



# **SPORTS MEDICINE / SPECIAL MATCH OPERATIONS TASK FORCE IN PROFESSIONAL FOOTBALL | VERSION 4.1**

**STADIUMS | TRAINING FACILITIES | HOTELS | HOME HYGIENE**

# SPORTS MEDICINE / SPECIAL MATCH OPERATIONS TASK FORCE IN PROFESSIONAL FOOTBALL

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# 1. MEDICAL CONCEPT FOR TRAINING AND SPECIAL MATCH OPERATIONS

## SCOPE OF APPLICATION: BUNDESLIGA, BUNDESLIGA 2, 3. LIGA, FLYERALARM WOMEN'S BUNDESLIGA, DFB-POKAL



### **Preliminary remarks/objective**

Based on the medical concept that was developed for the Bundesliga and Bundesliga 2, the DFB-Pokal as well as the men's 3. Liga and the FLYERALARM Women's Bundesliga, in order to complete the 2019-2020 season and that constituted the basis for the approval issued by the Federal Ministry of Labour and Social Affairs and the Conference of State Premiers, there was a revision for the 2020-21 season as well as in March 2021 for the remaining matchdays of the 2021-21 season.\* The goal is to adjust to the changing general conditions of the COVID-19 pandemic so that on the one hand, adequate operational safety is in place for professional football and, on the other, the necessary hygiene standards are maintained for everyone involved. Subject to this requirement, it is planned to base the measures on the number of new infections per week per 100,000 people in line with the procedure formulated by federal policy in the context of relaxations of restrictions and their possible revision.

As before, the aim cannot be to guarantee "100% safety" for all participants. The idea is to ensure that the risk is medically justifiable based on the significance of football (in social, socio-political and economic terms) and on the development of the pandemic.

The responsibility for implementing the measures set out below lies with the clubs. Regular swab testing, however, represents a "key" control that provides an adequate reminder to all those involved to maintain appropriate behaviour, as a positive result may result in the health authorities imposing measures that affect match and training operations.

\* Solely to ensure that this text is easy to read, gender-specific styles are dispensed with for the people mentioned in addition to the players, e.g. team officials/coaching team, referees, hygiene officers. These personal designations are thus to be understood as gender-neutral.

# 1. MEDICAL CONCEPT FOR TRAINING AND SPECIAL MATCH OPERATIONS

## SCOPE OF APPLICATION: BUNDESLIGA, BUNDESLIGA 2, 3. LIGA, FLYERALARM WOMEN'S BUNDESLIGA, DFB-POKAL



### Introduction

The seasons of the Bundesliga and Bundesliga 2, the 3. Liga and the FLYERALARM Women's Bundesliga, as well as the DFB-Pokal cup competitions that have recently been successfully concluded, illustrate that the measures of preventive medicine instituted at various levels were effective against COVID-19. The activity of the pandemic in Germany that has been increasing since March 2021 as well as the appearance of particularly contagious variants of the virus make adjustments to the concept appear advisable again. To illustrate our plans, we have retained the division of the measures based on their content that was previously carried out:

- a. Continued documentation of COVID-19 infections and their progression in all the clubs encompassing the entire periphery of the teams and the referees/assistant referees (irrespective of pandemic activity);
- b. Testing of people involved in training and competition for COVID-19 infection depending on pandemic activity;

- c. Logistical and organisational measures to minimise the risk of transmission at training and match venues (including rules of conduct for everyone involved) depending on pandemic activity;
- d. Admission of a limited number of spectators under defined control measures depending on pandemic activity (already developed in a separate guideline for local concepts; primarily addresses aspects relating to protection against infection and not occupational health and safety).

# 1. MEDICAL CONCEPT FOR TRAINING AND SPECIAL MATCH OPERATIONS



## Measures

Regarding a)

Subject to the consent of the person in question, anonymised data on recent cases of COVID-19 infections (date and circumstances of infection, disease management, contacts, disease progression, etc.) will continue to be collected on a centralised basis at all Bundesliga, Bundesliga 2, men's 3. Liga and FLYERALARM Women's Bundesliga clubs, as well as from all potential referees and assistant referees for these categories. A legal review regarding data protection has already been carried out by the legal departments of the DFL and DFB. As before, it remains important to update and improve knowledge of the "typical progressions" of COVID-19 cases in young, high-performance athletes in this way. This information can be applied to all training and competition activities to be organised in the future as well as in the home environment of players, trainers and referees. It may additionally be relevant and provide support for other professional and/or recreational sports.

Furthermore, the clubs will again be asked to identify (not: to report) people on and around the teams who are unvaccinated and have risk factors making them vulnerable to the severe progression of a COVID-19 infection. 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 preventive measures.

Regarding b)

Infectious players and/or trainers should of course also continue to be prevented from coming into contact with and infecting uninfected people during training and competitive matches. A graduated protocol for testing all parties involved for potential COVID-19 infections is also planned, in order to pursue this objective appropriately. The head team doctors of each club are responsible for organising the swabs (performed by designated testers) and for documenting the results of the swab tests for SARS-CoV-2 RNA. Positive PCR 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. A positive result in the antigen test will also result in the immediate isolation of the person concerned. Furthermore, in addition to notifying the health authority (must occur within 24 hours), the verification of the antigen test result by means of PCR shall be initiated. If the PCR result is negative, the notification of the health authority can be withdrawn.

The three stages of pandemic activity are to be defined using the level in the relevant vicinity of the club. This is done in order to be able to react to local outbreaks. The district of the event venue and all neighbouring districts (including independent municipalities) provide the frame of reference. The average level of the whole of Germany does not appear to be optimal as a standard measure for all clubs, as there is always likely to be non-homogeneous distribution with the possibility of individual hot spots. It is probably reasonable in such circumstances to take local conditions into consideration.

# 1. MEDICAL CONCEPT FOR TRAINING AND SPECIAL MATCH OPERATIONS



The following minimum requirements are planned (for details for the Bundesliga and Bundesliga 2, see Appendix 1A) and are consistent with those of the guidelines for developing concepts for allowing spectators back into stadiums, which were published by the DFL on 15 July 2020:

Pandemic level high ( $X \geq 35$  new infections per week per 100,000 inhabitants)  
PCR testing regime as in the end phase of the 2019-2020 season, antigen tests from oro- and/or nasopharyngeal (third-party) swabs before gathering on all training and travel days in addition.

Pandemic level moderate ( $5 \leq X < 35$  new infections per week per 100,000 inhabitants)  
PCR testing twice a week at regular intervals, at the earliest two days before each regular season game.

Pandemic level low ( $X < 5$  new infections per week per 100,000 inhabitants)  
PCR testing once a week at intervals of 6 to 8 days.

These threshold values should be regarded as a starting point, but must also be placed in the context of the current “dynamics” of the infection on-site in the communications with the competent health authorities. In addition to key, purely epidemiological indicators (e.g. trends in new infections in the past few days), political and/or educational elements may also have to be taken into consideration as well as the vaccination rates in the defined sections of the population.

Immunity against SARS-CoV-2 can be established for individual players by means of clinical data (e.g. documentation of earlier PCR results, antibody

tests), meaning that these individuals can be exempted from further swabbing. The task force makes a decision on an exemption of this kind and its duration (currently 3 months) after receiving a written request. This procedure will be modified if findings in the coming months indicate (in deviation from the current state of play) that reinfections are possible after a person has previously had a COVID-19 infection.

Regarding c)

The measures that are to be taken in the stadiums / at training facilities are also implemented in a similarly graduated approach. As before, they include separating (potentially staggering in time) groups of people who cannot avoid attending training and, particularly, competitive matches from each other (e.g. separating TV production staff and players/trainers) and providing abundant sanitiser (two dispensers per changing room, one dispenser at the entry to each shower room, multiple dispensers in the area of the players' tunnel and stadium lobby) and soap as well as disposable towels. Furthermore, physical measures will also make sense in order to enable players, trainers and referees to change and shower in compliance with the required distancing. 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.

# 1. MEDICAL CONCEPT FOR TRAINING AND SPECIAL MATCH OPERATIONS



This can, but does not have to be the team doctor. If possible, this person should be relieved of competing obligations while they are working on this activity; individual tasks in the area of organisation as well as individual tasks in the area of TV production may be delegated to one other person (not more than one) who has the appropriate medical expertise. A similar concept exists in NADA for possible doping tests (information sheet for the testers).

It should be noted that at-risk persons have already been identified through the surveying in the clubs described in a). They should continue to be allowed to attend training and competitive matches but with a heavily reduced extent if possible as long as they are not vaccinated against COVID-19. If this involves players, the situation must be explained thoroughly to the person/people concerned by the team doctor, whose responsibility this is. 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. The task force approves voluntary participation in training and matches after the team doctor has explained the situation to the person concerned.

There is no plan for the measures scaled under c) to be actively checked by the task force in the sense of taking disciplinary action. The responsibility for implementing this lies with the clubs. The regular swab testing already constitutes a form of checking that provides all of those involved with adequate encouragement to conduct themselves appropriately. The current regulatory situation of the German federal states decides the kind of face mask to be used (FFP2 standard, etc.).

Regarding d)

The task force already developed, published and provided the clubs with the separate document "Basic principles and guidelines for developing concepts for allowing spectators back into stadiums" before it revised and adapted this medical and organisational concept.

