equipment are expected to arrive around 120 minutes before kick-off. The arrival time and how the kit and equipment are delivered should be agreed between the host association, the teams' officials and match officials, typically in the match coordination meeting.

Accredited personnel working in the Match Participants' Zone should not leave the zone after zone lockdown. Where this is not possible, for example for the FIFA Match Commissioner and the Safety and Security Officer, exceptional arrangements should be made to ensure minimal contact with any other individual outside of the Match Participants' Zone to protect the integrity of the testing regime.

Where seating in the tribunes or elsewhere in the stadium is allocated to such personnel, it should be selected in such a way so as to avoid any close contact, as defined herein.

Preparatory and set-up work must conclude well before the teams and match officials arrive at the stadium. Any exceptions to this should be agreed between the host association's competition officials and the designated team representatives and/or Hygiene Implementation Officers. It is recommended that all rooms, spaces and surfaces be fully sanitised and sealed around 60 minutes before the arrival of the teams' equipment.

Robust control measures should be in place to avoid the uncontrolled access of untested individuals to the Match Participants' Zone, regardless of their purpose, function and status. This includes any individuals who are affiliated with the team, but not accredited for the Match Participants' Zone.

Thermal screening on access to the stadium

As an additional layer of assurance, non-invasive thermal screening should be conducted at the entry points to the stadium on MD-1 and MD, at least for accredited personnel.

The host association is responsible for providing thermal screening devices at entry points to the stadium. The host association's Lead Hygiene Implementation Officer is responsible for ensuring that thermal screening is carried out consistently.

The FIFA Match Commissioner, or other duly appointed FIFA delegate, may conduct spot checks to ensure thermal screening is carried out.

The COVID-19 Medical Preparedness and Response Plan should stipulate the procedure to follow if an individual is identified as “symptomatic” based on their temperature. The temperature threshold is mandated by the local public health authorities. Any person identified as symptomatic shall be refused entry to the stadium and be directed to self-isolate before following the directives given by the local public health authorities.

6.2. MD-1 activities in the stadium

The following activities are typically expected on MD-1:

- official training sessions of both teams;
- match officials’ training session;
- media activities, e.g. the coverage of training sessions;
- Match Coordination Meeting; and
- set-up and preparation of the stadium for matchday, including all required technical, hygiene and sanitation activities related to the match.

The zoning system shall be in place 60 minutes before the planned arrival of the first team. All other timings and movements in the stadium should be planned accordingly.

Zones should be operated in the same way as on matchday until the last official operational activity within the Match Participants’ Zone. In effect, this requires the Match Participants’ Zone to remain in zone lockdown until the last person identified to be in Contact Group 1 or 2 has left this zone for the day. (Note that this requires zoning to be active even after teams and match officials have left.)

The timings of all activities on MD-1 should be harmonised, leaving enough time between each one to facilitate the COVID-19 preventative measures described in this document.

Match Coordination Meeting

The Match Coordination Meeting, taking place on MD-1 (or sometimes on MD), should be used to reconfirm all specific arrangements from the arrival of the teams and match officials until their departure.

In addition to the standard agenda, special attention should be paid to the following topics:

- zoning restrictions and accreditation cards;
- staggered timings of arrivals of kit vans, team buses and match officials to ensure separate arrivals;
- cleaning and sanitation timetable and implemented hygiene measures;
- catering and use of water bottles;
- all media activities;
- Official Countdown; and
- protocols related to a suspected or confirmed case of COVID-19 of any match participant leading up to the match.

It may thus be necessary to permit attendance of additional persons, such as the Lead Hygiene Implementation Officer.

6.3. Safety and security considerations

Although the majority of measures stipulated in this document focus on the preventative measures in relation to the spread or reintroduction of COVID-19, it is still of critical importance to mitigate the safety and security risks, as mandated by the FIFA Stadium Safety and Security Regulations.

Whether a match is played with or without ticketed spectators, stewards and security personnel remain an important part of the matchday operation, particularly with respect to controlling access both to the stadium itself and to the critical areas and zones within the stadium perimeter.

At the same time, stewards and security personnel are tasked with monitoring that the stadium is safe both under normal and emergency operating conditions, for example by ensuring that evacuation routes are not obstructed at any time while the stadium is in use for the match.

Stadium regulations and code of conduct

In addition, it should be considered whether stewards and security personnel may be tasked with monitoring and enforcing basic COVID-19 preventative measures such as the wearing of face masks and keeping a mandated physical distance for all individuals. In many countries around the world, safety and security personnel are, apart from public authorities, the only personnel who may enforce the stadium regulations or the general code of conduct and issue instructions to others, including the public. Under the prevailing circumstances, they may often be the only point of contact, which match attendees (working or otherwise) may have at the stadium.

Therefore, the revised requirements during the COVID-19 pandemic should be reflected in the stadium regulations and code of conduct. It is thus recommended that temporary stadium regulations be issued, which cover the following critical points:

Conditions of entry – additional screening put in place at entry points to stadiums and zones, as described in this document. For example:

- symptom-free entry subject to a health check and/or thermal screening;
- requirement for confirmation of a negative PCR test for specific areas of the stadium (as described in this document);
- mandatory possession of/wearing of a mask;
- additional registration requirements for the purpose of contact tracing.

Code of conduct – compliance with the COVID-19 preventative measures in place as a condition to enter or remain within the stadium. Any individual refusing to comply should be isolated and their immediate removal from the stadium should be considered. Depending on the directives by the local competent authorities, such behaviour may be subject to penalties, fines or even arrest, and should be addressed accordingly.

There may also be further restrictions on the activities which are permitted in the stadium, such as shouting, chanting or singing to minimise the spread of aerosols.

Prohibited items – temporary changes may be required to the list of prohibited items, for example:

- relaxation of limitations on pre-packed food and drink in the absence of any distribution on-site;
- limitation on the import of specific foods and drink, which have been previously permitted because of hygiene reasons;
- admission of liquids such as hand gels, etc., which had not been permitted previously;
- limitation on the importation of personal items, such as bags.

Acceptance of the temporary regulations should be included in the terms and conditions for both accreditation and tickets (if spectators are permitted).

If stewards and security personnel are required to take on additional functions as a result of the COVID-19 preventative measures, clear reporting lines must be established to enable a robust response to non-compliance or any other related issues.

Presence of stewards, security staff and governmental security agencies

Public bodies with relevant legislative powers may need to enter the stadium for various purposes. It is anticipated that local public health authorities may wish to monitor compliance with COVID-19 preventative measures and/or as part of the medical preparedness and response activities. It is paramount to include the requirement for such bodies to be present at the stadium at the earliest planning stage.

Without exception, all personnel present at the stadium must comply with the requirements stipulated in this document. The testing requirements stipulated in [Section 9](#) of the International Match Protocol must be complied with, regardless of an individual's function, purpose or status. This requires minimal or no access to the Match Participants' Zone.

Crowding outside of the stadium

In cases where matches without spectators are identified as potentially presenting a risk of crowds gathering outside the stadium and/or may lead to other public order issues, it is recommended that local competent authorities and security/police forces be involved to coordinate the assessment of risks based on the latest local intelligence and to support suitable mitigations.

Additional mitigation measures may need to be implemented, for example:

- media communication with fans;
- targeted messaging on social media to ask fans to stay away;
- clear signage outside the stadium indicating that no spectators will be admitted and that no tickets are on sale;
- broadcasting or streaming of the match;
- additional outer perimeter to prevent access to the immediate vicinity of the stadium;
- assistance from security/police forces to dissuade individuals from remaining in the vicinity of the stadium;
- active dispersal of any crowds by stewards and/or security personnel assisted by security/police forces as appropriate and depending on the local risk situation.

Evacuation

All spaces in use at the stadium shall have clear and unobstructed evacuation routes. While access to the stadium by unauthorised (including unscreened and/or untested) individuals must be prevented, no final emergency exit gate from the stadium shall be locked while the stadium is in use. Therefore, final exit gates must be staffed by stewards or security personnel (as appropriate) to ensure that the stadium can be safely evacuated at any time while preventing unauthorised access.

If an evacuation becomes necessary, the need to evacuate takes precedence over that of physical distancing and other preventative measures.

If assembly areas are designated for use outside of the stadium in case of emergency, these should be large enough to accommodate all evacuees at an appropriate physical distance, wherever possible. Otherwise, evacuees should disperse.

7. Matchday operations

7.1. Arrival of teams and match officials

Wherever possible, the drop-off points and routes to the dressing rooms for teams and match officials should be separate. Routes should be clearly communicated before arrival and the teams and match officials should be escorted to their dressing rooms.

There should be no counter-flows in the corridors at the times of arrival of teams and match officials. The number of staff facilitating team and match official arrivals should be limited to an absolute minimum.

A time gap of at least ten minutes should be observed between the arrival of each team and subsequently the match officials.

All players, team officials and match officials should wear face masks when leaving the bus until they enter their respective dressing rooms.

All filming, including team arrival filming, should respect mandated physical distancing.

7.2. Dressing rooms

Team dressing rooms

The use of the dressing rooms should be minimised as much as possible.

Depending on the size of the dressing rooms, additional rooms may be used to accommodate all players and team officials in line with the physical distancing requirements detailed in [Section 3 of Annexe B](#).

Team technical staff and equipment should be located separately to the teams.

All rooms used by teams and match officials should be adequately ventilated.

Without exception, only team delegation members may enter dressing rooms, unless previously agreed otherwise, for example for the General Coordinator, Match Commissioner or a match official.

Dressing room filming

Depending on the local risk evaluation and testing regimes in place, it may be possible to conduct such activities as filming in the dressing rooms in a strictly controlled manner and in agreement with the host association as well as the teams concerned. If this is not the case, then it is recommended that filming in the dressing rooms be refrained from.

Treatment areas and facilities

Any spa, sauna, wet room, jacuzzi, ice-bath or similar facility should not be used, should be drained if possible, and remain closed.

If fitness equipment is provided, it should be located in a separate room.

Only essential physical treatments should be provided.

Massage tables should be located in a separate area of the dressing room and sectioned off with screens or should be in a separate room altogether. The facilities, likely to be used by several individuals, must be thoroughly disinfected before and after each use. The teams are responsible for their use.

Dressing room catering

Any food for teams should be prepared and packaged by the team staff, preferably off-site. If the host association is providing third-party catering, this should be limited to pre-packaged light snacks and uncut fruit prepared to the highest hygiene standard.

Drinks to be consumed in the dressing rooms should be served in personal disposable bottles (single use).

It is recommended that any catering or ice deliveries be made before the dressing rooms are sealed prior to the teams' arrival.

Match official dressing rooms

In principle, the same requirements as established for teams should be applied to match officials' dressing rooms.

Match officials' dressing rooms should be cleaned, disinfected and sealed at the latest 120 minutes prior to kick-off, and before the scheduled arrival of the match officials.

Match officials' treatments, if essential, should be organised following the same recommendations as those for teams.

Sealed single-use drinking bottles are to be provided to the match officials. Sharing of drinks is not permitted.

