



HEART  
OF  
FOOTBALL

EUROPEAN CLUB ASSOCIATION

# RESUMING PROFESSIONAL FOOTBALL IN EUROPE

*A comparative  
analysis of European  
"Return to Play"  
protocols*

MAY 2020



## FOREWORD FROM THE CHAIRMAN

The health and safety of everyone concerned with our game – players, staff, fans and the public at large – is of primary importance to us all, as clubs, as we navigate our way through the COVID-19 crisis our industry, and every industry around the world, is currently facing.

At ECA, we are actively engaged with all the relevant football stakeholders as well as public health authorities such as the World Health Organization (WHO) to contribute to football being well-equipped to resume.

We find ourselves in a position where most countries across the continent are putting in place protocols to resume training and the playing of official matches. We are all facing the same challenges to make this a safe reality so with the help of doctors from across our membership in the ECA Medical Task Force we have put together this document.

We are aware that, as clubs each in your own domestic and European environments, you will have questions and analyses to carry out in ensuring that your return to play, whenever it happens, is under the correct protocols. Whilst ECA is not a medical body we do want to provide some clarity for you, our member clubs, in a period where many things feel unclear.

In no way does this document claim to have all the answers. It is not a protocol itself but rather has been developed as a “best practice” to help those getting ready to play this sport we all love once again. We want to do everything we can to protect those who make our sport what it is.

  
**Andrea Agnelli, Chairman**

## TABLE OF CONTENT

1	Introduction.....	4
2	Medical.....	5
2.1	Education on COVID-19 .....	5
2.2	Testing Methods .....	5
2.3	Hygienic Standards at Home .....	7
3	Time-table for the Resumption of Football Leagues in General.....	7
4	Training Resumption: Detailed Steps.....	8
4.1	Preparation for Training.....	8
4.2	Training phases.....	10
4.3	Medical/Therapeutic Treatments .....	12
4.4	Facility Management (Locker Rooms/Gym/Pitches etc.) .....	13
4.5	Equipment .....	13
4.6	Facility Management (Kitchen/Laundry/Equipment room etc.).....	14
4.7	Transportation/Arrival to training facilities .....	15
4.8	Media/TV/Audience .....	15
5	Competition / Match Day .....	16
5.1	Stadium (Areas/Zones).....	16
5.2	Personnel Management, Entrance/Security Check, Dynamic personnel planning.....	17
5.3	Facility Management / Hygienic Measures .....	19
5.4	Match Day Procedure Protocol.....	19
5.5	Transportation/Hotel.....	21
5.6	Media and TV.....	21
5.7	Audience / Fans.....	22
5.8	Security .....	22

## 1 INTRODUCTION

This is a document which aggregates the information from existing protocols of various professional European Leagues<sup>1</sup> on the steps that may be considered so that professional football in Europe can be safely resumed while keeping the focus on the health and security of the people involved in football activities (e.g. players, coaches, referees, staff members, fans etc.).

This document does not aim to set binding guidelines or recommendations. It merely aggregates, as exhaustively as possible, the steps defined in existing protocols that are being considered to be implemented prior to resuming professional football in Europe. This document should therefore be considered only as a source of information that aggregates and unifies the approaches and preventative measures taken across Europe.

Furthermore, it has emerged from existing information and protocols available so far that the following two questions are essential for the successful resumption of a national competition: (1) What are the consequences in cases of persons testing positive for COVID-19 for the resumption of training or of a competition and (2) which are the appropriate measures to be taken. For example, would this mean that the entire team would need to undergo a quarantine again, and possibly also the team last played against? What would this mean from a fairness perspective for upcoming matches, if one team could not carry out any training sessions because of such a quarantine? What would the consequences be for a competition overall?

This document cannot, and does not intend to, answer these questions. These are topics that must ultimately be addressed by competition organizers, together with the competent health authorities, political instances, national legislators, etc.

Accordingly, under no circumstances does this document replace applicable national regulations and/or the orders issued by the competent authorities in the respective jurisdiction. The national regulations and orders always have priority and must be observed at all times. This document does also not constitute a guideline which guarantees the resumption of training and/or of official matches. It also does not give any medical or operational advice nor advice of any other type.

All steps that a national league, federation or competition organizer decides to take must always be consulted and verified with local health authorities and they must be carefully checked for compliance with all applicable laws, regulations and other rules, guidelines or recommendations. Safety and health of players, fans, coaches, staff and all other persons involved must always come first.

