



STAGE 2

PROTOCOL FOR RETURN
TO FIRST TEAM TRAINING

(With Contact)

JULY 2020



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A. INTRODUCTION

1. The public health crisis associated with the COVID-19 pandemic has created unprecedented challenges for the EFL and Clubs, with League Matches suspended from 13 March 2020 and lockdown measures introduced by Government on 23 March 2020 preventing any form of group training within Clubs.
2. This protocol will require the consent of all stakeholders and the agreement of Clubs.
3. Clubs will only be permitted to make a phased return to first team training when it is safe to do so, based on medical and scientific advice, and in accordance with Government instructions. This document sets out a series of uniform operating procedures, applicable to all Clubs, to ensure that Players and Staff are returning to first team training in as safe an environment as possible and that Government support for that return is granted.
4. 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). As Government guidance is updated the EFL may circulate additional guidance to Clubs on particular areas. However, adoption of formal protocols for subsequent phases of return to play e.g. collective training and match day, will be proposed for adoption by way of additional Annexes to this document in line with the requirements of the Regulations.
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.

B. POLICIES AND PROCEDURES

6. Each Club must devise a COVID-19 operational policy, which must be:
 - i. agreed by its Board and Chief Executive Officer and signed off by the Club COVID appointed officer
 - ii. communicated to every Player and member of Staff
 - iii. submitted to the League



The policy should include:

- i. A formal inter-disciplinary risk assessment of the training ground environment with specific regard to the optimisation of social distancing and all hygiene measures specified by Government during the Covid-19 pandemic.
- ii. A framework to support the education and familiarisation of all staff and players with regard to the Club's Covid-19 policy.
- iii. An occupational health risk assessment, with the results recorded and made available to the League on request. This may be combined with a health and safety assessment.
- iv. 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-line with government recommendations.
- v. Strategies to identify, support and manage Players and staff with increased personal vulnerabilities to COVID-19.

Guidance

As per government guidelines, the Club COVID appointed officer is described as follow:

'Each sport's/club's Accountable Officer should name an existing member of staff as a COVID-19 officer, who will be responsible for oversight of the COVID-19 risk assessments, ensuring the necessary level of risk mitigations are in place and the minimum guidance are achieved has taken place and that sports and any partners/hosts can adhere to their guidance responsibilities within local constraints.'

The COVID-19 officer should be part of the clubs Health and Safety executive and should not be a member of the medical team in line with government STEP 1 guidelines.

7. Each Club must ensure that, before any Player or member of Staff attends the Training Ground, they have provided written confirmation that they have received and agree to be bound by the terms of the Club's COVID-19 operational policy.

Guidance

Each Training Ground is a place of work and should be risk assessed for environmental hazards which may compromise the health of Players and Staff. All reasonable measures should be taken to mitigate the risks identified.

All Clubs must be aware that the public health crisis created by COVID-19 presents new challenges to the health and well-being of their employees. New occupational health measures will need to be



identified and implemented both to aid compliance with government guidelines on social distancing and to directly reduce the risk of inadvertent viral transmission.

The EFL has produced a template for an occupational medicine risk assessment. This can be found at Annex 2 of the Stage One Protocols. It is suggested that this is used as an informal resource to help guide Clubs as they perform a systematic and comprehensive occupational health risk assessment for their Staff and premises.

C. PRE-TRAINING WITH CONTACT PHASE

8. No Clubs shall permit or facilitate group training with contact at its Training Ground before the completion of Stage 1 small group socially distanced training. It is recommended that this stage should last at least five training days before progression to Stage Two. This is important in order that the practices around social distancing that form the basis of Stage One can be embedded within the group and by individuals. Any such group training with contact must be strictly in accordance with these Regulations.

D. TESTING

9. Each Club must ensure that no Player or member of Staff is permitted to return to First Team training with contact unless they have submitted to a CAT which has returned a negative result within 5 days of their first training session with contact.
10. On resumption of First Team training with contact, all Players and Staff involved in the sessions must have submitted to a CAT at a mid-way point in pre-season to be advised by the League.
11. Each Club must ensure that no Player or member of Staff is permitted to return to First Team Competitive Matches unless they have submitted to a CAT which has returned a negative test result within 48 hours of their first fixture.
12. **Additional CAT's should be undertaken by any Player or member of staff involved in First Team Training or Matches who displays symptoms of COVID-19 or as directed by the League in accordance with government advice.**
12. Where there is a requirement to submit to a CAT in these Regulations, the CAT will be conducted in accordance with the process administered by the League.
13. In respect of each CAT taken by a Player or member of Club Staff, the Club Doctor must assess and contemporaneously record whether the individual submitting to the CAT is experiencing any symptoms of COVID-19 at the time that the CAT is taken.



