



# FIRST TEAM TRAINING GROUND PROTOCOLS 2021/22

July 2021

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## A. INTRODUCTION

1. While the public health situation associated with the COVID-19 pandemic has generally continued to improve, allowing many restrictions to be relaxed, the fact is that we all have to learn to live in an environment where COVID will not be eradicated, and presently we are seeing an increase in cases associated with the new Delta variant. All this means that there remains a continuing requirement for diligence and for the ability to apply stringent Protocols governing activity within the training ground environment should the need arise.

Our primary aims remain that:

- i. Players and Staff continue to be able to train as safely as possible
  - ii. Government and stakeholder confidence is maintained in the EFL and the activities of Clubs and Players
  - iii. Minimising the risk to vulnerable individuals and the general public from playing activities
  - iv. The League, Clubs and Players are able to adapt swiftly in the event that the COVID-19 situation deteriorates, whether as a result of an outbreak, the spread of a new variant or otherwise. In such circumstances, it is vital that these Protocols can be escalated quickly, to ensure that the EFL can continue to operate
  - v. Clubs are able to fulfil fixtures to finish the season and preserve EFL central revenues
2. As in previous seasons, this document sets out a series of uniform operating procedures applicable to all Clubs. This protocol will require the consent of all stakeholders and the agreement of Clubs.
3. It is divided into the following sections:
  - i. A protocol applicable to Clubs' first team training operations (the 'GREEN Protocol', section B, below)
  - ii. A process for the implementation of 'Emergency Measures' by the League in the event of an outbreak or imposition of heightened restrictions by Government at either local or national level (the 'RED Protocols', section C, below).
4. The League will continue to monitor compliance with these Protocols and may arrange visits or 'spot checks' to the training ground.
5. For the avoidance of doubt nothing in this protocol replaces, reduces or affects in any way the obligations imposed on Clubs by statute and/or common law in the fields of medicine, occupational health and/or health and safety. Where Clubs consider that they can implement additional arrangements which help meet or exceed the standards set out herein, they should engage with the EFL at the earliest opportunity.
6. This First Team Training Protocol sets out obligations binding on Clubs and incorporated into the Regulations, a breach of which will be dealt with under Section 9 of the EFL Regulations, albeit with an expedited timetable requiring response to the charge within 3 days, and hearing promptly thereafter. The obligations apply in respect of Season 2021/22.

## B. GREEN PROTOCOL

7. This document provides advice and guidance issued by the EFL to assist Clubs and facilitate compliance with their obligations to ensure the safest possible environment at any site where **the Club conducts coaching or training or its Players ('Training Ground')**. Some elements of this protocol are expressed as being mandatory (i.e. use of the words must or shall), others are expressed as guidance as to how mandatory obligations could be met (use of words such as should or may).

The obligations apply principally to the following individuals:

- a. Players; and
- b. Club employees, consultants and contractors essential for the performance of first team training (including but not limited to coaches, analysts, doctors, physios, sports scientists and other members of the Club's medical and administration team, but not including security staff, cleaners or members of the Club's catering staff)

As Government guidance is updated the EFL may circulate additional guidance to Clubs on particular areas. However, adoption of formal protocols for subsequent phases e.g. match day, will be proposed for adoption by way of additional Annexes to this document in line with the requirements of the Regulations.

### Policies and Procedures

8. Each Club must conduct an updated formal inter-disciplinary risk assessment of the Training Ground and all activities to be carried out within the Training Ground whilst the individuals outlined at paragraph 7 (above) are present with specific regard to:
- i. the optimisation of social distancing and all hygiene measures specified by Government or this Protocol;
  - ii. modification of existing facilities and arrangements to ensure that compliance with this protocol can be maintained at all times, notwithstanding the presence of any Academy Players or other training activity at the Training Ground;
  - iii. any updates in Government guidance; and,

this risk assessment must be provided to the League on request.

