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**Rules to be applied for the organisation of road cycling competitions  
in the context of the COVID-19 pandemic**

**UCI WorldTour – UCI Women’s WorldTour – UCI ProSeries  
Class 1 and Class 2 races**

**Continental Road Championships  
UCI Road World Championships  
UCI Nations Cup**

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As the third road cycling season begins during the COVID-19 pandemic period, an update of the UCI protocols for the organization of road races is absolutely necessary. This update is justified by the many changes that have occurred since March 2021, when the last protocols for the organization of road races were published.

Since last year, many events have changed the conditions for organizing road races. A complete document on the current state of knowledge on the COVID-19 pandemic (updated to January 6, 2022), is now available on the official [UCI website](#).

The main new findings are the following,

- the availability of vaccines, especially RNA vaccines that have shown excellent efficacy in preventing severe forms of COVID-19 related to the wild-type strain of the virus.
- the risk of viral transmission persists, despite a full vaccination program.
- the good vaccination coverage of the peloton (despite some heterogeneity among the teams)
- the very fast spread of the last variant of concern (VOC), the Omicron variant, which although it escapes the humoral immunity, does not give severe forms of the disease.
- the effectiveness of a 3-dose vaccine course (i.e. 2-doses + "booster" dose) on immune responses against the latest SARS-CoV-2 VOCs.
- in contrast to humoral immunity (through neutralizing antibodies), a preservation of the cellular immunity is reported.

All these findings make it necessary to update the rules for the organization of road races (hereinafter: the "Rules") that were implemented for the 2020 and 2021 seasons. The Rules apply to all UCI road races of the UCI WorldTour, UCI Women's WorldTour, UCI ProSeries, Class 1 and Class 2, as well as Continental Road Championships, UCI Road World Championships and UCI Nations Cup (hereinafter: the "Events"). They concern the Elite and U23 categories, Women and Men, as well as the Junior categories for the Continental and UCI Road World Championships.

These Rules shall apply to all Events taking place from 24 January, 2022, until they are repealed by the UCI Management Committee. This document is a "living document", which must be updated regularly taking into account new scientific knowledge on the pathogenicity of the virus and its variants, the preventive counter-measures and control of the spread of the virus. This provision is all the more important as the conditions of the pandemic and the knowledge on the SARS-CoV-2 characteristics, the virus responsible for COVID-19, are rapidly evolving. Any amendments to this protocol will be published without delay and will be immediately applicable, unless otherwise specified. A consolidated version containing the latest amendments in force will be published on the dedicated webpage of the UCI website as soon as practicable ([UCI Website](#)).

This document comprises five main sections,

- general considerations for the organization of Events during this period of COVID-19 pandemic, which still constitutes a threat to sports competitions.
- a section that deals with the conditions of entry into the sanitary bubbles, and especially into the team bubbles.

- a section that outlines the practical requirements and recommendations to be implemented by organizers and teams in order to maintain the isolation of bubbles, and especially team bubbles.
- a section that explains the possible adaptations of the protocol according to the severity of the pandemic.
- a section that deals with the regulatory procedures for the exchange of information between the Organizers, the Teams and the UCI.

## A. General considerations

As a preamble, it is recalled that:

1. **Where they are more stringent** than the rules set out in the UCI protocols, regional and national health regulations prevail over the requirements and recommendations of the present document; conversely, where regional or national health regulations are less stringent than the UCI regulations, the latter shall apply.
2. **One of the essential determinants of healthy conditions** for the organization of events is the vaccine coverage of the peloton. To date, given the high transmissibility of the latest identified SARS-CoV-2 variant, a high level of vaccine coverage is essential to control the COVID-19 pandemic in the peloton and prevent infections. Therefore, **teams should pursue their efforts to further improve the vaccination coverage based on a full course of vaccination** (see paragraph B.2).
3. **There are many different anti-COVID rules in force in different countries.** The organizers must do everything possible to inform the teams of the rules in force on the territory of their Event.
4. **Recent variants of concern (VOCs)** partially escape vaccine immunization, and the available vaccines have not been updated and remain directed against the wild-type SARS-CoV-2. One of the proposed solutions is to improve the humoral protection of the peloton requires with third dose of vaccine ("booster" dose). **The UCI recommends the third dose for riders and especially for staff members**, bearing in mind that implementation of this recommendation remains dependent on the availability of vaccines and authorizations from the national health authorities.
5. **Although current vaccines are effective** in preventing symptomatic and asymptomatic forms of COVID-19, vaccination alone is not sufficient to prevent the SARS-CoV-2 transmission, and especially the transmission of Delta and Omicron variants, particularly when human-to-human contact remains difficult to prevent, as is the case during cycling Events.

For this reason, non-pharmaceutical interventions (NPIs) and physical distancing measures remain critical to reduce the spread of the virus and COVID-19 cases. Therefore, behavioral preventive measures (physical distancing, personal hygiene, hand washing, etc.) and improved vaccine coverage are complementary and essential for the prevention of COVID-19 cases during cycling Events. NPIs, including masking and physical distancing, will need to be implemented during the 2022 season, even more rigorously than in the past.

## B. Procedures for entering team bubbles

### 1. General considerations

The current scientific evidence on vaccine protection, SARS-CoV-2 transmission by vaccinated persons, vaccine efficacy on the latest variants of concern (VOCs), updated to January 6, 2022 is now available on the UCI official website ([current pandemic situation](#)).

