



SPORTS MEDICINE / SPECIAL MATCH OPERATIONS TASK FORCE IN PROFESSIONAL FOOTBALL | VERSION 2

STADIUMS | TRAINING FACILITIES | HOTELS | HOME HYGIENE



CONTENTS

1. Medical concept for training and match operations in professional football in the context of the SARS-CoV-2 pandemic.....	P. 3
2. Guidelines for organisational precautions in the stadium.....	P. 9
3. Guidelines for procedural and hygiene precautions in the stadium.....	P. 25
4. Guidelines for TV production.....	P. 30
5. Guidelines for resuming team training.....	P. 38
6. Guidelines for hotel accommodations.....	P. 41
7. Guidelines for home personal hygiene in everyday life.....	P. 43
8. Guidelines for home personal hygiene in quarantine.....	P. 46

Appendix:

- Use of guidelines based on format

MEDICAL CONCEPT (1/6)



Aim

To discuss the requirements from a medical perspective – and meet them, if possible – in order to complete the Bundesliga and Bundesliga 2 season in May/June 2020 (9 match days remaining for each), as well as the 3. Liga men's season (another 11 match days) and the FLYERALARM Women's Bundesliga (another 6 match days) with a regular number of matches. In addition, the DFB championship competitions for men (status: semi-final with three Bundesliga clubs and one regional league club) and women (quarter finals with six clubs in the FLYERALARM Women's Bundesliga and two Bundesliga 2 clubs) were also discussed.

Note

The aim must not be to "guarantee the 100% safety of all participants", since this is likely to prove impossible. The idea is to ensure a medically justifiable risk based on the significance of football (in societal, socio-political and economic terms) and on the development of the pandemic. All measures are built on the strict premise that there is no resulting competition with the general population over COVID-19 prevention resources.

Introduction

Preventative measures are required at various levels to tackle the medical challenges that professional football faces due to the COVID-19 pandemic. The goal here is to prevent infection for everyone involved as well as to stop transmission to others, should infection occur despite the preventive actions. It seems worthwhile to divide the

medical measures for protecting everyone involved based on content (and to stagger their timing for all intents and purposes). We are primarily presuming three different fields of action:

- I. Documenting COVID-19 cases and their progression in all the clubs from 27 April to the last season match for the entire periphery of the teams and (assistant) referees.
- II. Frequent and regular testing of people directly and indirectly involved in training and competition for COVID-19 infection in an appropriate format.
- III. Ensuring that the risk of contagion is minimised during joint training and matches (logistics and organisational measures at the training and match site as well as rules of conduct for everyone involved).

MEDICAL CONCEPT (2/6)



Regarding a)

All Bundesliga, Bundesliga 2, men's 3. Liga and FLYERALARM Women's Bundesliga clubs as well as all potential referees/assistant referees for these categories will be provided with a list used to centrally collect anonymised data on recent cases of COVID-19 infections (date and circumstances of infection, disease management, contacts, disease progression etc.). A legal review regarding data protection was carried out by the legal departments of DFL and DFB. This data is meant to be used to obtain as accurate an image as possible of the typical circumstances of infection among professional football players and their contacts, including training and training staff as well as (assistant) referees. Even though the current situation may differ from regular training operations, it is expected that this collection of information will yield findings that allow the risk of transmission to be reduced in future. It also seems realistic that this method would improve knowledge of the "typical progressions" of COVID-19 cases among young, able-bodied athletes. This information is intended to be used for all training/competition activities organised in future as well as in the home settings of athletes, trainers and referees.

During the collection of this data, the clubs were also asked about people on teams and around the teams with risk factors for severe progressions of COVID-19 infections. If it is not possible for these people to keep away from training and competition operations (preferred solution), at least they can be afforded special attention in all preventative measures. Data will continue to be collected for the entire

season.

Regarding b)

Contagious players and/or trainers should be inhibited from encountering uninfected people during training/competition activities and infecting them. To do this, we will first use an information campaign on optimal hygiene in the clubs and consistently survey symptoms and excluding players and trainers with suspicious symptoms from training and match operations. Second, we also plan on targeted and appropriate testing of all parties involved for potential COVID-19 infections. Testing for the presence of SARS-CoV-2 RNA (nasopharyngeal and/or oropharyngeal swab + PCR) twice per week during the ongoing season is considered appropriate, always the latest possible before the match (i.e. automatically twice if there are mid-week games) with results available in time before heading to the stadium. The head team doctors of each club are responsible for organising the tests (not necessarily for performing them) and for documenting the results.

MEDICAL CONCEPT (3/6)



Positive test results will result not only in a report to the health authorities, but also immediate isolation of the person concerned and an extensive log of contacts, in order to selectively initiate further testing and any other measures.

Such tests can begin effective immediately with the aim of resuming football-specific training as soon as possible, with only players and trainers that have definitely tested negative participating. Before kicking off regular team training, at least two tests are required of everyone involved in training operations – preferably within 5 days (inclusive) of the day before training kicks off. The same procedure shall be used for referees before resuming matches. The multi-week training operations under continuous monitoring of infection, and in observance of the isolation measures, also serves as a test run for match operations, during which individual teams will be forced to mix more heavily – at least on the pitch. As an additional safety measure, at least seven days prior to the start of the season will be spent in quarantine at a training camp, where regular swab testing will be continued.

In addition to this, PCR testing will be carried out on private (household) contacts. These are voluntary due to a lack of contractual obligations and the potential inclusion of children. This testing is carried out once at the start and once roughly halfway through the period remaining until the end of the season. As an alternative to this procedure (for anyone who does not wish to undergo testing), every contact the people living in the same household have with the outside world must be

documented in writing and the corresponding protective measures must be described. In the event that people in the player's/trainer's household engage in unprotected contact with the outside world, the player or trainer cannot go into private quarantine unless the contact person(s) also agree to testing, and the testing period and frequency to ensure there is no more danger in the training and match operations of the Bundesliga and Bundesliga 2 than in the general population. For cases where players/trainers are unable to return to their homes for the reasons cited, the clubs must provide suitable accommodation that fulfil all the required hygiene and distancing rules for quarantine status.

Testing samples can be pooled (multiple samples tested together) for measurement in order to save costs and resources. Based on discussions with major laboratory chains, the procedure described will definitely not impede on capacities for the general population.

MEDICAL CONCEPT (4/6)



Antibody tests will also be carried out in addition as part of a scientific study. Antibody testing will be organised centrally. Results cannot be interpreted to indicate presence of immunity at the individual level until sufficient test specificity has been achieved (as well as other quality criteria). This is not possible at the moment. In order to possibly reduce the swabbing required, the antibody test available needs to have sufficient specificity, meaning they need to detect actual protective antibodies against SARS-CoV-2 with a high degree of certainty. Only then is it probable enough that a person who tested positive for antibodies is actually immune and that there is no danger they may have had a "false positive" test result due to cross reactions with other common coronaviruses.

Regarding c)

The measures to be taken in stadiums, training facilities and during outbound journeys follow and supplement the recommendations already made in the medical commission's circular dated 16 March. These include consistently separating (potentially staggering presence) groups of people unable to avoid attending training and, particularly, competition activities (e.g. TV staff of players/trainers) from each other as well as offering abundant sanitiser (two dispensers per locker room, one dispenser at the entry of each set of showers, multiple dispensers in the area of the players' tunnel and stadium vestibule) and soap as well as disposable wipes. Physical measures must also be taken to allow players, trainers and referees to change and shower in compliance with the required distancing. The staff of essential service providers (e.g.

camera crew) will be reduced to the absolute minimum and provided with hand sanitiser as well as face masks. Each club appoints a medically trained hygiene officer responsible for the observance of the rules mentioned in this document as well as accordingly notifying all the groups affected. This may be the team doctor, but is not required to be. If possible, this person should be relieved of competing obligations during this period. Individual tasks in the area of TV production may be delegated to another person (not more than one) with the corresponding expertise. A similar concept exists in NADA for any doping controls.

It should be noted that at-risk persons have already been identified through the surveying of in the clubs described in a). These people should be excluded from training and competition activities if possible.

MEDICAL CONCEPT (5/6)



If this involves players, the team doctor is responsible for thoroughly explaining this to the person/people concerned. Based on the individual risk, participation in training and competition is then decided on in consultation with the player. All players are subject to an annual medical exam system that includes the main organs of the circulatory system and the lungs, meaning that extremely low risk can be presumed in the vast majority of cases.

Given that hotels are currently closed, agreements need to be reached in advance in order to open early enough for teams and to take sufficient hygiene measures on hotel premises. This also applies for means of transportation used for outbound journeys.

In light of typical player contracts, discussion is needed regarding the extent to which participation in matches is voluntary, given that the danger of infection cannot be entirely eliminated (cf. "Note" on p. 1 of this document) after the risks and measures are explained by the respective team doctor. The task force approves voluntary participation in training and matches after being explained by the team doctor.

The task force sees additional room for medical action in the tendency of private individuals to gather in larger groups that sometimes results from television broadcasts to individual households. Such conduct absolutely must be prevented due to the COVID-19 pandemic. Suitable measures must be taken from a communications standpoint and are beyond the primary field of work for this task force. Any gatherings in

front of the stadiums (based on events in Paris during the CL match against Dortmund) must be inhibited by security services in good time.

