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## **USOPC Sports Event Planning Considerations post-COVID-19**

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**Preamble:** The USOPC is dedicated to protecting the health and safety of Team USA. The purpose of this document is to provide sports organizations (including National Governing Bodies [NGB]) with information they can use to assist them with planning a sports event in the context of COVID-19. As a guideline meant to be used by sports as varied as archery and wrestling in locations as diverse as Minot and New York City by athletes and organizations with vastly different resources, this document cannot be prescriptive; rather, it should spark thoughtful deliberation among event planners to create their own unique event plan that is specific to their sport and situation. These recommendations may not be practical for junior or lower level amateur events. Many of the recommendations rely upon rules and regulations set forth by public health authorities, which will be different across the country and around the world. Furthermore, athletes, staff, media and spectators may travel to the event from around the world, thus increasing the risk of introducing COVID-19 into the event. In addition to the logistical challenges of planning an event in the context of COVID-19, there are also ethical and societal considerations that are beyond the scope of this document. These include, but are not limited to:

- When is the rate of community COVID-19 transmission, and therefore the risk of infection, low enough to allow a sports event?
- If the event is restricted to only athletes and essential support staff, can adequate testing of this group be performed to limit their risk of contracting COVID-19 during the event?
- Is it appropriate for COVID-19 testing to be used for athletes and staff of a sports event when there are national and worldwide shortages of these tests?



## USOPC SPORTS MEDICINE

- Can event management mandate testing of athletes and essential support staff in order to participate in the competition?
- Can event management exclude athletes from competing in the competition if they test positive for COVID-19 and/or present with signs and symptoms of COVID-19?
- Is it appropriate for athletes, event staff and spectators to be supplied with or use personal protective equipment (PPE) meant for medical personnel when there is a worldwide shortage of PPE?
- Should or can you restrict athletes from participating in an event if they travel from a location with active community transmission of COVID-19?

Finally, although the young and healthy tend to have less severe cases of COVID-19, every case of this disease is potentially life-altering or deadly, particularly in those with risk factors that may occur in our Olympic or Paralympic athletes such as asthma, hypertension, diabetes, liver disease, kidney disease, immune suppression, or neurologic disorders affecting respiration. Furthermore, many essential support staff and spectators will have one or more of these risk factors plus additional risk factors such as age > 65. Even when no or very limited active transmission of COVID-19 is occurring in a specific region, it is likely that easing of public health restrictions or allowing people to travel to the event from distant sites will result in re-introduction of COVID-19 infections into the community and “second wave” outbreaks. Until COVID-19 is either eradicated, a vaccine is developed, or a cure is found, there is no way of completely eliminating the risk of fatal infection. This should always be in the forefront of your mind when planning your event.

### **Event Planning**

#### ***1. Financial impact of cancellation***

- a. It is likely that events will frequently need to be cancelled due to recurrent outbreaks of COVID-19 making event planning less predictable. One should consider if the financial impact of an event cancellation close to the time of the event will have a significant negative financial impact on the event organizer, associated organizations, athletes, or spectators. Is there significant financial risk associated with event cancellation?
  - i. Yes = proceed to 1b
  - ii. No = proceed to 2
- b. Can the financial risk be mitigated through means such as event insurance, establishing financial impact timelines for cancellation, reschedule the event for a later date, or negotiate a contract that limits negative financial impact (e.g., no guaranteed hotel block, no guaranteed minimum catering costs, etc.)?
  - i. Yes = implement risk mitigation measures and proceed to 2.
  - ii. No = consider not planning the event.



**USOPC  
SPORTS  
MEDICINE**

## **2. Event date**

- a. Choose based upon:
  - i. Duration of time it takes for the athletes to adequately prepare for the event
    1. This information should be determined by engaging athletes, exercise physiologists, coaches, and other experts from the target sport
  - ii. Athlete access to training facilities. This will depend upon:
    1. Region where training will take place
      - a. Restrictions will be reduced by public health authorities based upon many factors such as the prevalence of ongoing COVID-19 infection in the region and available public health resources
      - b. Determine what regions are critical for athlete training and when athletes will be able to train in those regions
    2. Type of sport
      - a. Some sports can be practiced independently and have a low risk of disease transmission (e.g., long distance running), while others require close physical contact with a high risk of disease transmission (e.g., wrestling). These factors will impact when an athlete can resume normal training.
  - iii. When public health authorities will allow sports events to take place in the chosen region
  - iv. When the venue will be available
  - v. Miscellaneous factors (e.g., season/weather)