The current vaccine coverage of the peloton allows to conclude that the risk of SARS-CoV-2 circulation is low and that there is a low risk of severe forms of COVID-19, at least related to the wild-type strains of the virus. Although clinical studies remain few, currently available data suggest low pathogenicity of the latest VOC currently being circulated, the Omicron variant.

### 2. Practical procedures

Good vaccine coverage of the peloton, high transmissibility and low pathogenicity of the Omicron VOC, the variant already predominant in many countries, justify an adaptation of the sanitary rules for entering into the team bubbles. COVID-19 screening prior to entry into team bubbles is considered depending on the category of cycling race,

- **one-day races and races of less than 7 stages.** In order to compete in this type of races, a "UCI health pass" is issued under the following conditions,
  - Full course of vaccination, based on the vaccines authorized within the European Union to prevent COVID-19: Comirnaty (Pfizer/BioNTech), Spikevax (Moderna Biotech), COVID-19 Vaccine Janssen (Johnson & Johnson, Janssen-Cilag), Vaxzeveria (AstraZeneca), Nuvaxovid (Novavax) ([Authorized vaccines](#)).
  - ✓ To date (February 21, 2022), the vaccines Sputnik V (Gamaleya Institute), COVID-19 Vaccine (Sinovac), Vidprevtyn (Sanofi Pasteur), VLA2001 (Valneva) are currently under rolling review by the European Medicines Agency (EMA). Depending on their validation by EMA, they may be added to the list of vaccines that can be issued with the UCI health pass. But currently, they are not accepted by the UCI.
  - ✓ The UCI health pass is validated,
    - 7 days after the last dose of a vaccine with a 2-injections course (Pfizer/BioNTech, Moderna, AstraZeneca, Novavax);
    - 28 days after injection of a vaccine with a 1-injection course (Johnson & Johnson/Janssen);
    - 7 days after injection of a vaccine dose following infection with SARS-CoV-2 (a single injection is then required given more than 6 months after the infection);
  - ✓ The UCI health-pass will remain valid for a period of 9 months ([vaccine course validity](#)). We have only poor evidence about the maintenance of vaccine immunity over time, since while there are data on the decline of specific blood antibodies, we have only few information concerning the cellular immunity.

Therefore, the duration of the vaccine program can be adjusted at any time based on new scientific knowledge.
- **The UCI health-pass is also issued** following a positive molecular Covid test (PCR type), 11 days after and for a period of 6 months.

- **or proof of a negative molecular test less than 2 days old.** Given the less sensitivity of antigenic tests (see paragraph 6-C of the summary available on the UCI website ([current pandemic situation](#)), and in accordance with past seasons, the PCR tests accepted will be exclusively those using a PCR method.

The general objective of the COVID tests is the screening of healthy carriers (asymptomatic cases) or pre-symptomatic SARS-CoV-2 cases. In this context, saliva is an organic fluid validated for the detection of SARS-CoV-2. Saliva has been shown to be a viable alternative to nasopharyngeal swabs that cause discomfort due to procedure's invasiveness, especially when swabs are repeated. The sensitivity of the PCR methods (mainly RT-PCR) on saliva self-collection specimens reached 97% and 91% in patients with Ct values  $\leq 30$ . This body fluid should be considered as a reliable sample for the diagnosis in asymptomatic individuals.

During repeated races (one-day and/or stage races of less than 7 days), a 10-days period of coverage will be granted, with no further mandatory COVID testing.

- **races of 7 stages or more.** A negative PCR test less than 2 days old will be required for all riders and official team members, whether or not they are fully vaccinated. These tests are under the responsibility of the teams and at their expense, both in terms of logistics and costs.

The riders, team members, and any person joining the team secondarily will have to apply the procedures reported above.

During races with more than 10 stages, COVID screening tests will be organized during rest days, whether or not the subjects are vaccinated. These intermediate tests will concern the 3 Grand Tours, and are placed under the responsibility of the organizers.

- **specific case of the Grand Tours.** Before these races which last 3 weeks, virus carriage controls will be repeated, and this is why PCR tests may be replaced by antigenic tests. Checking the lack of virus carriage is essential to constitute the team bubbles. That is why,
  - we **strongly recommend** a daily control by antigenic tests of all team members (riders and staff), whether they are vaccinated or not.
  - a negative antigenic test is required at least 2 days before the start of the race for all team members (riders and staff).

- **relevant personnel**

Apart from team members (riders, staff members), the above procedures concern at least all persons integrated into bubbles closest to the team bubbles. UCI commissaires (both international and national), UCI technical delegates, medical personnel, ITA personnel in charge of anti-doping tests and the media are concerned by the above procedures.

- **practical follow-up of the UCI health pass**

The practical procedures for monitoring the UCI health-pass validity are set out in paragraph F-2 of the present document.

- in any cases, a **medical monitoring of the teams** will be set up in the 4-5 days preceding the Events.
  - ✓ the methods used for the clinical examination are left to the discretion of the team doctors. They are free to use the clinical tool of their choice based on their personal experience. But the UCI proposes a simple questionnaire that can be used remotely (Figure).
  - ✓ In symptomatic patients, the COVID-19 diagnosis must be confirmed using a molecular biology technique to identify the SARS-CoV-2 (i.e. PCR test).