9. Each Club must devise and implement a COVID-19 operational policy, which must:
  - i. Reflect the Club's most recent risk assessment;
  - ii. Include a contingency plan (the content of which must be approved by the League) to facilitate the introduction of any emergency measures introduced by the League (in accordance with the RED Protocol at Section C, below);
  - iii. Be agreed by its Board and Chief Executive Officer;
  - iv. Identify an individual as the Covid-19 Officer;
  - v. Be communicated to all individuals outlined at paragraph 7 (above) and signed off by the COVID-19 Officer;
  - vi. Be submitted to the League (including any future revisions no later than the point they become effective);
  - vii. Include a framework to support the education and familiarisation of all staff and players with regard to the Club's Covid-19 operational policy; and
  - viii. Include guidance as to the process by which a person can opt out of the policy at a later date, should they choose to do so (in which case they will not be permitted to attend the Training Ground).
10. Each Club must ensure that, before any persons outlined at paragraph 7 (above) attends the Training Ground, they have provided written confirmation (in such terms as are approved by the EFL) that they have received and agree to be bound by the Club's COVID-19 operational policy.

### **Guidance**

*The COVID-19 Officer should be either: (a) a senior employee who holds appropriate qualifications and/or is appropriately experienced in health and safety but who is not part of the Club's medical team; or (b) a consultant or external specialist with such experience and/or qualifications, who reports directly to a board-level employee. In either case, the individual shall take leadership responsibility for devising and administering the COVID-19 operational policy and managing compliance with that policy and these Protocols.*

*It is anticipated that most clinically vulnerable individuals will now have received two doses of vaccine which in most cases will provide sufficient protection.*

*Clubs however should be mindful for the need for extra precautions for some individuals in this category, even if vaccinated. In the case of uncertainty, please do contact the EFL Medical Advisors for support.*

### Return from International Travel

11. Each Club must ensure that no individual outlined at paragraph 7 (above) who travels outside of the UK, is permitted to attend the Training Ground following that international travel unless they have complied with all applicable Government guidance regarding post-travel quarantine measures.

### Management of COVID-19 Symptoms and Testing

12. Each Club must ensure that every individual outlined at paragraph 7 (above) who attends the Training Ground, prior to entering the site, completes a screening protocol to detect symptoms of COVID-19 infection, that as a minimum contains the information at Appendix I, in a manner devised by the Club Doctor (which will include a medical questionnaire).
13. Clubs must procure that those individuals required to complete a screening protocol in accordance with paragraph 12 do so accurately. Failure to procure that those individuals record their symptoms accurately will constitute a breach of this Protocol and the Club will be guilty of Misconduct for the purpose of the Regulations.
14. Where a Club fails to maintain an accurate record of the individual screening protocols at paragraph 12 above, this will constitute a breach of this protocol and the Club will be guilty of Misconduct for the purpose of the Regulations.
15. Where an individual outlined at paragraph 7 (above) confirms via the screening protocol that they are currently experiencing any symptoms of COVID-19 as listed at Appendix I they must not access the Training Ground and must undertake a lateral flow test and continue to observe their symptoms. The individual must only be allowed access to the Training Ground after receipt of a negative lateral flow (or subsequent PCR) test.
16. Each Club must report all incidences of 3 or more positive cases to the EFL Medical Advisors.
17. Each Club must comply with any action plan published by the League from time to time in relation to any instance of a positive Test result for any individual outlined at point 7 (above).
18. Each Club must ensure that all individuals listed at paragraph 7 (above) comply with Government guidance regarding management of COVID-19 symptoms experienced by them or any member of their household, including any 'test and trace' guidance or policy implementation by Government.