## **Members of the Working Group:**

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 Centre Regensburg, Sportpraxis Nürnberg)

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### PANDEMIC LEVEL



#### Basic principles for including the various levels of pandemic

- Basic idea: individual/regional possibility of reacting to local outbreaks. Possibility of reacting to local outbreaks. The district of the event venue and all neighbouring districts (including independent municipalities) provide the frame of reference.
- The question of whether, how many and under what general conditions and restrictions spectators may be present in a stadium for a game in the Bundesliga or Bundesliga 2 is first and foremost a question of the legal framework, i.e. the relevant health protection regulation relating to corona of the federal state, as well as the decisions of the competent local authorities.
- If a decision by the competent authorities means spectators can in principle be allowed into the stadium on the basis of the statutory requirements, the threshold values can provide guidance for the competent authorities on-site, but must also be placed in the context of the current “dynamics” of the infection on-site.
- Guidelines that focus on pandemic activity can mean that fewer/more spectators will be allowed in the stadium at individual games because of short-term trends.
- The 7-day incidence in the district of the home stadium in question and in all neighbouring districts (including independent municipalities) is calculated in order to determine the pandemic level for the organisational implementation of the match.
- The 7-day incidence in the district of the relevant club (and place of residence of the referees) and in all neighbouring districts (including independent municipalities) is calculated in order to determine the pandemic level for the performance of the PCR testing.
- The pandemic level is determined on:
  - Mondays for Fri./Sat./Sun./Mon. match days
  - Wednesdays for Tues./Wed./Thurs. match days

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### FACE MASKS AND/OR MINIMUM DISTANCE IN ZONE 1



#### Level “high”

$X \geq 35$  new infections  
per week per 100,000  
inhabitants

All people who are being monitored (PCR tests) are exempt from wearing a face mask if the minimum distance of 1.50 m is observed.

All people who are NOT being monitored (PCR tests) are required to wear a face mask at all times.



#### Level “moderate”

$35 > X \geq 5$  new infections  
per week per 100,000  
inhabitants

All people who are being monitored (PCR tests) are exempt from wearing a face mask if the minimum distance of 1.50 m is observed.

All people who are NOT being monitored (PCR tests) are required to wear a face mask at all times.



#### Level “low”

$X < 5$  new infections per  
week per 100,000  
inhabitants

All people who are being monitored (PCR tests) are exempt from wearing a face mask if the minimum distance of 1.50 m is observed.

All people who are NOT being monitored (PCR tests) are required to wear a face mask at all times.

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### FACE MASKS AND/OR MINIMUM DISTANCE IN ZONE 2



#### Level “high”

$X \geq 35$  new infections  
per week per 100,000  
inhabitants

All people are required to wear a face mask at all times.

Commentators reporting live may commentate without a face mask “during the game” as long as a Plexiglas box is set up around the individual workstation.



#### Level “moderate”

$35 > X \geq 5$  new infections  
per week per 100,000  
inhabitants

All people are required to wear a face mask if the minimum distance of 1.50 m cannot be maintained.

Commentators reporting live may commentate without a face mask “during the game” as long as a Plexiglas box is set up around the individual workstation.



#### Level “low”

$X < 5$  new infections per  
week per 100,000  
inhabitants

All people are required to wear a face mask if the minimum distance of 1.50 m cannot be maintained.

Commentators reporting live may commentate without a face mask “during the game” as long as a Plexiglas box is set up around the individual workstation.

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### FACE MASKS AND/OR MINIMUM DISTANCE IN ZONE 3



#### Level “high”

$X \geq 35$  new infections  
per week per 100,000  
inhabitants

All people are required to wear a face mask at all times.

If a recreation area has been set up, face masks can be taken off there for the time being in order to recover – while maintaining the minimum social distance.



#### Level “moderate”

$35 > X \geq 5$  new infections  
per week per 100,000  
inhabitants

All people are required to wear a face mask if the minimum distance of 1.50 m cannot be maintained.



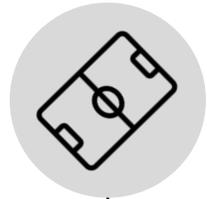
#### Level “low”

$X < 5$  new infections per  
week per 100,000  
inhabitants

All people are required to wear a face mask if the minimum distance of 1.50 m cannot be maintained.

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### ZONING IN THE STADIUM



#### **Zone 1** Team zone

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

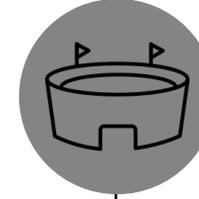
- › Pitch
- › Pitch perimeter including techn. zone
- › Players' tunnel
- › Changing rooms



#### **Zone 2** Special area in the stands

Zone 2 consists of the following areas:

- › Media/interview area
- › Camera positions
- › Journalists' /commentary positions
- › Special seating area (primarily for people being monitored)



#### **Zone 3** TV compound

Zone 3 consists of the following areas:

- › OB van parking

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### ZONING IN THE STADIUM



#### Basics for zoning and for planning of staff requirements

- In addition to any spectator areas, three zones must still be set up in the stadium premises: zone 1 – “Team zone”; zone 2 – “Special stand areas”; and zone 3 – “TV compound”.
- In addition to the people being monitored (PCR tests) (players, substitutes, coaching staff, referees), exclusively the people who are required in order to conduct the game operations properly and to fulfil the contractual obligations (including ball boys/girls, medics, security, hygiene staff, base signal, etc.) are allowed in zone 1 – “Team zone”.
- Zone 2 – “Special stand areas” refers to special areas in the stadium’s stands. These include:
  - Media/interview area
  - Camera positions in the stand section
  - Journalists’/commentary positions
  - Special seating area (primarily for people being monitored (PCR tests))
- Zone 3 – “TV compound” is located within the outer boundary of the stadium (if spectators are not allowed in, zone 3 also encompasses the exterior area within the stadium’s outer boundary in addition to the parking area for the outside broadcasting vans).
- Zones 1, 2 and 3 have to be separated effectively and by a large distance from all other areas of the stadium. Where possible, not only the zones, but also the access routes have to be separated from any spectator areas.

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### ZONING IN THE STADIUM

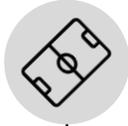


#### Basics for zoning and for planning of staff requirements

- The planning of staff requirements for zone 1 describes mandatory maximum numbers of people for each pandemic level. Zone 1 must be “clean” one hour before the teams arrive.
- The planning of staff requirements for zones 2 and 3 describes mandatory maximum numbers of people when the pandemic level is “high”.
- The planning of staff requirements for zones 2 and 3 describes who can be allowed in as a minimum when the level is “moderate” or “low”. Other groups of people can be defined for these two zones by the home club independently and without further specification of measurements.
  - It should be noted here that the area to be kept available is based on the total number of people who are allowed into the zone overall. The guideline is: 7 m<sup>2</sup> per person.
- Preparatory and setup work on match days must conclude well before the teams arrive at the stadium. Ideally, the preparatory and setup work will already have been concluded the day before the game.
- The home club is responsible for assigning accreditation to journalists and photographers in compliance with the guidelines specified above.

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### BUNDESLIGA AND DFB-POKAL | PLANNING OF STAFF REQUIREMENTS



#### Zone 1 – Team zone

	High pandemic level	Moderate pandemic level	Low pandemic level
Referees	4	5	5
Players	22	22	22
Substitutes	18	18	18
Coaching staff	20	26	26
Ball boys/girls	4	8	10
Volunteers	-	4	6
Hygiene staff	3	3	3
Photographers	8	16	24
Medical services	4	8	8
Security guards	4	35	35
Media officers	-*	4	4
Organisation	-	4	6
Greenkeepers	-	8	8
Club media (social media)	2	3	4
Base signal + VAR + data	19	21	21
Licensees (SKY, ARD, ZDF, DFL DS, etc.)	-	15	21
<b>Total</b>	<b>108</b>	<b>200</b>	<b>221</b>

 = people who need to be monitored on a mandatory basis

\* The clubs' media officers can move to Zone 1 in the course of changing zones before and after the game

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### BUNDESLIGA AND DFB-POKAL | PLANNING OF STAFF REQUIREMENTS



#### Zone 2 – Special area in the stands

	High pandemic level	Moderate pandemic level	Low pandemic level
Security guards	10	to be determined individually by the club	
Medical services	4		
Fire service	2		
Police	4		
Stadium operators	5		
Catering	-		
Hygiene staff	5		
Match/video analysts	4		
Match organisation	14		
Guest delegation	5		
Home delegation	10		
Club media	9		
Coaching staff / extended squads	8		
Journalists	18		
Photographers	3		
FB observers	-		
NADA	2	2	2
Base signal + VAR + data	23	25	25
Licensees (SKY, ARD, ZDF, DFL DS, etc.)	29	33	48
<b>Total</b>	<b>155</b>		

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

### BUNDESLIGA AND DFB-POKAL | PLANNING OF STAFF REQUIREMENTS



#### Zone 3 – TV compound\*

	High pandemic level	Moderate pandemic level	Low pandemic level
Security guards	50	to be determined individually by the club	
Greenkeepers	8		
Club media	-		
Base signal + VAR + data	42	43	43
Licensees (SKY, ARD, ZDF, DFL DS, etc.)	16	16	26
<b>Total</b>	<b>116</b>		

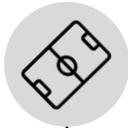
\* When the pandemic level is "high", zone 3 also encompasses the relevant exterior areas of the stadium in addition to the parking area for the OB vans.