---

<sup>1</sup> Medical protocols analysed from the following countries: Austria, Czech Republic, Denmark, England, Finland, France, Germany, Greece, Israel, Italy, Poland, Portugal, Spain, Switzerland

## 2 MEDICAL

Prior to resuming training or official matches, the following medical topics may be addressed by national health protocols.

### 2.1 Education on COVID-19

In order to provide a basic level of education and sensibility on COVID-19, the following topics may be included in a national health protocol, always based on the recommendations and obligations issued by the respective competent national authorities. The aim should be to provide as much information about COVID-19 as possible, so that everybody is aware how infection and transmission to others can be prevented:

- What is COVID-19?
- How can it be transmitted?
- How can the outspread be minimized?
  - Social Distancing
  - Hygienic Standards (in public, at home and during other activities)
- Which vaccination possibilities exist?
- Which therapeutic possibilities exist?

### 2.2 Testing Methods

The national health protocols may include a section describing testing and diagnosis.

They may include information on the tests that can be carried out in order to detect infections of persons involved (i.e. team members, coaches, staff etc.) and a test strategy.

#### 2.2.1 Types of Tests

Currently, it seems that the following are the most frequently used tests to directly detect the virus infection or to detect antibodies:

##### PCR -Test

The diagnosis of an infection with SARS-CoV-2 is based on the direct detection of the virus from a nasopharyngeal swab using a validated RT-PCR test. This test detects viral RNA in swab samples

taken from the nasopharynx. A person with a positive RT-PCR test result is a carrier of SARS-Cov-2 and is therefore considered to be infectious.

It appears that this test is currently the most valid way to make a statement about the acute infection of a patient. However, there are people who have tested negative and only developed symptoms the following days and who were later diagnosed positive in follow-up SARS-CoV-2 tests. Thus, even people who tested negative may already be infected and infectious. Furthermore, a negative test is only meaningful as long as no infection occurs.

### Serological Tests

Antibody tests are suitable for the detection of an infection that has already occurred. Serum tests for the detection of antibodies (IgM, IgA and IgG) show whether the immune system of the tested person has already had contact with the virus and whether an immune response has been formed. Currently, it is assumed that 4 to 7 days (IgM) or 10 days (IgG) after the infection with SARS-CoV-2 antibodies can be detected. Antibody tests are therefore only of limited suitability for detecting a fresh infection. They only indicate whether the person tested has undergone the infection immunologically. A previously unclear rate of non-responders can be assumed. It is also not yet known how long this immunity will last.

However, the specific test to be applied is a choice for each league, federation or competition organizer, and this choice has to be in accordance with the provisions and recommendations of the competent national authorities and national legislation.

### **2.2.2 Who is carrying out the tests?**

The national health protocols may, in order to be able to compare the test results throughout the league and to coordinate and document the release of persons to participate in training and matches, designate an independent and duly accredited laboratory to carry out the PRC and serological tests. This laboratory should be able to guarantee the necessary requirements to conduct the tests for all the teams and to keep the gathered information confidential.

### **2.2.3 Test Strategy and Frequency**

The national health protocols may include a test-strategy, i.e. PCR tests and/or serological tests, based on the recommendations and orders of the national health authorities considered most accurate.

Furthermore, it may also reflect the frequency of testing. From the current existing national protocols the frequency ranges from testing every 3 to 4 days (until the end of the season) to weekly/two weekly test. Nevertheless, the national health protocols may include that at least 24 hours prior to training resumption and match day a PCR-test must be performed on the players, coaches, staff, referees etc.

Besides the PCR and serological tests a national health protocol may also foresee daily health checks performed by the respective team doctors.