7.3. Start list

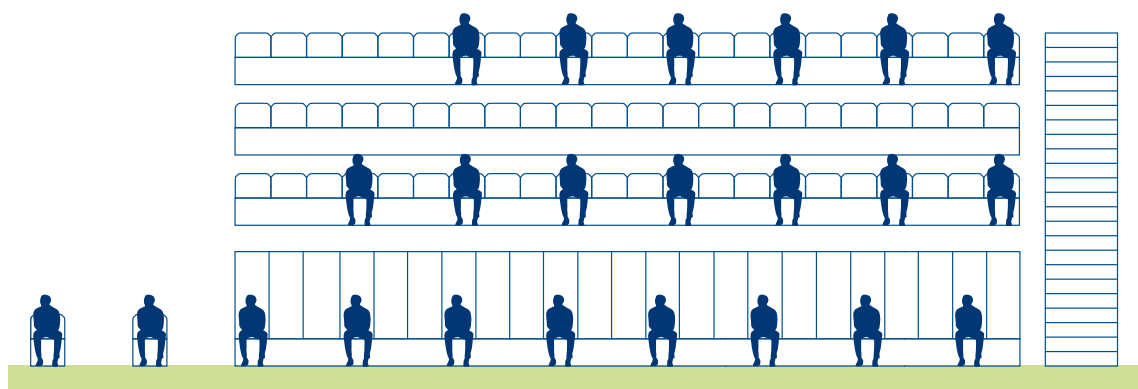
Where possible, the start list should be transmitted digitally. If this is not possible, it should be handled by as few individuals as possible, without contact and maintaining a strict distance, for example by placing it on a table or in a designated box.

7.4. Team and technical seats

It is recommended that all players and officials sitting on the bench or the technical seats observe the distancing rules, as mandated in this document or in accordance with the directives of the local public health authorities.

For this purpose, additional seats may be required on the perimeter of the pitch or within the tribunes, provided that there is direct access to and from the pitch level to reach those seats. If so, those seats will be considered to be part of the Match Participants' Zone.

Designated seats should be clearly marked for use/non-use. A strict access control protocol should be in place for these seats, particularly if they are located within or in the vicinity of the tribunes to avoid contact with any other person located in the Stadium Internal Zone.



The relevant host association is responsible for implementing a mask policy. As a minimum, the wearing of face masks is recommended to those not involved in the match, for example those in the technical seats.

No other individuals, such as accredited staff, may use the seats designated for teams, technical staff and substitutes at any time.

These seats should be disinfected before and after the pre-match warm-up, during half-time and after the end of the match.

7.5. Medical bench

The pitch-side medical team and stretcher bearers are classed as potential contact persons with the players and match officials and should be PCR tested and accredited in accordance with the requirements stipulated in the International Match Protocol (Section 9) and Section 16 of this Annexe.

Where possible, they should limit their access to the Match Participants' Zone until required. Aerosol-generating procedures on the pitch require masks, visors, gloves and aprons. There may be additional directives issued by the local public health authorities with regards to medical procedures and equipment, which should be followed. Section 13 of the International Match Protocol details additional situational requirements for the use of PPE in medical settings.

7.6. Video assistant referee (VAR) system and goal-line technology (GLT)

The VAR system and goal-line technology may be used where previously confirmed by the confederation and FIFA.

Special attention should be paid to physical distancing in the GLT control room and the video operation room (VOR), as well as the cleaning and disinfection of GLT watches and any other equipment that will be distributed or handled by several individuals.

Depending on the location and movement of VOR and GLT rooms, equipment and personnel within the stadium, PCR testing must be implemented for all individuals, in line with the requirements stipulated in Section 9 of the International Match Protocol.

If any personnel working on a VAR system or GLT are provided by external suppliers, the recommendations given in Chapter IV of this Annexe are also to be applied.

All other arrangements should be in line with the recommendations on the COVID-19 preventative measures stipulated in the International Match Protocol and Annexe B. Special attention should be given to the following activities in terms of preventative measures:

Technology	Activity	Location	People involved
GLT	Calibration Functionality tests	Field of play Around the field of play	Technology provider
VAR	Calibration Functionality tests	Field of play Around the field of play Referee review area	Technology provider
GLT	Handover of GLT watches to match officials	Match official dressing room or field of play	Match officials Appointed individual from host association or technology provider
VAR	Handover of referee communication system	Match official dressing room or field of play	Match officials Appointed individual from host association or technology provider
GLT	Final check of GLT technology	Field of play	Match officials Appointed individual from host association or technology provider
VAR	Final check of referee communication system and monitoring at referee review area	Field of play	Match officials Appointed individual from host association or technology provider
VAR	On-field review	Referee review area	Depending on the location and available space of the referee review area: referee, technical assistant
GLT	Returning GLT watches	Match official dressing room	Match officials Appointed individual from host association or technology provider
VAR	Returning referee communication system	Match official dressing room	Match officials Appointed individual from host association or technology provider

7.7. Equipment

Teams are responsible for the storage, handling, cleaning and disinfection of their own equipment. The host association is responsible for ensuring that any equipment provided to the teams is in proper working condition, cleaned and disinfected before first use by the teams.

Footballs/match balls shall be cleaned and disinfected after each use, including after the warm-up and at half-time. Match balls should be kept and used separately to other footballs which may be in use.

Each player shall have his individual bib and shall not share it with other players.

Each player shall have his own supply of individually labelled water bottles to be used during play, which must not be shared.

7.8. Equipment check

The final equipment check is to take place 60 minutes prior to kick-off as usual, but with the following modification:

The fourth official should remain at the dressing room door to conduct the check without entering the dressing room. Each player should approach the fourth official to present his equipment, keeping a physical distance.

7.9. Pre-match warm-up

The pre-match warm-up may start earlier to minimise time spent in the dressing rooms and to allow for the segregation of movements for the two teams and match officials.

Timings should be agreed during the Match Coordination Meeting and published in the Official Countdown.

Teams and match officials should remain segregated when entering and leaving the field of play.

Both teams and match officials should be allocated designated warm-up areas, avoiding any contact.

Examples of set-up for pre-match warm-up:

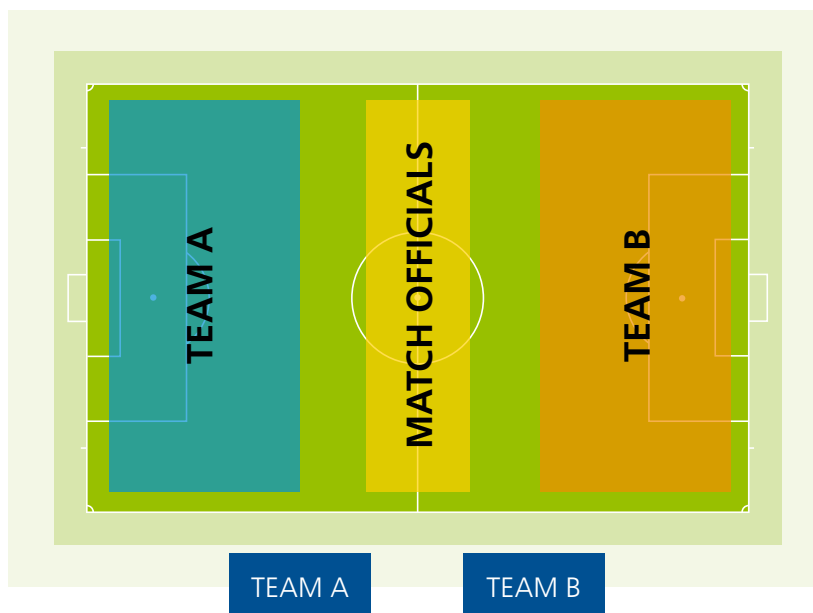


Fig. 2: warm-up activities (schema 1)



Fig. 3: warm-up activities (schema 2)

Pitch maintenance can proceed as usual. Groundspeople should wear face masks and avoid contact with any match participants.

7.10. Team entry

The players' walk-on procedure must ensure that physical distancing between the teams and officials is maintained. The following points should be considered:

- There should be no tunnel line-up. Both teams leaving the dressing rooms should be staggered.
- Teams and match officials should walk from their dressing rooms straight onto the field of play. The final check by the assistant referee should be conducted as teams are called forward to leave the dressing rooms.
- The use of a telescopic players' tunnel is not recommended.
- Team officials and substitutes may leave the dressing room before the teams enter the field of play or may otherwise stay there until both teams have entered the field of play. Mixing of the teams and match officials during team entry should be avoided.
- National flags can be presented as usual. However, these should be carried by adults rather than children (see next subsection). Flag bearers must not access the Match Participants' Zone at any time.
- The size of the national flags should preferably be the same size as the FIFA flag or smaller, to minimise the number of flag bearers required.
- No other elements should be placed on the field of play for the pre-match ceremonies.

Involvement of minors

There should be no involvement of children. Thus, there should be no player mascots, escorts, match ball carriers or similar roles usually carried out by minors.

The only exception to this requirement may be the use of ball kids, or alternatively "ball persons", as per [Section 7.12](#) below.

7.11. Pre-match ceremony

Anthem line-up/player presentation

Once at their final position on the field of play, players and match officials should keep the recommended physical distance as mandated in this document or as per the directives of the local public health authorities. The image below is indicative of the final position on the field of play and not to scale.

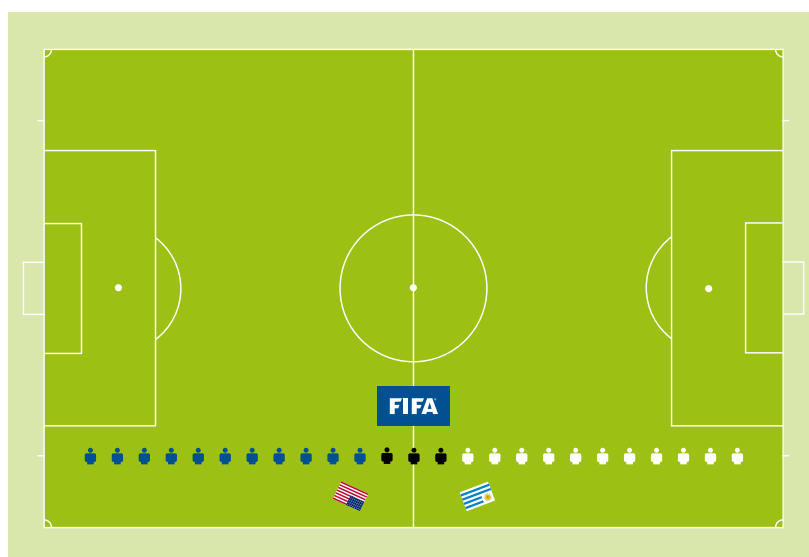


Fig. 4: anthem line-up

The number of photographers and TV camera operators should be limited (see also [Chapter III of this Annexe](#)).

National anthems shall be played as usual.

Handshakes and the swapping of pennants are discouraged.

Teams should only line up for individual team photos – it is recommended that physical distancing be maintained so as to set an example for all attendees and viewers of the match. This decision rests with each team.

There should be no joint photos between the two teams and match officials.

The coin toss should take place as usual, but keeping a physical distance between the team captains and match officials.

A moment of silence and/or other special gestures may be implemented, as per the standard protocols, while ensuring physical distancing. Where these do take place, in line with the strict zoning protocols, there should, however, be no visits from dignitaries or other functionaries.