Covid-19 questionnaire	
Fever > 38°C	4 pts
Cough and/or dyspnea	4 pts
Abnormal fatigue	4 pts
Anosmia and/or ageusia	3 pts
Stuffy nose or sore throat	2 pts
Nausea, vomiting, diarrhea	2 pt
Unusual myalgia	2 pts
Unusual headache	1 pt
< or = 3	a little suspicious
4 - 6	moderately suspicious → PCR test according to the context
> or = 7	highly suspicious → PCR test

**Figure. Suggested screening questionnaire**

On the other hand, PCR tests performed as part of mandatory entry procedures in countries (which have adopted this measure) can be used as pre-event tests. The objective is to optimize the testing program by avoiding unnecessary repetition.

### **C. Infection prevention and sanitary bubble protection**

It is ensured thanks to counter-measures implemented ahead of the Event, before, during and after the races.

#### **1. Pre-event measures**

- **Appointment of a COVID-19 Coordinator for the Event**

A competent person in public health must be appointed by the Event organiser; this COVID-19 Coordinator must have an up-to-date knowledge of the requirements and recommendations put in place by the national (or regional) health authorities to ensure the safety of sporting events. He/she should get in touch with these authorities as soon as possible in order

to best coordinate the actions to be implemented by the Event organiser with the rules in force. He/She is responsible for:

- assessing the pandemic severity in the region, ahead of the competition (see paragraph E-1 of the present document). He(She) is the advisor for the implementation of preventive measures. The COVID-19 Coordinator is the link between the Event organiser and the health authorities;
- sending the protocol for the management of suspected COVID-19 cases to the Event organiser, including all the steps of patient management until the diagnosis;
- providing the Event organiser the criteria for the identification of contact cases with a confirmed COVID-19 case. He(she) must also transmit clear information on the decisions that could be taken for these contact cases (clinical monitoring, isolation, self-isolation, or lack of specific measures, etc.).

- **Ensure that the accommodation where teams are staying is adequate to maintain a "life bubble" around each team**

The accommodation arrangements shall enable distancing between teams with measures such as grouping each team on a single floor (or a wing of the hotel) and a reserved and independent dining room, whenever possible. The Event organiser must inform the each hotel of the required preventive measures (room cleaning, physical distancing, hand washing, wearing a mask during service, etc.).

The Event organiser will request that hotel staff abide by the rules in force for cleaning and disinfecting furniture and objects.

- **Ensure the prior management of suspected COVID-19 cases**

For multi-day events (UCI World Championships, stage races), the Event organiser shall consider arranging rooms (if possible a single room per team) known as "isolation" to be used by anyone presenting symptoms suggestive of COVID-19, before referral to the COVID Doctor (see paragraph D-3 of the present document).

- **Inform the teams of the requirements and/or recommendations in terms of prevention procedures within their group (staff and riders)**

These measures may include personal protection, cleaning of technical equipment, cleaning and disinfection of commonly touched surfaces in the vehicle buses, etc. The aim of these measures is to preserve the integrity of the team bubbles. In this respect, the role of team doctors is essential.

- **Inform the teams of the health regulations in force in the territory of the Event.**

The health situation is never the same in every country, which leads the health authorities to make different regulations. The organizers should inform the teams, soon enough, about the rules in force for entering the country, access to hotels and restaurants, etc. The information should include requirements for a health-pass or vaccine-pass (depending on the age group) (see point F.1).

- **Offer biology laboratory resources to the teams.**

The fight against the spread of the latest SARS-CoV-2 variants has led most European countries to strengthen health controls on entry into their territory. A negative PCR test of less than 72 h (sometimes less than 48 h) is now required to be authorised for entry into most

countries. In order to enable the teams and officials (Commissaires, UCI personnel, ITA personnel, etc.) to reach their home countries, the organisers will assist the personnel in providing information on nearby laboratories that are certified and licensed to perform these COVID tests.

## **2. Countermeasures to be taken before races**

A health check must be carried out for all team members (support staff and riders) before going to the event site and just before the races. The form of this medical examination is left to the discretion of the team doctors (see point B.2). They have the choice of tools, based on their personal experience and possible simple questionnaires to be used in the field.

## **3. Countermeasures to be taken during races**

- **health monitoring of the peloton**

- during stage races, the medical follow-up is imperative, looking for clinical signs suggestive of COVID-19, and under the responsibility of the team doctors (see "medical monitoring", paragraph B.2).
- specific case of the Grand Tours. These long road races (3 weeks of competition) must benefit from special provisions,
  - ✓ the clinical follow-up should be strict within each team bubble (riders, staff, guest members, etc.)
  - ✓ frequent antigenic tests (throughout the race, daily or every 2-3 days) are strongly recommended for team members (**except riders**), commissaires (both international and national), UCI technical delegates and personnel in charge of anti-doping tests
  - ✓ a mandatory COVID antigenic test will be performed on rest days for all team members (riders, staff, guest members, etc.), commissaires (both international and national), UCI technical delegates and personnel in charge of anti-doping tests.

- **Wearing a face mask**

When used in conjunction with NPIs, including physical distancing, hand washing and room ventilation, facemasks are a valuable tool to reduce community transmission. Facemask wearing is most effective at reducing spread of the virus when both compliance and mask performances are high.

The airborne transmission route of SARS-CoV-2 is highly virulent and dominant for the spread of COVID-19. In-depth investigations of the COVID-19 epidemic clearly show that asymptomatic people with SARS-Cov-2 are a major cause of virus transmission, particularly as the viral loads in nasopharynx and oropharynx samples in asymptomatic and pre-symptomatic individuals are similar to those of symptomatic patients.