### 2.3 Hygienic Standards at Home

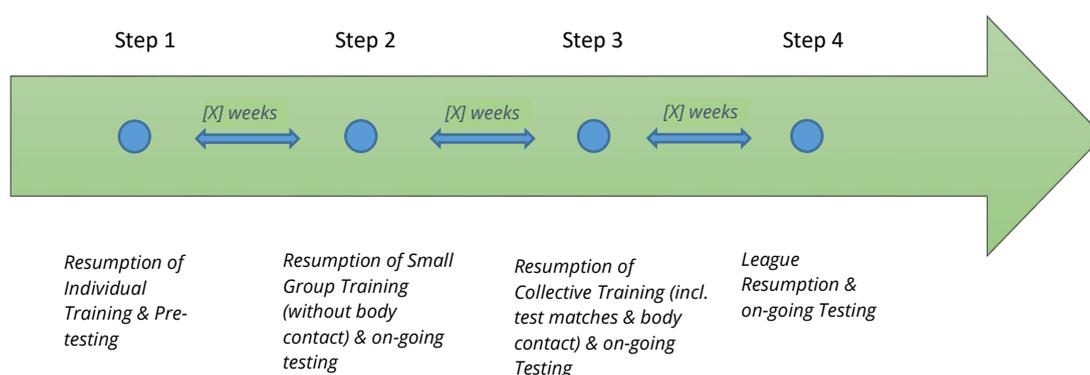
The national health protocols may include information on hygienic standards that should be observed at home. The information could include suggestions on the interaction with family members, what hygienic precautions should be taken. Topics that may be addressed are:

- Social Distancing
- Monitoring one's own health and the one of persons of contact
- Recommendation to test family members
- Hygienic measures and guidelines (Cleaning, ventilation and other measures to keep a household clean)
- Etc.

## 3 TIME-TABLE FOR THE RESUMPTION OF FOOTBALL LEAGUES IN GENERAL

A national health protocol may consider to establish a detailed time-table for the resumption of training and official matches, based on the remaining match-days if any:

Such a general time-table could, for example, include the following steps:



## 4 TRAINING RESUMPTION: DETAILED STEPS

A national health protocol may consider to define the following preparatory steps prior to the resumption of training:

- Identification of persons allowed to training facilities
- Definition of detailed facility management incl. cleaning and disinfection: What steps are necessary to keep the training facilities clean and safe?
- Transportation: How shall transportation to the training be organized? (E.g. Individual or collective by bus?)
- General hygienic recommendations that have to be observed during training
- Laundry Services after training
- Pre-testing (PCR/Serological tests and general health checks of the players)
- Approach with persons tested positive for COVID-19: Can there be any interaction? What happens if a person who attends training tests positive? Etc.
- Education of the involved persons
- Various training phases: Individual training, small group training, contact training, full training, etc.
- Set of mandatory rules that have to be respected at all times (e.g. social distancing, hygienic standards, keep doors open etc.)

The following are an example of topics, separated into core and side activities that may be addressed in the respective national protocols prior to the resumption of training activities.

### Core Activities

#### 4.1 Preparation for Training

##### 4.1.1 Pre-phase preparation of Training Facilities / Equipment etc.

In order to guarantee health and security to the people involved in football activity when returning to the football facility a national health protocol may include a precisely defined procedure addressing the pre-cleaning and disinfection of all training facilities.

The following are possible (non-exhaustive) measures to be taken into account during the preparation phase:

- Ensure that all necessary supplies are organized (training equipment, food, beverage, etc.)
- Ensure the supply of disinfectants including disinfectant dispensers

- Ensure that facilities and equipment to be used are disinfected
- Ensure the disinfection and cleaning of all clothes, equipment and items that are introduced by an external person that enters the training facility, e.g. external suppliers, workers etc.

#### **4.1.2 Identification of Persons allowed into training facilities**

In order to guarantee health and security for the people involved in football activities a national health protocol may determine the individuals that have access to the training facilities. This could be, for example, a list of persons that are indispensable for the resumption and conduct of the training activities:

- Players
- Coaches
- Team Staff
- Medical Staff
- Kitchen Staff
- Laundry Staff
- Facility Management
- External suppliers
- Etc.

#### **4.1.3 Pre-testing**

A national health protocol may establish a plan identifying the persons to be tested prior to the resumption of training.

The following are examples of aspects that may be taken into consideration when developing such testing-plan:

- Persons to be tested (players, coaches, staff, referees, family members etc.)
- Test method (e.g. PCR-Test, IgM, IgG, IgA Tests)
- General health checks of the players
- Test strategy (amount and frequency of tests, e.g. every day or every 2, 3, 4 days etc.)
- Conduct of tested persons between test and result
- Measures / behavior with positive tested persons
- Etc.

#### 4.1.4 Approach with persons tested positive for COVID-19

To keep the roadmap for the resumption of training and official football matches, the national health protocols may provide for measures and actions on how to approach persons tested positive and their persons of contact. Ideally, these measures and actions are determined prior to resuming training.