7.12. Ball kids/persons

The decision to deploy minors as ball kids is the responsibility of the host association. The use of minors is, however, discouraged. This document thus makes reference to “ball persons”.

Ball persons should enter and exit the field of play perimeter through a separate access route and remain segregated from other personnel at the stadium.

Ball persons should wear face masks at all times. If disposable gloves are worn, they should be changed frequently. Otherwise, hands should be disinfected frequently, especially at the start of each half of the match.

Match balls should be prepared and handled by as few people as possible.

Match balls must be disinfected every time they are out of play.

The following options should be considered:

Option 1:

Disinfected balls are positioned on cones/plinths around the field of play.



Players self-serve from the cones/plinths every time a ball is out of play. Three to six ball persons are tasked with picking up the balls and disinfecting and replacing them on the cones/plinths.

Fig. 5: use of cone/plinth

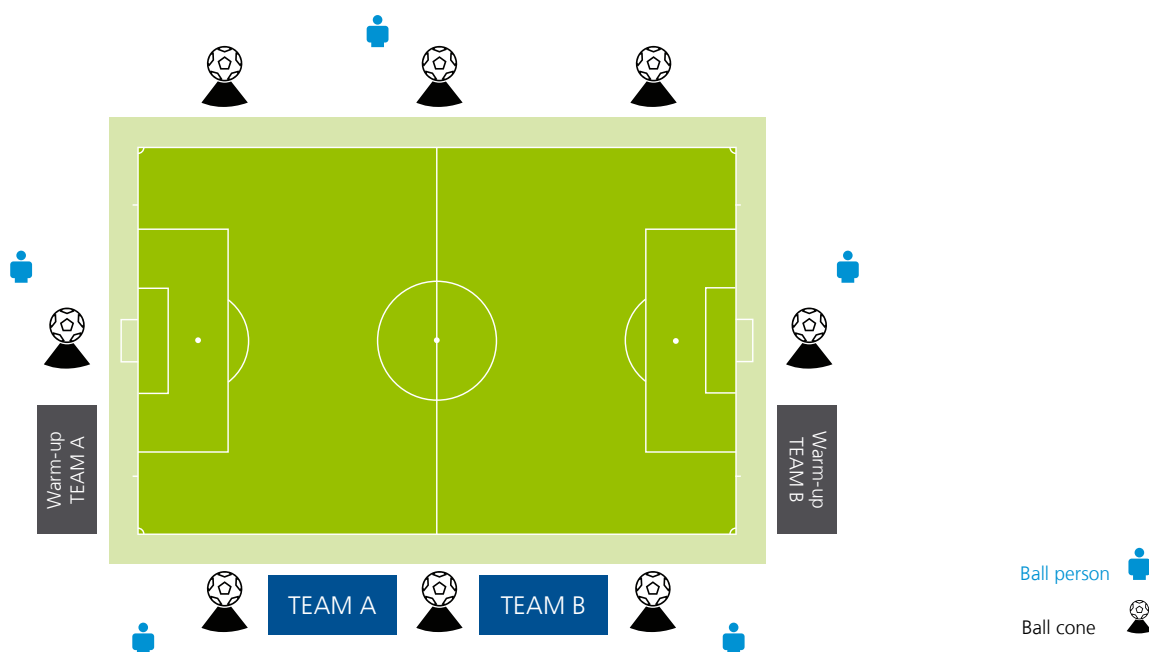


Fig. 6: deployment of ball persons (option 1)

Option 2:

Five to six ball persons are positioned around the field of play (one behind each goal and two on each side). Once a ball is out of play, the nearest ball person hands over a disinfected ball. Thereafter, they pick up the ball that went out of play to disinfect it and keep it ready. Ball persons should not handle the balls until needed. It is recommended that they keep balls at their feet until they are needed in match play.

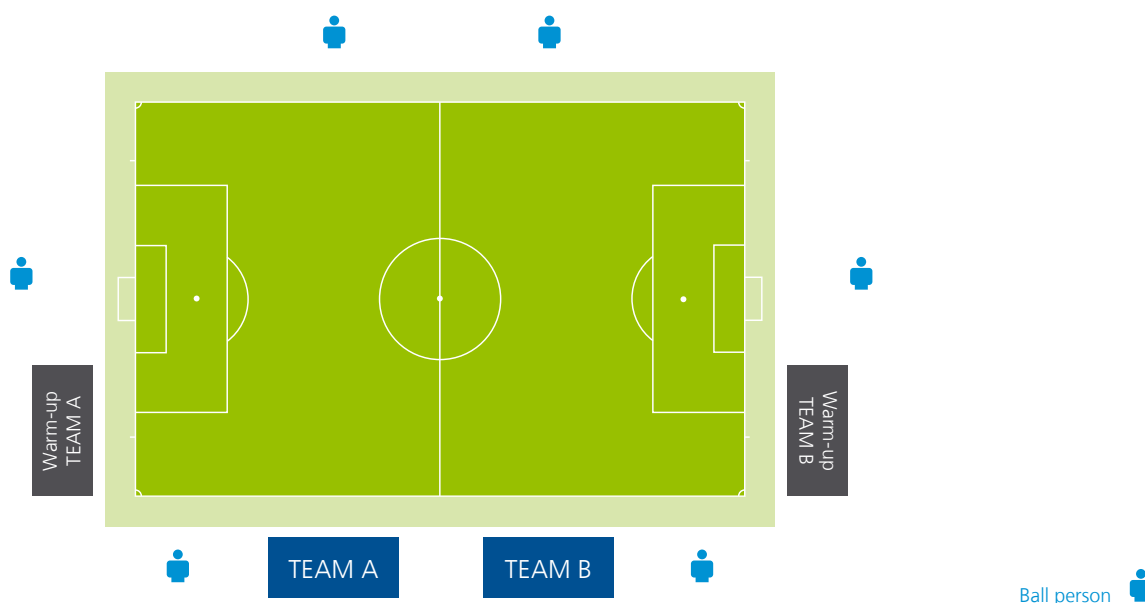


Fig. 7: deployment of ball persons (option 2)

7.13. Warm-up during the match

Depending on the space around the field of play, each team should be allocated their own warm-up area, either behind the goals (option 1), or behind or next to their own team bench (option 2). In this case, it is extremely important that the substitutes’ bib colours be clearly different from those of the field players. The number of players warming up simultaneously should be in line with the space available. Under no circumstances should the vision of the assistant referee be obstructed in the course of substitutes’ warm-ups. Option 1 below is preferable.

The following options should be considered.

Option 1: number of players to warm up depends on stadium layout and space available

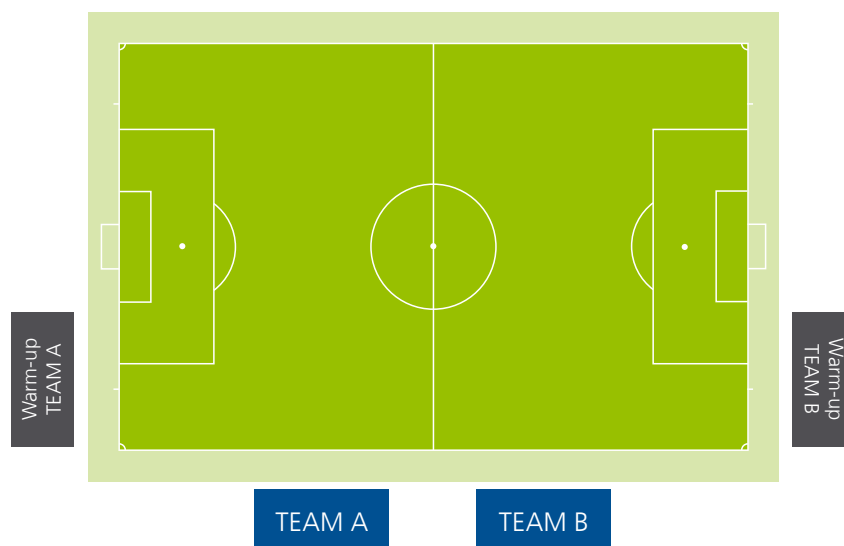


Fig. 8: warm-up during the match (option 1)

Option 2: maximum three players per team at any time, maximum one official to accompany players; no footballs permitted



Fig. 9: warm-up during the match (option 2)

7.14. Substitutions

In order to avoid unnecessary contact in connection with a substitution, the following options should be considered:

Option 1:

The player to be fielded places the substitution card on the fourth official's table, who prepares the substitution board accordingly. The substitution board should solely be used by the fourth official. In support of the fourth official, where multiple substitutions are to be made in quick succession, two or more substitution boards as well as sanitiser (e.g. wipes) should be available at the fourth official's bench. This option is preferable.

Option 2:

Both teams' Team Administrators prepare the substitution boards and indicate the substitution upon a signal given by the fourth official. In this case, two substitution boards are required – one for each Team Administrator.

7.15. On-pitch celebrations

The celebration of goals is welcome; it is, however, recommended that close contact with others and those present in the tribunes be avoided.

7.16. Half-time

Players and match officials should leave the pitch without crowding or mixing in the tunnel area. After the break, following the Official Countdown, the teams should enter the field of play directly from their dressing rooms without gathering beforehand.

Close communication and team gatherings, for example as a scrum or huddle in a circle, should be avoided.

7.17. Cooling/hydration breaks

The procedures of the competition regulations shall be followed, while maintaining the required physical distance between players and officials.

Sealed single-use drinking bottles are to be provided to the match officials. Sharing of drinks is not permitted.

7.18. Post-match activities

Teams are advised to leave the field of play as soon as possible.

Gathering in the centre and post-match handshakes with the match officials and opposing team is discouraged.

Players should not approach the match officials.

The swapping of shirts or other items is discouraged.

Players shall attend the post-match media activities in line with the requirements under Chapter III of this Annexe.

It is recommended that the time spent at the stadium after the end of the match be minimised. Therefore, cool-downs should be limited.

Showering may be permitted in line with the directives issued by the local public health authorities. It is, however, recommended that showers be taken at the hotel.

7.19. Special occasions

In line with the strict zoning protocols, there should be no visits by dignitaries or other functionaries to the Match Participants' Zone after the match.

There should be no special meetings, ceremonies or any other physical interaction, for example with friends, families or fans.

Post-match award ceremonies connected with the match require special planning, and may need separate authorisation, which must involve the host association.

7.20. Doping control

To avoid the mixing of teams, separate waiting areas should be provided.

If necessary, an additional doping chaperone may be required to supervise the waiting areas.

Physical distancing should be maintained in the waiting area and testing station.

In order to ensure the required distance between the players and the Doping Control Officer, a full size mirror may be installed in the toilet.

Face masks must be worn at all times by all individuals involved, including those tested.

7.21. Departure of teams and match officials

The departures of the teams and match officials should be physically separated and staggered in time (at least ten minutes between departures).

Teams should leave the stadium as soon as possible after the conclusion of the match and media activities.

Players who have been selected for doping should be transferred back to the hotel separately.

7.22. Recommendations to teams

Teams must be aware of their position as role models while the COVID-19 pandemic affects people globally. There will be an extraordinary focus on the behaviour of all match participants, especially players.