Regarding a quarantine for contact persons in the event someone close to players and their immediate club surrounding is diagnosed with COVID-19; see recommendations from the Robert Koch Institute (RKI) "Monitoring contacts for respiratory diseases caused by coronavirus SARS-CoV-2" (German)

(https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Kontaktperson/Management.html)

Our measures fully accommodate the general principles in the event of special operations in professional football (principles 4–6 particularly pertinent), which are "focused on ... detection based on a confirmed case".

MEDICAL CONCEPT (6/6)



This is because vulnerable people were identified in advance (extensive mandatory screening tests among players prior to start of season; survey of clubs cited under a) and either informed of their personal risk if essential (e.g. for a coach) or excluded from participating in training and competition. Identification of illnesses as early as possible is also ensured by frequent medical monitoring (through daily doctor exams including at least weekly swab testing).

All the measures described result the people involved are much better protected from infection and eliminate the example scenarios mentioned in the RKI document (e.g. 15 min. face-to-face contact) to the greatest extent possible. The task force believes this generally warrants an RKI rating of category II (minor risk or infection) for the potential contacts of infected people close to the players and trainers and thus the omission of group quarantine; instead, measures to inform and reduce contact are to be optionally implemented. Individual players or trainers in closer contact with an infected person may of course still be isolated under the respective scenario. The local health authority is responsible for deciding on such measures.

Summary

The measures drawn up by the sports medicine task force are meant to allow professional league football matches to be held in the current unique situation with acceptable medical risk for all those involved. The preventative actions mandatorily set out for clubs and referees and other parties involved:

- I. Improve knowledge of the circumstances of transmission in the typical environment of professional football and of the progression of the disease among affected individuals (and subsequently allow for potential further improvements to prevention).
- II. Ensure the likelihood of having contagious players, trainers and referees in training and competition operations is minimised.
- III. Minimise the risk of transmission under the particular locational and temporal conditions of football training and competition.

Prof. Dr. med. Tim Meyer (Chair of the medical commission of DFB, Saarland University)

Prof. Dr. med. Barbara Gärtner (Specialist in microbiology and infection epidemiology, Saarland University)

PD Dr. Med Werner Krutsch (Universitätsklinikum Regensburg, FIFA Medical Center Regensburg, Sportpraxis Nürnberg)

Dr. med. Markus Braun (Head of sports medicine at Klinikum Dortmund, team doctor for Borussia Dortmund)

CONTENTS

- Zoning
- Dynamic planning of staff requirements
- Static planning of staff requirements
- Match day implementation on sports side



ZONING



Basics for zoning as well as static and dynamic planning of staff requirements

- The stadium premises were divided into three zones for clarification: zone 1 – the "interior"; zone 2 – the "stands" and zone 3 – the "stadium exterior".
- Zone 1 – the "interior" includes not only the groups required exclusively for match operations (players, substitutes, coaching staff, referees, ball boys, medics, security, hygiene staff) but also people fulfilling the minimum contractual media obligations (base signal/VAR/data/photographs).
- Zone 2 – the "stands" refers to the stand section of the stadium. This includes not only the usual seating, but also the media stands, camera positions and the control room/station.
- Zone 3 – the "stadium exterior" extends to the outer boundary of the stadium (wall, fence, gate etc.). The property rights of the host club apply in this zone. Outside this zone is public space, which falls under the jurisdiction of the police.
- A maximum of 300 people is permitted to be on the entire stadium premises at once. In order to adhere to the specified limit, all groups must be reduced to a minimum. Fans are not present in any of the three zones. The home club is responsible for this on stadium premises.
- A maximum of roughly 100 people is permitted to be in each zone at once as well. It is not possible to offset the people located in each zone (e.g. Zone 1: 150 people; zone 2: 50 people).

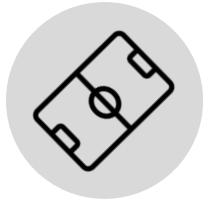
ZONING



Basics for zoning as well as static and dynamic planning of staff requirements

- The number of around 100 people per zone is the result of an extensive assessment process and cannot fall below this level when a professional football match is held. The staff required for match and stadium operations must be limited to the absolute minimum.
- Static planning of staff requirements considers the total number of people in each zone at the time of the match. Dynamic planning of staff requirements lays out the number of people per zone at different times on match day. The numbers for static planning of staff requirements can differ from the numbers for dynamic planning of staff requirements depending on the time frame.
- Match days are divided into different time frames (approximately two hours each) for dynamic planning of staff requirements. Kick-off was set at 15:30 for illustration purposes.
- Preparatory and setup work on match days must conclude well before the teams arrive at the stadium.
- The home club is responsible for assigning passes for journalists in consultation with the local Verband Deutscher Sportjournalisten (and potentially the guest club) in observance of the guidelines specified above.

ZONING



Zone 1 Stadium interior

Zone 1 consists of the stadium interior including the following areas:

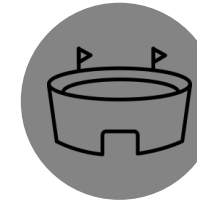
- › Pitch
- › Pitch perimeter including techn. zone
- › Players' tunnel
- › Changing rooms



Zone 2 Stand section

Zone 2 consists of all stand sections including the functional spaces for

- › Stands
- › Media areas
- › Control rooms/stations



Zone 3 Stadium exterior

Zone 3 consists of the following areas:

- › OB van parking
- › Stadium exterior

DYNAMIC PLANNING OF STAFF REQUIREMENTS



Zone 1

Group	Setup	Setup	Setup	Event start	Kick-off	End of match	Event end
Group	8:00	10:00	12:00	14:00	15:30	17:30	19:00
Zone 1 total	10	38	48	98	98	100	45
Players				22	22	22	4
Substitutes				18	18	18	
Coaching staff			8	20	20	20	8
Referees				5	5	5	
Staff on reserve benches				0	0	0	
Ball boys				4	4	0	
Volunteers				0	0	0	
NADA (anti-doping agency)				0	0	2	2
Photographers (pool)				3	3	3	
Medical services				4	4	4	
Hygiene staff				3	3	3	
Greenkeepers	8	8	8	0	0	0	8
Security	2	2	4	4	4	4	4
Base signal + VAR + data		23	23	15	15	13	13
Licensees (SKY, DAZN, ARD etc.)		5	5	0	0	6	6

DYNAMIC PLANNING OF STAFF REQUIREMENTS



Zone 2

	Setup	Setup	Setup	Event start	Kick-off	End of match	Event end
Group	8:00	10:00	12:00	14:00	15:30	17:30	19:00
Zone 2 total	18	56	92	117	115	107	70
Security	5	10	10	10	10	10	10
Medical services			2	4	4	4	
Fire service			2	2	2	2	
Police			2	4	4	4	
Stadium operators	5	5	5	5	5	5	5
Coaching staff			8	8	8	8	
Guest delegation				4	4	4	
Home delegation				8	8	8	
Match organisation		7	7	7	7	7	7
NADA (anti-doping agency)				2	2	0	
Journalists				10	10	10	
Match/video analysts			4	4	4	4	4
Hygiene staff	8	8	8	5	5	5	8
Catering			0	0	0	0	0
Base signal + VAR + data		26	26	26	19	16	16
Licensees (SKY, DAZN, ARD etc.)			18	18	23	20	20