### Guidance

*A guidance note on the impact of vaccinations can be found at Appendix II.*

## The Training Ground

19. Each Club must ensure that:
- i. Every individual listed at paragraph 7 (above) complies with applicable Government requirements in respect of the following areas:
    - a. the use of transport when travelling to and from the Training Ground
    - b. social distancing
    - c. the use of face coverings
    - d. congregation in indoor spaces
  - ii. Every individual present at the Training Ground while the individuals listed at paragraph 7 (above) are present but who do not form part of that list complies with applicable Government requirements in respect of the following areas:
    - a. social distancing
    - b. the use of face coverings
    - c. congregation in indoor spaces
  - iii. Prior to entering the site, every individual present at the Training Ground while the individuals listed at paragraph 7 (above) are present but who do not form part of that list must complete a COVID-19 screening protocol that as a minimum contains the information at Appendix I of this Protocol, in a manner devised by the Club Doctor.
  - iv. Where an individual outlined at paragraph 19(iii) above confirms via the screening protocol that they are currently experiencing symptoms of COVID-19 as listed at Appendix I they must not access the Training Ground.
  - v. At any time when one or more individuals listed at paragraph 7 (above) is/are present at the Training Ground, it permits other individuals to be present in the same area(s) of the Training Ground as those occupied by individuals listed at paragraph 7 (above) only where necessary, where such presence is strictly in accordance with this Protocol and where such individuals maintain social distancing in respect of all individuals listed at paragraph 7 (above) while at the Training Ground.

## Guidance

*Whilst as a minimum Clubs must comply with Government requirements, they may also wish to introduce their own measures and mitigations based on their own COVID-19 risk assessments.*

*Each Club should review its list of individuals as listed at paragraph 7 (above) periodically, to identify those individuals deemed to be essential to the delivery of training or operation of the Training Ground and limit access to areas of the Training Ground where training will be conducted to only those individuals. To this end, it is recommended that, at all times while individuals listed at paragraph 7 (above) are at the Training Ground a 'Red Zone' is designated, restricting access to that 'Red Zone' only to individuals listed at paragraph 7 (above), to minimise (to the maximum extent possible) contact between the individuals listed at paragraph 7 (above) and other individuals.*

*Engagement by individuals listed at paragraph 7 (above) with a broadcaster, sponsor or other commercial partner (whether a Club partner, EFL partner or non-rights holder) is permitted at the Training Ground provided that:*

- *Such activity is assessed as part of the Club's COVID-19 Risk Assessment*
- *Any person attending the Training Ground as part of such activity confirms in advance their agreement to the Club's COVID-19 operational policy and submits and submits to the screening referred to at paragraph 19.iii*
- *Any requirements for social distancing, use of face coverings and hygiene protocols are maintained at all times.*

### Living Arrangements and Isolation

20. Each Club must require its Players and any members of Staff who might attend the Training Ground to:
- a. Comply with Government requirements regarding isolation and social distancing whilst not at the Training Ground (whether at their own homes or otherwise)
  - b. Ensure that if they, or a member of their household, experience symptoms of COVID-19 whilst they are not at the Training Ground:
    - i. they inform the Club Doctor immediately
    - ii. they stay at home unless advised otherwise by the Club Doctor
    - iii. under no circumstances do they attend the Training Ground or Stadium for further assessment

### Guidance

*In circumstances where an individual or a member of their household experiences symptoms of COVID-19, Clubs may require Players and Staff to undertake a PCR or lateral flow test at the ground but this must be in a controlled environment and the Player or Staff member must leave the Training Ground or Stadium immediately upon completion of the test.*



### Training Ground Hygiene Overnight Protocol

21. Each Club must ensure that, every day, after the Training Ground has been vacated by all Players and members of Staff, cleaning of the Training Ground is undertaken in accordance with the latest Government guidance.

#### *Guidance*

*In addition to the cleaning requirements of paragraph 21, Clubs are recommended to engage in more substantial, industrial-scale 'deep cleansing' of the Training Ground on a regular basis.*

### Friendly Matches

22. Clubs may engage in non-competitive friendly or training matches with teams from another Club or club at the Training Ground, whether or not the individuals representing the opponent team are subject to these Protocols, provided that:
  - i. The staging of such matches is risk assessed by the Club as part of its COVID-19 Risk Assessment
  - ii. Any individual who is not an individual listed at point 6 (above) but is participating in or present at such match (whether as a player, match official or essential member of staff) has confirmed their agreement in writing in advance to the Club's COVID-19 operational policy
  - iii. Facilities (including dressing rooms) are modified as necessary to ensure no sharing of indoor spaces with the individuals listed at paragraph 7 (above).