Therefore, the conduct of all match participants must focus on setting good examples at all times, especially with regard to the basic preventative measures required of everyone – wearing face masks covering the nose and mouth, keeping a physical distance and refraining from overt displays of physical contact with others, no matter the reason.

Further to this, the conduct on the field of play during controversial situations should aim to maintain good behavioural standards, avoiding physical confrontations, etc.



III. MEDIA AND BROADCASTING

8. General principles

The organisation of media and broadcast activities around the match shall take into account the COVID-19 preventative measures mandated herein, as well as the directives issued by the local public health authorities.

In addition, any travelling media or broadcast representatives must observe any travel, movement, health or hygiene restrictions imposed by the countries or territories between which they are travelling.

The measures detailed in this chapter should serve as recommendations for the host association in fulfilment of the local obligations towards media and broadcast partners. As the global and local situation is subject to dynamic changes, different scenarios may arise. In any case, the host association is advised to involve local competent authorities in ensuring that proposed media and broadcast operations can be carried out while minimising the risk of spreading or reintroducing COVID-19.

It is highlighted that the underpinning principle for media and broadcast partner activities at the match is that only essential personnel should be deployed. The maximum number of individuals permitted in spaces designated for media, TV or broadcast activities may be determined based upon the space available and the relevant physical distance to be observed. All protocols or changes to usual operations need to be clearly communicated well in advance of the match to ensure effective planning.

Further to this, all media and broadcast partner representatives are to observe the measures detailed herein and those given by the host association or any other duly authorised body in connection with the match.

9. General preventative measures

Wearing face masks covering the nose and mouth is mandatory at all times while in the stadium (with the exception of commentators while commentating in designated positions).

All individuals, positions and activities must be strictly physically distanced in line with the requirements mandated by this document or the directives issued by the local public health authorities. For this purpose, all spaces must have a designated capacity, which should be monitored.

All media and broadcast spaces must be thoroughly and regularly cleaned.

All enclosed spaces should be adequately ventilated, including, but not limited to: OB vans (OB = outside broadcast), the stadium media centre, press conference room, etc. It should be considered, security and operational requirements permitting, whether doors could be left open to promote ventilation and avoid the use of door handles.

Special hygiene measures should be put in place for microphones.

Pre-registration shall be mandatory. Arrival and departure logs must be kept of all spaces used by media and broadcasting to ensure effective contact tracing can be carried out if required.

Single-use drinking bottles should be used.

Only pre-packaged food should be provided (as opposed to buffets or shared catering).

10. Spatial modifications

The following recommendations apply to spaces used by media or broadcast partners:

- dedicated entry points to the stadium with clear signage of all cleaning and hygiene protocols and sufficient queuing and waiting areas;
- thermal screening on entry to the stadium or training sites if required;
- staggered arrivals and departures of personnel, if necessary designating time slots;
- limitation of entry points to media and broadcast areas;
- one-way systems and separate entry and exit points, particularly in the media tribune and to and from the Pitch Perimeter Zone;
- contact with other constituent groups and the mixing of people flows to be avoided as far as reasonably practicable;
- pre-assigned, designated and signposted positions for media and broadcast activities around the stadium in every working space;
- clearly designated seats for use/non-use;
- possibility of providing clear screens or dividers between operators, for example by using perspex or plexiglass;
- all media and broadcast spaces to be equipped with signage with regard to these necessary preventative measures.

11. MD-1 official training session

Scenario 1: limited media activities permitted

In a scenario where the attendance of media and/or broadcast partners is permitted, the following basic considerations are recommended in addition to the preventative and spatial measures detailed in the previous sections:

Activity coverage

All filming, including of teams arriving, should respect mandated physical distancing.

Filming and photography of the official training activities may take place from the tribunes (Stadium Internal Zone), in addition to the usual designated positions.

It may be possible to operate the media tribunes and stadium media centre if the host association can confirm that appropriate protocols can be put in place, with permission from the relevant local competent authorities.

Scenario 2: no media activities permitted

If possible, it should be considered whether a 15-minute streaming of the training session can be provided, or if footage and photos can be disseminated post-training.

Further unmanned camera activities could be investigated, as appropriate.

11.1. Stadium media centre opening permitted (MD-1 or MD)

If a stadium media centre can be operated, the following basic recommendations are to be applied in addition to those given above:

- time spent by personnel in the room to be minimised as much as possible;
- pre-assigned desks for each media/TV organisation;
- no food provision;
- only bottled drinks to be provided.

12. Matchday

12.1. Interviews and presentations

There shall be no interviews or presentations in the Match Participants' Zone whatsoever.

Interviews and presentations may take place in the Pitch Perimeter Zone or the Stadium Internal Zone in accordance with the arrangements made by the host association.

To minimise personal contact, interview arrangements between media representatives and the Media Officer should be made digitally, for example by email or telephone, as much as reasonably practicable.

Interviews should be as brief as possible.

A microphone stand should be used. Interviewees must not touch the microphone and/or microphone stand.

A strict physical distance should be maintained from the interviewee.

After each interview, the microphone cap should be disinfected or swapped.

Interviewers, camera operators and any other essential personnel involved in the interview should wear face masks covering the nose and mouth.

Access to and from the interview area should avoid contact with other constituent groups and must not result in queuing or crowding at any point.

12.2. Press conferences

It is recommended that all press conferences be conducted virtually wherever possible. This involves the use of audio or video to supply and receive questions to/from interviewees.

If a physical press conference is permitted, the following recommendations should be observed:

- The press conference room should be set up taking into account strict physical distancing requirements with a limited number of pre-approved attendees.
- One-way systems for entry and exit points should be implemented.
- Seats should be filled in such a way as to avoid cross-flows, regardless of individual preferences.
- If at all possible, the overall time spent in the press conference room should be minimised as much as practicable.
- Entry and exit points to the press conference room should be managed to avoid queuing or crowding.
- With the exception of the interviewees, all other individuals present in the room must wear face masks.
- Microphone booms should be used instead of handheld microphones.
- If multiple interviewees use the same microphone, the microphone cap should be disinfected or swapped after each use.
- Interviewees must not touch the microphone.
- Personal recording devices should not be placed on the podium.
- The room should be adequately ventilated.

Suggested layouts to maintain physical distancing in the press conference room:

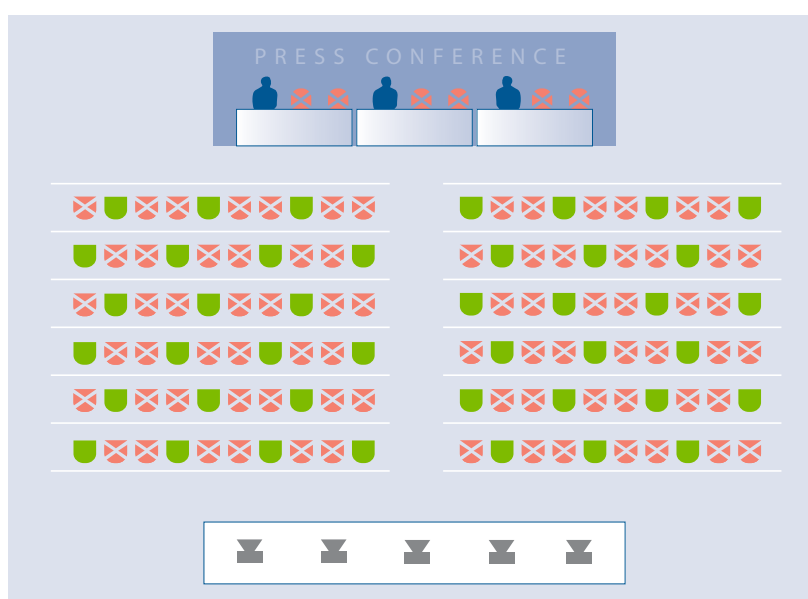


Fig. 10: schema of press conference room set-up

Note that the image above is illustrative only. The capacity of the room should be calculated in accordance with the following requirements for physical distancing, as stipulated in the International Match Protocol and [Section 3 of Annexe B](#):

- very low/low risk scenario: a distance of at least 1m between people, and no more than 1 person per every 2-3 m²;
- augmented risk scenario: a distance of at least 2m between people, and no more than 1 person per every 6-7 m².

12.3. Mixed zone

It is recommended that mixed zones not be used due to the risk of cross-infections of different groups of stakeholders coming together, potentially in close contact over a period greater than 15 minutes.

Particularly, if, after application of all mitigating factors, the outcome of the mandatory football-specific risk assessment (as per [Section 4](#) of the International Match Protocol) remains high-moderate, a mixed zone is strongly discouraged.

If a mixed zone is nonetheless required and subsequently permitted locally, the following recommendations should be observed:

- The number of persons to be interviewed should be kept to an absolute minimum. It is not considered mandatory that all players from both teams who are listed on the official start list pass through the mixed zone.
- The teams must be in agreement about the requirement to pass through the mixed zone.
- The mixed zone should be set up taking into account strict physical distancing requirements with a strictly limited number of media personnel.
- One-way systems for entry and exit points should be implemented.
- The entire area must be adequately ventilated.
- With the exception of the interviewees, all other individuals present in the area must wear face masks covering the nose and mouth.
- Microphone booms or stands are to be used. Interviewees must not touch the microphone or its stand.
- If multiple interviewees use the same microphone, the microphone cap should be disinfected or swapped after each use.

12.4. Media tribune/commentary position/observer seats

In a scenario where the use of a media tribune, commentary positions or observer seats is permitted, the following basic considerations are recommended:

- Pre-assigned, designated and signposted positions for users of each position (e.g. desk, seat).
- With the exception of commentators (while commenting in designated positions), all individuals present in the area must wear face masks covering the nose and mouth.
- Only bottled drinks are to be provided.
- Gathering should be explicitly prohibited – personnel should be advised to conduct only essential activities required for the delivery of their duties.