DYNAMIC PLANNING OF STAFF REQUIREMENTS



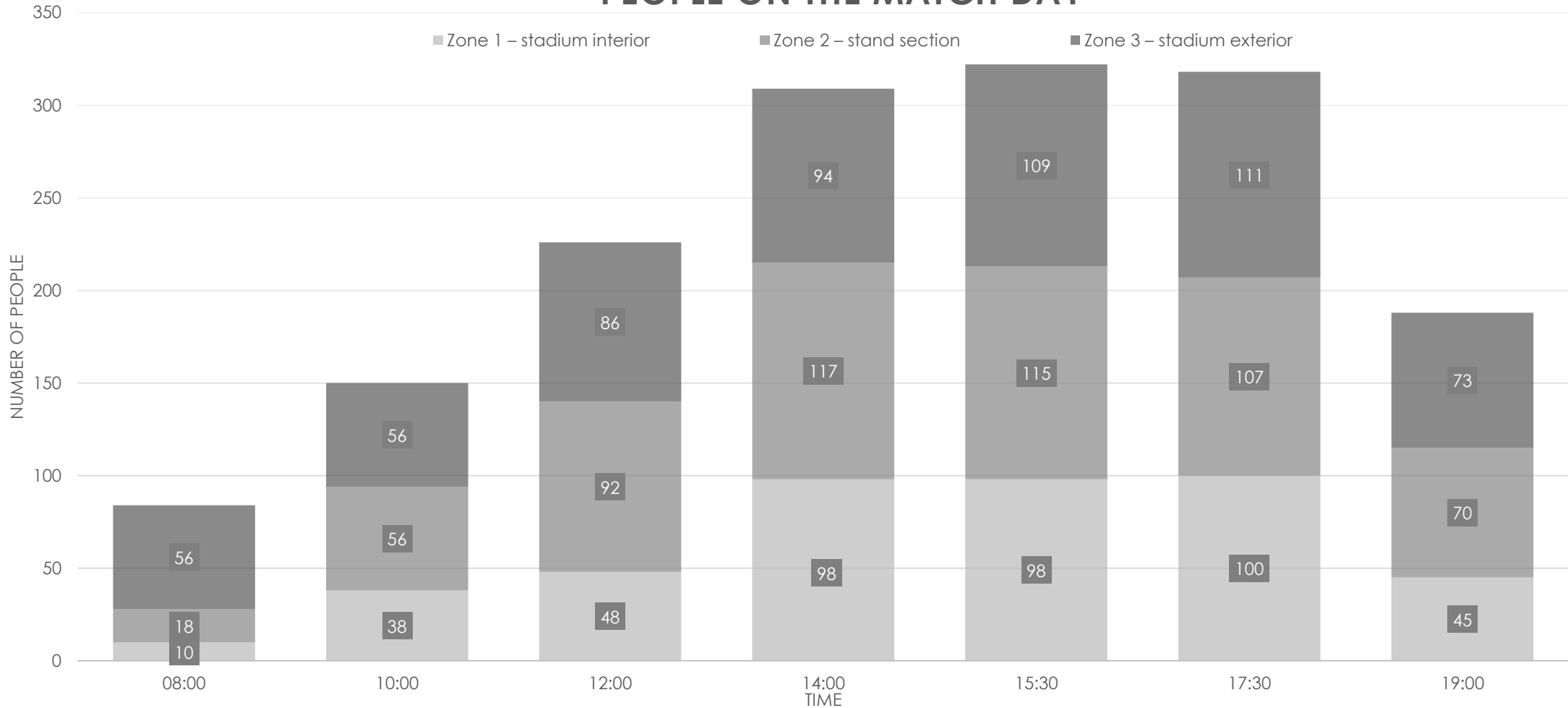
Zone 3

	Setup	Setup	Setup	Event start	Kick-off	End of match	Event end
Group	8:00	10:00	12:00	14:00	15:30	17:30	19:00
Zone 3 total	56	56	86	86	109	111	73
Security	20	20	50	50	50	50	20
Base signal + VAR + data	22	22	22	22	37	42	42
Licensees (SKY, DAZN, ARD etc.)	14	14	14	14	14	11	11
Greenkeepers	0	0	0	8	8	8	0

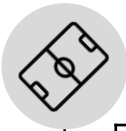
DYNAMIC PLANNING OF STAFF REQUIREMENTS



PEOPLE ON THE MATCH DAY



STATIC PLANNING OF STAFF REQUIREMENTS



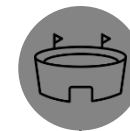
Zone 1 – stadium interior

Referees	5
Players	22
Substitutes	18
Coaching staff	20
Ball boys	4
Volunteers	0
Hygiene staff	3
Photographers (pool)	3
Medical services	4
Security guards	4
Base signal + VAR + data	15
Licensees (SKY, DAZN, ARD etc.)	0
Total	98



Zone 2 – stand section

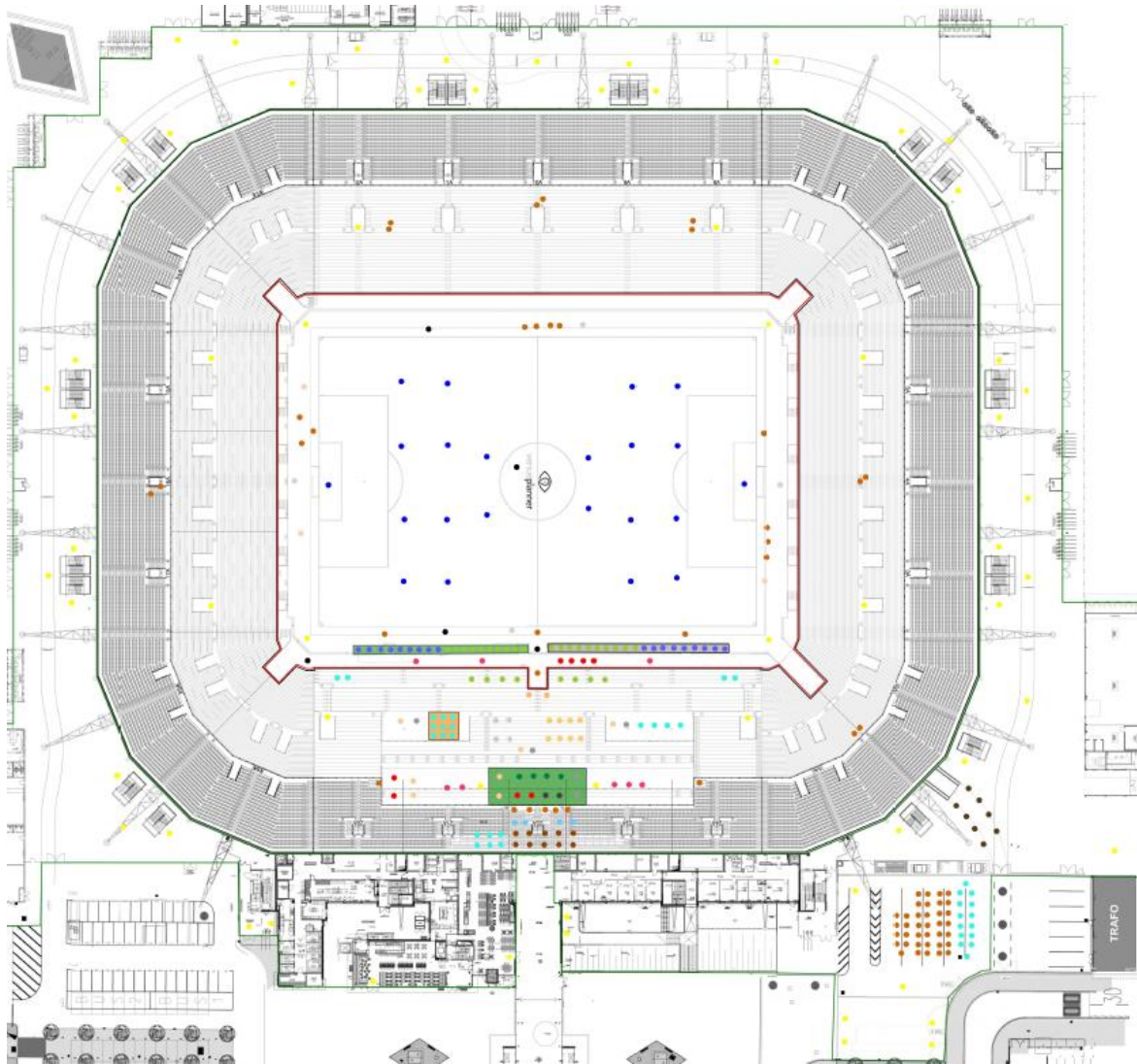
Security guards	10
Medical services	4
Fire service	2
Police	4
Stadium operators	5
Coaching staff	8
Guest delegation	4
Home delegation	8
Match organisation	7
Journalists	10
Match/video analysts	4
NADA	2
Hygiene staff	5
Catering	0
Base signal + VAR + data	19
Licensees (SKY, DAZN, ARD etc.)	23
Total	115



Zone 3 – stadium exterior

Security guards	50
Base signal + VAR + data	37
Licensees (SKY, DAZN, ARD etc.)	14
Greenkeepers	8
Total	109

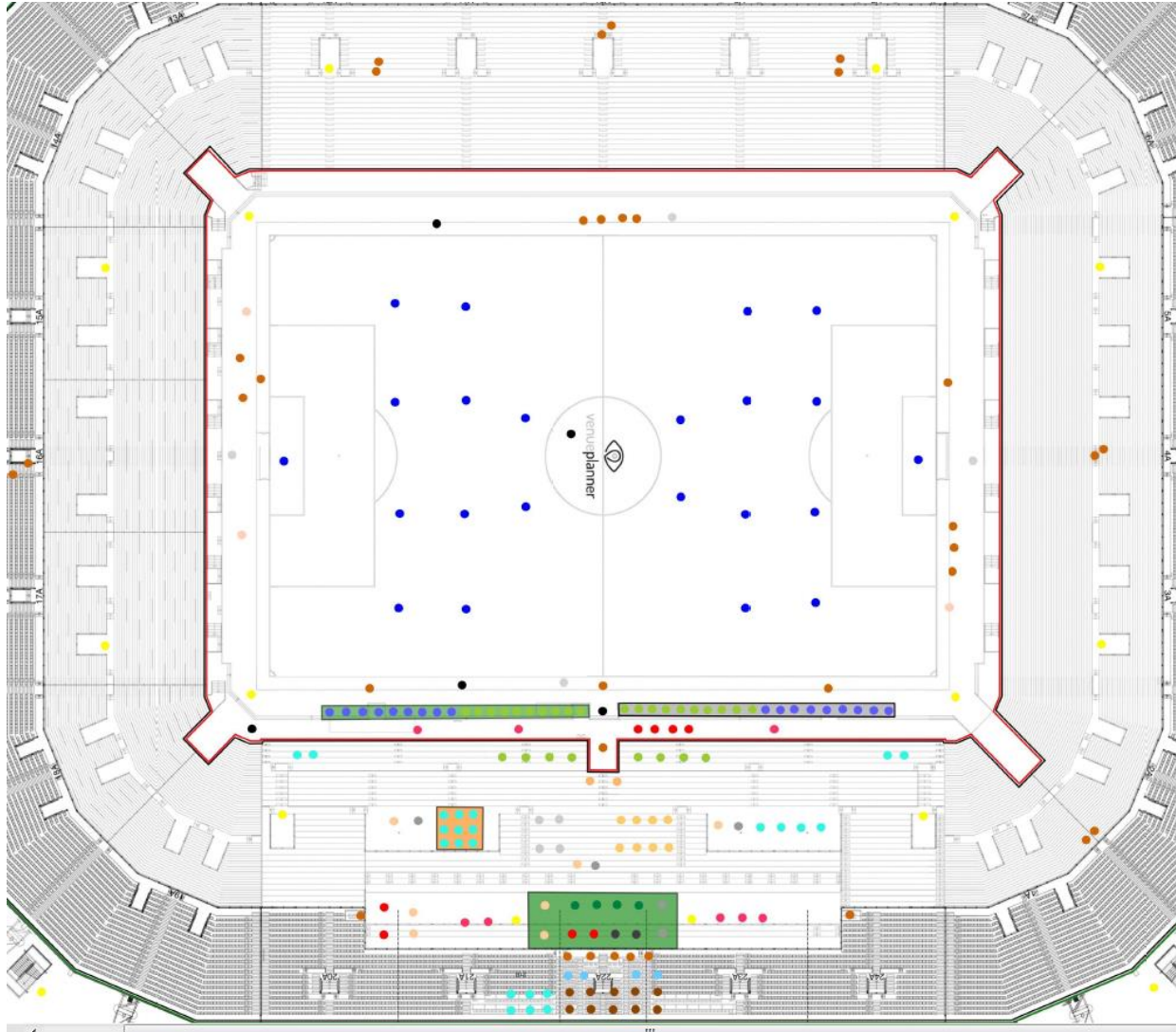
GRAPHIC DEPICTION (1/2)