**Important to note:** What the appropriate measures are – e.g. quarantine of the whole team, staff and contacts or single isolation and the duration – will ultimately depend on the guidelines of the respective national health authorities.

Currently, the guidelines of most national health authorities provide for isolation of ill or infected persons and quarantine for their contacts. Therefore, cases of persons tested positive might result in the championship being stopped. Therefore, a national health protocol, in collaboration with the competent national authority, may also establish an alternative action plan for contacts of confirmed positive cases.

The following are examples for measures that may be included:

- Isolation of person tested positive
- Identification of all persons that were in contact with that persons (tracking / contact tracing)
- Re-Testing
- Etc.

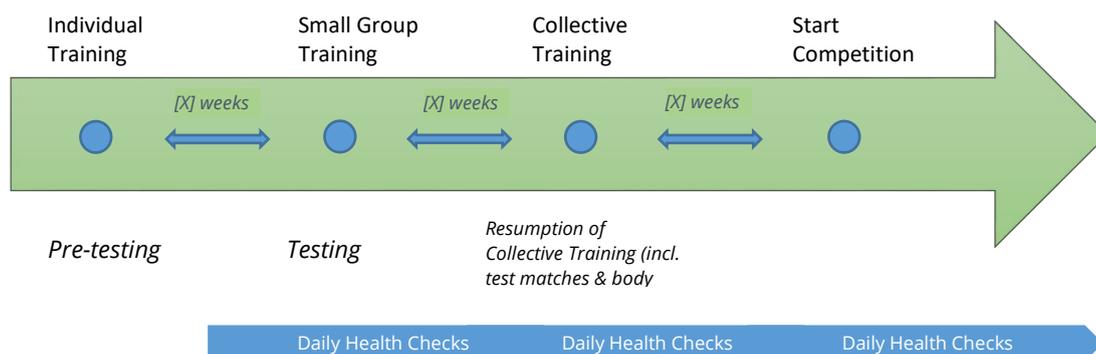
#### 4.2 Training phases

A national health protocol may determine various training phases. These could be, for example, the following phases:

- Individual Training
- Small Group Training
- Collective Training

Depending on specific sporting needs, these phases can of course be modified or split into more detailed separate phases. Furthermore, in order to have a clear understanding of the health situation of the players, staff etc. it may be conducive to establish a plan with regular tests in short intervals, eventually even daily, of all persons present at the training facility.

A possible training phase plan could be as follows:



#### 4.2.1 Individual Training

In order to maintain the physical strength and to prevent injuries when resuming training, national health protocols may as a first step foresee that players do individual trainings at home.

In case individual training is permitted at the training facilities a national health protocol may consider to establish guidelines on how health and security are guaranteed when entering the training facilities and when carrying out individual training regimes.

Possible topics to take into consideration are:

- Pre- and continuous regular testing
- Limited number of people at training facility
- No contact at all between players and staff members
- Players receive training plan in advance by e-mail
- Player transfer/move individually from one place to the other
- Etc.

#### 4.2.2 Small Group Training

The small group training phase can be considered as the first point of contact between the players of a team.

In order to limit the contact with other team members as much as possible, in this first phase of group training, a national health protocol may reflect and determine the following aspects:

- Participation of only (negative) tested persons
- Number and size of small groups

- Determine whether groups remain identical or not during the whole phase
- No physical contact and distance<sup>2</sup> always to be respected
- Determine whether indoor training allowed or not and under which conditions
- Determining which facilities may be accessed (Locker room, gym, physiotherapy etc.)

#### **4.2.3 Collective Training (incl. Test-matches)**

The collective training phase can be considered as return to normality with respect to the training on the pitch, while still maintaining the hygiene standards and some restrictions in non-training activities. However, even though a closer contact between the athletes will be possible it is indispensable that the hygiene standards are maintained until the end of the pandemic. Furthermore, during this presumably last phase before the resumption of competition a national health protocol may recommend to continue regular testing of the involved persons.

A national health protocol may take the following aspects into consideration:

- Continuous Testing
- Determining which facilities may be accessed (Locker room, gym, physiotherapy etc.)
- Determining organizational and areal measures in order to reduce the contact with non-tested persons of the football environment
- Persons allowed on pitch and training facility in general
- Hygiene standards
- Rules on test matches

#### **4.3 Medical/Therapeutic Treatments**

A national health protocol may define the precautions and measures that need to be taken, when giving medical and therapeutic treatments such as physiotherapy. Examples to be taken into consideration:

- General limitation on the use / offering of such treatments
- Use of masks/glasses/gloves by the therapists in order to limit as much as possible physical contact to the patients
- Change of masks/glasses/gloves after each treatment
- Change of bed towels after each treatment
- Preserve high hygiene standards
- Etc.