## **3. Event location**

- a. Choose a region with limited or no active coronavirus transmission
  - i. Remember that when people travel from outside the region, they are introducing the risk of the region from which they came. This can be mitigated by having them travel to the event location a minimum of 14 days prior to the event and following the instructions outlined in section 4.g.ii.1 or possibly 5.g.ii.2 as our understanding of these tests evolve and if resources allow.
- b. The area must have the infrastructure to host the event
  - i. Venue, security, medical (public health resources, hospitals, EMS, etc.), transportation, lodging, restaurants, etc.
- c. Factors that may mitigate the risk of infection



## USOPC SPORTS MEDICINE

- i. Availability of lodging with private rooms for all athletes, coaches, event staff and media
  - ii. Outdoor venues are preferable as they likely have less risk of infection transmission than indoor venues
  - iii. Separate venue access/egress routes for athletes, coaches, event staff, media and spectators
  - iv. Adequate space in venue access/egress locations to enable social distancing
- d. Sufficient space and/or venue layout to enable appropriate medical setup
- i. Easily accessible and appropriately sized room for medical clinic located near venue access/egress route
  - ii. One or more adjacent rooms that can be used for isolation of person(s) with suspected infection
- e. For series of events that are supposed to take place in different locations at scheduled time-intervals (e.g., each weekend), consider limiting the number of locations and repetitively using these locations to reduce the need for travel for athletes, coaches, event staff, media and spectators; improve coordination with local businesses, public health authorities and medical systems; and facilitate infection mitigation procedures.

#### **4. Risk of Infection Transmission**

- a.** Although there are not yet any specific scientific studies evaluating the risk of COVID-19 transmission in sport, it is logical that certain sports will have a higher risk than others. Furthermore, since COVID-19 can result in critical illness or death, consideration of the inherent risk associated with different sports should be part of the planning process. The following is a proposed risk stratification scale for COVID-19 transmission in sports:
- i.** High Risk: sports that involve close, sustained contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants
    - 1.** Examples: wrestling, boxing, judo, karate, taekwondo, rugby
  - ii.** Moderately Risk: sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particle transmission between participants OR intermittent close contact OR group sports OR sports that use equipment that can't be cleaned between participants
    - 1.** Examples: bobsleigh, doubles luge, multi-person rowing, multi-person kayaking, multi-person canoeing, basketball,



## USOPC SPORTS MEDICINE

volleyball, baseball, soccer, water polo, gymnastics (if equipment can't be sufficiently cleaned between competitors), hockey, table tennis, tennis, swimming relays, synchronized diving, pole vault, high jump, long jump, artistic swimming, badminton, fencing, cycling in a group, running in a group, triathlon, modern pentathlon, group sailing, cross country skiing, biathlon, Nordic combined, short track speedskating, speed skating in a group

- iii.* Low Risk: sports that can be done with social distancing or individually with no sharing of equipment or the ability to clean the equipment between use by competitors
  - I.* Archery, shooting, individual running events, individual cycling events, individual swimming, individual canoeing, individual kayaking, individual rowing, individual diving, equestrian dressage or eventing, golf, individual sailing, skateboarding, sport climbing, trampoline, weightlifting, alpine skiing, single luge, curling, freestyle skiing, individual speedskating, snowboarding, ski jumping
- iv.* High risk sports should be avoided until risk mitigation measures can be performed that eliminate the risk of COVID-19 transmission between competitors. Potential ways this could be accomplish include:
  - I.* Determining that no competitors participating in the event has COVID-19 by:
    - a.* Isolating each athlete for 14 days prior to the competition and ensuring they don't develop any signs or symptoms of COVID-19, OR
    - b.* Having two negative COVID-19 tests 24 hours apart within a few days of the competition and ensuring the athletes are isolated from the time of the tests until the competition
- v.* Moderate risk sports should be avoided until the risk of COVID-19 between competitors can be eliminated (see above) OR measures can be taken to make the sport low risk such as switching group activities to individual activities (e.g., running, cycling, cross-country skiing, Nordic combined, etc.)