- Referees
- Players
- Substitutes
- Coaching staff
- Ball boys
- Hygiene staff
- Photographers (pool)
- Medical services
- Security guards
- Base signal + VAR + data
- Licensees (SKY, DAZN, ARD etc.)
- Fire service
- Police
- Stadium operators
- Guest delegation
- Home delegation
- Match organisation
- Journalists
- Match/video analysts
- NADA
- Greenkeepers

Source: VenuePlanner, Borussia-Park stadium in Mönchengladbach

GRAPHIC DEPICTION (2/2)

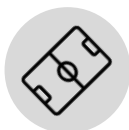


- Referees
- Players
- Substitutes
- Coaching staff
- Ball boys
- Hygiene staff
- Photographers (pool)
- Medical services
- Security guards
- Base signal + VAR + data
- Licensees (SKY, DAZN, ARD etc.)
- Fire service
- Police
- Stadium operators
- Guest delegation
- Home delegation
- Match organisation
- Journalists
- Match/video analysts
- NADA
- Greenkeepers

Source: VenuePlanner, Borussia-Park stadium in Mönchengladbach

COMPARISON: BUNDESLIGA 2

DYNAMIC PLANNING OF STAFF REQUIREMENTS



Zone 1

Group	Setup 8:00	Setup 10:00	Setup 12:00	Event start 14:00	Kick-off 15:30	End of match 17:30	Event end 19:00
Zone 1 total	10	25	35	98	90	93	38
Players				22	22	22	4
Substitutes				18	18	18	
Coaching staff			8	20	20	20	8
Referees				5	5	5	
Staff on reserve benches				0	0	0	
Ball boys				4	4	0	
Volunteers				0	0	0	
NADA (anti-doping agency)				0	0	2	2
Photographers (pool)				3	3	3	
Medical services				4	4	4	
Hygiene staff				3	3	3	
Greenkeepers	8	8	8	0	0	0	8
Security	2	2	4	4	4	4	4
Base signal + VAR + data		12	12	12	7	9	9
Licensees (SKY, DAZN, ARD etc.)		3	3	3	0	3	3

COMPARISON: BUNDESLIGA 2

DYNAMIC PLANNING OF STAFF REQUIREMENTS



Zone 2

	Setup	Setup	Setup	Event start	Kick-off	End of match	Event end
Group	8:00	10:00	12:00	14:00	15:30	17:30	19:00
Zone 2 total	18	46	74	99	98	89	52
Security	5	10	10	10	10	10	10
Medical services			2	4	4	4	
Fire service			2	2	2	2	
Police			2	4	4	4	
Stadium operators	5	5	5	5	5	5	5
Coaching staff			8	8	8	8	
Guest delegation				4	4	4	
Home delegation				8	8	8	
Match organisation		7	7	7	7	7	7
NADA (anti-doping agency)				2	2	0	
Journalists				10	10	10	
Match/video analysts			4	4	4	4	4
Hygiene staff	8	8	8	5	5	5	8
Catering			0	0	0	0	0
Base signal + VAR + data		16	16	16	15	8	8
Licensees (SKY, DAZN, ARD etc.)			10	10	10	10	10

COMPARISON: BUNDESLIGA 2

DYNAMIC PLANNING OF STAFF REQUIREMENTS



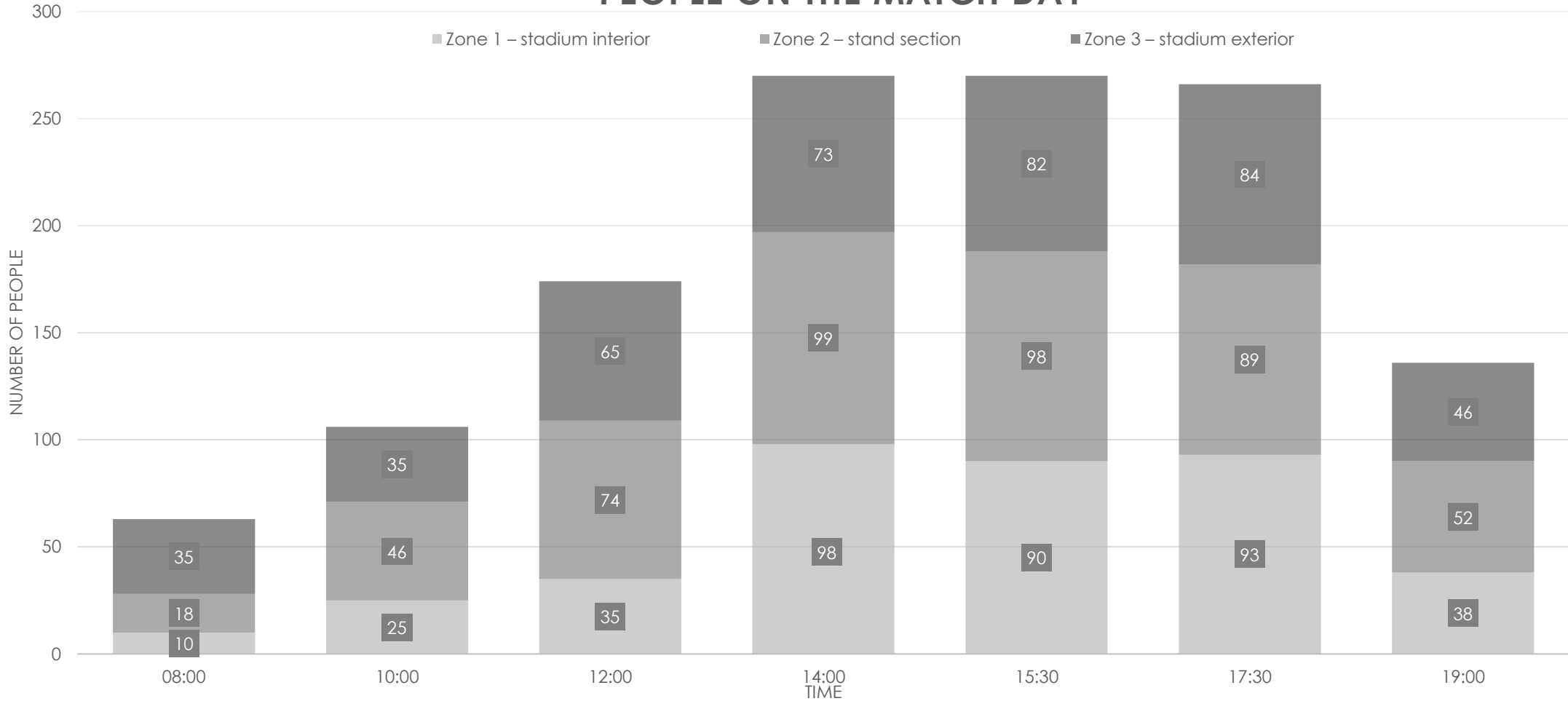
Zone 3

	Setup	Setup	Setup	Event start	Kick-off	End of match	Event end
Group	8:00	10:00	12:00	14:00	15:30	17:30	19:00
Zone 3 total	35	35	65	73	82	84	46
Security	20	20	50	50	50	50	20
Base signal + VAR + data	11	11	11	11	17	22	22
Licensees (SKY, DAZN, ARD etc.)	4	4	4	4	7	4	4
Greenkeepers	0	0	0	8	8	8	0