---

<sup>2</sup> Distance rules must always be in compliance with the recommendations and orders of the competent national authorities.

#### **4.5 Facility Management (Locker Rooms/Gym/Pitches etc.)**

Areas like locker rooms, gyms and physiotherapy treatment rooms are zones with a potential risk of transmission of the COVID-19 virus. Therefore, a national protocol may establish clear guidelines under which conditions these facilities may be used.

The following are aspects that may be taken into consideration:

##### Locker rooms

- At which phase of training resumption can these rooms be accessed?
- Number of people allowed at a time in locker rooms
- Use of mask/gloves/glasses mandatory or not
- Hygiene standards to be fulfilled
- General cleaning plan
- Good ventilation
- Etc.

##### Gym

- At which phase of training resumption can it be accessed?
- Limited access (players and some of fitness staff)
- Alternative physical training programs outside gym area
- Number of people allowed
- Use of mask/gloves/glasses mandatory or not
- Covering fitness equipment with towels
- Cleaning of fitness equipment after each exercise
- Hygiene standards to be fulfilled
- General cleaning plan
- Good ventilation
- Etc.

#### **4.5 Equipment**

Training equipment may be a source of transmission of the virus. A national health protocol may therefore establish guidelines on how equipment may be used.

The following are topics that may be addressed:

- Cleaning/disinfection of equipment
- Personalized equipment
- Rules on storage of personal equipment at training facility

- Limited access to equipment
- Etc.

## **Side Activities**

### **4.6 Facility Management (Kitchen/Laundry/Equipment room etc.)**

Areas like kitchen, laundries, equipment and dining rooms are zones with a potential risk of transmission of the COVID-19 virus due to the contact with external persons. Therefore, a national protocol may establish guidelines on the management of these facilities.

The following are aspects that may be taken into consideration:

#### Kitchen

- Persons and number allowed in kitchen
- Clear allocation and storing of food
- Hygiene standards to be fulfilled
- Use of masks/glasses/gloves
- General cleaning plan including identification of persons responsible for cleaning
- Good ventilation
- Etc.

#### Laundry

- Person responsible and allowed to enter laundry
- Special hygiene standards must be fulfilled in this area
- Use of masks/glasses/gloves
- Person responsible collects used clothes
- Clothes to be washed at a temperature that eliminates external agents
- Cleaning and disinfection of laundry containers
- Individual washing by players / staff
- Etc.

#### Equipment Room

- Person responsible and allowed to enter equipment room
- Hygiene standards to be fulfilled
- Use of masks/glasses/gloves
- Equipment that is returned must be disinfected
- New equipment must be disinfected
- Etc.

### Dining Rooms

- Persons and number allowed in dining room
- Rules on meal distribution (buffet, lunch boxes etc.)
- Seating rules, social distancing
- Etc.

### **4.7 Transportation/Arrival to training facilities**

A national health protocol may further address the arrival of the team members/staff etc. at the training facility as well as the transportation of the team in general.

The following are aspects that may be taken into consideration:

#### Arrival to Training Facility by players/staff and external suppliers

- Travel to training facilities only by car
- Predefined parking slot for each player
- Distances between parking slots
- Arrival at training facilities
- Establishing arrival areas and time slots for external suppliers

#### Team/Staff Transportation

- Specific organization of travels of the first team/coaching and club staff to the training facility
- Specific organization of the daily travels
- Limitation of people allowed into buses (e.g. 50%; 1 player per 2 seats)
- Specific organization of travels for buying equipment/food etc.

### **4.8 Media/TV/Audience**

In case media/TV or audience should be allowed to enter the training facilities, a specific plan should be established in the national health protocol.

- Specific access area
- No contact with players/staff etc.
- Limited access in time
- Collection of personal information of persons with access to allow contact tracing
- Social Distancing rules
- Etc.