## USOPC SPORTS MEDICINE

- vi. Low risk sports can be planned when public health officials and government authorities will allow the competition and appropriate event planning takes place (see *Event Planning* section)

### 5. *Event Planning*

- a. Appoint a medical director for the event
- b. Determine who or what group will have decision making authority to modify, restrict, postpone, or cancel the event
  - i. The medical director should be given the authority to cancel the event based upon public health risk
- c. Use the following [World Health Organization resources](#) to help you assess the risk of your event and develop a risk mitigation plan:
  - i. Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak (Appendix 1)
  - ii. Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19 (Appendix 2)
  - iii. Sports event mass gatherings COVID-19 risk assessment tool (Appendix 3)
  - iv. Mass gatherings COVID-19 decision tree (Appendix 4)
- d. Obtain approval for the event from local government authorities
- e. Work closely with county and state public health authorities throughout the event planning process to obtain the most accurate information regarding the local COVID-19 situation, facilitate sharing of information between the event planners and public health authorities, ensure coordination of public health resources, and make certain proper public health policies and procedures are developed by the event planners
- f. Identify local healthcare resources (e.g., urgent cares, emergency rooms, ambulance services), notify them of the event time and location, develop the event's medical plan with their input, create a flyer with the name, address and contact number for local healthcare resources that can be given to athletes, coaches, event staff, media and spectators
- g. Determine who will be allowed at the event
  - i. Group people into Tiers from essential to non-essential and decide which Tiers will be allowed at the event
    - 1. Tier 1 (Essential): Athletes, coaches, officials, event staff, medical staff, security, anti-doping officials
    - 2. Tier 2 (Preferred): Media, volunteers, recovery staff (e.g., massage therapists)
    - 3. Tier 3 (Non-essential): Spectators, vendors



# USOPC SPORTS MEDICINE

- ii. Criteria for attending/participating in the event
  1. Required
    - a. No signs or symptoms of COVID-19 (Appendix 5) in the past 14 days
      - i. If an athlete has had a case of documented COVID-19 infection, they need a note from their doctor indicating they are cleared to participate in competition
    - b. No close sustained contact with anyone who is sick within 14 days of the event
      - i. Since the signs and symptoms of COVID-19 can be fairly non-specific and not just respiratory symptoms, it is recommended that athletes should not be in close sustained contact with anyone who is sick for 14 days prior to beginning group training. This requirement reduces the risk of introducing COVID-19 into the training group by someone who may have COVID-19 but isn't experiencing any symptoms yet.
  2. Additional criteria that could be used for Tier 1 individuals based upon advancements in scientific knowledge, test availability, and athlete/organizational resources\*
    - a. Two negative COVID-19 tests separated by 24 hours
      - i. Tests must be performed the week of the event and results must be available prior to the event. Tests would need to be repeated if the individual subsequently:
        1. Has close sustained contact with someone with documented COVID-19 infection
        2. Develops signs or symptoms of COVID-19 infection
    - b. Coronavirus serology demonstrating prior infection (i.e.: presence of IgG), but no current infection (i.e.: lack of IgM)
      - i. The test must be performed prior to beginning group training