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

BUNDESLIGA 2, 3. LIGA AND FLYERALARM WOMEN'S BUNDESLIGA |



### PLANNING OF STAFF REQUIREMENTS



#### Zone 1 – Team zone

	High pandemic level	Moderate pandemic level	Low pandemic level
Referees	4	5	5
Players	22	22	22
Substitutes	18	18	18
Coaching staff	20	26	26
Ball boys/girls	4	8	10
Volunteers	-	4	6
Hygiene staff	3	3	3
Photographers	8	16	24
Medical services	4	8	8
Security guards	4	35	35
Media officers	-*	4	4
Organisation	-	4	6
Greenkeepers	-	8	8
Club media (social media)	2	3	4
Base signal + VAR + data	7	10	10
Licensees (SKY, ARD, etc.)	-	3	5
<b>Total</b>	<b>96</b>	<b>177</b>	<b>194</b>

 = people who need to be monitored on a mandatory basis

\* The clubs' media officers can move to Zone 1 in the course of changing zones before and after the game

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

BUNDESLIGA 2, 3. LIGA AND FLYERALARM WOMEN'S BUNDESLIGA |



### Zone 2 – Special area in the stands PLANNING OF STAFF REQUIREMENTS

	High pandemic level	Moderate pandemic level	Low pandemic level
Security guards	10	to be determined individually by the club	
Medical services	4		
Fire service	2		
Police	4		
Stadium operators	5		
Catering	-		
Hygiene staff	5		
Match/video analysts	4		
Match organisation	14		
Guest delegation	5		
Home delegation	10		
Club media	9		
Coaching staff / extended squads	8		
FB observers	-		
Journalists	18		
Photographers	3		
NADA	2	2	2
Base signal + VAR + data	15	17	17
Licensees (SKY, ARD, ZDF, DFL DS, etc.)	10	13	20
<b>Total</b>	<b>128</b>		

## 2 BASIC PRINCIPLES FOR CONDUCTING SPECIAL MATCH OPERATIONS

BUNDESLIGA 2, 3. LIGA AND FLYERALARM WOMEN'S BUNDESLIGA |



### PLANNING OF STAFF REQUIREMENTS



#### Zone 3 – TV compound\*

	High pandemic level	Moderate pandemic level	Low pandemic level
Security guards	50	to be determined individually by the club	
Greenkeepers	8		
Club media	-		
Base signal + VAR + data	17	19	19
Licensees (SKY, ARD, etc.)	7	10	10
<b>Total</b>	<b>82</b>		

\* When the pandemic level is "high", zone 3 also encompasses the relevant exterior areas of the stadium in addition to the parking area for the OB vans.

# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## ORGANISATIONAL ASPECTS

### High pandemic level

#### 1. Arrival of teams at the stadium

- I. Teams arrive in several buses/transporters (minimum distance of 1.50 m must be ensured); players/trainers should wear face masks for the entire journey and continue to wear them 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. The arrival of the two teams at the stadium must be coordinated so that there is no overlap in time or space. Space out arrival of the teams.
- IV. Depending on the stadium infrastructure: use different paths to access the changing rooms (e.g. Veltins-Arena) or large-scale separation (e.g. Allianz Arena).

### Moderate pandemic level

#### 1. Arrival of teams at the stadium

- I. Teams arrive in several buses/transporters (minimum distance of 1.50 m must be ensured); players/trainers should wear face masks for the entire journey and continue to wear them on arrival.
- II. For home matches, individual arrival of players by car should be considered (no carpooling).
- III. The arrival of the two teams at the stadium must be coordinated so that there is no overlap in time or space.

### Low pandemic level

#### 1. Arrival of teams at the stadium

- II. For home matches, individual arrival of players by car should be considered (no carpooling).
- III. The arrival of the two teams at the stadium must be coordinated so that there is no overlap in time or space.

# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## ORGANISATIONAL ASPECTS

### High pandemic level

#### 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 1.50 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. All people who spend time in the changing room must wear a face mask if the minimum distance of 1.50 m cannot be maintained.

### Moderate pandemic level

#### 2. Changing rooms (teams & referees):

- I. It is recommended that adjacent free spaces be used as additional changing room options; the minimum distance of 1.50 m must be ensured (split up the starting eleven, goalkeepers and substitutes by space or time).
- III. Time spent in changing rooms must be restricted to the minimum necessary (approx. 30–40 min. for individual players).
- IV. All people who spend time in the changing room must wear a face mask if the minimum distance of 1.50 m cannot be maintained.

### Low pandemic level

#### 2. Changing rooms (teams & referees):

- I. It is recommended that adjacent free spaces be used as additional changing room options; the minimum distance of 1.50 m must be ensured (split up the starting eleven, goalkeepers and substitutes by space or time).
- III. Time spent in changing rooms must be restricted to the minimum necessary (approx. 30–40 min. for individual players).
- IV. All people who spend time in the changing room must wear a face mask if the minimum distance of 1.50 m cannot be maintained.

# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## ORGANISATIONAL ASPECTS

### High pandemic level

#### 3. Players' tunnel:

- I. The minimum distancing rule in the players' tunnel must be applied at all times (for warm-up, when entering the pitch, at 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).

### Moderate pandemic level

#### 3. Players' tunnel:

- 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:

See players' tunnel.

### Low pandemic level

#### 3. Players' tunnel:

- 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:

See players' tunnel.

# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## ORGANISATIONAL ASPECTS

### High pandemic level

#### 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.

#### 6. Team entry:

- I. No child mascots.
- II. No club mascots.
- III. No team photos (photographers in interior only behind goal and opposite stand).
- IV. No opening ceremony with extra people.
- V. No handshakes.
- VI. No pre-match line-up of the teams.

### Moderate pandemic level

#### 5. Equipment check / assembly for team entry:

- I. Equipment check at changing room door by assistant referee (not in assembly area).

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### Low pandemic level

#### 5. Equipment check / assembly for team entry:

- I. Equipment check at changing room door by assistant referee (not in assembly area).

#### 6. Team entry:

- I. No child mascots.
- II. No club mascots.
- III. No team photos (photographers in interior only behind goal and opposite stand).
- IV. No opening ceremony with extra people.
- V. No handshakes.
- VI. Line-up together (but no handshakes).

# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## ORGANISATIONAL ASPECTS

### High pandemic level

#### 7. Technical zone / pitch side:

- I. "Clean" coaching bench side, teams only (exception: fourth official, camera positions, medical services, ball boys, security guards).
- II. Reduced TV concept in the interior:
  - a. Camera positions/personnel on the production side exclusively behind barrier tape.
  - b. No on-field reporters.
  - c. No middle pitch-side camera on the coaching bench side.
- III. Space out coaching bench: use every second or third seat (minimum distance of 1.50 m must be ensured).
  - a. Options for expanding reserve bench: standing section (if direct access is available) or additional chairs/benches to expand reserve benches (ideally covered as well).
  - b. Adjustment of the technical zone.

### Moderate pandemic level

#### 7. Technical zone / pitch side:

- I. "Clean" coaching bench side, teams only (exception: fourth official, camera positions, medical services, ball boys, security guards).
- II. Reduced TV concept in the interior:
  - a. Camera positions/personnel on the production side exclusively behind barrier tape.
  - b. No on-field reporters.
  - c. No middle pitch-side camera on the coaching bench side.
  - d. ENG teams/photographers only stationary behind the goals, behind the advertising boards and while maintaining an ample distance from the substitutes.
- III. Space out coaching bench: use every second or third seat (minimum distance of 1.50 m must be ensured).
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# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## ORGANISATIONAL ASPECTS

### High pandemic level

#### 8. After the match (media areas):

- I. Press room and mixed zone remain closed.
- II. Press conference takes place only virtually.

- III. Interview positions can be set up exclusively in Zone 2 (in physical proximity to Zone 1). The mandatory hygiene measures have to be taken into consideration here.

#### 9. After the match (operations):

- I. An additional waiting room must be set up next to the anti-doping room. Face masks and disposable gloves must be laid out.

#### 10. Team departure: see arrival.

### Moderate pandemic level

#### 8. After the match (media areas):

- I. Press room and mixed zone remain closed.
- II. Depending on the stadium, press conferences are held with the parties involved physically present or only as virtual press conferences (to be determined by the club). When a press conference is held with people physically present, a minimum distance of 3 m must be guaranteed between the podium and the first row of seats, and all reporters must wear face masks.

- III. Interview positions can be set up exclusively in Zone 2 (in physical proximity to Zone 1). The mandatory hygiene measures have to be taken into consideration here.

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#### 10. Team departure: see arrival.

# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## HYGIENE ASPECTS

### High pandemic level

1. Instruct all people required in the stadium for match operations and TV production to observe 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. Inform players and employees with access to the stadium of the definition of "symptoms of infection".
3. The entry checkpoint oversees stadium access for players and essential employees. The checkpoint agent must wear a face mask.

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# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM

## HYGIENE ASPECTS



### High pandemic level

4. 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.
5. The entry check is carried out using an identity document and a questionnaire asking yes or no questions, including whether the person is experiencing typical symptoms of infection. Admittance to the stadium will not be granted if one of the boxes is not ticked as “no”.
6. A separate entrance has to be provided for people who are being monitored and are accredited for Zone 1 at the same time.
7. Hand sanitiser (stands) should be provided in front of or in each room if possible.

### Moderate pandemic level

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# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## HYGIENE ASPECTS

### High pandemic level

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. Players and referees on the pitch are exempt from wearing a face mask.

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# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## HYGIENE ASPECTS

### High pandemic level

11. Reporters from the audiovisual licensees who commentate live and radio reporters may commentate without a mask on during the game. It is a requirement that a Plexiglas box is erected around the individual workstation for this. Live broadcasts before the game can also be conducted under the conditions specified above.
13. Ball boys/girls (at least 16 years old) are to disinfect their hands regularly and wear a face mask during their deployment. Parental consent must be obtained for ball boys/girls assignments, and parents must also be informed of the entrance checks (questionnaire).