#### *Guidance*

*This also permits the use of referees who are not subject to EFL Protocols.*

## C. RED PROTOCOL

23. In the event of either:
- i. A Club experiencing an outbreak ; or
  - ii. The imposition of new Government restrictions (whether imposed at a local or national level) in response to an escalation in the public health risks posed by COVID-19 (whether due to the emergence of a new variant of COVID-19, an increase in the COVID-19 infection rate or otherwise),

The League may implement such measures as it considers necessary to enhance the bio-security of the Training Ground/ Academy Training Ground; protect the safety of Players and Staff; minimise the spread of COVID-19 among Players and Staff so far as possible and maintain Government and stakeholder support for the continuation of League matches involving the Club (RED Protocol).

24. Where the League determines that a Club needs to be subject to the RED Protocol, the League will notify the Club of the requirement to move to the RED Protocol along with the specific requirements that the Club must comply with. The Club will be required to comply with the requirements of the RED Protocol immediately. Failure to do so will constitute a breach of this Protocol.

### *Guidance*

*Clubs may wish to implement the RED protocol in the event of an outbreak at an early stage particularly until the point where COVID-19 restrictions are fully lifted in the community.*

25. While the specifics of a RED Protocol will be for the League (at its absolute discretion) to determine, for the avoidance of doubt, they will include all of the following:
- i. a regime for testing (either PCR, lateral flow or other) of individuals listed at paragraph 7 (above)
  - ii. restrictions on the use of indoor spaces at the Training Ground
  - iii. restrictions on manual therapy by Staff
  - iv. restrictions on the use of showering or bathing facilities, ice baths and/or cryogenic chambers
  - v. restrictions on training methods

- vi. limitations on use and access to the Training Ground by anyone other than those individuals listed at paragraph 7 (above)
- vii. requirements in respect of personal protective equipment
- viii. a review of Academy activities to be undertaken to ensure the protection of the First Team environment so that Academy Players and Staff must not:
  - i. participate in the same training group or training session, or “mix” (i.e. be present at the same time) in the same indoor environment (e.g. changing areas, dining areas, corridors, treatment rooms, social areas, office spaces) as Players or Staff who are involved in the First Team squad / staffing structure
  - ii. be involved in a staffing or playing capacity on a First Team match-day.

In this scenario any Player or member of staff who is involved with First team Players or members of Staff as outlined above should be subject to the provisions of associated First Team protocols (including in regards to the applicable First Team Covid-19 testing regime).”

- ix. additional monitoring measures to ensure compliance with the Protocols

### **Guidance**

*While any decision as to the imposition and nature of the RED Protocols will be at the discretion of the League, prior to taking any such decision it will procure advice from the EFL Medical Advisors and consult with the relevant Club.*

*Whilst there is no formal AMBER Protocol, Clubs may, at their own discretion, implement additional measures and mitigations based on the outcome of their own risk assessment*

- 26. Where the League implements RED Protocols in respect of any Club:
  - i. They will be time-limited and subject to regular review by the League to ensure that they continue to be necessary and proportionate
  - ii. The Club subject to the RED Protocol must comply with them in all respects. Failure to do so will constitute a breach of this Protocol.

# D. APPENDIX I

## UPDATED COVID SYMPTOM EXAMPLE SCREENING QUESTIONNAIRE 2021/22

The following table lists the typical symptoms associated with COVID-19 infection (Delta Variant). Those in italics are the most common complaints. The list should not replace clinical acumen, for instance, it may be pertinent to consider less typical symptoms in certain circumstances, such as an outbreak with other similarly presenting cases.

Symptom	Yes	No
Headache		
Sore Throat		
Sneezing *		
Runny Nose		
Persistent Cough		
Fever**		
Myalgia		
Diarrhoea & Abdominal Pain		
Loss of Smell/Taste		
Fatigue		
Loss of Appetite (Skipped Meals)		
Rash/Tongue involvement		

\*Zoe App suggests that sneezing is a more common complaint in vaccinated individuals.

\*\*Remains common in unvaccinated people

## E. APPENDIX II

### VACCINATION GUIDANCE NOTE

Dear Colleagues,

Just a quick update to you all regarding the latest information we have on vaccinations which hopefully may guide your discussions with staff and players in the event of any queries or hesitancy.