## USOPC SPORTS MEDICINE

3. Additional considerations when deciding who can attend/participate in the event
  - a. COVID-19 prevalence and active transmission rates in the location from which an individual is traveling
  - b. How long they have been in the event region
  - c. If they have had a prior case of documented COVID-19 from which they have recovered
- iii. Using multi-modal communication strategies (e.g., flyers, social media, website, etc), encourage individuals at high risk for severe illness not to attend the event. Risk factors include:
  1. > 65 years of age
  2. Moderate to severe asthma
  3. Chronic lung disease
  4. Serious heart conditions
  5. Immunocompromised
  6. Severe obesity
  7. Diabetes
  8. Liver disease
  9. Living in a nursing home or long-term care facility
- h. Develop event medical plan with particular attention to COVID-19 factors. This plan should include:
  - i. Establishing medical team leadership structure
  - ii. Determining required number and type of medical personnel
  - iii. Clearly defining roles and responsibilities of medical team members
  - iv. Determining necessary medical supplies. Specific to COVID-19, be sure to order the required personal protective equipment (PPE) for anyone who will be in close contact with those with a possible infection (i.e.: ushers, vendors, security personnel and medical personnel should wear gloves and face masks). When evaluating someone with possible COVID-19, medical personnel should wear N95 face masks that are fit tested, gowns, gloves and goggles/face shields.
  - v. Determining medical clinic location(s), isolation room location(s), medical personnel locations outside the medical clinic (e.g., by the field of play, in the spectator locations, etc.) and ambulance location
  - vi. Identifying access/egress routes for medical personnel to key locations in the venue (e.g., from the field of play to the ambulance or medical clinic, from the medical clinic to the ambulance, etc.)





## USOPC SPORTS MEDICINE

- vii. Creating lines of communication between medical team, local emergency medical services, event organizers, event staff, athletes, coaches and spectators
  1. Ensure all stakeholders are educated on how communication will take place, and how to contact the medical team
- viii. Developing infection prevention measures (see *infection mitigation procedures* section)
- ix. Identifying individuals with possible infection by:
  1. Screening everyone at the venue entrances for signs and symptoms (including temperature checks) of COVID-19 (Appendix 5)
  2. Having designated event staff (e.g., security and medical personnel) observe athletes, coaches, event staff, media and spectators at the venue for signs or symptoms of COVID-19
    - a. If an individual is identified with these signs and symptoms, the appropriate event staff (i.e., medical and/or security) should be notified, they should don their PPE, approach the potentially sick individual, provide them with a face mask, and escort them either out of the venue (if they are not an athlete or their signs and symptoms are obvious) or to the medical clinic (if they are an athlete or their signs or symptoms are questionable).
      - i. If they are escorted out of the venue, they should be given a flyer with information regarding local medical resources and instructed to either contact their medical provider or one of the local medical resources for further evaluation.
      - ii. If they are taken to the venue medical clinic, they should be assessed in the isolation room by medical personnel wearing appropriate PPE to determine if they have signs or symptoms of COVID-19.
        1. If they do not have signs or symptoms of COVID-19, they can be released back into the venue
        2. If they do have symptoms of COVID-19,



# USOPC SPORTS MEDICINE

- a. **Non-athletes** should be escorted out of the venue by a staff member wearing appropriate PPE, given a flyer with information regarding local medical resources and instructed to either contact their medical provider or one of the local medical resources for further evaluation. Coaches and event staff should notify their team or supervisor so they can plan accordingly.
  - b. Arrangements should be made for **athletes** to be evaluated and/or tested for COVID-19 at a local medical facility
  - c. If the event medical team or organizers are notified that an athlete or non-athlete who was at the event subsequently tested positive for COVID-19, the communication process outlined in section 5.j.iv should be activated.
3. Promoting self-monitoring for signs or symptoms of COVID-19 (Appendix 5) through multi-modal communication before (e.g., e-mail, event website, social media, etc) and during (e.g., handouts, posters, announcements, texts, etc) the event.
  - a. Those with signs or symptoms of COVID-19 **prior to the event** should be encouraged not to come to the event and event policies and procedures regarding screening and who will be allowed into the event should be clearly communicated. Instructions regarding what to do (i.e., self-quarantine) and who to contact (i.e., event medical [athletes], their healthcare provider or local medical resources) if they are experiencing any of these signs or symptoms.