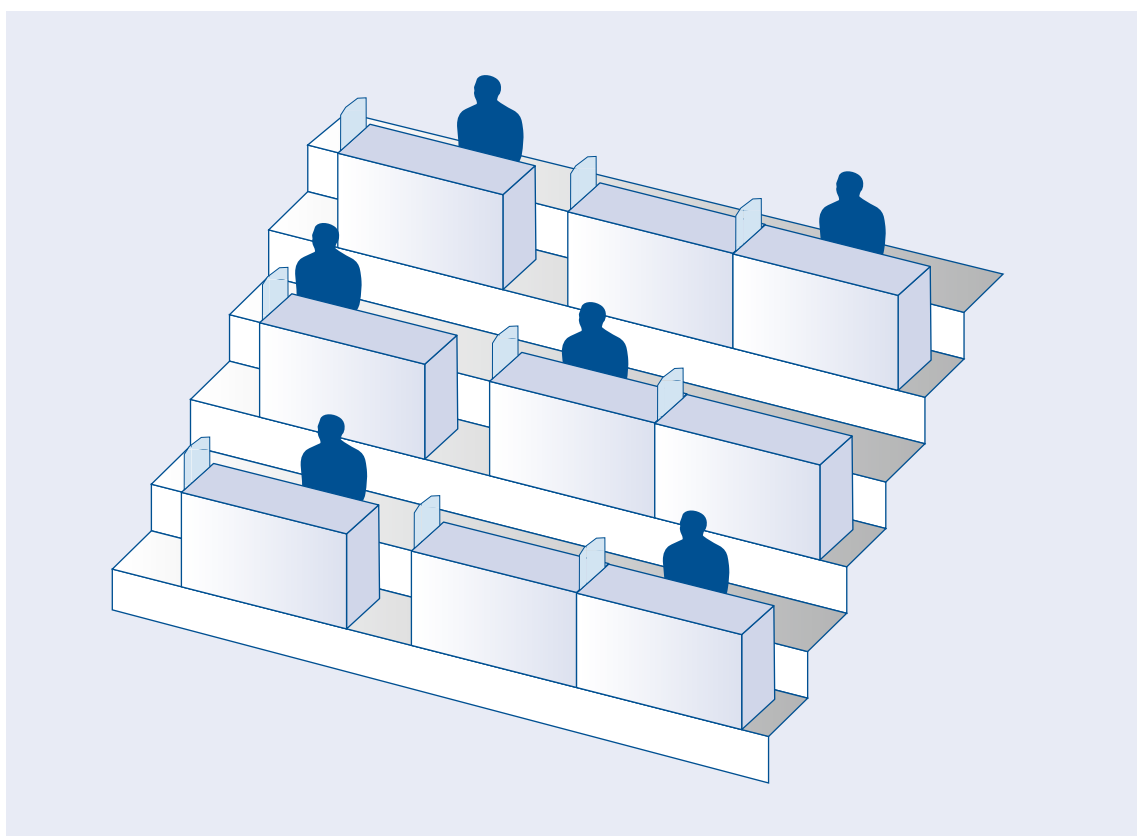


Fig. 11: schema of media tribune set-up

12.5. Camera operators and photographers

Broadcast camera operators and photographers will require access to the Pitch Perimeter Zone to conduct their activities.

The following recommendations should be observed:

- The number of photographers should be strictly limited. If possible, photographic material should be provided via a pool solution to minimise numbers.
- There should be dedicated entry and exit routes or lanes onto the pitch (for example via the service tunnels).
- Contact with other constituent groups and the mixing of people flows is to be avoided as far as reasonably practicable (e.g. with groundspeople, maintenance personnel, ball persons).
- Special arrangements should be made for those authorised to take team photos to ensure that physical distancing is maintained at all times between photographers.
- There should be pre-assigned, designated and signposted positions for users of each photo position.
- Work areas, including chairs and equipment, must be disinfected before use.
- Only bottled drinks should be provided.
- The use of portable hand sanitiser is recommended.
- Gathering before the match, during half-time or after the match should be explicitly prohibited – personnel should be advised to conduct only essential activities required for the delivery of their duties.

13. Broadcast production

The considerations below specifically apply to broadcast production. The host association must liaise with the host broadcaster to ensure that its personnel and suppliers agree and adhere to all necessary protocols.

- The number of personnel permitted to operate in certain areas, especially in closed environments, should be limited and workloads must be planned accordingly. Capacities must be calculated and signposted for all closed spaces.
- Subsequently, downscaling of production specifications may be considered.
- The layout of the OB Compound should ensure that personnel can circulate while maintaining the minimum required physical distance. This may require greater spacing between vehicles, the installation of partitions or the definition of one-way routes around the compound.
- Activities within restricted zones or areas must adhere to the imposed timing and movement restrictions, for example the positioning of unmanned cameras. All new or adjusted timings must be clearly communicated before the match.
- Depending on the local risk evaluation and testing regimes, it may be possible to conduct certain activities, such as dressing room filming, in a strictly controlled manner and in agreement with the host association as well as the teams concerned. If this is not the case, then it is recommended that such activities be refrained from.

IV. WORKFORCE

14. Management responsibility

The host association is responsible for all of its personnel and appointed suppliers of personnel under its control. This includes all those who are employed directly by the match stadium.

The host association is therefore responsible for putting in place measures that effectively inform, instruct, supervise and control the activities of both its personnel and suppliers.

The following should be considered (this list is not exhaustive and will have to be adjusted for the local situation):

- host association and match stadium personnel;
- TV, media and broadcast personnel;
- ball persons;
- suppliers of logistic services, such as personnel erecting LED boards, backdrops, stages, etc.;
- cleaning staff;
- catering staff;
- safety and security personnel (private and public entities);
- drivers; and
- other relevant matchday suppliers not listed above.

As per the International Match Protocol, the host association shall appoint a Lead Hygiene Implementation Officer, who will instruct the respective Hygiene Implementation Officers to be appointed by each supplier. Under the direction of the Lead Hygiene Implementation Officer, suppliers (via their respective appointed officers) are required to plan and implement the COVID-19 preventative measures defined in this document.

It is essential that the host association ensure that suppliers' obligations extend to COVID-19 preventative measures required of their personnel, both while on the stadium premises and in the lead-up to their work, for example, by enforcing the wearing of face masks when travelling to or from work on public or shared transport.

Suppliers of personnel are thus required to submit to the host association details on appointed Hygiene Implementation Officers, along with written protocols or plans for the personnel under their control.

The extent of the requirements placed upon suppliers will be largely dependent on the directives issued by local competent authorities, public health authorities and the risk context in the host country.

The host association must ensure that its personnel and appointed suppliers under its control are kept informed of all the requirements, operational protocols and restrictions which apply to them.

15. Number of personnel

In line with the recommendations given in this document, the number of working personnel (in addition to teams, match officials and those delivering essential match, media and broadcast operations) is to be kept to an absolute minimum.

The total number of working personnel at the stadium will be determined by:

- directives issued by the relevant local competent authorities;
- the size and configuration of the stadium;
- the space available to conduct operations on the premises while maintaining strict physical distancing and hygiene regimes;
- operational restrictions arising from rezoning in accordance with the requirements stipulated herein; and
- the additional number of personnel available to implement, monitor and control mandated physical distancing and hygiene regimes.

A dedicated person working on behalf of the host association should be nominated to monitor all personnel numbers, including all suppliers required to be present on both MD-1 and MD.

If personnel numbers exceed the denoted capacity of the stadium or individual stadium zones, shifts should be organised to limit the number of personnel on-site.

A sufficient number of separate entrances should be established for personnel to be able to enter the stadium, since additional administrative and preventative measures are required. Therefore, staggered arrival/departure time slots may be considered.

Depending on the overall number of personnel deployed, separate arrival/departure points by function, supplier or stadium sector may be required. In any case, the additional time required to implement all additional administrative and preventative measures should not be underestimated.

All suppliers must maintain written presence and contact records for all those working under their control. Contact details given must be verifiable. The gathering of data (in particular personal data) must, however, also comply with data protection laws (and typically, such data must be destroyed once it is no longer relevant, for example, for tracing).

While not covered in this document, the number of personnel required should correspond to the number of spectators permitted, facilities offered and the level of rigour required to implement COVID-19 preventative measures. Additional recommendations regarding ticketed spectators will be published separately.

16. Accreditation

All working personnel must be accredited, as per the guidelines in [Section 6.1 of this Annexe](#). All COVID-19 preventative measures should be observed within all accreditation centres, offices and/or accreditation collection points. Scheduling time slots for the collection of accreditation should be considered.

Any personnel experiencing symptoms of COVID-19 must not work and their accreditation should be cancelled. For this reason, access devices (such as accreditation cards) should be personalised and non-transferable.

A robust accreditation system is vital in ensuring that contact tracing can be carried out if so required by the local competent authorities.

17. Personnel logistics

17.1. Equipment

Any equipment that is used on an ad hoc basis by personnel, such as cleaning devices, laptops, tools, pitch equipment, etc., should be cleaned and disinfected before and after use.

Any uniform that is distributed on-site, such as bibs, should be laundered both before and after the match and should not be transferred between different personnel at any point.

Used equipment or uniforms, which have not yet been cleaned and disinfected should be stored in single use disposable (plastic) bags.

17.2. Food and drinks provision

It is recommended that catering be minimised as much as reasonably practicable, particularly for matches behind closed doors. It should therefore be considered how the welfare of personnel can be ensured while they are on-site. (Local restrictions on the preparation and consumption of fresh food will vary from country to country.)

The host association must, in agreement with the relevant local competent authorities, prepare a policy on the importation and consumption of food and drink. As mentioned in [Section 6.3 of this Annexe](#), it may thus be necessary to issue temporary stadium regulations, which allow exceptional importation of food and drink for personal consumption.

Alternatively, pre-packaged food and single-use bottles of water should be provided to personnel.

17.3. Transport

Host associations along with their suppliers of personnel should endeavour to put in place transport solutions for working personnel which reduce the risk of exposure to the general public while travelling to and from work in connection with the match.

Host associations should consider the additional parking needs connected with such arrangements, as well as individual travel of personnel.

Where centralised provisions are not possible, working personnel are expected to make their own travel arrangements. They should be instructed to wear face masks and sanitise their hands regularly when doing so, regardless of the policies concerning the wearing of face masks outside of the stadium premises, and until their duties at the match have been concluded.



18. Management of preventative measures

Instructions on how to follow the special operational protocols in place should be communicated clearly and every effort should be made to ensure that personnel can follow all guidelines as expected. This includes:

- ensuring face masks and hand sanitiser are readily available where needed;
- providing signage and posters in key locations;
- clearly communicating new zones and associated timings;
- clearly communicating additional entrances and entrance procedures;
- including all new protocols on induction training and/or pre-match briefings as required;
- providing a straightforward method for personnel to report COVID-19 symptoms or request information or advice;
- encouraging all personnel to arrive wearing their uniform;
- requesting that personnel bring their own food and refreshments (in accordance with the recommendations given in the previous section and depending on local regulations on such matters);
- providing sufficient sanitary facilities and locker areas for physical distancing to be enforced and pre-allocating these facilities; and
- providing suitable and sufficient rest areas.

Each supplier's appointed Hygiene Implementation Officer is responsible for planning and implementing these guidelines and respective educational arrangements along with the COVID-19 preventative measures defined in this document.

19. Education

In line with the requirements to communicate any risks as per [Section 5 of Annexe B](#), the host association should ensure that a comprehensive educational programme is in place for all personnel under its direct control as well as those under the control of its suppliers.

As per [Section 5.1](#) of the International Match Protocol, the host association's Medical Response Coordinator is responsible for coordinating risk communication planning and should oversee the format and content appropriate to the local situation in which the match is taking place.

The host association's Lead Hygiene Implementation Officer is responsible for putting in place arrangements (including human resources) to educate on, monitor and manage the measures required under this protocol, as well as the operational plan for the stadium.

All operational functions through both their leadership as well as their respective Hygiene Implementation Officers should actively support the effort to implement COVID-19 preventative measures required on each official site and as described in this document. Additional information about recommended preventative measures in different workplaces and industries is available on the dedicated occupational health section of the WHO website.⁴

Appointed Hygiene Implementation Officers for each supplier/function/zone should be educated to a higher level (and if possible through formal channels, e.g. e learning).

⁴ WHO (9 March 2020), COVID-19: Occupational Health (www.who.int/news-room/detail/09-03-2020-covid-19-for-health-workers).