## 5 COMPETITION/MATCH DAY

With the resumption of football matches a larger group of people will gather bearing an increasing risk of infections. It is therefore again essential for the successful resumption of the national competitions that during this final phase the hygienic recommendations and orders issued by the competent national authorities of the respective jurisdiction continue to be respected at all times. Based on the current situation and developments it is to be expected that in the short to medium term no football matches can be played with spectators.

Nevertheless, it may be considered important that a media entertainment product (TV/media) is made available to the public. Therefore, it may be indispensable that different groups of people will be present at a football stadium for the organization and staging of such matches. These include, in particular, players and the technical/medical support staff of both teams, the referees, ball-boys, employees of the TV production companies as well as other staff members who are essential for the organization of the game.

In order to minimize the risk of infection a national health protocol may therefore include detailed procedures for the organization of the match day. The aspects that may be taken into consideration are:

- Reducing the necessary personnel to a minimum
- Extensive measures to guarantee the strict separation of the present people
- Pre-testing and health checks
- Strict compliance with security measures (e.g. social distancing, hygienic standards etc.)
- Etc.

### 5.1 Stadium (Areas/Zones)

In order to prevent infections a strict separation of the various persons entering the stadium will likely be necessary. Therefore, the national health protocols may establish a separation of the stadium into different zones, which can only be accessed only by clearly defined people.

A possible zoning for a national health protocol may be as follows:

Zone	Stadium Area	Rooms/Zones
Zone 1	Pitch & Locker-rooms	Pitch Locker-rooms/showers Sanitary facilities in locker-rooms Doping control room Mixed Zone Players' tunnel
Zone 2	Stadium Interior	Flash Interview Zone (if any) Technical Zone Playground perimeter
Zone 3	Stand Section	Stands Media Area Control rooms/stations Sanitary Facilities Catering
Zone 4	Stadium Exterior	Access Roads TV-Compound Parking Area

## 5.2 Personnel Management, Entrance/Security Check, Dynamic personnel planning

### 5.2.1 Personnel Management

The national health protocols may restrict the entrance to the stadium to a maximum number of people and may divide the persons with access to the stadium in different groups, each with different access rights in respect the four stadium areas described above.

A possible grouping could be the following:

Group	Access Zone	Stadium Area	Persons
Red	Zone 1 and 4	Pitch & Locker-rooms Stand Section	Player, Coaches, Referees, Medical Staff, Doping control officers
Orange	Zone 2 and 4	Stadium Interior Stadium Exterior	Match Organization Staff, Paramedic, TV/Media Staff, Ball boys
Yellow	Zone 3 and 4	Stand Section Stadium Exterior	Officials, security/police, media, catering, cleaning staff etc.

### 5.2.2 Security and Health Check at Entrance / Pre-testing

A national health protocol may provide the application of a strict security/identification check at the stadium entrance. Depending on the access rights different standards on the health check may be applied. Based on the above grouping a possible differentiation could be the following:

Red group:

- Entrance granted only to authorized persons with no symptoms of illness
- Players', Referees must provide a negative PCR-test (as recent as possible, but not older than 24 hours)

Orange and yellow group:

- Entrance granted only to authorized persons with no symptoms of illness
- Persons with elevated temperature<sup>3</sup> have no access (Temperature check at entrance)

### 5.2.3 Dynamic Planning

In order to limit to a minimum the contact with the various persons entering the stadium on the match day, a national health protocol may include a time-table (dynamic planning) which sets

<sup>3</sup> The exact temperature must be in compliance with the recommendations and orders of the competent national authorities of the respective jurisdiction.

defined time slots from when the respective persons have access to the stadium and until when they have to leave it again. This would minimize possible contacts between the members of a team and external persons.

### 5.3 Facility Management / Hygienic Measures

A national health protocol may include general guidelines on the required hygienic measures that must be observed and implemented inside the stadium. The aim of the implemented hygienic measures should be to avoid any further requirements (such as masks/gloves) for the players and referees on the pitch. This could, for example, include the following topics:

- Complete lock-down of the stadium x hours prior to the match
- Instruction on hygienic standards to all involved people
- Hand sanitizers at the entrance of stadium and in front of each room
- Limited time in Locker rooms / sanitary facilities
- Periodic cleaning of surfaces
- Periodic cleaning of Sanitary facilities (e.g. prior match, during 1<sup>st</sup> half, after half-time, after match)
- Leave doors open / good ventilation
- Obligation to wear mask/glasses/gloves to certain group of people
- Use of personal disposable bottles only
- Rules on preparation of meals (e.g. for the teams prepared and packed by designated chef in advance)
- Rules on use of spa and showers (e.g. open/closed)
- Special provisions for physiotherapy rooms / doping control rooms etc.
- Rules on use of fitness equipment (e.g. with/without gloves/masks)
- Disinfection of all medical equipment

### 5.4 Match Day Procedure Protocol

In order to minimize the contact between the persons involved on a match day and in order to limit the risk of an infection of the players and staff by external persons, a national health protocol may include a "*match day procedure protocol*" which defines every single step from the arrival of the team to the stadium until their departure after the match and the appropriate conduct of the involved persons.