In parallel with adherence, the protective performances of facemasks play an effective role in the prevention of the spread of SARS-CoV-2. The protective performance of mask is affected by many factors, such as material properties, how the masks are worn, facial fitting etc.

The filtration efficiency of masks depends, at least partly, of the particle-size of droplets coughed or exhaled. When the particle size of droplets exceeds 1 µm, the mask filtration efficiency is more than 80% and reaches 90% for droplets higher than 4 µm. The larger droplets of infected people contain a larger number of viruses, which will be more dangerous and have a greater risk of transmission. That is why wearing masks (whether N95, FFP2, surgical masks or ordinary cotton masks), when they are worn correctly, is one of the most effective protection measures for the peloton.



But when the particle size is less than 1  $\mu\text{m}$ , the filtration efficiency decreases and for most types of masks is only 60%–70%, except for the N95 mask (Wei et al., 2021). In the current period of emergence of highly contagious SARS-CoV-2 variants, it is important,

1) to take into consideration the filtration performance of droplets less than 1  $\mu\text{m}$ .

2) but also to remind the basic principles of proper use of facemasks, covering the nose and mouth.

**This is why attention is drawn to the filtration performance of the masks that are used by the teams, accredited persons and members of the organization. The performance of non-medical masks should always be carefully checked before being adopted and worn regularly. It is equally important that everyone should pay attention to wearing the facemask correctly, covering mouth and nose.**

**For the riders, wearing the facemask is mandatory, even outdoors, except during the warm-up, training, and active recovery after the race.**

- **Provide information** about the importance of individual protective measures (maintaining safety distances, wearing a facemask, frequent hand washing, ventilation of rooms).

All personnel are concerned, riders, team staff, officials, all accredited persons (journalists, medical staff, guests, etc.), as well as all personnel involved in the organization of the event.

The Event organiser will pay particular attention to the strict application by the staff involved in the Event of individual measures to protect and prevent the spread of the virus. **Wearing the facemask will be permanent for the entire duration of the event, including outdoors.**

- **Arrange separate pathways for different categories of personnel;**
  - within the media area,
  - within official areas,
  - within the VIP area.
- **Arrange the common areas accessible with accreditation to allow for physical distancing (min 1.5 m between people), especially,**
  - in the media area, arrangement of workspaces,
  - in official areas,
  - in VIP areas, impose the wearing of individual masks.
- **Manage the presence of spectators;**
  - limit spectators in the start and finish areas according to the rules published by the national authorities in charge of public health;
  - maintain a safe distance between spectators and riders;
  - encourage spectators to wear a facemask at all times.
- **Ensure cleaning and disinfection of common areas and equipment, and limit sharing of materials;**
  - restrooms (in sufficiency, cleaning procedures, 1.5 m physical distancing, including for queues (marks on the ground));
  - regular cleaning of all commonly touched points;
  - availability of hand sanitisers at strategic points.

- **Provide waste bins for contaminated items to allow for the safe disposal or storing of all hygienic materials.**
- **Adapt the registration procedures** so as to ensure physical distancing.
- **Limit access to the start area** as much as possible. Only allow access to essential people, with compulsory facemasks. Riders must wear the facemask until a few minutes before the start.

- **Adapt the feed zones;**

Ensure safety of the area(s) and compliance with the “Special provisions for 2020 end of season” (<https://www.uci.org/docs/default-source/rules-and-regulations/part-ii-road/regulations-and-flexibility-for-2020-end-of-season-eng---updated-16.07.2020.pdf>), as well as all national guidelines on social distancing. They will be closed to the public.

- **Regulate** the use of organisation and team vehicles. In order to reduce the risk of contamination in the confined spaces of vehicle interiors. It is advisable to,
  - limit the number of people in team vehicles to 3,
  - wearing the facemask is mandatory in the vehicles,
  - ventilate the vehicle interior by keeping the windows half-open (depending on weather conditions).
- **Limit access to the finish area** as much as possible. Only allow access to the "end of finish line" area for essential people (1 to 2 people per team, a few photographers), and everyone with a compulsory facemask.
- **Celebratory hugs after the finish line.** Ask the riders to respect the basic preventive measures for stopping virus spread after crossing the finish line. Request riders not to hug teammates, other riders or staff members when celebrating their victory. They must maintain a minimum distance between themselves and the other riders, even after crossing the finish line.

#### 4. Countermeasures to be taken after the races

- **Adjustment of the awards ceremony;**
  - restrict the number of athletes to receive prizes at one time;
  - require riders, and any other person involved, to wear a mask during the ceremony;
  - place the podium blocks 1.5 m apart;
  - create 1.5 m pre-podium boxes in which riders can wait their turn to stand on the podium;
  - create a self-serve option where riders can collect their medals after hand sanitising;
  - limit the number of photographers according to national health regulations. Also ensure that accredited persons wear their protective masks correctly;
  - create a one-way traffic plan for pedestrian traffic around the podium and the awards area.
- **Adapt the anti-doping station and procedures**
  - ensure that doping control protocols are consistent with measures to prevent viral contamination (detection of asymptomatic carriers using viral tests (DCO, BCO) and chaperons, physical distancing outside and inside the station, procedures for checking and signing documents, etc.)

- a specific document is reported in Annex.

## **D- Medical management of suspected COVID-19 cases**

### **1. Coordination with the local health authorities (hospitals, emergency services)**

The Event medical service must contact the local hospital and/or emergency medical services to inform them of the Event, and ensure they have the capacity to handle trauma patients during the pandemic.