## USOPC SPORTS MEDICINE

- b. Those with signs or symptoms of COVID-19 **during the event** should:
  - i. Contact the event medical team to arrange for an evaluation if they are an **athlete**
  - ii. Leave the venue and contact either their healthcare provider or local medical resources if they are **anyone else**. Coaches and event staff should notify their team or supervisor so they can plan accordingly.
- i. Infection mitigation procedures
  - i. Education
    1. Ensure all event medical personnel have completed COVID-19 education
    2. Prior to the event, provide multi-modal communications (e.g., e-mail, social media, website, race packet, etc.) regarding infection mitigation procedures (i.e.: hand washing, avoid touching face, social distancing, etc.)
    3. During the event, provide multi-modal communications (e.g., handouts, posters, overhead announcements, texts, event program, etc..) describing infection prevention measures
  - ii. Screen everyone who enters the venue for infection and prevent those with suspected infection from entering the venue (see *Identification of individuals with possible infection* section)
  - iii. Use different entrances for Tier 1 individuals versus Tier 2 and 3
  - iv. Develop a procedure that ensures social distancing at venue entrances, exits, aisles, spectating locations (e.g., every 3<sup>rd</sup> seat, every 3<sup>rd</sup> row, designated/marked standing locations for spectators with 6 feet between each standing location, etc.) and between Tier 1 individuals (e.g., athletes enter stadium one by one, decreased number of competitors per heat, etc.)
  - v. Create clear separation between different Tiers of people at the venue
  - vi. Monitor people at the venue for signs or symptoms of infection (see *Identification of individuals with possible infection* section)
  - vii. Provide hand sanitizer in multiple targeted locations throughout the venue (i.e.: near areas/items frequently touched by multiple people such as doorways, drinking fountains, etc.)
  - viii. Provide facial tissue throughout the venue with adjacent trash receptacle



## USOPC SPORTS MEDICINE

- ix. Establish frequent cleaning schedule for high touch areas using disinfectant before, during, and after the event\*\*
  - x. Clean equipment between each athlete use if relevant and possible OR have athlete use their own equipment and prohibit sharing of equipment\*\*
  - xi. Janitorial/facilities staff performing cleaning and laundering should wear appropriate PPE (i.e.: gloves, face masks) to prevent contact with potentially contaminated surfaces/items, and protect from toxicity associated with cleaning products
  - xii. Have athletes bring their own food and hydration. If the event requires “hand-ups” of food and/or hydration, have hand-ups performed by single individual for each athlete to minimize the number of people who touch their food and hydration, and have that individual follow proper infection prevention measures (i.e.: use hand sanitizer or wear gloves when touching the food or water bottle, etc.)
  - xiii. Have athletes only use their own towel and hygiene products (i.e.: soap, deodorant, etc.)
- j. Communication
- i. Establish communication with public health authorities
  - ii. Multi-modal communication (e.g., newsletter, webinar, email, website, social media, event packet, etc) with event athletes, coaches, event staff, media and spectators regarding plans that have been developed to identify those with a potential infection, how this will be addressed, and infection mitigation measures taken by the event planners
  - iii. Place informational posters throughout venue describing:
    1. How to prevent the spread of infection
    2. Signs and symptoms of COVID-19 and what to do/who to contact if they have these symptoms
    3. How to contact medical personnel
    4. Who is at risk for more severe infection
  - iv. Create notification process for all event athletes, coaches, event staff, media, spectators and vendors if the organizers/medical personnel learn of suspected or confirmed cases of COVID-19 at the event
  - v. Determine communication strategy for risk mitigation to ensure clear, accurate communication with event athletes, coaches, event staff, media, spectators and vendors
  - vi. Provide post-event summary to athletes, coaches, event staff, media, spectators and vendors



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This concludes the USOPC Sports Event Planning Considerations post-COVID-19 document. If you have comments or suggestions to improve its content, please contact [jonathan.finnoff@usopc.org](mailto:jonathan.finnoff@usopc.org).

\*COVID-19 testing is currently restricted in many regions to individuals hospitalized with signs and symptoms of COVID-19 infection. As testing becomes more available and the demand for tests decreases, testing will likely be made available to community and/or asymptomatic individuals under the direction of a doctor. Viral serology tests are being developed, but most do not have FDA approval. Furthermore, it is currently unknown how much immunity people with prior COVID-19 infection have to future infection, making interpretation of the results challenging. Both COVID-19 testing and serologic testing have an associated expense, which may limit the ability to perform widespread testing of athletes.

\*\* Cleaning of living spaces and training facilities should follow the [CDC recommendations for cleaning and disinfecting community facilities](#). Frequently touched areas (e.g., door handles, light switches) should be cleaned multiple times daily. Work-out equipment should be cleaned with anti-septic cleansers prior to use, between use by different athletes, and after use.

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