### Moderate pandemic level

11. Reporters from the audiovisual licensees who commentate live and radio reporters may commentate without a mask on during the game. It is a requirement for this that a Plexiglas box is erected around the individual workstation or that the minimum distance of 1.50 m is maintained. Live broadcasts before the game ("commentator on air") can also be conducted if the commentator maintains the minimum distance of 1.50 m.
12. The licensees' anchors / field reporters may do on-location comments / conduct interviews if the minimum distance of 1.50 m is maintained.
13. Ball boys/girls (at least 16 years old) are to disinfect their hands regularly and wear a face mask during their deployment. Parental consent must be obtained for ball boys/girls assignments, and parents must also be informed of the entrance checks (questionnaire).

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# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## HYGIENE ASPECTS

### High pandemic level

14. Team meals should be prepared and packaged by the team chef in advance of being brought into the stadium. Do not hire third-party catering. A minimum distance of 1.50 m must be ensured when eating meals.
15. Personal disposable bottles used exclusively. They are collected and disposed of appropriately.
16. Showers to be used in small groups as far as possible, individual showers recommended.
17. Individual showers recommended or showering at home/hotel should be considered.
18. Spa area closed off and water potentially drained from relaxation baths.
19. Fitness equipment to be used only when wearing a face mask and with consistent application of sanitiser before and afterwards. Fitness room to be used only in small groups in observance of minimum distances.

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18. Sauna to be closed off. The minimum distance of 1.50 m must be maintained in the spa area.
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# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## HYGIENE ASPECTS

### High pandemic level

20. Medical department (team doctors, physiotherapists, rehab trainers, etc.) works using face masks (FFP2 masks without exhalation valve), hand sanitiser and disposable gloves, and is responsible for hygiene in the medical rooms.
21. Physical separation and ample distance between treatment tables during treatment. Separate spaces used as much as possible.
22. It should generally be ensured that only people from the training staff who are essential for match play are with the team. People not required for direct match operations can be contacted by phone or video conference.

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# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM

## HYGIENE ASPECTS



### High pandemic level

23. The PCR tests are carried out based on the minimum requirements (Appendix 1). Details are regulated specifically for each league in the information manuals.
24. Tests and documentation of potential infections will continue for the entire season.
25. Staffing requirements.
  - I. Hygiene officer and their deputy.
  - II. Increased cleaning staff.
  - III. Access controller / accreditation system / security.
26. Space requirements.
  - I. Drug testing room and waiting room.
  - II. Isolation room.

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# 3 GUIDELINES FOR THE ORGANISATION AND HYGIENE IN THE STADIUM



## HYGIENE ASPECTS

### High pandemic level

27. Material requirements:
- I. Hand sanitiser / stands.
  - II. Surface disinfectant.
  - III. Face masks.
  - IV. Personal drink bottles.
  - VI. Collection bins for waste in areas that are used.
28. IMPORTANT: Professional football sets an example, and its leading figures serve as role models. We strongly ask for exemplary behaviour in terms of hygiene and isolation measures off the pitch.
29. IMPORTANT: 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.

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# 4 GUIDELINES FOR TV PRODUCTION

## GENERAL NOTES



### High pandemic level

1. The aim is to protect each employee and to completely separate TV production as much as possible from the sports side.
2. 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.
3. Everyone working on-site declares that they agree to comply with the hygiene rules and submit to the stadium entrance checks.

### Moderate pandemic level

1. The aim is to protect each employee and to completely separate TV production as much as possible from the sports side and the spectator areas.
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# 4 GUIDELINES FOR TV PRODUCTION

## GENERAL NOTES



### High pandemic level

4. Acknowledgement of the code of conduct for hygiene, pursuant to recommendation of RKI and BzgA (Federal Centre for Health Education).
5. Every employee in TV production is required to carry a face mask with them at all times.
6. In terms of the hygiene aspect, special rules must also be followed for the arrival and departure of staff and service providers (broadcasters, ENG companies, data service providers, supply companies etc.):
  1. In general, they should not arrive via public transport or in larger carpooling groups. Travelling by train (if possible maintaining a minimum distance of 1.50 m from other passengers) or in a car with no more than two people, both wearing face masks (in particular taking into account section 23 of the German Road Traffic Regulations (StVO) and the requirements of the individual federal states) is permitted.

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## 4 GUIDELINES FOR TV PRODUCTION

### INVOLVEMENT OF THE CLUB'S HYGIENE OFFICER



#### High pandemic level

1. Tasks of the club's hygiene officer and their deputy:
  - I. Access control for everyone working on-site and instruction on hygiene measures.
  - II. Health check (check the completed questionnaire and, where applicable, ask follow-up questions) for everyone involved in production using a central questionnaire. If the health criteria are not met (if unclear, the hygiene officer decides), access to the stadium is refused.

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## 4 GUIDELINES FOR TV PRODUCTION

### INVOLVEMENT OF THE CLUB'S HYGIENE OFFICER



#### High pandemic level

- III. 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.
- IV. Authority to assert claims directly against employees working on-site in the event of non-compliance.
- V. The hygiene officer can delegate individual tasks in connection with the TV production to one person (no more than one) who has appropriate medical expertise.

#### Moderate pandemic level

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## 4 GUIDELINES FOR TV PRODUCTION

### INVOLVEMENT OF THE CLUB'S HYGIENE OFFICER



#### High pandemic level

2. Production manager (PM) collaboration with the club's hygiene officer or delegated person.
  - I. 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.
  - II. The hygiene officer and the PM must be able to continuously exchange information.

#### Moderate pandemic level

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

# 4 GUIDELINES FOR TV PRODUCTION

## ACCESS, CHECKING AND INSTRUCTION OF EMPLOYEES



### High pandemic level

1. Every person involved in production submits to entrance checks upon entering the stadium, hands in a completed, signed questionnaire and agrees to adhere to the hygiene rules. Access is granted only after entrance checks have been conducted.
2. Correspondingly, the questionnaire asks the respondents to confirm the following:

### Moderate pandemic level

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2. Correspondingly, the questionnaire asks the respondents to confirm the following:

# 4 GUIDELINES FOR TV PRODUCTION

## ACCESS, CHECKING AND INSTRUCTION OF EMPLOYEES



### High pandemic level

- I. No typical signs of infection at present or in the last 14 days and no symptoms not known to have other causes (i.e. no fever, no dry cough, no shortness of breath, no sore head or throat, no aching limbs and no reduced sense of taste or smell).
- II. No current positive test result for infection.
- III. No known (unprotected) contact with a person who has tested positive or who is suspected of being infected in the last 14 days.
- IV. No known visit to an area that was categorized as a foreign coronavirus risk area during the visit in the last 14 days.

### Moderate pandemic level

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# 4 GUIDELINES FOR TV PRODUCTION

## ACCESS, CHECKING AND INSTRUCTION OF EMPLOYEES



### High pandemic level

Admittance to the stadium will not be granted if one of the first three boxes in the questionnaire is not ticked. If box IV is not ticked or in the event of a visit to or residence in a district or independent town or city in Germany with an elevated number of infections, decisions will be made on a case-by-case basis by the hygiene officer or the person delegated by the hygiene officer, taking into account the applicable federal and state provisions and the guidelines of the competent health authority. If admittance is permitted to the stadium, the relevant persons active in zones 1 to 3 are to be given the currently valid additional hygiene rules and code of conduct, with which they are obligated to comply.

### Moderate pandemic level

Admittance to the stadium will not be granted if one of the first three boxes in the questionnaire is not ticked. If box IV is not ticked or in the event of a visit to or residence in a district or independent town or city in Germany with an elevated number of infections, decisions will be made on a case-by-case basis by the hygiene officer or the person delegated by the hygiene officer, taking into account the applicable federal and state provisions and the guidelines of the competent health authority. If admittance is permitted to the stadium, the relevant persons active in zones 1 to 3 are to be given the currently valid additional hygiene rules and code of conduct, with which they are obligated to comply.

### Low pandemic level

Admittance to the stadium will not be granted if one of the first three boxes in the questionnaire is not ticked. If box IV is not ticked or in the event of a visit to or residence in a district or independent town or city in Germany with an elevated number of infections, decisions will be made on a case-by-case basis by the hygiene officer or the person delegated by the hygiene officer, taking into account the applicable federal and state provisions and the guidelines of the competent health authority. If admittance is permitted to the stadium, the relevant persons active in zones 1 to 3 are to be given the currently valid additional hygiene rules and code of conduct, with which they are obligated to comply.

## 4 GUIDELINES FOR TV PRODUCTION

### ACCESS, CHECKING AND INSTRUCTION OF EMPLOYEES



#### High pandemic level

3. Disbursement of protective materials.
  - I. Face masks.
  - II. Sanitiser (unless otherwise provided).
4. Provision of hygiene materials (toilet and OB van parking).
  - I. Setting up of mobile sinks at several easily accessible locations.
  - II. Soap.
  - III. Disposable folded towels.
  - IV. Hand sanitiser.

#### Moderate pandemic level

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  - I. Face masks
  - II. Sanitiser (unless otherwise provided)
4. Provision of hygiene materials (toilet and OB van parking).
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#### Low pandemic level

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## 4 GUIDELINES FOR TV PRODUCTION

### ACCESS, CHECKING AND INSTRUCTION OF EMPLOYEES



#### High pandemic level

5. Additional explanations of the safety measures and hygiene rules for TV production.
  - I. Aside from the key safety requirements, the following points must also be noted:
    - a. Avoid private conversations since they tempt you to undermine the distancing guidelines.
    - b. 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.
    - c. Leave doors open as much as possible and avoid touching handles.
    - d. Do not touch lift buttons, stair handrails or door handles with your hand (instead: your elbow).