### **2. Identify a physician to be in charge of suspected COVID-19 cases (COVID doctor)**

In coordination with local health services and/or in accordance with applicable rules, this doctor shall be responsible for managing any clinical suspicion of COVID-19. The COVID doctor must:

- provide a face mask to anyone who is sick or has suspicious symptoms;
- comply with applicable rules regarding mandatory protective equipment for medical personnel when dealing with COVID-19 suspected patients (FFP2 mask, gloves, visor or protective glasses, coveralls).

### **3. Management of a suspected COVID-19 case;**

- all persons involved in the Event (including Event staff and team members) are requested to signal any suspicion of COVID-19 immediately to the Event medical services;
- the Event medical services will contact the COVID doctor to manage the follow-up with the suspect patient;
- the management of clinical cases will be carried out in agreement with the local or regional health services, and in accordance with national health rules
- the identification of contact cases with a confirmed COVID-19 case (close contacts and low-risk exposure contacts) will be the responsibility of the COVID doctor, in coordination with the team doctor and the competent health authorities;
- the implementation of the initial clinical examination protocol, and referral of the patient to the nearest COVID centre is the responsibility of the COVID doctor;
- the details of these procedures, as well as **the criteria for identifying contact cases, will be posted by the organizers on the space provided by the UCI at least 2 weeks before the event** (see paragraph F-1-b of this document).

The potential number of contact cases depends on the observance of NPIs, especially physical distancing and facemask wearing rules. Reducing the number of contact cases that will be isolated depends on the application of physical distancing, mask wearing and regular hand washing in all circumstances.

### **4. Decision-making after confirmation of a COVID-19 case.**

#### **• During all Events, except the Grands Tours**

In the event of a confirmed case of COVID-19, the COVID doctor shall report all relevant information to the Event organiser which shall be responsible for taking the appropriate measures for the Event upon due consultation of national health authorities. The Event organiser shall consult the UCI and representatives of riders and teams prior to confirming the decisions

regarding the Event. Such decisions shall not concern which persons shall be quarantined, which remains under the sole competence of the COVID doctor and/or national health authorities.

- **During the Grands Tours**

In the event of a confirmed case of COVID-19 within a team (riders or team members), by antigenic test confirmed by a PCR test, the decision of possible isolation will be taken in a collegial way by the physician of the concerned team, the COVID doctor of the event and the UCI medical director on the available clinical elements. The decision will be taken by a majority of the panel.

The conclusions of the medical expertise will be sent to the UCI and organisers.

## **E- Application of these measures depending on the pandemic severity**

### **1. Assessment of the pandemic severity**

The first step for organizing an Event (which is likely to bring together a considerable number of people) is for the Event organiser to carry out and share an analysis of the pandemic situation. The aim of this pandemic severity assessment is to determine the overall risk of spreading the disease during the Event and the appropriate means to mitigate such a risk.

The pandemic severity assessment should be carried out with the involvement of local public health authorities and staff with expertise in mass gatherings

- **Assessment criteria**

Several criteria are applied to characterise the pandemic severity, based on qualitative and quantitative factors. The difficulty is to propose criteria that are easily accessible in all countries of the world. The Council of Europe, on the advice of the European Centre for Disease Prevention and Control (ECDC), has recently published a method for assessing the severity of the pandemic.

The Event organisers should contact local or national health authorities in order to characterise the state of the pandemic using the following criteria:

- ✓ the total number of newly confirmed cases of COVID-19 per 100,000 population in the last 14 days at regional level;
- ✓ the 'test positivity rate', that is, the percentage of positive tests among all tests for COVID-19 infection carried out during the last week;
- ✓ the 'testing rate', that is, the number of tests for COVID-19 infection per 100 000 population carried out during the last week.
- ✓ the basic reproductive number ( $R$ ) is an excellent parameter for characterising human-to-human transmission.  $R$  represents the number of people on average that a single infected individual may contaminate around him or her; it is a determining factor in epidemic risk assessment. A difficulty is obtaining this information for all countries. This information is not centralised by WHO and its estimation remains subject to the initiative of the national authorities; the organisers should contact the national health authorities to obtain this information.

- **Characterisation of the different phases of the pandemic.**

The decisions of authorising a sporting event remain under the authority of the competent local or national authorities. However, organisers must inform teams and the UCI of local and regional conditions of the pandemic. To do so, they will use the color code proposed by the ECDC, characterising the severity of the pandemic; for European countries, this information is available in free access ([pandemic phase](#)):

The assessment of the pandemic severity is the responsibility of the COVID-19 coordinator designated by the event organizer (see below). The pandemic severity is represented by a color code,

- ✓ **green area**, if the 14-day cumulative COVID-19 case notification rate is less than 25 per 100,000 population and the test positivity rate of tests for COVID-19 infection is less than 4%;
- ✓ **orange area**, if the 14-day cumulative COVID-19 case notification rate is less than 50 per 100,000 population, but the test positivity rate of tests for COVID-19 infection is 4% or more. Or, if the 14-day cumulative COVID-19 case notification rate ranges from 25 to 150 per 100,000 population but the test positivity rate of tests for COVID-19 infection is less than 4%;
- ✓ **red area**, if the 14-day cumulative COVID-19 case notification rate ranges from 50 to 150 per 100,000 population, and the test positivity rate of tests for COVID-19 infection is 4% or more. Or if the 14-day cumulative COVID-19 case notification rate ranges from 150 to 500 per 100,000 population;
- ✓ **dark-red area**, if the 14-day cumulative COVID-19 case notification rate is higher than 500 per 100,000 population.