The following points are considered mandatory for all personnel and should be informed by the COVID-19 Medical Preparedness and Response Plan:

- What is COVID-19?
- Symptoms of COVID-19
- How can it be transmitted?
- How can the spread of COVID-19 be minimised?
- Detailed preventative measures (generic)
- Detailed preventative measures (workplace/function)
- Detailed preventative measures (specific match)
- Behaviours outside the workplace
- Actions to take if an infection is suspected
- Actions to take if an infection is confirmed
- Communication and reporting channels

A starting point for developing an educational programme is the WHO website, which offers free online training on COVID-19-related topics in a variety of languages.⁵

To support the education of personnel who are deployed as Hygiene Implementation Officers, FIFA has created a short training module,⁶ which will be available from October 2020.

⁵ WHO (2020), Responding to COVID-19: Real-time training for the coronavirus disease outbreak (<https://openwho.org/channels/covid-19>).

⁶ FIFA (2020), Hygiene Implementation Officer training module: <http://covid-19-module.fifa.com>.

V. RETURN OF SPECTATORS

If the return of spectators to football matches has been permitted by the relevant local competent authorities, a comprehensive risk assessment should be undertaken by host associations to ensure that the recommendations given in this document can be safely and robustly applied.

In addition, the requirement for physical distancing poses unique challenges with regards to the following aspects of the operation of the stadium:

- risk assessment mitigation;
- strategic coordination;
- calculation of capacities for each space upon entry, circulation and exit of spectators;
- ticketing plan and allocation of tickets;
- spectator transport concept;
- external communication plan and signage;
- management of spectator movement within the stadium and offering of spectator facilities (e.g. toilets and concourses);
- management of additional numbers of matchday personnel;
- event medical plan;
- contingency and evacuation planning.

This list is not exhaustive.

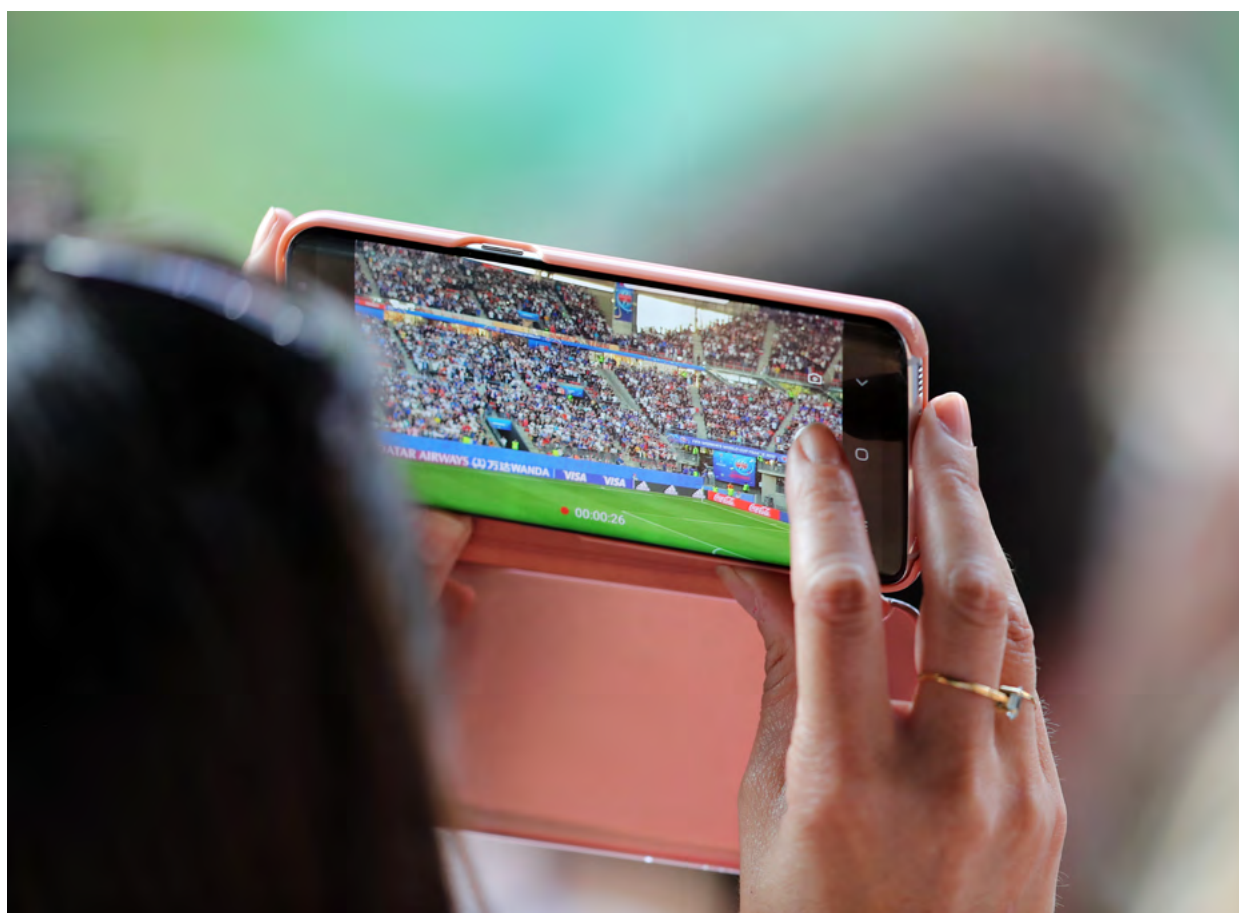
Crucially, the management and processing of spectator flows on-site requires detailed technical planning which will supersede previous arrangements, for example by its architects, the relevant local competent authorities or the stadium authorities. This technical planning requires the involvement of competent and experienced personnel alongside the support of local competent authorities.

To aid the planning process, FIFA will publish key planning considerations separately, consisting of the following:

- considerations for professional football stakeholders at domestic and international levels when planning the reopening of stadiums for spectators in the context of COVID-19; and
- planning for physical distancing at sports grounds.⁷

In addition, it is recommended that those professionals involved in the risk assessment process complete the online WHO COVID-19 Mass Gatherings Risk Assessment Training.⁸

All other operational requirements mandated by this document should also be adhered to when admitting spectators to stadiums.



⁷ Sports Grounds Safety Authority (2020), Supplementary Guidance 02: Planning for physical distancing at sports grounds: <https://sgsa.org.uk/wp-content/uploads/2020/09/SG02-international-English.pdf>.

⁸ WHO (2020), WHO COVID-19 Mass Gatherings Risk Assessment Training: <https://openwho.org/courses/WHO-COVID-19-mass-gatherings-risk-assessment-training>.

ANNEXE B

Mandatory COVID-19 preventative measures in detail

1. Hand hygiene

Provisions should be in place for regular and thorough handwashing with soap and water, or hand hygiene with alcohol-based hand rub, especially after contact with other individuals, after going to the bathroom, after contact with secretions, excretions, body fluids and potentially contaminated objects (gloves, clothing, face masks, used tissues, waste, etc.), and immediately after removing gloves and other protective equipment, before touching the eyes, nose, or mouth.

To this effect, hand-hygiene stations, such as hand-washing and hand-rub dispensers, should be put in prominent places and made accessible to all match attendees, along with communication materials to promote hand hygiene (e.g. posters, notices, signs).

Where necessary, dedicated personnel should enforce hand hygiene, for example by demanding that hands are washed and/or disinfected before entering critical spaces.

2. Respiratory hygiene

A policy on wearing a mask or a face covering in line with the directives of the local public health authorities should be implemented, communicated and enforced effectively. FIFA requires that all match attendees (accredited and ticketed, if spectators are present) wear face masks covering the nose and mouth, with the exception of match participants involved in match activities, including training/warming up and playing, and those providing live commentary in designated commentary positions. Additional information on the use of face masks can be found in [Section 13](#).

Therefore, face masks (covering the nose and mouth) should be available along with bins with lids for their hygienic disposal. Contingency stocks should be available at each site.

It is critical to follow recommended practices on how to wear, remove and dispose of face masks, and perform hand hygiene after removal.¹

Respiratory etiquette by all attendees should be promoted through effective communication – verbally, using signage or otherwise.

Where possible, clear screens (e.g. perspex or plexiglass) should be provided to increase the protection afforded between individuals.

3. Physical distancing

In accordance with WHO recommendations, it is critical that comprehensive measures be implemented to keep a distance of at least 1m between people and to avoid direct physical contact with other individuals (i.e. hugging, touching, shaking hands). This applies to all attendees and all spaces in the footprint of the match, both internal and external to the stadium or any official site.

Augmented risk scenario: if, after application of all mitigating factors, the outcome of the mandatory football-specific risk assessment (as per Section 4 of the International Match Protocol) remains high-moderate, a 2m distance between all individuals, instead of 1m, should be aimed for.

In addition, measures to reduce the density of people in enclosed and common spaces, as well as to ensure physical distancing of at least 1m between work stations, should be implemented. Subsequently, there should be no more than one individual per every 2-3m², or as mandated by the local public health directives. Enclosed spaces include entrances, exits, lifts, kitchens, toilets, stairwells, or any other space where the congregation or queuing of people may occur.

Augmented risk scenario: if, after application of all mitigating factors, the outcome of the mandatory football-specific risk assessment (as per Section 4 of the International Match Protocol) remains high-moderate, a minimum space requirement of 6-7m² per individual should be observed. In all instances, the use of enclosed spaces should be kept to a minimum.

¹ WHO (5 June 2020), Advice on the use of face masks in the context of COVID-19: <https://apps.who.int/iris/handle/10665/332293>.

Crowding should be avoided through the implementation of appropriate design, information and management of all spaces in the footprint of the match, both internal and external to the stadium or any official site. For the purpose of this document, crowding is defined as any number of individuals in a restricted space at risk of breaching the physical distancing principles above through the normal use of the space.

Measures to be considered could include staggering arrivals, usage and departures for all shared spaces including entrances and exits.

Arrangements should be implemented splitting groups/teams of individuals and stadium sectors so that the overall number of contacts made between different individuals is reduced. This could include preventing access from one sector to the next and implementing one-way systems to reduce close physical proximity within enclosed spaces.

Where necessary, dedicated personnel should enforce physical distancing, for example where queues are expected.

4. Cleaning and hygiene regimes

All spaces and surfaces which will be used by match attendees shall be regularly and thoroughly cleaned and disinfected.

Cleaning with soap or a neutral detergent, water and some form of mechanical action (brushing or scrubbing) removes dirt, debris, and other materials from surfaces. After the cleaning process is completed, disinfection is used to inactivate (i.e. kill) pathogens and other microorganisms on surfaces.

Surfaces and objects that are often touched, such as door handles, window handles, light switches, bathroom surfaces, toilets, taps, work surfaces and hand rails, should be frequently cleaned with detergent and disinfectant.²

The selection of disinfectant should align with the local competent authorities' requirements for market approval, including any regulations applicable to specific-use cases.

² WHO (16 May 2020), Cleaning and disinfection of environmental surfaces in the context of COVID-19: www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19.