#### Moderate pandemic level

5. Additional explanations of the safety measures and hygiene rules for TV production.
  - I. Aside from the key safety requirements, the following points must also be noted:
    - a. Avoid private conversations since they tempt you to undermine the distancing guidelines.
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## 4 GUIDELINES FOR TV PRODUCTION

### ACCESS, CHECKING AND INSTRUCTION OF EMPLOYEES



#### High pandemic level

- e. Face masks: generally required to be worn after entering the stadium area. Ensure they are placed, removed and worn correctly (completely covering mouth and nose).
  
- f. Hand disinfection: generally before and after each use of shared equipment (especially broadcasting technology). Hand sanitiser needs to be rubbed onto dry hands and must not be rinsed with water thereafter.

#### Moderate pandemic level

- e. All people are required to wear a face mask if the minimum distance of 1.50 m cannot be maintained. When working with a Steadicam, the operator can alternatively wear a face shield / visor for the duration of the game. Ensure they are placed, removed and worn correctly (completely covering mouth and nose).
  
- f. 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.

#### Low pandemic level

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## 4 GUIDELINES FOR TV PRODUCTION

### WORKING IN COMPLIANCE WITH THE HYGIENE RULES



#### High pandemic level

1. General information.
  - I. Time spent on-site is reduced to the minimum required (see planning and disposal).
  - II. In order to avoid any kind of gathering of people, no catering is offered on-site. The press room will remain closed.
  - III. The mobile production unit is closed and can only be accessed by the PM and the hygiene officer of the home club.
2. Precautions at workstations and for work equipment.
  - I. General measures (e.g. cameras, Plexiglas, microphones, headsets).
    - a. Observance of a minimum distance for camera positions and in the media stands.

#### Moderate pandemic level

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## 4 GUIDELINES FOR TV PRODUCTION

### WORKING IN COMPLIANCE WITH THE HYGIENE RULES



#### High pandemic level

- b. Plexiglas partitions used by service providers when other physical separation is not possible.
- c. If possible, set up open access (open doors and avoidance of barriers and thus unnecessary contact with hands).
- d. Protection for microphones and headsets.
- II. Equipment cleaned and disinfected (before/after setup).
  - a. Equipment and surfaces cleaned by service provider with a surface disinfectant prior to start of production, after setup and breakdown on production day.
  - b. Periodic cleaning if needed.

#### Moderate pandemic level

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## 4 GUIDELINES FOR TV PRODUCTION

### WORKING IN COMPLIANCE WITH THE HYGIENE RULES



#### High pandemic level

3. Hygiene plan posted at locations in the stadium relevant for the media.
4. Staff separated based on function and the following work areas:
  - I. Interior.
    - a. People working in the interior should be on their equipment or at their work station based only on strict need and scheduling.
    - b. As much as possible, routes of travel should be reduced and planned to be short; no routes crossing the players' tunnel.
    - c. The rules on distancing must be strictly adhered to here and no unnecessary conversations must be held.
    - d. Suitable tape has to be used by the club to separate the pitch-side camera positions from the pitch.

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    - d. Suitable tape has to be used by the club to separate the pitch-side camera positions from the pitch.

## 4 GUIDELINES FOR TV PRODUCTION

### WORKING IN COMPLIANCE WITH THE HYGIENE RULES



#### High pandemic level

- II. Stands and exterior:
  - a. In the stands and the exterior, the rules on distancing must be strictly adhered to and no unnecessary conversations must be held.
  - b. As far as possible, separate routes for TV production staff
- III. Outside broadcasting vans:
  - a. Significantly fewer work stations in outside broadcasting vans to comply with the rules on distancing.
  - b. Confined spaces should be ventilated three to four times a day for ten minutes each, with production ideally taking place with doors open.
  - c. Equipment surfaces and door handles cleaned by service provider with a surface disinfectant prior to start of production and after setup on production day.

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## 4 GUIDELINES FOR TV PRODUCTION

### WORKING IN COMPLIANCE WITH THE HYGIENE RULES



#### High pandemic level

- IV. Media activities after the match:
  - a. The current safety measures with the rule on distancing and Plexiglas partitions apply here .
- V. Other rules:
  - a. Conduct in meetings of 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.
  - b. Conduct during breaks: gatherings are to be avoided, and breaks should be spent alone if possible; this also applies for eating meals. If possible, do not spend time in confined spaces.

#### Moderate pandemic level

- IV. Media activities after the match:
  - a. The current safety measures apply here with the rule on distancing and Plexiglas partitions.
- V. Other rules:
  - a. Conduct in meetings of 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.
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  - b. Conduct during breaks: gatherings are to be avoided, and breaks should be spent alone if possible; this also applies for eating meals. If possible, do not spend time in confined spaces.

## 4 GUIDELINES FOR TV PRODUCTION

### ADDITIONAL NOTES



#### High pandemic level

1. The principle of caution suggests it is best for everyone to worry about protecting THEMSELVES.
2. According to the principle of solidarity, everyone is also responsible for the REST OF US and is able to protect them.
3. These recommendations may change at short notice.
4. An intensive dialogue with public agencies and authorities must be aimed at for both during the planning phase and during implementation.

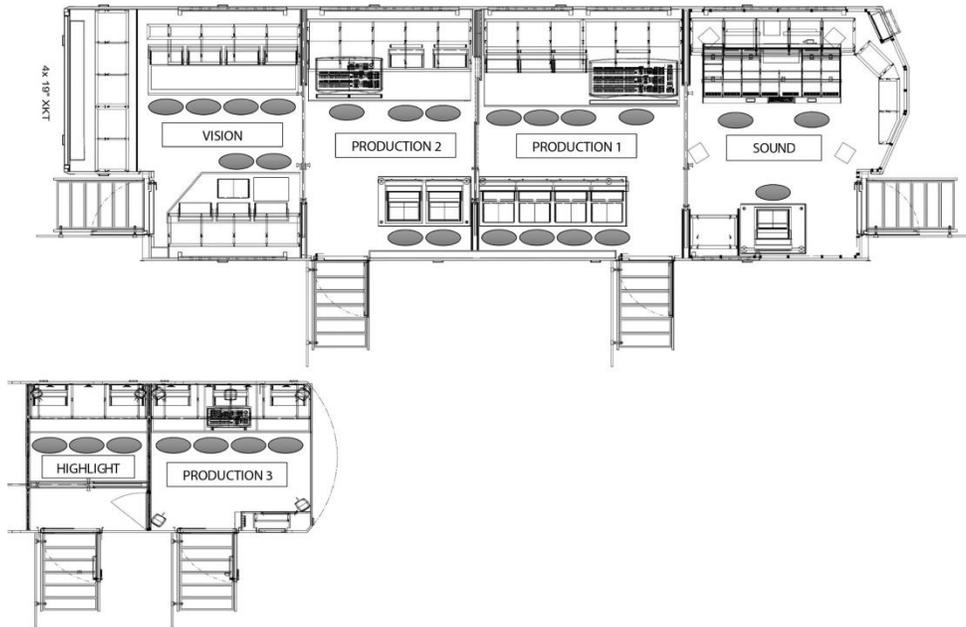
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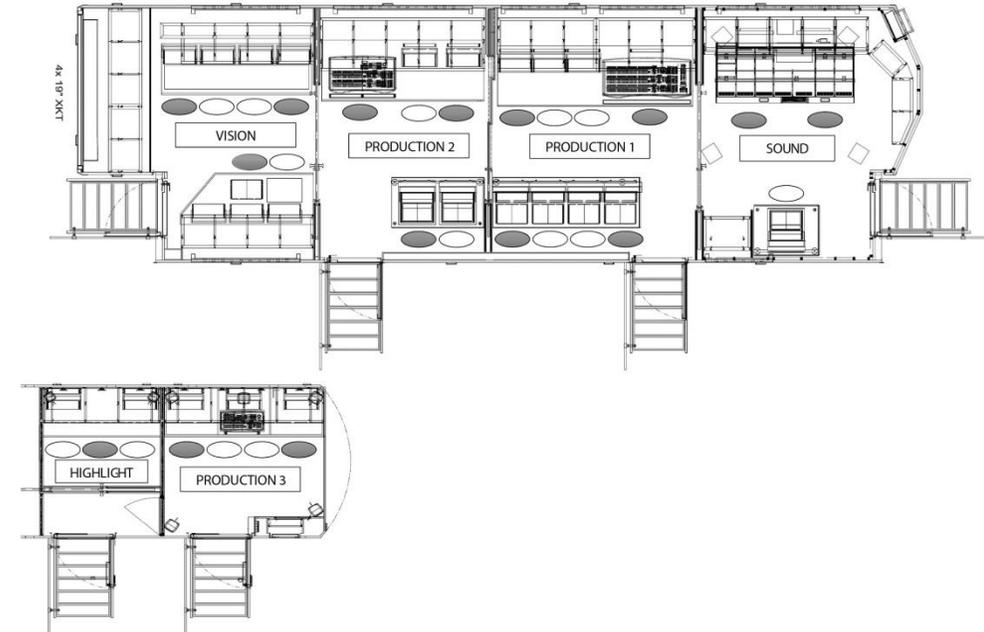
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# 4 GUIDELINES FOR TV PRODUCTION



OB van in "normal" operation



OB van "coronavirus" operation

## 4 GUIDELINES FOR TV PRODUCTION



Image: separation in OB van



Image: Mobile sink for hand hygiene

# 5 GUIDELINES FOR TEAM TRAINING

## HYGIENE RULES



### High pandemic level

1. Instructions are given on observance of basic hygiene measures (hand sanitising, cough and sneeze hygiene, distancing) as directed by the hygiene officer.
2. The 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.