14. Clubs must comply with the action plan at Annex 2 of Stage One Protocols in relation to any instance of a positive CAT result for one of its Players or members of Staff and/or record or any symptoms of COVID-19.

Guidance

o The Club nominated person will be made aware of CAT results approximately 24/48 hours after the laboratory receive the samples.

o The League will receive anonymised reports of the test results at the same time as the Club receive their individual identifiable results.

o All Clubs must ensure that required Players and Staff are present for CATs at the times prescribed by their Club.

o The testing program will be organised and arranged by the League, which will provide all reasonable logistical support to ensure that the program runs effectively.

E. TRAINING – ARRIVAL AND PREPARATION

16. Each Club must ensure that:
 - i. Social distancing measures in-line with current government guidance should be maintained from arrival at the training ground. It is strongly recommended that these distances are kept as far as reasonably practical at all time.
 - ii. Where possible Players and Staff members should attend the Training Ground wearing the clothes in which they are to train and with any towel, drinks bottle that they wish or are required to use.
 - iii. Every Player or member of Staff who attends the Training Ground, prior to entering the site, completes a screening protocol to detect symptoms of COVID-19 infection in a manner devised by the Club Doctor (which will include a medical questionnaire)
 - iv. There is no congregation in communal areas at the Training Ground, including but not limited to medical rooms
 - v. Clubs are encouraged to conduct gym activities outside. The use of gyms indoors must be risk assessed by a suitably qualified specialist in health and safety and meet infection control, ventilation and physical distancing requirements
 - vi. Attendance at the Training Ground is limited only to Players and essential Staff
 - vii. Clubs may open kitchens and dining facilities strictly following the government guidance in this area. The use of such facilities must be risk assessed by a suitable qualified specialist in health and safety and meet infection control, ventilation and physical distancing requirements. Alternatively Clubs may choose to provide



takeaway food for Players to eat away from the Training Ground. This food should be left at a designated collection point upon exit from the ground.

- viii. The use of showering and dressing room facilities must be risk assessed by a suitably qualified specialist in health and safety. The risks should be managed to as low as reasonably practice and conducted with due attention to infection control, ventilation and physical distancing. Approaches to achieve this include but not limited to outdoor showering facilities, staggered use and removal of some shower heads. These should be formally documented in the risk assessment. Where dressing room facilities are utilised Players should spend the absolute minimum amount of time possible in these areas.
- ix. The use of shower, changing and dining facilities will be reviewed as necessary by the EFL. Advice regarding their use may be updated according to local and national COVID-19 infection prevalence rates. This advice may not be uniform, for instance use of facilities at one club may be temporarily altered due to local concern.
- x. No Player is permitted to store any personal items or technical equipment (save for football boots) at the Training Ground
- xi. Use of medical equipment should be minimised to as low as reasonably practical, thus limited to injury and illness management and provided only under the instruction of the club doctor(s)
- xii. Clubs are encouraged to conduct team meetings outside or on-line. The use of any indoor meeting space must be risk assessed by a suitably qualified specialist in health and safety and meet infection control, ventilation and physical distancing requirements

Guidance

All Players and Staff agree to observe personal hygiene and social distancing measures as outlined by the UK Government whenever possible.

Government guidelines may dictate the maximum number of people permitted to aggregate in a defined area at any time, in line with social distancing requirements. It is expected that each Club will reduce the footfall of their Training Ground significantly.

At the present time, Players and staff should be encouraged to wear a facial covering whilst indoors particularly in crowded areas and/or where there is difficulty in maintain physical distancing at the Training Ground .This measure , reduces the risk of viral transmission and are more likely to be effective indoors. These should be taken home and washed by players individually. It is suggested they should be made mandatory by the club for group transport (minibus/coaches), and should be washed after each day's use. This guidance may change according to Government advice at the time.



Club are encouraged to operate a one-way system of movement around their Training Ground to minimise the risk of inadvertent or unnecessary close contact with another person. Hand washing and/or alcohol gels should be available on entrance and exit of training ground, possibly using a gazebo type set up to provide some ventilated coverage of these sites.