## 2. Enforcement of the various measures depending on the state of the pandemic.

Actions to be implemented according to the pandemic severity, i.e. **green area (low risk)**, **orange area (moderate risk)** and **red, dark-red areas (at risk)** are shown in the following table.

	Dark-red, Red areas	Orange areas	Green areas
<b>A) Preparation before the Event</b>			
1. Appointment of a COVID-19 Coordinator			
- send the management plan for COVID+ subjects	MAN-org	MAN-org	REC
2. Accommodation of teams in hotels			
- maintain a life bubble	MAN-org	MAN-org	REC
3. "Isolation" rooms in the hotels	MAN-org	REC	DES
4. Prevention procedures within teams	MAN-team	MAN-team	REC
5. Offer biology laboratory resources to the teams	MAN-team	REC	REC
<b>B) Procedures for entering team bubbles</b>			
Pre-Event health checks;			
- clinical detection carriers of the virus	MAN-team	MAN-team	REC
- implementation of the COVID testing programme	MAN-team	MAN-team	REC
<b>C) Ensure the protection of the team bubbles</b>			
1. Information on individual hygienic procedures and PPE for everyone on site.	MAN-org	REC	DES
2. Provision of separate pathways	MAN-org	REC	DES
3. Ensure physical distancing in communal spaces (media center, VIP areas, etc.)	MAN-org	REC	DES
4. Presence of spectators;			
- limit spectators (start and finish areas)			
according to national rules	MAN-org	MAN-org	REC
- maintain a safe distance between spectators and riders	MAN-org	MAN-org	REC
- encourage spectators to wear a mask	MAN-org	REC	DES
5. Ensure cleaning and disinfection of communal areas	MAN-org	REC	DES
6. Provide waste bins	MAN-org	MAN-org	DES

7. Health check on race morning (COVID questionnaire or other)	MAN-team	MAN-team	REC
8. Adapt the registration procedures	MAN-org	MAN-org	REC
9. Adapt the feed zones	MAN-org	REC	DES
10. Regulate the use of organisation and team vehicles	MAN-org	DES	DES
11. Hug ban after crossing the finish line.	MAN-team	DES	DES

#### Special case of stage races

COVID-19 testing during the event	MAN-org	MAN-org	REC
12. Adjustment of the awards ceremony.			
- restrict the number of riders to receive prizes	MAN-org	REC	DES
- require athletes to wear face masks.	MAN-org	REC	DES
- place the podium blocks 1.5m apart	MAN-org	MAN-org	REC
- create 1.5 m pre-podium boxes	MAN-org	REC	DES
- create an individual award recovery system	MAN-org	REC	DES
- riders should be prevented from touching each other	MAN-org	REC	DES
- limit the number of photographers around the podium.	MAN-org	MAN-org	REC
- one-way traffic plan for pedestrians around the podium	MAN-org	DES	DES
13. Adapt the anti-doping station and procedures in accordance with the document in the Annex	MAN-org	MAN-org	REC

#### D) Management of suspected COVID-19 cases

- appointment of a COVID doctor for the race	MAN-org	REC	REC
- coordination with local health authorities	MAN-org	REC	DES
- provide a clean mask to all sick people	MAN-org	MAN-org	MAN-org
- provide PPE for medical professionals	MAN-org	MAN-org	REC
- send management procedures of COVID+ cases	MAN-org	MAN-org	REC

## F. Exchange of information.

In order to promote the exchange of information necessary for the organisation of competitions, three secure cloud storage spaces will be opened by the UCI,

**1. the first is intended for organisers to provide information to teams** regarding the implementation of specific health-related measures. The organisers will deposit at the latest 14 days prior to the Event at the following link,

[https://uciofficiel-my.sharepoint.com/:f:/g/personal/xavier\\_bigard\\_uci\\_ch/Eu9N8c4MbrROMz0gQ6bh6JQBtQ2b-MWMnQlMPFAnwNZ74g?e=R4qRtY](https://uciofficiel-my.sharepoint.com/:f:/g/personal/xavier_bigard_uci_ch/Eu9N8c4MbrROMz0gQ6bh6JQBtQ2b-MWMnQlMPFAnwNZ74g?e=R4qRtY)

information concerning:

**a. the phase of the pandemic** as the competition approaches, including the criteria reported in paragraph I.A. The following criteria are required,

- the total number of new confirmed cases of COVID-19 cases per 100,000 population, and per week during the last 14 days;
- the percentage of positive tests among all tests for COVID-19 infection carried out during the last week;

- the number of tests for COVID-19 infection per 100,000 population carried out during the last week.

**As the values of these parameters change rapidly, the information will be updated regularly to inform the teams of the epidemiological situation in the region.**

**b. the anti-COVID rules in force on the territory of the Event**, in terms of health-pass or vaccination-pass in order to access to hotels and catering places.

**c. the medical management of suspected COVID-19 case**, including;

- the quarantine conditions of suspected cases of SARS-CoV-2 infection before biological confirmation.

- information concerning the quarantine period.

- the criteria for defining contact cases,

- Information concerning the COVID screening in contacts cases.