### Moderate pandemic level

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. Access only for players and essential employees.
5. Open training sessions are possible subject to restrictions and a separate hygiene concept.
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.

### Low pandemic level

1. Instructions are given on observance of basic hygiene measures (hand sanitising, cough and sneeze hygiene, distancing) as directed by the hygiene officer.
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# 5 GUIDELINES FOR TEAM TRAINING

## USE OF THE PREMISES



### High pandemic level

7. Common spaces used only for essential purposes.
8. Team meetings only involving essential people and in sufficiently large rooms.
9. Ensure good ventilation in rooms. For technical ventilation, use a (recirculating) air conditioning system with suitable filters (HEPA, class H13 or higher) or an (exhaust) air conditioning system.
10. Use of the common areas (changing rooms, showers) only in small groups while ensuring minimum distance of 1.50 m, where splitting up into different rooms at the same time makes sense. Alternatively, changing and showering at home should be considered.
11. Spa area closed off and water potentially drained from relaxation baths.

### Moderate pandemic level

7. Common spaces can be used if the minimum distances are maintained.
8. Team meetings only involving essential people and in sufficiently large rooms.
9. Ensure good ventilation in rooms. For technical ventilation, use a (recirculating) air conditioning system with suitable filters (HEPA, class H13 or higher) or an (exhaust) air conditioning system.
10. Use of the common areas (changing rooms, showers) only in small groups while ensuring minimum distance of 1.50 m, where splitting up into different rooms at the same time makes sense. Alternatively, changing and showering at home should be considered.
11. Sauna to be closed off. The minimum distance of 1.50 m must be maintained in the spa area.

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# 5 GUIDELINES FOR TEAM TRAINING

## MEASURES AND CATERING



### High pandemic level

12. Fitness equipment to be used only when wearing a face mask and with consistent application of sanitiser before and afterwards. Fitness room to be used only in small groups in observance of minimum distances.
13. Doors should remain open as much as possible so no handles need to be used.
14. Hand sanitiser (stands) provided in front of or in each room if possible; used before entering the premises in particular.
15. Regular surface disinfection at end of training day.
16. No eating meals together or joint use of the kitchen; only take away is possible.
17. Personal drinking bottles used exclusively.
18. Laundry and shoes to be washed by the players themselves or personally placed in washing machine (to protect equipment manager); equipment manager is required to wear protective clothing.

### Moderate pandemic level

12. Fitness equipment to be used with disinfectant applied consistently before and afterwards. Fitness room to be used only in small groups in observance of minimum distances.
14. Hand sanitiser (stands) provided in front of or in each room if possible; used before entering the premises in particular.
15. Regular disinfection of frequently used surfaces.
16. Meals can be eaten together or the kitchen can be used together as far as possible while maintaining the minimum distance of 1.50 m.
17. Personal drinking bottles used exclusively.
18. The equipment manager is required to ensure that they are fully protected when handling laundry and shoes.

### Low pandemic level

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18. The equipment manager is required to ensure that they are fully protected when handling laundry and shoes.

# 5 GUIDELINES FOR TEAM TRAINING

## MEDICAL TREATMENT



### High pandemic level

19. Medical department works with face masks (FFP2 masks without exhalation valve), consistently disinfecting hands, or else using disposable gloves (change after each contact with players).
20. It makes sense to assign players to set therapists.
21. The treatment workstations must be physically separated. Adequate distance between the treatment tables must be ensured when players are being treated. Ideally, other rooms should be made available.
22. Medical equipment such as ultrasound/shock wave/etc. to be used sparingly. Only if disinfected before and after.

### Moderate pandemic level

19. Medical department works with face masks (FFP2 masks without exhalation valve), consistently disinfecting hands, or else using disposable gloves (change after each contact with players).
20. It makes sense to assign players to set therapists.
21. The treatment workstations must be physically separated. Adequate distance between the treatment tables must be ensured when players are being treated. Ideally, other rooms should be made available.
22. Medical equipment such as ultrasound, shock wave, etc. is used only after it has been thoroughly disinfected.

### Low pandemic level

19. Medical department works with face masks (FFP2 masks without exhalation valve), consistently disinfecting hands, or else using disposable gloves (change after each contact with players).
20. It makes sense to assign players to set therapists.
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22. Medical equipment such as ultrasound, shock wave, etc. is used only after it has been thoroughly disinfected.

## 5 GUIDELINES FOR TEAM TRAINING

### SWAB TESTING



#### High pandemic level

23. One person assigned permanently to 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); new medically trained staff can potentially be hired.
24. Swab tests must always be carried out while wearing personal protective equipment.
25. Before training commences, at least two tests (spaced a minimum interval of two days (48 hours) apart) are required for everyone involved in training operations – preferably within 5 days (inclusive) of the day before training starts.
26. Swab testing takes place in a separate room that is not otherwise used – if possible with separate access from other functional rooms.

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# 5 GUIDELINES FOR TEAM TRAINING

## SWAB TESTING



### High pandemic level

27. Swab testing for symptomatic people in car (drive through) or prophylactic isolation until test result.
28. Overall test results are submitted in a general report and not in a report on the individual test subject:
  - I. Bundesliga / Bundesliga 2: report to Deutsche Fußball Liga GmbH, Mr Ansgar Schwenken and to Prof. Tim Meyer.
  - II. DFB-Pokal / 3. Liga / FYLERALARM Women's Bundesliga: report to the German Football Association, Mr Manuel Hartmann and to Prof. Barbara Gärtner.

in appropriate questionnaires (protecting privacy of players and subsequently potentially infected family members, etc.) and to the competent health authority; additional information on COVID-19 infection (e.g. date and circumstances of infection, disease management, contacts, disease progression, etc.) disclosed to the DFL/DFB, only with the consent of the person infected and without disclosing their name.

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# 5 GUIDELINES FOR TEAM TRAINING

## MEDICAL REQUIREMENTS



### High pandemic level

29. 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).
30. 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.

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# 5 GUIDELINES FOR TEAM TRAINING

## MEDICAL REQUIREMENTS



### High pandemic level

31. Space requirements.
  - I. Separate room for test swabbing.
  - II. Access control.
  - III. Expansion of medical rooms and changing rooms.
  - IV. Large meeting spaces for team meetings.
32. 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.

### Moderate pandemic level

31. Space requirements.
  - I. Separate room for test swabbing.
  - II. Access control.
  - III. Expansion of medical rooms and changing rooms.
  - IV. Large meeting spaces for team meetings.
32. 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.

### Low pandemic level

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  - II. Access control.
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  - IV. Large meeting spaces for team meetings.
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  - I. Hand sanitiser / stands.
  - II. Surface disinfectant.
  - III. Face masks / disposable gloves.
  - IV. Personal protective equipment for designated testers.
  - V. Personal drink bottles.

## 6 GUIDELINES FOR HOTEL ACCOMMODATION



### High pandemic level

1. Early contact by the club's hygiene officer with the head manager of the hotel (suitable hotels through own acquisition or DFL or DFB or their associated travel agencies).
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 unvaccinated 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 the team.
- II. Dedicated hotel areas without other guests (wing of rooms, dining room, meeting room).
- III. Dedicated lift.

### Moderate pandemic level

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3. Keep training staff as small as possible; trainers should be instructed in the area of hygiene; do not bring any unvaccinated at-risk individuals (age, pre-existing condition) if possible.
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3. Trainers should be instructed in the area of hygiene; do not bring any unvaccinated at-risk individuals (age, pre-existing condition) if possible.  
  
II. Dedicated hotel areas without other guests (wing of rooms, dining room, meeting room).

## 6 GUIDELINES FOR HOTEL ACCOMMODATION



### High pandemic level

5. Access to spa area, fitness rooms, and other common spaces (e.g. bar) prohibited for players and training staff if these areas cannot be used exclusively by them; alternatively, these areas are to be closed.
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 players and staff when travelling, 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.

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8. Special/thorough disinfection and cleaning of the rooms and spaces used by the team immediately before the team checks in. Ensure good ventilation.

## 6 GUIDELINES FOR HOTEL ACCOMMODATION



### High pandemic level

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 clubs are solely responsible for handling team equipment.
11. Large dining and meeting rooms in order to comply with distances of at least 1.50 m from one another.
12. Minimal number of hotel staff, services provided by the club's own training staff.
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 crockery prior to meals before players arrive.

### Moderate pandemic level

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## 6 GUIDELINES FOR HOTEL ACCOMMODATION



### High pandemic level

- II. No self-service/buffet, food served by own support 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 (recirculation) air conditioning system with appropriate filters (HEPA, class H13 or higher) or (exhaust) air conditioning system (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.

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## 6 GUIDELINES FOR HOTEL ACCOMMODATION



### High pandemic level

18. There should also be as little physical contact as possible within 1.50 m among the team and this should be limited to the pitch.

19. General:

- I. It should generally be ensured that only people from the 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.

### Moderate pandemic level

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# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN DAY-TO-DAY LIFE



## High pandemic level

1. Distancing:
  - I. No contact with neighbours or the public.
  - II. Stay in your house/apartment as far as possible.
  - III. As far as possible, keep a distance of 1.50 m from others when walking/exercising.
  - IV. Do not receive visitors.
  - V. Do not perform sponsorship engagements.
  - VI. Do not use public transport.
  - VII. 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).
  - VIII. It is the responsibility of each club to make their players especially aware of the day-to-day hygiene rules.