COMPARISON: BUNDESLIGA 2

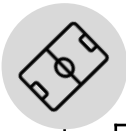
DYNAMIC PLANNING OF STAFF REQUIREMENTS

PEOPLE ON THE MATCH DAY



COMPARISON: BUNDESLIGA 2

STATIC PLANNING OF STAFF REQUIREMENTS



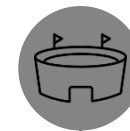
Zone 1 – stadium interior

Referees	5
Players	22
Substitutes	18
Coaching staff	20
Ball boys	4
Volunteers	0
Hygiene staff	3
Photographers (pool)	3
Medical services	4
Security guards	4
Base signal + VAR + data	7
Licensees (SKY, DAZN, ARD etc.)	0
Total	90



Zone 2 – stand section

Security guards	10
Medical services	4
Fire service	2
Police	4
Stadium operators	5
Coaching staff	8
Guest delegation	4
Home delegation	8
Match organisation	7
Journalists	10
Match/video analysts	4
NADA	2
Hygiene staff	5
Catering	0
Base signal + VAR + data	15
Licensees (SKY, DAZN, ARD etc.)	10
Total	98



Zone 3 – stadium exterior

Security guards	50
Base signal + VAR + data	17
Licensees (SKY, DAZN, ARD etc.)	7
Greenkeepers	8
Total	82

GUIDELINES FOR RESUMING MATCH OPERATIONS IN THE STADIUM

PROCEDURAL ASPECTS (1/2)

1. Arrival of teams at the stadium

- I. Teams arrive in multiple buses/transporters (minimum distance of 1.5 m must be ensured); players/staff wear face masks on arrival. Adequate disinfection of buses must be ensured before the team enters.
- II. For home matches, individual arrival of players by car should be considered (no carpooling).
- III. No overlap in time or space for arrival of both teams at the stadium. Space out arrival of the teams.
- IV. Depending on the stadium infrastructure: use different paths to changing rooms (e.g. Veltins-Arena) or large-scale separation (e.g. Allianz Arena).

2. Changing rooms (teams & referees):

- I. It is strongly recommended that adjacent free spaces be used as additional changing room options; a minimum distance of 1.5 m must be ensured (split up the starting line-up, goalkeepers and substitutes by space or time).
- II. Stagger use of changing rooms (1. starting line-up, 2. reserve players etc.)
- III. Time spent in changing rooms must be restricted to the minimum necessary (approx. 30–40 min. for individual players).

- IV. Anyone spending time in the changing room must wear a face mask.

3. Players' tunnel:

- I. The minimum distancing rule in the players' tunnel must be used at all times (during warm-up, when entering the pitch, during half-time, after the match).
- II. Stagger use of the player's tunnel based on the principle of "first come, first served".
- III. The different construction types of players' tunnels (particularly wide ones) in each stadium should be considered when implementing this.

4. Warm-up:

- I. Adjust timing to conditions.
- II. Adjust pre-match stage (e.g. warm-up).

5. Equipment check / assembly for team entry:

- I. Equipment check at changing room door by assistant referee (not in assembly area). The assistant referee must wear a face mask for this.
- II. Staggered timing for entry through players' tunnel / potentially no assembly and entry.

GUIDELINES FOR RESUMING MATCH OPERATIONS IN THE STADIUM

PROCEDURAL ASPECTS (2/2)

6. Team entry:

- I. No child escorts
- II. No mascots
- III. No team photos (photographers in interior only behind goal and opposite stand)
- IV. No opening ceremony with extra people
- V. No handshake
- VI. No arranging of the teams into groups

7. Technical zone/pitch side:

- I. "Clean" coaching bench side, teams only (exception: fourth official, camera positions, medical services, ball boys, security guards).
- II. Minimise TV concept in interior (e.g. reduce camera positions/staff, no field reporters etc.)
- III. Space out coaching bench:
 - Use every second or third seat (minimum distance of 1.5 m must be ensured).
 - Options for expanding reserve bench: stand section (if direct access is available) or additional chairs/benches to expand

reserve benches (ideally covered as well).

- Adjustment for technical zone:

8. Half-time

- I. Observe staggered use of the players' tunnel.

9. After the match (media areas):

- I. Press room and mixed zone remain closed.
- II. Press conference takes place only virtually.
- III. Minimise location and number of interviews based on mandatory hygiene measures.

10. After the match (operations):

- I. A second anti-doping room must be set up to physically separate players on both teams.

11. Team departure: physical and temporal separation for departure; see arrival.

GUIDELINES FOR RESUMING MATCH OPERATIONS IN THE STADIUM

HYGIENIC ASPECTS (1/3)

1. Instruct all people required in the stadium for match operations on observance of basic hygiene measures (hand sanitising, cough and sneeze hygiene, distancing) as directed by the hygiene officer. The hygiene officer will develop a cleaning and disinfection plan to be posted as notices in all the relevant sections of the stadium. The hygiene officer or the person delegated by the hygiene officer has all authority to directly expel an employee with a pass from the stadium and to revoke their pass.
2. Reduce time spent in changing rooms to the minimum necessary (approx. 30–40 min. for individual players).
3. Inform players and employees with access to the stadium of the definition of "symptoms of infection".
4. The entry checkpoint oversees stadium access for players and essential employees. The checkpoint agent must wear a face mask.
5. As part of the entry check for special match operations, home clubs must use day passes with special marking for each of zones 1–3 for the respective match day.
6. The entry check is carried out using a symptom questionnaire. Once a positive response is given to a question or a temperature of $>38^{\circ}\text{C}$ is measured using an ear thermometer, the hygiene officer is notified and decides on admittance to the stadium.
7. Hand sanitiser (stands) provided in front of or in each room if possible.
8. Periodic surface disinfection before teams arrive. After the teams arrive at the stadium, changing room areas should be cleaned and disinfected at times when there is no one in them (e.g. half-times).
9. Leave doors open as much as possible and avoid touching handles.
10. All groups aside from active players and referees on the pitch are obliged to wear face masks in the stadium.
11. Even coaches and inactive players (substitutes) are obliged to wear face masks in the stadium, provided sufficient distances are not achieved (on coaching benches).
12. Match balls must be disinfected before and during the match.

GUIDELINES FOR RESUMING MATCH OPERATIONS IN THE STADIUM

HYGIENIC ASPECTS (2/3)



13. Ball children (at least 16 years old) should periodically disinfect hands during their post. Parental consent must be obtained for ball children assignments.
14. Team meals should be prepared and packaged by the team chef in advance of being brought into the stadium. Third-party catering must not be hired. A minimum distance of 1.5 m must be ensured when eating meals.
15. Personal disposable bottles used exclusively. They are collected and disposed of appropriately.
16. Common spaces (changing rooms, showers) used in small groups with a distance of 1.5 m ensured.
17. Individual showers recommended (to exclude steam as potential carrier of virus to others) or showering at home/hotel should be considered.
18. Spa area closed off and water potentially drained from relaxation baths.
19. Fitness equipment used only with face masks and disinfectant applied before and after. Instead of gloves, frequent disinfection of hands recommended.
20. Medical department (team doctors, physiotherapists, rehab trainers etc.) work using face masks, hand sanitiser and disposable gloves and is responsible for hygiene in the medical spaces.
21. Physical separation and adequate distance (2 m) between treatment tables for therapeutic measures. Separate spaces used as much as possible.
22. Sparing use of medical equipment such as ultrasound, shock waves etc. Only if disinfected before and after.
23. It should generally be ensured that only people from training staff that are essential for match play are with the team. People not required for direct match operations can be contacted by phone or video conference.
24. Performing PCR tests twice per week is considered appropriate during the ongoing season, and always conducted at the latest possible time before each match (i.e. automatically twice if there are mid-week games).

GUIDELINES FOR RESUMING MATCH OPERATIONS IN THE STADIUM

HYGIENIC ASPECTS (3/3)



25. Antibody tests will also be carried out in addition as part of a scientific study. These are also organised centrally.
26. Tests and documentation of potential infections will continue for the entire season.
27. Staffing requirements:
 - I. Hygiene officer
 - II. Increased cleaning staff
 - III. Access controller/pass system/security
28. Space requirements:
 - I. Two separate doping check rooms
 - II. Isolation room
29. Material requirements:
 - I. Hand sanitiser/stands
 - II. Surface disinfectant
 - III. Face masks
 - IV. Personal drinks bottles
 - V. Ear thermometers
 - VI. Bin for waste in occupied spaces
30. For home matches, individual arrival of players/staff by personal car should be considered.
31. NOTE: Public attention on professional football, the teams and those involved in the stadium will be even greater than before under the current circumstances. We strongly ask for exemplary behaviour in terms of hygiene and isolation measures off the pitch.
32. NOTE: The aim of all the hygiene and isolation measures is for no additional measures to be required on the pitch and for 22 players and 4 referees to be participate without any respiratory infections.