**d. a summary of the risk mitigation measures** put in place.

**e. the list of registered teams**, including the identity of the registered riders, and an email contact point for each of them.

**2. the second is intended to inform the UCI** about the current immunization coverage of riders and staff who may travel to events. This secure cloud space is open to teams (preferably team doctors or any other person designated by the team and under their responsibility) and is only available for consultation by the UCI Medical Director. Two types of information are expected,

On this cloud storage space, whose link is the following

[https://uciofficiel-my.sharepoint.com/:f:/g/personal/xavier\\_bigard\\_uci\\_ch/EgXePZfkKkZLpjxaHFT2D54BLLIbF4K07OoHDDdi1Ew](https://uciofficiel-my.sharepoint.com/:f:/g/personal/xavier_bigard_uci_ch/EgXePZfkKkZLpjxaHFT2D54BLLIbF4K07OoHDDdi1Ew)

will be uploaded,

- the vaccination status using the file available on the official UCI website ([Template vaccination](#))

- the official vaccine certificates. Only PDF files of the certificates are accepted whose name corresponds to the following format,

"XXX.Lastname.Firstname.pdf" where XXX is the official UCI abbreviation of the team name.

The files are uploaded only once on the medical cloud storage space. Unless updated with new scientific knowledge, the full vaccination courses are valid for 9-month period. Checking the validity of the vaccination course is the responsibility of the teams.

In order to guarantee the confidentiality of information, the cloud storage space is only be consulted by the UCI Medical Director.

**3. the third is intended to report the status of the UCI health-pass before each race**

This cloud storage space is available for team doctors

[https://uciofficiel-my.sharepoint.com/:f:/g/personal/xavier\\_bigard\\_uci\\_ch/Er4tGpMH02JFgklllGFJljQBN7ZzysXPrOyPIgQYS9vIBg](https://uciofficiel-my.sharepoint.com/:f:/g/personal/xavier_bigard_uci_ch/Er4tGpMH02JFgklllGFJljQBN7ZzysXPrOyPIgQYS9vIBg)

so that the UCI can be informed of the status of the UCI health-pass before each race.

Using the standard form available on the UCI website (and only this form) ([Template Health Pass](#)), the team doctors will inform the UCI of the type of sanitary pass requested for each member of the team (complete vaccination program OR negative PCR test less than 2 days old). Once completed, the file will be renamed as follows,

"XXX.Name of the race.xls" where XXX is the official abbreviation of the team name.

## **G- Regulatory provisions.**

Any subject or entity failing to implement the MAN (mandatory) measures may be fined by the Disciplinary Commission between CHF 1,000 and CHF 10,000. The Disciplinary Commission shall determine the amount of the fine taking into account all the circumstances and in particular any aggravating or mitigating circumstances. Art. 12.2.005 of the UCI Regulations shall apply in case of a repeated offence.

Any subject or entity which defrauds, cheats or acts in an unfair manner when submitting the information required under this protocol to the UCI shall be sanctioned in accordance with article 12.4.008 of the UCI Regulations.

In case of failure by teams to provide evidence of a viral diagnostic test required under this protocol, at the latest at the time of rider confirmation, the rider concerned may not take part in the relevant Event\*. Notification shall be made to the rider or his/her team either by the UCI Medical Director (or on his behalf) or with the intermediary of the Commissaires' Panel.<sup>1</sup>

In case of a positive PCR test returned during the course of a stage race, the rider or staff member concerned shall be excluded from the Event. Derogations may, however, be granted by the UCI Medical Director in coordination with the Covid-doctor of the Event, if it is established, at his comfortable satisfaction, that the rider or staff member concerned is not contagious and not likely to infect third persons<sup>2</sup>.

In case of failure by an Event organiser to implement the required measures under this protocol, the UCI may request specific measures to be taken within a set deadline (if the defaults are remediable). If the defaults are either not remedied within the set deadline or not remediable prior to the Event, the UCI may:

- Determine that the Event shall be withdrawn from the UCI International Calendar if the Event manifestly fails to implement adequate preventive measures\*;
- Determine that any other events organized by the Event organiser under the period of application of this protocol be withdrawn from the UCI International Calendar if the Event organiser fails to prove its capacity and willingness to implement adequate preventive measures at such other events \*;
- Refer the matter to the UCI Disciplinary Commission to consider the imposition of a fine;
- Refer the matter to the UCI Management Committee or Professional Cycling Council to consider appropriate measures that may be taken with regard to future registration of the Event on the UCI International Calendar.

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<sup>1</sup> This measure shall be applicable starting with events taking place on 1 August and after.

<sup>2</sup> This assessment shall be based on any and all information made available to the UCI Medical Director prior to the next stage, including, as the case may be, details of the initial test result, details of a follow-up test, if any, and further proven information.



\* These measures may be decided by the UCI Medical Director (or on his behalf) in consideration of the objectives of this protocol. These powers have been delegated by the UCI Management Committee in accordance with article 47 par. 2 and 4 of the UCI Constitution.

## ANNEX



### IN-COMPETITION TESTING SPECIFICITIES DURING COVID-19 ROAD RACES

#### 1. SAMPLE COLLECTION PERSONNEL (DCO, BCO, Witness, Chaperone)

The personnel listed above will be subject to the same procedure as highlighted in chapter B above.

If chaperons are not present, the ITA will announce it during the Team Managers' meeting. The ITA expect full cooperation from the Team's support personnel at the finish line so that the riders report immediately for sample collection and at the latest within 30 (thirty) minutes of finishing the Event, unless there are valid reasons for a delay, as per Article 5.5.2 of the UCI TIR.