## Moderate pandemic level

1. Distancing:
  - I. Reduced contact with neighbours and the public.
  - II. Stay in your house/apartment as far as possible.
  - III. As far as possible, keep a distance of 1.50 m from others when walking/exercising.
  - IV. When receiving visitors, ensure adequate hygiene and maintain adequate distance.
  - V. The player is required to wear a face mask during sponsorship engagements if the minimum distance of 1.50 m cannot be maintained.
  - VI. Do not use public transport.
  - VII. Rules apply for all household members, not just for players/trainers. The minimum distance of 1.50 m from other people must be maintained or a face mask must be worn also during other day-to-day activities such as shopping.
  - VIII. It is the responsibility of each club to make their players especially aware of the day-to-day hygiene rules.

## Low pandemic level

1. Distancing:
  - I. Reduced contact with neighbours and the public.
  - II. Stay in your house/apartment as far as possible.
  - III. As far as possible, keep a distance of 1.50 m from others when walking/exercising.
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# 7 GUIDELINES FOR HOME PERSONAL HYGIENE

## IN DAY-TO-DAY LIFE



### High pandemic level

2. Members of the household:
  - I. Ensure that rooms in the household that are used by everyone are well ventilated.
  - II. Avoid direct contact with bodily 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 down the people you come into contact with yourself and observe their health (urgent recommendation) as an aid to memory for contract tracing in the event of infection.
  - VI. Thoroughly wash household items (dishes, cutlery, laundry etc.) with detergent and hot water.

### Moderate pandemic level

2. Members of the household:
  - I. Ensure that rooms in the household are well ventilated in principle.
  - II. Avoid direct contact with bodily fluids, particularly those from the mouth/throat area and from the respiratory tracts of family members experiencing health issues.
  - IV. In the event that family members fall sick: avoid contact with potentially contaminated items (e.g. toothbrushes, crockery, drinks, hand towels, bed linen).
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## 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN DAY-TO-DAY LIFE



### High pandemic level

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.

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# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN DAY-TO-DAY LIFE



## High pandemic level

- VIII. Avoid touching your own face as much as possible, especially your eyes, mouth and nose.
4. Regularly wash:
- I. Clothes.
  - II. Bed linen.
  - III. Towels.
  - IV. Beach towels, etc.
5. Face masks
- I. Face masks must be worn if and in so far as this is officially prescribed or prescribed by law.
  - 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.

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# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN DAY-TO-DAY LIFE



## High pandemic level

- 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.
6. Coughing and sneezing.
- I. Keep a distance of at least 1.50 m from other people and turn away when coughing or sneezing.

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# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN DAY-TO-DAY LIFE



## High pandemic level

- II. Ideally, sneeze or cough into a disposable tissue. This is to be used only once and then discarded 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 other people. 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.

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# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN DAY-TO-DAY LIFE



## High pandemic level

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.

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# 7 GUIDELINES FOR HOME PERSONAL HYGIENE

## RECOMMENDED PROCEDURE FOR A PERSON WITH A POSITIVE PCR TEST RESULT



### High pandemic level

#### 1. Doctor

- I. Report information to:
  - a. Bundesliga / Bundesliga 2: report to Deutsche Fußball Liga GmbH, Mr Ansgar Schwenken and to Prof. Tim Meyer.
  - b. DFB-Pokal / 3. Liga / FYLERALARM Women's Bundesliga: report to the German Football Association, Mr Manuel Hartmann and to Prof. Barbara Gärtner.

Reporting about positive test results should be carried out without disclosing further details on those infected; additional information on infection (e.g. date and circumstances of infection, disease management, contacts, progression, etc.) only with the consent of the person infected and without disclosing their name.

- II. Notify the health authority (as a reporting obligation) and coordinate next steps.

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## 7 GUIDELINES FOR HOME PERSONAL HYGIENE

### RECOMMENDED PROCEDURE FOR A PERSON WITH A POSITIVE PCR TEST RESULT



#### High pandemic level

- 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. In consultation with the health authority, potentially arrange a control test for the player affected as well as for documented contacts.
- VI. Observation and clinical testing for symptoms in the team.
- VII. Reassure the team and explain the situation (no need to panic, strategic focus of the team, control of hygiene measures etc.).

#### Moderate pandemic level

- III. If a player with symptoms requires testing, this should occur at home or in their car using the “drive-through” method.
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#### Low pandemic level

- 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. In consultation with the health authority, potentially arrange a control test for the player affected as well as for documented contacts.
- VI. Observation and clinical testing for symptoms in the team.
- VII. Reassure the team and explain the situation (no need to panic, strategic focus of the team, control of hygiene measures etc.).

# 7 GUIDELINES FOR HOME PERSONAL HYGIENE

## RECOMMENDED PROCEDURE FOR A PERSON WITH A POSITIVE PCR TEST RESULT



### High pandemic level

#### 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. Potential contacts of infected people are categorised by the local health authority. Information on contacts during the last few days in the environment of training and competition is helpful (e.g. video recordings).

### Moderate pandemic level

#### 2. Players

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## 7 GUIDELINES FOR HOME PERSONAL HYGIENE

### RECOMMENDED PROCEDURE FOR A PERSON WITH A POSITIVE PCR TEST RESULT



#### High pandemic level

##### 3. Club

- I. 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).
- II. Make sure early on that roster is large enough for end of season.

#### Moderate pandemic level

##### 3. Club

- I. 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).
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#### Low pandemic level

##### 3. Club

- I. 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).
- II. Make sure early on that roster is large enough for end of season.

# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN QUARANTINE



## High pandemic level

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 this is not possible, maintain a distance of at least 1.50 m.
  - 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) that are used by everyone are well ventilated. i.e. keep windows open a crack.

## Moderate pandemic level

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 this is not possible, maintain a distance of at least 1.50 m.
  - 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) that are used by everyone are well ventilated. i.e. keep windows open a crack.

## Low pandemic level

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 this is not possible, maintain a distance of at least 1.50 m.
  - 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) that are used by everyone are well ventilated. i.e. keep windows open a crack.

# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN QUARANTINE



## High pandemic level

- VII. Avoid direct contact with bodily fluids, particularly those from the mouth/throat area and from respiratory tracts.
- VIII. Clean and disinfect surfaces touched frequently such as tables and door handles at least daily.
- IX. Clean and disinfect the bathroom including all surfaces at least daily.
- X. Note down the people you come into contact with yourself and observe their health (urgent recommendation) as an aid to memory for contact tracing in the event of infection.
- 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).

## Moderate pandemic level

- VII. Avoid direct contact with bodily fluids, particularly those from the mouth/throat area and from respiratory tracts.
- VIII. Clean and disinfect surfaces touched frequently such as tables and door handles at least daily.
- IX. Clean and disinfect the bathroom including all surfaces at least daily.
- X. Note down the people you come into contact with yourself and observe their health (urgent recommendation) as an aid to memory for contact tracing in the event of infection.
- XI. Do not share household items (dishes, cutlery, laundry etc.) without first washing them with detergent and hot water.
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## Low pandemic level

- VII. Avoid direct contact with bodily fluids, particularly those from the mouth/throat area and from respiratory tracts.
- VIII. Clean and disinfect surfaces touched frequently such as tables and door handles at least daily.
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- X. Note down the people you come into contact with yourself and observe their health (urgent recommendation) as an aid to memory for contact tracing in the event of infection.
- 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).

# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN QUARANTINE



## High pandemic level

- XIII. Use disposable gloves when cleaning and when handling bed linen, stools, urine and waste (before/after: disinfect hands).
- 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.

## Moderate pandemic level

- XIII. Use disposable gloves when cleaning and when handling bed linen, stools, urine and waste (before/after: disinfect hands).
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# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN QUARANTINE



## High pandemic level

- XVI. Use a protective gown (e.g. plastic apron) when cleaning surfaces or handling soiled bed linen.
- 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.

## Moderate pandemic level

- XVI. Use a protective gown (e.g. plastic apron) when cleaning surfaces or handling soiled bed linen.
- 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.

## Low pandemic level

- XVI. Use a protective gown (e.g. plastic apron) when cleaning surfaces or handling soiled bed linen.
- 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.

# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN QUARANTINE



## High pandemic level

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.

## Moderate pandemic level

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.

## Low pandemic level

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.

# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN QUARANTINE



## High pandemic level

3. If it is not possible to wear a face mask, it is particularly important to follow coughing and sneezing etiquette:
  - I. Keep a distance of at least 1.50 m from other people and turn away when coughing or sneezing.
  - II. Ideally, sneeze or cough into a disposable tissue. This is to be used only once and then discarded 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 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.

## Moderate pandemic level

3. If it is not possible to wear a face mask, it is particularly important to follow coughing and sneezing etiquette:
  - I. Keep a distance of at least 1.50 m from other people and turn away when coughing or sneezing.
  - II. Ideally, sneeze or cough into a disposable tissue. This is to be used only once and then discarded 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 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.

## Low pandemic level

3. If it is not possible to wear a face mask, it is particularly important to follow coughing and sneezing etiquette:
  - I. Keep a distance of at least 1.50 m from other people and turn away when coughing or sneezing.
  - II. Ideally, sneeze or cough into a disposable tissue. This is to be used only once and then discarded 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 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.

# 7 GUIDELINES FOR HOME PERSONAL HYGIENE IN QUARANTINE



## High pandemic level

- 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. 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.

## Moderate pandemic level

- 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. 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.

## Low pandemic level

- 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. 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](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/nCoV.html)  
Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education): <https://www.infektionsschutz.de/hygienetipps/hygiene-beim-husten-und-niesen/>  
World Health Organization/Deutsche Gesellschaft für Krankenhaushygiene (German Society of Hospital Hygiene): <https://www.krankenhaushygiene.de/informationen/735>  
[Updated: 17 March 2020]

# APPENDIX 1A

## OVERVIEW: PCR TESTING IN THE BUNDESLIGA / BUNDESLIGA 2



### Level “high”

$X \geq 35$  new infections per week per 100,000 inhabitants

In accordance with special match operations registration lists for players/coaching team/team officials:

- Minimum: Individual PCR tests **2x per calender week** at intervals of a maximum of 5 days.
- Obligatory: Individual PCR test before each match.  
Time of test: **no earlier than 36 hours before kick-off (home), no earlier than 52 hours before kick-off (guest)**
- No pooled sample testing allowed.
- Antigen testing from from oro- and/or nasopharyngeal (third-party) swab at the beginning of each training and travel day; no contact with other players or trainers until negative test result present.