Disinfectant solutions must always be prepared and used according to the manufacturer's instructions, including those to protect the safety and health of disinfection workers, those on the use of PPE, as well as on avoiding mixing different chemical disinfectants.

It is important to note that:

- in indoor spaces, routine application of disinfectant to environmental surfaces via spraying or fogging is generally not recommended, because it is ineffective in removing contaminants outside of direct spray zones and can cause eye, respiratory, and skin irritation and other toxic effects;
- in outdoor spaces, there is currently insufficient evidence to support recommendations for large-scale spraying or fumigation; and
- spraying of individuals with disinfectant (such as in a tunnel, cabinet, or chamber) is not recommended under any circumstances.

5. Risk communication and awareness

Effective risk communication is essential when describing the modifications that have been made to “normal” operations. It is critical to ensure a clear risk communication strategy is in place addressing the specific needs of each constituent group. This is particularly important when considering instructions that require that match attendees change their behaviour within the context of a specific event, match, function or space.

Active steps shall be taken to ensure that attendees, in accordance with their activities and specific needs, are effectively informed about the following: the nature of COVID-19, its risks and transmission routes; clinical signs and symptoms; asymptomatic cases; definitions of suspected/probable/confirmed cases; contacts; vulnerable population groups; treatment options; the steps that can be taken by organisers and attendees to limit spreading and transmission; the recommended protocols (including respiratory etiquette, hand hygiene, physical distancing, use of PPE, etc.); and the travel restrictions adopted by different countries that may affect the match.

Key messages and instructions to increase awareness of COVID-19 and promote safe individual practices should be displayed where attendees can effectively access them (e.g. using posters, notices or a public address system).

An effective communication mechanism to brief all attendees, including suppliers, on COVID-19 preventative measures and local restrictions should be established. This should include any reported cases prior to their arrival/during their time on-site.

One or more designated individuals to lead media activities and manage all external communication with national and international government officials, the general public, fans and the media should be identified.

For both the planning and operational phases, it is recommended that all available communication channels be used – this could include event and “celebrity” personal social media accounts (Facebook, VK, Instagram, Twitter, etc.), as well as association, club or event websites, the e-ticketing system, personal direct emails (mostly pre-event phase), the use of signage throughout the stadium, big TV screens, and/or PA systems (mostly during the event).

There is an opportunity to use social media messaging by well-known players and clubs to build a positive sporting legacy in the context of the COVID-19 pandemic.

Monitoring activities of national and international media and social media should be established at the earliest possible stage in order to counter rumours.

Where necessary, dedicated personnel should monitor and control the adherence to required practices, for example communicating verbally at critical points.

6. Monitoring and testing

It is paramount that all match attendees self-monitor closely for any viral symptoms in the time period leading up to their attendance at the match (regardless of their function, purpose and status). Under no circumstances should any person experiencing or suspecting viral symptoms or a raised temperature attend any site used for the match.

Affected individuals should follow local protocols (e.g. by isolating and contacting a healthcare provider as stipulated by local public health directives). This should be documented in the COVID-19 Medical Preparedness and Response Plan, as described in [Section 12](#) of the International Match Protocol and [Annexe C](#). This plan must be prepared by the host association.

Protective measures, including daily health checks (ranging from the monitoring of respiratory signs/symptoms to body-temperature checks and COVID-19 laboratory testing at specific intervals) should be implemented for match participants and delegation staff.

Specific respiratory, cardiac and musculoskeletal tests, as advised by healthcare professionals, depending on availability, exposure to COVID-19, local medical infrastructure and level of competition, should be conducted for match participants.

Thermal screening (i.e. of body temperature) should be considered only in the context of a combination of measures for prevention and control of COVID-19 and along with risk communication. Note that thermal screening alone is not a reliable preventative measure as COVID-19 can be transmitted in the absence of any symptom of the disease.

Because individuals may transmit COVID-19 while pre-symptomatic or asymptomatic, a testing programme is mandated, as per [Section 9](#) of the International Match Protocol.

In order to achieve a consistent testing regime, only RT-PCR³ tests for SARS-CoV-2 RNA are deemed acceptable to provide a reliable and timely indication of an individual's COVID-19 infection status.

Tested individuals must make every effort to avoid exposure to the virus (e.g. through uncontrolled contact with other individuals, objects and surfaces) as far as reasonably practicable between testing, the test result and deployment (both before travelling internationally and after arrival in the host country).

Further directives with regard to testing and positive results may be issued by the local public health authorities. Such directives are out of FIFA's control, and should thus be investigated by the PMAs and the confederation at the approval stage for the match.

It is also important that, when testing match participants and other event attendees, the procurement and use of testing kits in connection with the match in no way detract from the resources and capabilities of the local health authorities' testing regimes for the general public and/or key public health workers.

³ Reverse transcription polymerase chain reaction.

7. Contact tracing and definition of contact

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission. The measures described in this document are largely designed to prevent the occurrence of “contacts” (also referred to as “close contacts”) as per the WHO definition below. However, where COVID-19 cases occur, systematically applied contact tracing can break the chains of transmission and is thus an essential tool for controlling disease outbreaks. The information below follows WHO recommendations and should be read in conjunction with the directives by the local public health authorities.⁴ Note that, when investigating close contacts, a local public health authority may apply stricter measures than the ones listed below.

WHO definition of contact

A contact is defined as anyone with the following exposures to a COVID-19 case, from two days before to 14 days after the case’s onset of illness:

- being within 1m of a COVID-19 case for more than 15 minutes;
- being in direct physical contact with a COVID-19 case;
- providing direct [physical] care for [people] with COVID-19 disease without using proper PPE; and
- other definitions, as indicated by local risk assessments, for example anyone staying in the same close and confined environment as a COVID-19 case.

(Note that the definition of the terms “contact person” and “close contact” applied by the local public health authorities may differ from the WHO definition.)

The case must be reported to the local public health authorities, as required by law. The procedure for this should be included in the COVID-19 Medical Preparedness and Response Plan prepared by the host association (and as mandated in the International Match Protocol).

Enabling contact tracing

Contact tracing for COVID-19 requires identifying individuals who may have been exposed to COVID-19, and monitoring them daily for 14 days from the last point of exposure. For this purpose, adequate records must be kept to enable contact tracing to be carried out by the relevant competent authority in each country and as required by that authority.

⁴ WHO (10 May 2020), Contact tracing in the context of COVID-19: www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19.

Arrangements should be made beforehand to allow contact tracing to be carried out for all match attendees, collecting only the information required by the relevant local competent authorities.

Communication and coordination protocols should be established with the relevant local competent authorities for contact tracing associated with the match (with/without spectators).

Mechanisms for communicating alerts of suspected COVID-19 cases at points of entry (e.g. airports) to health authorities, the national health surveillance systems and event organisers in case of exposed travellers or their travel companions in relation to the event should be established.

It may be necessary to conduct spot and identity checks at the stadium to ensure strict compliance with the need to identify and trace all match attendees. Adequate measures should be included in event planning.

Data protection

The ethics of public health information, data protection, and data privacy must be considered at all levels of contact tracing activities, in all staff training activities for contact tracing, and when implementing contact tracing tools. In particular:

Safeguards must be in place to guarantee privacy and data protection in accordance with the legal frameworks of the country where contact tracing is implemented.

Everyone involved in contact tracing must adhere to the ethical principles of handling personal information, to ensure responsible data management and respect for privacy throughout the process.

How data will be handled, stored, and used needs to be communicated to those concerned in a clear and transparent manner.

Digital tools used for contact tracing should be assessed before use to ensure safeguarding data protection according to national regulations.

8. Management of people with COVID-19, its symptoms and their contacts

All individuals who are present at the stadium in a working capacity or as a match participant should be urged to self-monitor their health, possibly through questionnaires, and take their body temperature regularly.

Any individuals who are unwell or develop symptoms consistent with COVID-19 such as: (its most common symptoms)

- fever;
- dry cough;
- tiredness;

(its less common symptoms)

- aches and pains;
- sore throat;
- diarrhoea;
- conjunctivitis;
- headache;
- loss of taste or smell;
- skin rash, or discolouration of fingers or toes;

should be urged to stay at home, self-isolate, and follow local health protocols (e.g. by contacting a healthcare provider). Under no circumstances should they enter or attempt to enter any site used for the match.

Any individuals who have been in close contact with other individuals with a positive laboratory confirmed COVID-19 result should immediately isolate and subsequently quarantine in accordance with the directives issued by the local health authorities. Under no circumstances should they enter or attempt to enter any official site used for the match.

Standard operating procedures should be prepared to manage an individual who becomes sick or is suspected of having COVID-19 on any official site, including placing the individual in a medical isolation room, using PPE, and performing thorough follow-up cleaning and disinfection.

Protocols must be in place in case of an essential personnel or match participant developing symptoms consistent with COVID-19. These arrangements should take into account the following:

- the funding required for mitigation measures;
- stockpiles of equipment (e.g. PPE, etc.) to be provided at short notice to mitigate the contingency; and
- special training and exercising of essential personnel and non-essential staff on personal safety procedures and emergency mitigation measures.

A formal COVID-19 Medical Preparedness and Response Plan specific to the event must be prepared together with the local public health authorities (see [Annexe C](#)).

9. Management responsibility and planning

The host association, through its appointed personnel, managers, suppliers, etc., is responsible for ensuring that directives established by local public health authorities as well as the measures required by the confederations and/or by FIFA are fully adhered to.

The competition organiser and appointed personnel of responsibility should be/remain informed about the most up-to-date COVID-19 outbreak guidance available (official web resources available from the national government, local public health authorities, WHO, etc.). This includes active review of global and national situation reports, as provided by the WHO and national public health or government authorities, particularly those providing participants required to travel for the match.⁵

Measures should be put in place to inform, instruct, train, monitor, supervise, control and respond to the requirements recommended in this document.

The appointment of competent individuals to monitor compliance with the measures described in this document is critical.

⁵ WHO (2020), Coronavirus disease (COVID-19) pandemic: www.who.int/emergencies/diseases/novel-coronavirus-2019.

The following should be produced in writing for each match:

- a COVID-19 Medical Preparedness and Response Plan (as per [Section 12](#) of the International Match Protocol and [Annexe C](#)), including detailed COVID-19 preventative measures for all official sites;
- an operational plan⁶ for match operations at the stadium, including:
 - o a (temporary) code of conduct/stadium regulations and the details of sanctions in place for breaches of protocol (e.g. removal/exclusion of individuals from the stadium) (see [Section 6.3 of Annexe A](#));
 - o details of all constituent groups and group quotas that will attend the match (see [Section 6.1 of Annexe A](#));
 - o details of processes and activities where physical distancing cannot be easily maintained with the control measures put in place (e.g. closed spaces used by football technology, media, broadcasting professionals, etc.);
 - o details of catering activities and applicable restrictions;
 - o measures agreed with the public services, such as police and ambulance providers;
 - o a map of the stadium defining all areas/zones, routes and access/exit points (see [Section 6.1 of Annexe A](#));
 - o the maximum capacity and layout for each room/area/zone within the stadium to allow physical distancing to be maintained;
 - o information on the management, movement and scheduling of constituent groups and their vehicles to allow physical distancing to be maintained, wherever possible, for example: one-way systems for people and vehicles, measures implemented to reduce crossover of people flows, sectorisation of the stadium, etc.;
 - o a broadcast and media management plan with scheduled activities, timings and restrictions (see [Chapter III of Annexe A](#));
 - o a security plan, including a personal/material/vehicle screening process and details of the accreditation system defining access control for the stadium and its zones;
 - o measures to ensure that plans do not conflict with the stadium's existing security and emergency action plans, and fire regulations;
 - o a transport plan addressing travel to and from the stadium for constituent groups, and in particular Contact Groups 1 and 2, to minimise the usage of shared or public transport;
 - o details of parking arrangements; and

⁶ Sports Grounds Safety Authority (2020), COVID-19 guidance: <https://sgsa.org.uk/covid/>.