An example for a match day procedure protocol may include the following steps and measures. However, the exact implementation and specification of such match day procedure protocol must

always be in compliance with the recommendations and orders issued by the competent national authorities of the respective jurisdictions:

- Travel/Arrival Teams to Stadium
  - Teams arrive separately/players & coaches wear facemasks
  - Individual travel/arrival for home team by car
  - Different paths for the teams when entering stadium / locker rooms
- Locker Rooms
  - Enough space between players
  - Separate use of locker rooms (1. Starting line-up, 2. Reserve players etc.)
  - Limited time in locker rooms
  - Use of masks
- Players' tunnel
  - Minimum distance
  - Separate passing through Players' tunnel
- Warming Up
  - Separate entrance to the pitch
- Equipment Control
  - Equipment check at changing room door by the assistant referee (with face mask)
  - Separate entry through players' tunnel
- Team entry
  - No escort
  - No mascots
  - No team photos
  - No opening ceremony
  - No handshake etc.
  - No arranging of teams in groups
- Technical Zones
  - Teams only
  - Hygienic standards
  - Minimal TV concept
  - Expand bench for additional space
- VIP and Hospitality
  - No VIP & Hospitality
  - Food corners permitted under restricted requirements
- Half-Time
  - Separate use of players' tunnel
- Post-Match
  - Media

- Shower
- Other Operations (Doping Control etc.)
- Departure of Teams
  - Physical and temporal separation of the teams

### 5.5 Transportation/Hotel

A national health protocol may address the transportation/arrival of the teams at the stadium. The following are topics that, for example, may be addressed:

- Team bus transportation or individual car transportation
- Masks/gloves during transportation
- Space in team bus transportation
- Etc.

Furthermore, a national health protocol may also address the hotel accommodation and provide recommendation on the booking of the hotels. The following topics may be addressed:

- Exclusive hotel booking/exclusive floor booking
- Rules on how to store training staff
- Rules on access of spa/gym area (e.g. allowed or prohibited)
- Rules for hotel staff (e.g. use of masks/gloves, minimize contact with players, limited number responsible for team, special rules when cleaning the rooms etc.)
- Rules on ventilation and air condition
- Rules on the use of breakfast/lunch rooms
- Preparation of food
- Rules Use of masks/gloves inside hotel
- Etc.

### 5.6 Media and TV

A national health protocol may address the media/TV production of a match. Topics that may be addressed are the following:

- Number of people allowed
- Health check requirements for media people (testing, temperature, health-check questionnaire etc.)
- Area of access
- Time-slots for constructing/organizing the infrastructure
- Interviews with Players/Coaches after and/or prior to the match

- Rules on conduct of media/press conferences after the match
- Hygienic standards
- Disbursement of protective material
- Rules of conduct (e.g. social distancing, avoid private conversations etc.)
- Precautions at work stations and for work equipment
- Outside broadcasting vans
- Etc.

### **5.7 Audience / Fans**

A national health protocol may address the topic of audience and fans during the match day. While it cannot be expected that football matches can be played with spectators in the short and mid-term, the clubs may address situations in case fan groups (e.g. ultras) gather in front of the stadium. This situation will likely also have to be addressed together with local authorities, law enforcement, etc.

### **5.8 Security**

A national health protocol may, in compliance with the respective national laws, establish a security plan in order to guarantee that access to the stadium and to the defined zones is only granted to the authorized people. The security plan may also include monitoring and control to ensure compliance with the rules of conduct.

Nyon, 22 May 2020

This document has been produced under the guidance of the ECA Medical Task Force of club medical and operations professionals in collaboration with the ECA Administration and external advisors.



*EUROPEAN CLUB ASSOCIATION*

HEART  
OF  
FOOTBALL