F. TRAINING – PROCEDURE AND PROGRESSION

17. Each Club must ensure that all training complies with the template set out at Annex 4.
18. Each Club must ensure that:
 - i. Players and Staff refrain from spitting and use of snus whilst at the Training Ground. This represents a significant avoidable source of transmission. All staff hold responsibility for reinforcing this message, not solely medical personnel.
 - ii. Players and Staff should continue to keep a distance from one another of at least two metres where possible when entering and leaving the pitch before and after group training

Guidance

It is expected that during training all Players and staff members will maintain high levels of hygiene and use their best endeavours to maintain social distancing whenever possible. However, where the nature of the training makes it impossible to maintain social distancing, it is recommended that Players and staff members should reposition themselves to a minimum of one plus meters apart as soon as the training practice or drill allows. It should be noted that the risk of transmission increases significantly under two meters distance. Clubs should prepare and assess all training or practice drills so as to eliminate all unnecessary close contact between players and players and staff.

G. TRAINING – WARM-DOWN AND INJURY PREVENTION PROGRAMS

19. Each Club must ensure that:
 - i. The manual therapy treatment of Players by Staff (including soft tissue therapy and massage) should be limited to no longer than 15 minutes indoors, but can be extended beyond this outdoors.
 - ii. Ice baths, may be used on a single occupancy basis and their use must also adhere to the infection control management recommendations highlighted through these Protocols. Cryotherapy is not permitted.
 - iii. Use of medical equipment should be minimised to as low as reasonably practical, thus limited to injury and illness management and provided only under the instruction of the club doctor(s).



Guidance

Players are able to access essential treatment from medical and physiotherapy Staff as long as the number of people per room is kept to a minimum at all times and such treatment is pre-approved by the Club Doctor. The maximum number of people permitted in any area at one time will be clearly recorded in the Training Ground occupational health risk assessment and all Staff should be made aware of these restrictions.

H. TRAINING – EXIT

20. Each Clubs must ensure that:
- i. Each Player and member of Staff leaves the Training Ground as soon as they have completed their essential activities and there is no congregation of Players or Staff in any area of the Training Ground
 - ii. Recommendations for showering, changing and dining apply as per Section E of this document.

I. PERSONAL PROTECTIVE EQUIPMENT ('PPE')

21. Each Clubs must ensure that:
- i. Any member of Staff performing essential physiotherapy or soft tissue treatment wears appropriate PPE throughout the treatment. At present Government guidance indicates that this should include (as a minimum):
 - Fluid resistant surgical mask (type IIR)
 - Disposable gloves
 - Disposable plastic apron
 - ii. Every member of Staff involved in such physiotherapy or treatment disposes of their apron and gloves in between attending each Player and puts on clean replacements after handwashing and before seeing the next Player
 - iii. Every member of Staff involved in such physiotherapy or treatment replaces their face mask whenever it becomes moist or soiled
 - iv. Where a member of Staff is conducting an examination of a Player's mouth, head or ear, nose and throat areas, they wear a **fluid resistant visor** (in addition to the PPE referred to at paragraph 15i)
 - v. All used PPE items are disposed of in a yellow bin, with clinical waste removed from the training ground as often as possible but no longer than every 14 days.



- vi. Hand sanitiser dispensers are freely available throughout the Training Ground premises, handwashing facilities are clearly signposted and soap dispensers are adequately filled at all times.
- vii. Cleaning staff should follow the government guidelines contained in the document at Annex 3 with regard to the wearing of PPE.
- viii. Providing social distancing measures are carried out there should be no requirement for any additional staff members to wear PPE.

Guidance

Guidance cannot cover every scenario, and Clubs should ensure that they plan for provision of PPE in emergency situations, e.g. cardiac arrest, but priority should be given to providing emergency care over strict adherence to Covid protocols if absolutely necessary.

J. LIVING ARRANGEMENTS AND ISOLATION

22. 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 for further assessment

K. TRAINING GROUND HYGIENE OVERNIGHT PROTOCOL

23. 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. The current guidance on processes is set out in Annex 3.

Guidance

In addition to the cleaning requirements of paragraph 23 and Annex 3, Clubs are recommended to engage in more substantial, industrial-scale 'deep cleansing' of the Training Ground on a regular basis.



L. MEDIA ARRANGEMENTS

24. It is expected that Clubs will want to provide content for media channels to maintain levels of engagement with supporters. Where possible as much content should be gathered remotely.

Should this not be possible it is recommended that a minimum number of Club media staff are provided with access to cover training and provide content but this should be limited e.g. to once per week. Clubs should ensure they gather as much content in this visit to cover them for the period of time until their next visit.

There may also be a requirement to facilitate a limited amount of coverage for national broadcasters in-line with our broadcast partnerships. Should this be the case, further details will be provided to Clubs.