GUIDELINES FOR TV PRODUCTION (1/8)



Preventive measures to protect the health of production staff in the stadium

1. General notes

- I. The aim is to protect each employee and to completely separate TV production as much as possible from the sports side.
- II. Maximum protection is attainable only through consistent hygiene, a sense of responsibility and minimal overlap in time and physical proximity. Personal hygiene measures are the most important actions for protecting against infection.
- III. Everyone working on site must declare they agree to comply with the hygiene rules and the required health exams.
- IV. Acknowledgement of the code of conduct for hygiene pursuant to recommendation of RKI and BZgA (Federal Centre for Health Education). Instruct all people required in the stadium for match operations to observe basic hygiene measures (sanitising hands, cough and sneeze hygiene, distancing) as directed by the club's hygiene officer in consultation with the production manager (PM).
- V. Employees spend time in the exterior (zone 3) of the stadium, in the stands (zone 2) and the interior (zone 1): e.g. TV production manager (PM), recording manager (RM), directors, camera people etc. and licensee employees.
- VI. In terms of the hygiene aspect, special rules must also be followed for the arrival and departure of staff and service providers (broadcasters, SNG companies, data service providers, supply companies etc.):
 - The use of carpooling is not permitted; no public transportation.
 - The entry checkpoint oversees stadium access for essential employees.

GUIDELINES FOR TV PRODUCTION (2/8)



2. Involvement of each club's hygiene officer

- I. The tasks of the hygiene officer and delegation of tasks to medical staff.
 - Access control for everyone working on site and instruction on hygiene measures.
 - Health status check (survey, measured temperature) for everyone involved in production using a symptom questionnaire and body temperature measurement (ear thermometer). If the health criteria are not met (if unclear, the hygiene officer decides), access to the stadium is refused by security.
 - Monitoring of basic hygiene measures (hand hygiene, cough and sneeze hygiene, distancing rules) and review of hygiene rules on site during the entire production time.
 - Authority to assert claims directly against employees working on site in the event of non-compliance.
 - The hygiene officer can delegate individual tasks to a person (no more than one) with medical expertise.
- II. PM collaboration with the club's hygiene officer or delegated person.
 - The PM is responsible for planning and conducting the entire production and is the interface for everyone involved in

production – and thus also for the hygiene officer or a staff member delegated by the hygiene officer, who must be introduced to the PM.

- The hygiene officer and the PM must be able to continuously exchange information.

GUIDELINES FOR TV PRODUCTION (3/8)



3. Access, checking and instruction of individual employees

- I. Every person involved in production submits to a "health check" upon entering the stadium and agrees to execute a "statement of health" including adhering to the hygiene rules (see 1.). Access occurs only once the health check is passed.
- II. Every person involved in production completes a questionnaire (yes/no) that describes the potential symptoms of COVID-19 and confirms their answers by signing:
 1. Fever in the past 14 days?
 2. Cough in the past 14 days?
 3. Sore throat or limb pain in the past 14 days?
 4. Difficulty breathing in the past 14 days?
 5. Reduced sense of taste and smell in the past 14 days?
 6. Contact with a COVID-19 patient in the past 14 days?
 7. In an area at risk for coronavirus in the past 14 days?
 8. Already tested (including when and how)?

If the answer to at least one question is "Yes", access and permission for activity further decided by hygiene officer.

III. Disbursement of protective materials

1. Face masks
2. Sanitiser (unless otherwise provided)

IV. Provision of hygiene materials (toilet and OB van parking)

1. Setting up mobile sinks at several readily accessible locations
2. Soap
3. Disposable folded towels
4. Hand sanitiser
5. Hand lotion

GUIDELINES FOR TV PRODUCTION (4/8)



V. Additional remarks on safety measures and hygiene rules

- Aside from the key safety requirements, the following points must also be noted:
 1. Avoid private conversations since they tempt you to undermine the distancing guidelines.
 2. Discussions that are absolutely necessary should be held in as small of a group as possible, be as short as possible, and held at a maximum speaking distance.
 3. Leave doors open as much as possible and avoid touching handles.
 4. Do not touch lift buttons, stair handrails or door handles with your hand (instead: your elbow).
 5. Face masks: generally required to be worn after entering the stadium exterior and in all areas. Ensure they are placed, removed and worn correctly (completely covering mouth and nose).
 6. Hand disinfection: generally before and after each use of shared equipment (especially broadcasting technology). Hand sanitiser need to be rubbed onto dry hands and must not be rinsed with water thereafter.

GUIDELINES FOR TV PRODUCTION (5/8)



4. Work in stadium in observance of hygiene guidelines

I. General information

- Time spent on site is reduced to the minimum required (see planning and disposal).
- In order to avoid any kind of gathering of people, no catering is offered on site. The press room will be closed.
- The mobile production unit is closed and can only be accessed by the PM and the hygiene officer of the home club.

II. Precautions at work stations and for work equipment

- General measures (e.g. cameras, Plexiglas, microphones, headsets)
 1. Observance of a minimum distance for camera positions and in the media stands.
 2. Plexiglas partitions used by service providers when other physical separation is not possible.
 3. If possible, open access setup (open doors and avoidance of barriers and thus unnecessary contact with hands).
 4. Protection for microphones and headsets.
- Equipment cleaning and disinfection (before/after setup)

1. Equipment and surfaces cleaned by service provider with a surface disinfectant prior to start of production, after setup and breakdown on production day.
2. Periodic cleaning if needed.

III. Hygiene plan posted at locations relevant for media in the stadium.

IV. Staff separated based on function and the following work areas:

• Interior

1. People working in the interior should be on their equipment or at their work station based only on strict need and scheduling.
2. As much as possible, routes of travel should be reduced and planned to be short; no routes crossing the players' tunnel.
3. The rules on distancing must be strictly adhered to here and no unnecessary conversations must be held.

GUIDELINES FOR TV PRODUCTION (6/8)



2. Stands and exterior

- In the stands and the exterior, the rules on distancing must be strictly adhered to and no unnecessary conversations must be held.

3. Outside broadcasting vans

- Significantly fewer work stations in outside broadcasting vans to comply with the rules on distancing.
- Confined spaces should be ventilated three to four times a day for ten minutes each, with production ideally taking place with doors open.
- Equipment surfaces and door handles cleaned by service provider with a surface disinfectant prior to start of production and after setup on production day.

4. Media activity after the match

- The current safety measures apply here with the rule on distancing and Plexiglas partitions.

5. Other rules

- Conduct for conversations by those involved in production is subject to the current hygiene rules, especially the rules on distancing. Discussions should occur via email, phone or the OB

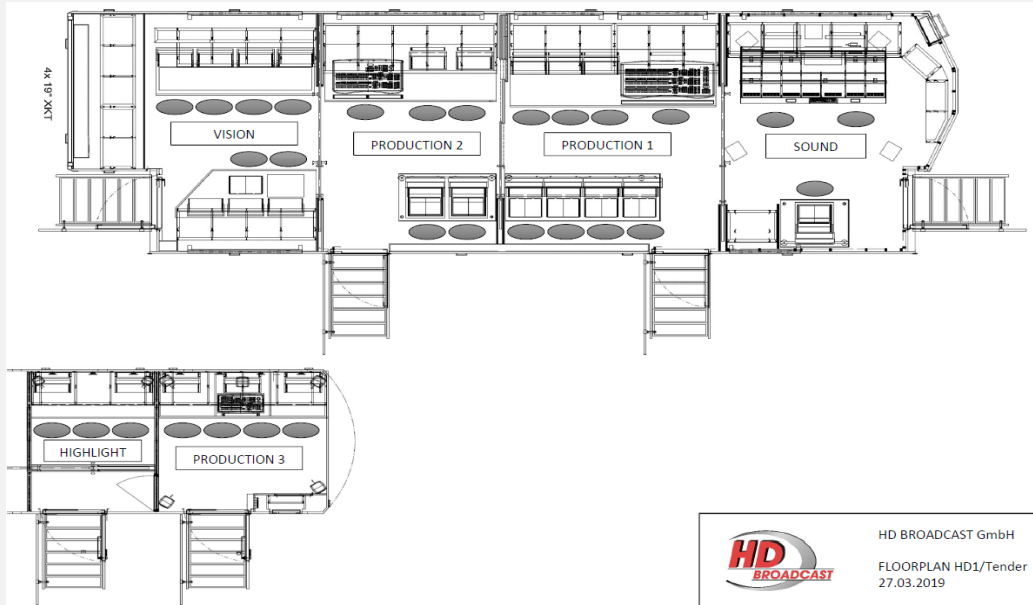
technology communication ring if possible.

- Conduct during breaks: avoid gatherings and spend your break alone if possible; this also applies for eating meals. If possible, do not spend time in confined spaces.