### Level “moderate”

$35 > X \geq 5$  new infections per week per 100,000 inhabitants

In accordance with special match operations registration lists for players/coaching team/team officials:

- Minimum: PCR tests **2x per calender week** at intervals of a maximum of 5 days.
- Obligatory: Individual PCR test before each match.  
Time of test: **no earlier than 52 hours before kick-off.**
- Pooled sample testing allowed if not above-mentioned obligatory testing.



### Level “low”

$X < 5$  new infections per week per 100,000 inhabitants

In accordance with special match operations registration lists for players/coaching team/team officials:

- Minimum: PCR test **1x per calender week.**
- Obligatory: PCR tests before each match.  
Time of test: **no earlier than 52 hours before kick-off.**
- Pooled sample testing allowed. Individual PCR test to be provided urgently as “follow-up test” up to kick-off.

# APPENDIX 1B

## OVERVIEW: PCR TESTING IN 3. LIGA



### Level “high”

$X \geq 35$  new infections per week per 100,000 inhabitants

In accordance with special match operations registration lists for players/coaching team/team officials:

- Minimum: Individual PCR tests **1x per calender week** at intervals of a maximum of 5 days.
- Obligatory: Individual PCR test before each match.  
Time of test: **no earlier than 52 hours before kick-off.**
- Pooled sample testing allowed (individual PCR testing planned as mandatory additional test up kick-off)
- Antigen testing from from oro- and/or nasopharyngeal (third-party) swab at the beginning of each training and travel day; no contact with other players or trainers until negative test result present.



### Level “moderate”

$35 > X \geq 5$  new infections per week per 100,000 inhabitants

In accordance with special match operations registration lists for players/coaching team/team officials:

- Minimum: PCR test **1x per calender week.**
- Time of test: MD -2, **no earlier than 52 hours before kick-off.**
- Pooled sample testing allowed (Individual PCR test to be provided urgently as “follow-up test” up to kick-off.)



### Level “low”

$X < 5$  new infections per week per 100,000 inhabitants

In accordance with special match operations registration lists for players/coaching team/team officials:

- Minimum: PCR tests **1x per calender week** at intervals of 6-8 days.
- Pooled sample testing allowed. (Individual PCR test to be provided urgently as “follow-up test” up to kick-off.)

## APPENDIX 1C

# OVERVIEW: PCR TESTING IN THE FLYERALARM WOMEN'S BUNDESLIGA



### Level "high"

$X \geq 35$  new infections per week per 100,000 inhabitants

In accordance with special match operations registration lists for players/coaching team/team officials:

- Minimum: Individual PCR tests **2x per calender week** at intervals of a maximum of 5 days.
- Obligatory: Individual PCR test before each match.  
Time of test: **no earlier than 52 hours before kick-off.**
- Pooled sample testing allowed (individual PCR testing planned as mandatory additional test up kick-off)



### Level "moderate"

$35 > X \geq 5$  new infections per week per 100,000 inhabitants

In accordance with special match operations registration lists for players/coaching team/team officials:

- Minimum: PCR test **1x per calender week.**
- Time of test: MD -2, **no earlier than 52 hours before kick-off.**
- Pooled sample testing allowed (Individual PCR test to be provided urgently as "follow-up test" up to kick-off.)



### Level "low"

$X < 5$  new infections per week per 100,000 inhabitants

In accordance with special match operations registration lists for players/coaching team/team officials:

- Minimum: PCR tests **1x per calender week** at intervals of 6-8 days.
- Pooled sample testing allowed. (Individual PCR test to be provided urgently as "follow-up test" up to kick-off.)

## APPENDIX 1D

### OVERVIEW: PCR TESTING



#### 1. Definition of the pandemic level:

Combined 7-day incidence of the district in which the club is resident (or place of residence of the referees) and of all neighbouring districts (including independent municipalities).

#### 2. Calculation of the pandemic level:

The level is calculated by adding together all new cases in the past 7 days in the district of the club in question (or place of residence of the referees) and in all neighbouring districts (including independent municipalities) and setting this in proportion to the total number of inhabitants. (Data source to be used: dashboard of the Robert Koch Institute (RKI))

#### 3. The pandemic level is determined on:

- Mondays for Fri./Sat./Sun./Mon. match days
- Wednesdays for Tues./Wed./Thurs. match days

#### 4. Requirements for pooled sample testing:

Dual target PCR; validated in accordance with the Guidelines of the German Medical Association and/or accreditation; analysed by a specialist; original sample probe for resolving the pool is available (possibly two swabs)

## APPENDIX 2

# TAKING SWABS (IMAGE DESCRIPTIONS AND CAPTIONS IN GERMAN)



## PCR Covid-19

Sie haben weitere Fragen? Telefon - 2 39 13

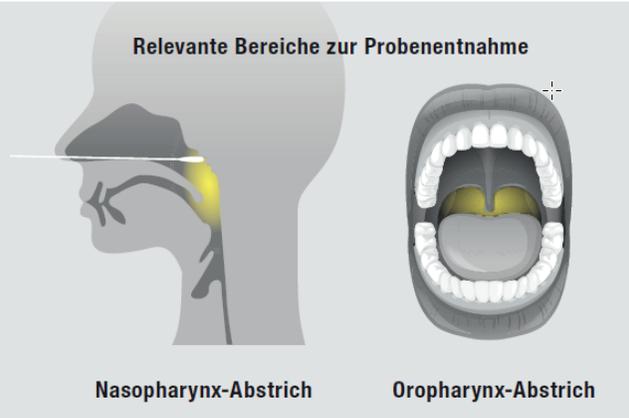


## Abstrichentnahme (PCR-Diagnostik)

### Hinweise zur Probenentnahme

- Der Abstrich wird meist als unangenehm, jedoch nicht als schmerzhaft empfunden. Bitte klären Sie den Patienten vorab darüber auf.
- Schützen Sie sich mittels persönlicher Schutzausrüstung (Mund-Nasen-Schutz und Visier oder Schutzbrille) und beachten Sie bitte das UKS-Plakat zu Hygiene-Maßnahmen bei Covid-19.
- **Wichtig: Die Durchführung des Abstriches ist anders als beim MRSA-Screening, d.h. ein Abstrich des Nasenvorhofes ist nicht ausreichend, sondern ein tiefer Nasopharyngealabstrich ist zwingend erforderlich, da es sonst zu falsch-negativen Ergebnissen kommen kann.**

### Relevante Bereiche zur Probenentnahme



Nasopharynx-Abstrich

Oropharynx-Abstrich



Öffnen Sie die Verpackung am oberen Ende und entnehmen Sie das Röhrchen und den Tupfer.  
**Bei der Verwendung von MRSA-eSwabs stehen Ihnen zwei Tupfer zur Verfügung.** Der rote sollte für den Oropharynx-, der weiße für den Nasopharynx-Abstrich verwendet werden.  
**Bei der Verwendung nur eines Tupfers** empfehlen wir zunächst die Durchführung des Oropharynx-Abstriches und mit gleichem Tupfer darauffolgend die Durchführung des Nasopharynx-Abstriches.



**Oropharynx-Abstrich**  
Fordern Sie den zu Untersuchenden auf, den Mund weit zu öffnen, die Zunge herauszustrecken und „Ah“ zu sagen, sodass der Rachen für Sie gut einsehbar wird.  
**Führen Sie den Tupfer in die Mundhöhle bis zur Rachenwand. Streichen Sie diesen unter leichten Drehbewegungen ab (Würgereiz möglich).**  
Bei der Verwendung von MRSA-eSwabs ist der rote Tupfer in das Nährmedium zu tauchen und danach zu verwerfen.



**Nasopharynx-Abstrich A**  
Für den Nasopharynx-Abstrich sollte der Tupfer langsam und waagrecht in den unteren Nasengang geführt werden, bis ein Anschlag an die Rachenhinterwand zu spüren ist (meist sind 2/3 des Abstrichtupfers nicht mehr zu sehen).  
Achten Sie während der Untersuchung darauf, dass der zu Untersuchende den Kopf gerade hält. Stützen Sie den Hinterkopf mit Ihrer Hand, um ein Zurückziehen des Kopfes zu verhindern.



**Nasopharynx-Abstrich B**  
Wenn Sie den Abstrichtupfer bis zur Rachenhinterwand eingeführt haben, sollte dieser dort unter rotierenden Bewegungen für ca. 3 Sekunden verbleiben, um Nasen-Rachen-Sekret aufzunehmen.



Schrauben Sie das Transportröhrchen auf, stecken den Tupfer hinein und brechen Sie den Stiel des Tupfers an der Einkerbung ab.



Schrauben Sie anschließend das Transportröhrchen wieder zu.  
Das Röhrchen muss dann personalisiert werden, z.B. mit einem Order-Entry Etikett.

**Hinweis**  
Den aktuellen Stand dieses Infoplakates finden Sie immer unter [www.uks.eu/corona](http://www.uks.eu/corona)

Version 1.0

Erstellt von **Becker, Roth, Linxweiler, Schlotthauer**  
am 30.03.2020

Freigegeben von **Prof. Gärtner**  
am 30.03.2020

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