The additional costs for the witnesses and the chaperones will be borne by the organizer.

#### 2. SUPPORT PERSONNEL

To be consistent with the SCP, the following personnel present at the Event will be subject to the same protocol. This applies to:

- Drivers for the SCP if they are required by ITA
- Attendant to the DCS

The additional costs will be borne by the organizer.

#### 3. DOPING CONTROL STATION (DCS)

A DCS must be provided by organizers as per UCI Testing & Investigations Regulations (UCI TIR). In addition, organizers shall:

- ensure a spacious Doping Control Station (DCS) in order to ensure the recommended social distancing (at least 1m) can be respected. Shouldn't the existing waiting room be spacious enough, please, consider setting an appropriate area for the athletes before the sample collection starts.
- provide premises that can be ventilated
- ensure the premises are cleaned and disinfected daily before use.
- provide disposable gloves. While gloves are not a substitute for hand hygiene, sample collection personnel (SCP) shall wear gloves throughout the sample collection process and athletes are also given the choice to wear gloves
- provide disposable face masks (medical face masks or non-medical masks or face covering); they shall be made available to the athlete, supporting personnel and SCP during the sample collection process.

- provide alcohol-based hand sanitizer
- provide disinfecting wipes and/or disinfecting spray
- provide disposable table cloth
- fence the area and provide someone to prevent non authorized persons to enter. Only one person is allowed to accompany the athlete.
- Provide waste bins for contaminated items to allow for the safe disposal or storing of all hygienic materials such as masks, gloves, etc.

#### **4. DOPING CONTROLS IN HOTELS**

- Same prerequisites as listed above apply.
- Before conducting a doping control mission in a hotel, the DCO shall ensure that the tests can be conducted in a room that is ventilated and spacious enough to respect social distancing. If not possible, a minimum number of persons shall be present in the room; i.e. the athlete, the DCO, the BCO and if necessary, the Team Doctor.
- The team doctor and the SCP (DCO and chaperons) must regulate the arrival of athletes in the waiting room in the case where multiple athletes of the same team are tested. This will reduce the number of athletes in the same room.

#### **5. NOTIFICATION PROCESS**

- If present, chaperons will be responsible to notify athlete orally while respecting social distancing.
- The absence of signature of the rider and/or a third party upon oral notification does not prevent the rider to be bind.
- Should no chaperone be present, rider remains responsible for ensuring whether he/she has been selected to undergo Sample collection. The absence of a chaperone shall not excuse the rider for not reporting in time to the doping control station.
- List for notification purposes is displayed, where applicable usually near the finish line and near the DCS.
- It is the rider's responsibility to remain within direct observation of the Chaperone, if any, at all times from the notification until the completion of the sample collection procedure.
- Whether the chaperons are present or not, riders must report immediately for sample collection and at the latest within 30 (thirty) minutes of finishing the Event, unless there are valid reasons for a delay, as per Article 5.5.2 of the UCI TIR.
- Written notification will be finalized with the DCO at the DCS
- In the event where the control would take place outside the DCS, such as in hotels (specific room or in rider's/doctor's room), as detailed before, only one athlete and one support personnel should be present at a time. When multiple riders are tested in hotels, notification will be done in a sensible manner but bearing in mind the no-advance notice aspect of these controls.

#### **6. SAMPLE COLLECTION PROCESS**

- In between athletes, surface where sample collection will take place must be cleaned using disinfectant wipes or disinfectant spray, including all materials to be used. As an alternative, a clean and disposable table cloth can be used.
- SCP must wash or sanitize hands and put on new gloves for each athlete and wear face mask.

- Athletes and supporting personnel (soigneur, doctor, etc) must wear a face mask
- Social/physical distancing is maintained as much as possible.
- Number of persons present during control session will be limited to minimum i.e.:
  - It is not necessary for organizers to provide a doctor/nurse to witness the miction, the task will be exceptionally ensured by the DCO if of the same gender. If not of the same gender, organizers will be asked to provide a doctor/nurse.
  - Only one person is allowed to accompany the athlete in the DCS area and during the sample collection process It is recommended that athletes present themselves at the DCS alone.

**NOTE:** Some specific situations may not allow the recommended distance to be maintained at all times. For example, **blood collection**, space limitations and/or the need for direct observation of urine sample provision are acceptable reasons to temporarily make allowances for closer distance.

## **7. COMPLETING SAMPLE COLLECTION SESSION**

- Before leaving, work surfaces must be cleaned and all used materials (refractometer, pen, ruler etc.) cleaned with disinfectant wipes or spray.
- SCP must ensure that all discarded items/waste are disposed of in the appropriate bins for medical waste material.
- SCP guide athletes through the proper gloves and face mask removal techniques and ask them to place those items in their garbage bag.
- SCP instruct the athlete to clean their hands.

## **8. OTHER CONTROLS SUPPORTED BY ITA**

- TRAMADOL:
  - Controls will be conducted in the Doping Control Station following the existing procedure at the end of events selected by the UCI, including the supplementary sanitary measures described above.
  - The Tramadol Sample collection procedure may be amended if the circumstances so require.
- X-Ray Bike Check:
  - The ITA will as much as possible support the UCI in their program given the circumstances.
  - The chaperon will wear masks and gloves when attaching the tag to the bike of the rider and will do their best to respect social distancing.