We reiterate that the EFL continues to support vaccination against COVID-19 whilst not requiring it to be mandatory. The requirement to isolate for fully vaccinated individuals that are considered close contacts will be removed on [16<sup>th</sup> August] and this may be another 'carrot' to increase vaccination uptake within Clubs, as well as other social freedoms which appear to be drivers in the community amongst younger populations.

We anticipate that much of the below will be familiar to many. We have however summarised the relevant points based on published data, feedback, and experiences from colleagues which I hope can inform discussions with players and staff if necessary.

In the meantime, the EFL medical advisors will continue to support Clubs with cases that arise to provide recommendations optimising the health and safety of all relevant individuals and conforming with legal requirements.

Dr Richard Higgins & Dr Subhashis Basu  
EFL Medical Advisors

*Please note this advice applies to individuals aged 18 and over*

## Vaccination Response

Despite a reduced efficacy against the Kent and Delta variant the available vaccines (both mRNA and vector-based) remain broadly effective against hospitalization and death. It is not unreasonable to expect this to remain the case for the reasons below:

- a. We can expect new variants to regularly arise. These will have varying transmissibility and severity; however complete vaccine escape is not common. Vaccination therefore remains our strongest asset against future waves.
- b. Antibody responses following a single vaccine in those with previous COVID are equivalent or even superior to those with two vaccinations and without prior COVID. Therefore, even a single dose in such individuals is likely to be beneficial.

## Vaccine Scheduling

The benefits from delaying a second dose of mRNA must be weighed against the risks of delay which may include contracting disease when partially vaccinated. Risks are higher when the variant is more prevalent, transmissible and severe and when the vaccine is less effective.

Nonetheless, accelerating vaccine schedules in advance of current recommendations seems to compromise the antibody response and has not been recommended for the general population. We support this position in the EFL given the lower risks of severe illness in younger people and stronger immune responses.

Mixing vaccines seems to result in greater antibody responses and higher rates of systemic side effects (COMCOV) but unsure whether exaggerated in younger age groups. Typical immune response would suggest this is possible. Currently mixing vaccines is not recommended, but we anticipate this may change in due course.

The implications of Vector-based vaccines as a means of reducing overall risk of side-effect profile to athletes against potential impact on vaccine efficacy in this age group is unclear.

## Vaccine Complications & Myths

The evidence currently supports a net benefit of vaccination against the risks of complications from contracting COVID-19 itself.

The most relevant example to our players is that of myocarditis where a large study of athletes has estimated the incidence to be up to 2.3% following COVID. Observational data suggests an incidence between 0.003-0.005% (US and UK) following vaccination, with causality yet to be established.

Although the incidence of myocarditis following vaccination are higher than expected for the age groups concerned and remain under investigation, rates following active disease are consistently reported higher. Risks of myocarditis following vaccination appear to be greatest in first 7 days after 2<sup>nd</sup> dose with reported cases general milder than with active disease.

There is no evidence to support an effect on the placenta from vaccination due to interaction with syncytin-1. Indeed, only four amino acid sequences are shared between the two, which makes such an association improbable.

Studies have not identified an association with the vaccine and an effect on ovarian or sperm function.

## Implications of Vaccination for Protocols Season 2021/22

We are still planning to remove all restrictions save for those required by Government from the start of the season (Green Protocol), in line with the planned removals in the community from July 19. Testing as a minimum should be for symptomatic individuals confirmed using PCR.

We are conscious that vaccination, whilst performing its function in significantly reducing the risks of severe illness and death from SARS-COV-2 (including Delta variant), does not necessarily prevent one from becoming infected often with milder 'cold' like symptoms.

These issues present a challenge, as individuals who are close contacts must continue to self-isolate under PHE guidance regardless of their own vaccination status or the vaccination status of vulnerable individuals in the community, particularly household members. These decisions are not within the remit of the EFL.

Accordingly, Clubs may continue to experience performance disruption, with affected players querying their exclusion when feeling well enough to play.

The requirement to isolate for fully vaccinated individuals that are considered close contacts will be removed on [16<sup>th</sup> August] the situation for unvaccinated individuals is less clear.

This may be another 'carrot' to increase vaccination uptake within Clubs, as well as other social freedoms which appear to be drivers in the community amongst younger populations.