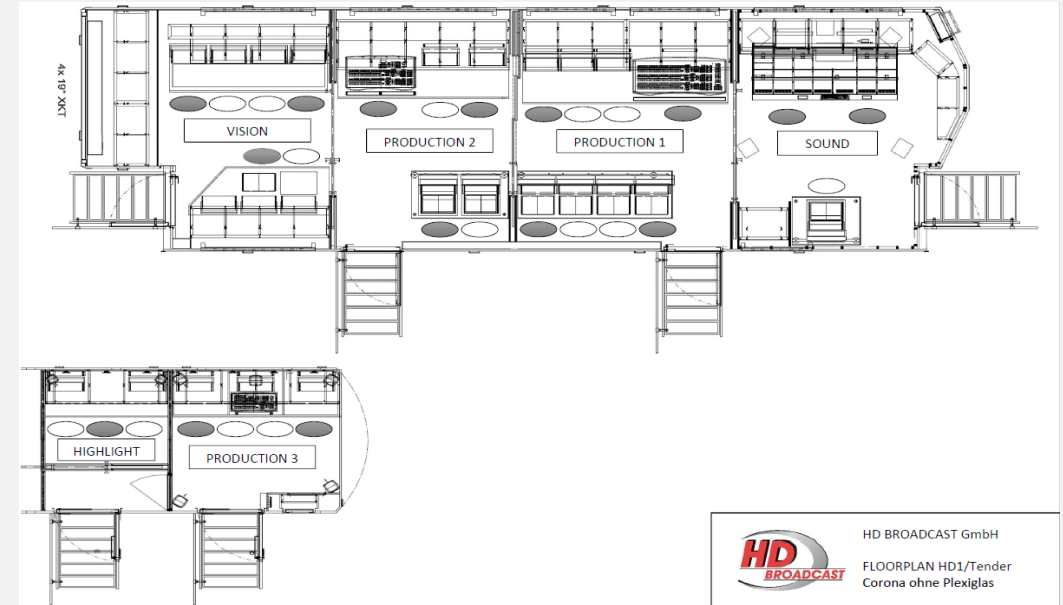
5. Additional rules

- The principle of caution suggests it is best for everyone to worry about protecting THEMSELVES.
- According to the principle of solidarity, everyone is also responsible for the REST OF US and is able to protect them.
- These recommendations may change at short notice.

GUIDELINES FOR TV PRODUCTION (7/8)



OB van in "normal" operation



OB van "coronavirus" operation

GUIDELINES FOR TV PRODUCTION (8/8)



Image: separation in OB van



Mobile sink for hand hygiene

GUIDELINES FOR RESUMING TEAM TRAINING (1/3)



1. Instructions are given on observance of basic hygiene measures (hand sanitising, cough and sneeze hygiene, distancing) as directed by the hygiene officer.
2. Time spent in the changing room before and after training should be minimised, as should the length and intensity of contact with teammates and trainers.
3. Inform players and employees with access to the training premises of the definition of "symptoms of infection".
4. The entry checkpoint oversees access to training premises for players and essential employees.
5. Training should always take place without spectators.
6. Obligatory confirmation in writing (e.g. text message) of symptom-free status from all players and employees sent to hygiene officer before entering premises. Temperature check upon entering the training building.
7. Hand sanitiser (stands) provided in front of, or in, each room if possible; used before entering the premises in particular.
8. Regular surface disinfection at end of training day.
9. Common spaces used only for essential purposes.
10. Team meetings only with sufficient distancing and in large enough spaces.

11. Ensure good ventilation in rooms.
12. No eating meals together or joint use of the kitchen; only take away is possible.
13. Personal drinking bottles used exclusively.
14. Use of common spaces (changing rooms, showers) only in small groups while ensuring minimum distance of 2 m, although splitting up into different rooms at the same time is wise; alternatively, change and shower at home.
15. Spa area closed off, particularly the sauna.
16. Fitness equipment used only with face masks and with consistent application of sanitiser afterwards. Fitness room used only in small groups in observance of minimum distances.
17. Medical department works with face masks, consistently disinfecting hands, or else using disposable gloves (changes after each contact with players).
18. It makes sense to assign players to set therapists.
19. Physical separation of therapists, adequate distance between treatment tables for therapeutic measures, close off any other spaces, disinfect exam tables.

GUIDELINES FOR RESUMING TEAM TRAINING (2/3)



20. Sparing use of medical equipment such as ultrasound, shock waves etc. Only if disinfected before and after.
21. Doors should remain open as much as possible so no handles need to be used.
22. Assignment of one person permanently available for COVID-19 swabbing who is relieved of other activities around the teams due to the higher risk of infection (e.g. staffed by available employees, potential hiring of medically trained staff).
23. Swab tests must always be carried out while wearing personal protective equipment.
24. Before kicking off training, at least two tests are required of everyone involved in training operations – preferably within 5 days (inclusive) of the day before training kicks off.
25. Swab testing takes place in a separate room that is not otherwise used – if possible with separate access from other functional rooms.
26. Swab testing for symptomatic people in car (drive through) or prophylactic isolation until test result.
27. Anonymous reporting of infected individuals exclusively to DFL/Prof. Meyer in the respective questionnaire (protecting privacy of players and potential subsequently infected family members etc.) as well as the competent health authority.
28. As an additional safety measure, at least seven days prior to the start of the season will be spent in quarantine as a training camp, where regular swab testing will be continued.
29. Wash laundry and shoes individually or personally place in washing machine (to protect equipment manager); equipment manager obliged to wear protective clothing.
30. Health care workers should adhere to special protective measures during contact with the team (e.g. medical staff stays only in the exam room and exams are always performed with face masks and gloves).
31. Staffing requirements
 - I. Hygiene officer (generally the team doctor; must be a licensed doctor; can delegate tasks to people with appropriate training)
 - II. Designated tester for COVID-19 swabbing
 - III. Increased cleaning staff
 - IV. Access controller/security

GUIDELINES FOR RESUMING TEAM TRAINING (3/3)



32. Space requirements

- I. Separate room for test swabbing
- II. Access control
- III. Expansion of medical spaces and changing rooms
- IV. Large meeting spaces for team meetings

33. Material requirements

- I. Hand sanitiser/stands
- II. Surface disinfectant
- III. Face masks/disposable gloves
- IV. Personal protective equipment for designated testers
- V. Personal drink bottles
- VI. Ear thermometers

GUIDELINES FOR HOTEL ACCOMMODATIONS (1/2)



1. Early contact by the club's hygiene officer with the head manager of the hotel (suitable hotels through own acquisition or DFL).
2. Potentially larger scouting party for the club to travel ahead and coordinate with the hotel (hygiene officer, chef, safety officer, guide).
3. Keep training staff as small as possible; trainers should be instructed in the area of hygiene; do not bring any at-risk individuals (age, pre-existing condition) if possible.
4. Hotel exclusively for the team or exclusive floor/areas to prevent contact with other hotel guests.
If exclusivity is not possible, other options potentially possible, such as:
 - I. Dedicated entrance for team
 - II. Dedicated hotel areas without other guests (wing of rooms, dining room, meeting room)
 - III. Dedicated lift
5. Access to spa area, fitness rooms, and other common spaces (e.g.) prohibited for players and training staff; alternatively, closure of these spaces.
6. Provide hand sanitiser in wing of rooms, in front of and in common spaces, in med. department rooms, ideally in every room.

7. Face masks for travelling players and staff outside their own rooms and the dining room (to better isolate from outside people) and outside the team bus.
8. Special/thorough disinfection and cleaning of the rooms and spaces used by the team immediately before the team checks in. Ensure good ventilation.
9. No cleaning of rooms while the team is in the hotel; no cleaning staff in the wing for stays of only a few days; sufficient towels, sanitary articles with equipment manager or in wings to prevent contact with cleaning staff.
10. The teams are solely responsible for handling team equipment.
11. Large dining and meeting rooms in order to comply with distances of at least 2 m from one another.
12. Minimal number of hotel staff, services provided by the club's own training staff.

GUIDELINES FOR HOTEL ACCOMMODATIONS (2/2)



13. Hotel staff should wear face masks and regularly disinfect hands and be informed and trained; no access to the team hotel if they have symptoms of infection.
14. Minimise contact with staff, extensive preparations:
 - I. Provide sufficient quantities of food and beverages as well as dishes prior to meals before players arrive
 - II. No self-service/buffet; food served by own staff and/or as few hotel staff as possible. Food is placed on a table and collected by the players/coaches/trainers
 - III. No clean up until the players have left the room so that the smallest number of staff is present in the dining room during meals.
15. Rooms with adequate ventilation options, otherwise not excessively dry air through air conditioner (21°C, humidity: 50–60%).
16. Do not touch lift buttons, stair handrails or door handles with your hand (instead: your elbow/knee).
17. Be careful when using other people's mobile phones, tablets, PlayStation etc.
18. There should also be as little physical contact within 2 meters among the team should and it should be limited to the pitch.
19. General:

- I. It should generally be ensured that only people from training staff that are essential for match play are with the team.
- II. People not required for direct handling of the match can be contacted by phone or video conference.

GUIDELINES FOR HOME PERSONAL HYGIENE >> IN EVERYDAY LIFE (1/3)



1. Distancing
 - I. No contact with neighbours or the public.
 - II. Remain in your house/apartment.
 - III. Keep a distance of 2 m from others when walking/exercising.
 - IV. Do not receive visitors.
 - V. Do not use public transportation.
 - VI. Rules apply for all household members, not just for players/trainers. Absolutely necessary shopping must be kept to a minimum and carried out by other members of the household (not by the player).
2. Members of the household
 - I. Ensure that common rooms in the household (kitchen, bathroom) are well ventilated.
 - II. Avoid direct contact with body fluids, particularly those from the mouth/throat area and from the respiratory tracts of family members experiencing health issues.
 - III. Clean and disinfect surfaces touched frequently such as tables, door handles and stair railings at least once per day.
 - IV. Avoid contact with potentially contaminated items (e.g. toothbrushes, dishes, drinks, towels, bedlinens) of family members experiencing health issues.
 - V. Note your own contacts and observe their health status.
 - VI. Thoroughly wash household items (dishes, cutlery, laundry etc.) with detergent and hot water.
 - VII. In addition to regular testing of players/trainers, voluntary PCR testing of their private (home) environment is carried out – once at the start and once roughly halfway through the remaining season. As an alternative to this procedure (for anyone who does not wish to undergo testing), every contact that the people living in the same household have with the outside world must be documented in writing and the corresponding protective measures must be described.
 - VIII. In the event that people in the player's/trainer's household engage in unprotected contact with the outside world, the player or trainer cannot go into private quarantine unless the contact person(s) also agree to testing. For cases when players/trainers are unable to return to their homes for the reasons cited, the clubs must provide suitable accommodation that fulfil all the required hygiene and distancing rules for quarantine status.