- o a signage plan to support the implementation of these protocols;
- arrangements to ensure that there is an uninterrupted supply of personal and hand-hygiene equipment and consumables at the stadium;
- measures to ensure that all areas of the stadium are cleaned to the standard defined by local public health authorities and/or herein.

If spectators are admitted to the stadium, detailed concepts regarding the following aspects may be required in addition to the above:

- ticketing;
- spectator transport;
- spectator catering.

These concepts should be flexible enough so that they may be adapted as the situation evolves.

ANNEXE C

COVID-19 Medical Preparedness and Response Plan

A COVID-19 Medical Response Plan should be developed in coordination with all event operational departments and the local public health authorities. This plan will play an essential part in the mitigation of risks identified using the football-specific risk assessment tool (as mandated by Section 4 of the International Match Protocol). The requirements detailed below can also be found in the mitigation checklist contained in the football-specific risk assessment tool.

Crucially, the plan sets out actions to take in case of a medical contingency scenario occurring, and attributes clear roles and responsibilities as part of a multi-agency medical response.

The following constituent parts are to be reflected in this document:

- a description of the status and prognosis of the current risk situation and local epidemiological situation;
- established screening measures (including temperature checks, screening for COVID-19 symptoms on arrival, health screening questionnaires, contact tracing, travel history questionnaires, etc.) in place for match participants and other attendees, for example at the first entry to an official site connected with the match;
- detailed COVID-19 preventative measures for all official sites;
- details of appointed suppliers of COVID-19 laboratory diagnostic tests or required certification levels, along with the testing regime for the match;
- different scenarios of event modification, developed regarding the status and prognosis of the local and global epidemiological situation; the most likely scenarios are to be developed into contingency plans – for example, additional (short-notice) travel and/or movement restrictions due to an increase in COVID-19 cases;
- additional control measures in place both for the normal and scenario/contingency running of the event, including the use of basic as well as specialist PPE, contact tracing, risk communication, cleaning and disinfection protocols and medical management protocols for suspected/confirmed COVID-19 cases;
- a cooperation protocol/agreement with the local public health sector with clear zones of responsibility for COVID-19 case management, including testing, isolation/quarantine, medical care, and transport for all different groups of attendees;

- a procedure that clearly identifies how any individual should report feeling unwell or displaying COVID-19 symptoms while at an official site; this includes teams, FIFA Match Appointees, working personnel and spectators (if permitted) at all official sites connected with the match;
- an agreed reporting protocol on whom the host association or visiting teams should contact in the host country to report confirmed or suspected cases and request advice, testing and epidemiological investigations as required by the local public health authorities;
- in relation to the protocol above, a rapid response agreement during critical phases of the match, for example on MD-1 or MD, along with levels of decision-making between the host association, confederation (if appropriate) and local public health authorities;
- a description of the first-aid and other event medical services on-site, their equipment, their roles and responsibilities;
- details of medical teams which are equipped to support players and other individuals with acute respiratory symptoms;
- details of isolation rooms/spaces or mobile isolation units available on all official sites used for the event (including training facilities and hotels);
- procedures in place to quickly isolate suspected/confirmed cases;
- details/locations of and access arrangements with designated medical facilities that can address severe respiratory disorders in patients with COVID-19 infection;
- details of arrangements in place with local public health/transport services with trained professionals (ambulatory services) available to transport critically ill patients with a severe acute respiratory syndrome to a hospital;
- arrangement for movement of patients out of the country, including those who are asymptomatic, but have tested positive;
- protocols in place to notify all relevant individuals of possible exposure to COVID-19 if there are any suspected or confirmed cases at an official site.

As a minimum, the COVID-19 Medical Preparedness and Response Plan should comply with the measures stipulated herein. If the respective host country's, host association's or confederation's requirements are stricter or more exhaustive than some or all of the provisions established in this document, those requirements shall prevail, provided that the COVID-19 Medical Preparedness and Response Plan covers the constituent parts as suggested above.

ANNEXE D

Template: Match Preparation Information Sheet¹

MATCH PREPARATION INFORMATION SHEET

Important notice:

This information sheet should be carefully prepared by the host association, following consultation with the relevant local competent authorities, as required by FIFA's Return to Football – International Match Protocol. The host association is to remain in continuous dialogue with such local authorities, as well as all affected stakeholders in preparation of the match.

This document should be transmitted no later than 14 days prior to the match to the following participants:

- visiting team/association, FIFA Match Appointees (match officials, FIFA Match Commissioner, Referee Assessor, Safety and Security Officer, etc.), and confederation.

Any substantial changes to the arrangements listed on this sheet must be notified to the stakeholders listed above without delay.

Part I – KEY CONTACTS

MATCH DETAILS

Competition:
Matchday #:
Date:
Home team:
Visiting team:
Name of stadium:

DD/MM/YYYY

VERSION/ISSUE NUMBER

Date of Issue:
Version of this document:

KEY CONTACTS IN HOST VENUE

Host association Lead Hygiene Officer

Name, surname:
Mobile phone (incl. country code):
Email address:

Host association Medical Response Coordinator

Name, surname:
Mobile phone (incl. country code):
Email address:

¹ <https://resources.fifa.com/image/upload/imp-match-preparation-information-sheet-en.pdf?cloudid=hp4psmgjph1g2rhtcq32>.

<p>Hygiene Officer present at the stadium (on MD-1 and MD) Name, surname: Mobile phone (incl. country code): Email address:</p>	
<p>Appointed COVID-19 testing facility Name of facility: Name of key contact: Contact phone (incl. country code): Address of facility: Website (if available): Email address (if available):</p>	
EMERGENCY CONTACTS IN HOST VENUE	
<p>Emergency doctor/medical contact Name, surname: Mobile phone (incl. country code): Email address:</p>	
<p>Nearest hospital for emergencies: Name of facility: Contact phone (incl. country code): Address of facility: Website (if available): Email address (if available):</p>	
NATIONAL COVID-19 REPORTING REQUIREMENTS	
<p>Name of relevant competent authority (e.g. public health authority):</p>	
<p>Measures to take if an individual shows symptoms of COVID-19, as mandated by the relevant competent authority:</p>	
<p>Measures to take if an individual tests positive for COVID-19, as mandated by the relevant competent authority:</p>	
<p>Medical facilities equipped to receive individuals who test positive for COVID-19 and require medical assistance:</p>	
<p>Other protocols mandated by the relevant competent authority (if any):</p>	

Part II – COVID-19 PROTOCOLS AND PREVENTATIVE MEASURES	
Residual risk score and risk level as per the football-specific risk assessment:	Risk score: Risk level:
Overview of the current COVID-19 situation in the host country and host venue:	
Relevant travel restrictions for travel to the host country or host venue:	
Relevant movement restrictions in the host country or host venue:	
Website (if available) of the local authority that provides the latest indication on restrictions:	
COMPULSORY PROTOCOLS AT THE STADIUM OR OTHER OFFICIAL SITES	
Arrangements for arrival/departure to the host country/host venue:	
Ground transportation arrangements:	
Additional testing arrangements in the host venue (i.e. city):	
Arrangements for checking confirmation of test results:	
Stadium: dressing room services (e.g. towels, catering, ice, sanitisers, etc.):	
Stadium: relevant match protocols (e.g. zoning, warm-up, substitutes' benches, countdown, etc.):	
Stadium: media activities:	
Any other relevant points:	

List of references and links

The links below were correct at the time of publication.

FIFA:

FIFA (2020), COVID-19 resource centre:

www.fifa.com/what-we-do/covid-19/

Regulations for the FIFA World Cup 2022™ Preliminary Competition:

www.fifa.com/worldcup/organisation/

Regulations Governing International Matches:

<https://resources.fifa.com/image/upload/regulations-governing-international-matches-2325685.pdf?cloudid=pywuiwvfl5aqvhs2i7>

FIFA Equipment Regulations:

<https://resources.fifa.com/image/upload/equipment-regulations-515430.pdf?cloudid=q3drmdesvc8bbmanff8d>

FIFA Stadium Safety and Security Regulations:

<https://img.fifa.com/image/upload/xycg4m3h1r1zudk7rnkb.pdf>

FIFA football-specific risk assessment tool:

<https://resources.fifa.com/image/upload/covid-19-football-ra-060520a-final-hsp.xlsx?cloudid=raw/upload/gasm901hqp2n0zj4mtr.xlsx>

FIFA (2020), Hygiene Implementation Officer training module:

<http://covid-19-module.fifa.com>

World Health Organization (WHO):

(in order of appearance in this document)

WHO (9 July 2020), Transmission of SARS-CoV-2: implications for infection prevention precautions:

www.who.int/publications/i/item/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations

WHO (10 May 2020), Considerations for public health and social measures in the workplace in the context of COVID-19:

www.who.int/publications/i/item/considerations-for-public-health-and-social-measures-in-the-workplace-in-the-context-of-covid-19

WHO (2020), Coronavirus disease (COVID-19) Weekly Epidemiological Update and Weekly Operational Update:

www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

WHO (2020), WHO COVID-19 Mass Gatherings Risk Assessment Training:
<https://openwho.org/courses/WHO-COVID-19-mass-gatherings-risk-assessment-training>

WHO (5 June 2020), Advice on the use of masks in the context of COVID-19:
<https://apps.who.int/iris/handle/10665/332293>

WHO (2020) Coronavirus disease (COVID-19) advice for the public: When and how to use masks:
www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks

WHO (9 March 2020), COVID-19: Occupational Health:
www.who.int/news-room/detail/09-03-2020-covid-19-for-health-workers

WHO (2020), Responding to COVID-19, Real-time training for the coronavirus disease outbreak:
<https://openwho.org/channels/covid-19>

WHO (16 May 2020), Cleaning and disinfection of environmental surfaces in the context of COVID-19:
www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19

WHO (10 May 2020), Contact tracing in the context of COVID-19:
www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19

WHO (2020), Coronavirus disease (COVID-19) pandemic:
www.who.int/emergencies/diseases/novel-coronavirus-2019

Other:

Sports Grounds Safety Authority (2020), COVID-19 guidance:
<https://sgsa.org.uk/covid/>

Sports Grounds Safety Authority (2020), SG02: Planning for physical distancing international edition:
<https://sgsa.org.uk/sg02international/>

Sports Grounds Safety Authority (2020), Supplementary Guidance 02: Planning for physical distancing at sports grounds:
<https://sgsa.org.uk/wp-content/uploads/2020/09/SG02-international-English.pdf>