GUIDELINES FOR HOME PERSONAL HYGIENE >> IN EVERYDAY LIFE (2/3)



3. Practice hand hygiene during the following activities in particular:
 - I. Before and after preparing food.
 - II. Before eating.
 - III. After using the toilet and whenever hands are soiled.
 - IV. Regularly: if hands are not visibly soiled, hand sanitiser should be used.
 - V. Hand hygiene must be carried out with warm water and soap if hands are visibly soiled; washing for at least 30 sec is recommended.
 - VI. If water and soap are used, disposable paper towels should be used to dry hands.
 - VII. If these are not available, a dedicated towel should be used and replaced if damp.
 - VIII. Avoid touching your own face as much as possible, especially your eyes, mouth and nose.

4. Regularly wash:
 - I. Clothing
 - II. Bedlinens
 - III. Towels
 - IV. Beach towels etc.
5. Face masks
 - I. General face mask use is not necessary (yet).
 - II. Face masks must be worn in the event of contact with potentially infected or ill individuals, when visiting family, when larger gatherings of people are expected for football (training/match/stadium) or for activities like shopping etc.
 - III. Face masks are worn snugly against the face. Do not use your hand to touch or adjust the outer side of masks. Masks should cover your mouth AND nose. If a mask is damp or soiled with secretions, it must be immediately replaced. After replacing or removing a mask, it must be immediately discarded (or reconditioned) and hand disinfection must always be carried out.
 - IV. If it is not possible to wear a face mask, it is even more important to follow coughing and sneezing etiquette.

GUIDELINES FOR HOME PERSONAL HYGIENE >> IN EVERYDAY LIFE (3/3)



6. Coughing and sneezing
 - I. Keep at least a 2 m distance from others and turn away when coughing or sneezing.
 - II. Ideally, sneeze or cough into a disposable tissue. Use it only once and then discard in a lidded waste bin. If using a cloth handkerchief, it should then be washed at 60°C.
 - III. Always: after blowing your nose, sneezing or coughing, thoroughly wash or disinfect your hands.
 - IV. If there is no tissue within reach and you need to cough or sneeze, hold the crook of your elbow over your mouth and nose while also turning away from others. The use of disposable tissues is recommended for respiratory secretions.
 - V. Frequent coughing or sneezing should be clarified by a physician and could indicate an initial or ongoing infection.
7. Drink plenty of fluids and eat food rich in vitamins.
8. Keep respiratory tract/mucosa as warm as possible.
9. If a player is unable to follow these measures for urgent reasons (medical emergency etc.), the team doctor must be notified and may initiate prophylactic isolation or testing.

RECOMMENDED PROCEDURE FOR A PERSON TESTING POSITIVE



1. Doctor

- I. Notify the health authority (notification requirement) and coordinate next steps.
- II. Notify DFL in anonymous format (via Prof. Tim Meyer).
- III. If a player with symptoms requires testing, this should occur at home or in their car using the "drive-through" method.
- IV. Immediate isolation of the player concerned.
- V. Potentially arrange for control testing for the player concerned.
- VI. Organise testing of documented contacts.
- VII. Observation and clinical testing for symptoms in the team.
- VIII. Reassure the team and explain the situation (no need to panic, strategic focus of the team, control of hygiene measures etc.).

2. Players

- I. Immediately notify the team doctor by phone for symptoms of illness.
- II. Immediately initiate self-isolation in the form of quarantine in order to not infect members of their family and team.
- III. If ill, avoid physically strenuous activities.
- IV. In the event of a positive test without illness, a personal training program may be carried out at home in consultation with the team doctor.

- V. The task force must generally believe an RKI rating of category II (minor risk or infection) is warranted for the potential contacts of infected people close to the players and trainers and thus the omission of group quarantine. Individual players or trainers in closer contact with an infected person may of course still be isolated under the respective scenario. The local health authority is responsible for deciding on such measures.

3. Club

- I. No automatic reporting of a positive case to the press since the focus is on confirming illness and clearly documenting likely means of transmission.
- II. Confirm with player by phone that home care and isolation is ensured in the event of a potential 2-week quarantine (with no symptoms) or up to 3–4 days after symptoms subside (if ill).
- III. Make sure early on that roster is large enough to complete the season.

GUIDELINES FOR HOME PERSONAL HYGIENE >> IN QUARANTINE (1/3)



What to do in home isolation/quarantine if:

Verifiably infected with the coronavirus?

Coronavirus test results are still pending?

Members of the household are in quarantine?

1. The health authority establishes the actual steps to take on a case-by-case basis. Generally:
 - I. Remain in your house/apartment
 - II. Keep your distance from others, do not receive visitors
 - III. No physical contact
2. Members of the household should:
 - I. Stay in different rooms or – if not possible – maintain a distance of at least 1m.
 - II. Sleep in separate beds
 - III. Avoid close physical contact
 - IV. Limit joint use of rooms
 - V. Use separate bathrooms if possible
 - VI. Ensure that rooms in the household (kitchen, bathroom) are well ventilated. i.e. keep windows cracked open

- VII. Avoid direct contact with body fluids, particularly those from mouth/throat area and from respiratory tracts
- VIII. Clean and disinfect surfaces touched frequently such as tables and stair railings at least daily
- IX. Clean and disinfect the bathroom including all surfaces at least daily
- X. Note your contacts and observe their health status
- XI. Do not share household items (dishes, cutlery, laundry etc.) without first washing them with detergent and hot water.
- XII. Avoid contact with potentially contaminated items (e.g. toothbrushes, dishes, drinks, towels, bedlinens).
- XIII. Use disposable gloves when cleaning and when handling bedlinens, stool, urine and waste (before/after: disinfect hands)

GUIDELINES FOR HOME PERSONAL HYGIENE >> IN QUARANTINE (2/3)



- XIV. Practice hand hygiene during the following activities: before and after preparing food, before eating, after all contact with someone or with a person who tested positive, after using the toilet and whenever hands are soiled.
- XV. Wash the clothing, bedlinens, towels, beach towels etc. of an infected person / contact with water and soap or in the washing machine at 60–90°C with heavy-duty powder detergent and dry carefully, ideally in a tumble dryer. Place contaminated laundry in a laundry bag. Do not shake out unclean laundry and avoid direct contact between skin and laundry with soiled fabric.
- XVI. Use a protective gown (e.g. plastic apron) when cleaning surfaces or handling soiled bedlinens.
- XVII. Regular hand hygiene: if hands are not visibly soiled, hand sanitiser should be used. Hand hygiene must be carried out with water and soap if hands are visibly soiled. If water and soap are used, disposable paper towels should be used to dry hands. If these are not available, a dedicated towel should be used and replaced if damp.
- XVIII. The contact/person who tested positive should wear a surgical mask that fits snugly against the face. Do not touch or adjust masks. If a mask is damp or soiled with secretions, it must be immediately replaced. After replacing or removing a mask, it must

be immediately discarded and hand disinfection must always be carried out afterwards.

GUIDELINES FOR HOME PERSONAL HYGIENE >> IN QUARANTINE (3/3)



3. If it is not possible to wear a face mask, it is particularly important to follow the coughing and sneezing etiquette:
 - I. Keep at least a 1 m distance from others and turn away when coughing or sneezing.
 - II. Ideally, sneeze or cough into a disposable tissue. Use it only once and then discard in a lidded waste bin. If using a cloth handkerchief, it should then be washed at a temperature of at least 60°C.
 - III. Always: after blowing your nose, sneezing or coughing, thoroughly wash or disinfect your hands!
 - IV. If you there is no tissue within reach and you need to cough or sneeze, hold the crook of your elbow over your mouth and nose while also turning away from others. The use of disposable tissues is recommended for respiratory secretions.
 - V. Family members can assist the contact in day-to-day life, e.g. with shopping. Family members can also help by providing good ventilation in living rooms and bedrooms and regularly ensuring hand hygiene.

4. Criteria for release from home isolation/quarantine:
 - I. Generally no sooner than 14 days after start of symptoms or after exposure. Specific details on returning must be discussed with the health authorities.
 - II. Returning to the workplace (in this case: training) must be discussed with the employer PRIOR to starting work.



[Sources: Robert Koch Institute: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/nCoV.html and the Federal Centre for Health Education: <https://www.infektionsschutz.de/hygienetipps/hygiene-beim-husten-und-niesen/>, World Health Organization/Deutsche Gesellschaft für Krankenhaushygiene: <https://www.krankenhaushygiene.de/informationen/735>, updated 17 March 2020]

USE OF GUIDELINES BASED ON FORMAT