- i. All media staff with access to the training ground should undergo the same self-reporting requirements the Club has in place for Players as detailed above.
- ii. Media staff should spend as small amount of time at the training ground as possible to capture the content required. This is recommended to be once or twice per week.
- iii. Interviews should take place adhering to social distancing guidelines (2m distance). Long arm microphones should be used and thoroughly disinfected before and after use.



ANNEX 4
RETURN TO FIRST TEAM TRAINING
(*CONTACT TRAINING*)



JULY 2020



CONTENTS

Returning to Training with Contact

1. Introduction
2. Training Preparation
2. Football Pitch Access
3. Training and Coaching Environment
4. Post Training



RETURNING TO TRAINING WITH CONTACT

1. INTRODUCTION

This document and accompanying information has been put together to direct Clubs with regard to their return to training with contact.

The government guidance in this respect can be viewed here

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-phased-return-of-sport-and-recreation/elite-sport-return-to-training-guidance-stage-two>

It states; 'Stage Two training can be described as the resumption of close contact (interaction within the two metre social distancing boundary) training where pairs, small groups and/or teams will be able to interact in much closer contact (e.g. close quarters coaching, combat sports sparring, teams sports tackling, technical equipment sharing, etc).

It is anticipated that engaging in this type of training would start with smaller 'clusters' of 2-3 athletes and eventually progress to larger groups of 4-12 athletes, and ultimately full team training, without social distancing possible at all times.

Under Stage Two conditions, as per Stage One, social distancing will continue to be the expectation at all other times aside from technical training.'

2. TRAINING PREPARATION

- 2.1. Players should arrive in their own cars/transport and observe social distancing guidelines upon arrival.
- 2.2. Where possible Players and Staff members should attend the Training Ground wearing the clothes in which they are to train and with any towel, drinks bottle that they wish or are required to use.
- 2.3. Players should bring their own drinks.
- 2.4. Each Player should be allocated sufficient time to prepare for training in accordance with the provisions of this protocol.
- 2.5. All preparation, training and recovery sessions should take place outdoors.
- 2.6. Car parking spaces should be appropriately socially distanced to minimise contact between club personnel (recommend every 3rd space where possible)



3. FOOTBALL PITCH ACCESS

- 3.1. Upon arrival to the pitch all Players and Staff should ensure that keep at least two metres away from each other individual wherever possible.
- 3.2. Footballs, GPS units and other required equipment for training should be left in a pre-allocated area in preparation for training. All disinfected before and after each small group training session. Dettol or chlorine-based agents are both appropriate, solutions are preferably to sprays.

4. TRAINING AND COACHING ENVIRONMENT

- 4.1. In respect of each training session, each Club must ensure that it:
 - 4.1.1. Produces a session plan evidencing how they have risk assessed the session and adopted appropriate modifications so that the time spent by two or more Players and staff within a two-metre distance of one another are kept to a minimum (see Annex 5 for guidance)

Annex 5 focuses on avoiding close contact and small group training which will help to achieve this as studies show that during matches most player pairings spend less than 30 seconds within a 2 metre distance. Corners and goal celebrations are the maximum time spent in this situation.
 - 4.1.2. Identifies which Players and staff will be present at the coaching session. Only Players and staff who have been subject to the required CAT testing regime should participate in First Team training sessions.
- 4.2. Each Club must ensure that:
 - 4.2.1. Where the nature of any element of a training session or drill makes it impossible for Relevant Persons to maintain social distancing, they re-position themselves to a minimum of two metres apart as soon as the training session or drill allows
 - 4.2.2. In all other cases, social distancing measures as outlined by UK Government as a minimum, should be maintained by Players and staff
- 4.3. Clubs are encouraged to conduct gym activities outside. The use of gyms indoors must be risk assessed by a suitably qualified specialist in health and safety and meet infection control, ventilation and physical distancing requirements.



5. POST TRAINING

- 5.1. At the end of training, Players will gather the equipment they arrived with. GPS units should be removed by the player and left in pre-allocated area.
- 5.2. GPS units should only be handled by staff wearing PPE and should be disinfected before handling.
- 5.3. Staff will disinfect any relevant area/ surface after the session, including:
 - Corner flags
 - Cones
 - Goalposts
 - Equipment
 - GPS units
 - Balls
 - Gloves
 - Boots
- 5.4. Showers and changing facilities, refreshment areas and meeting rooms may be used providing they have been appropriately risk assessed in-line with government guidance.

Note: The above guidance remains subject to any changes in UK Government guidance.



ANNEX 5

FOOTBALL SPECIFIC RISK ASSESSMENT AND TRAINING DESIGN GUIDANCE

*(Based on guidance and research produced by the
Premier League Football Department)*

JULY 2020



STEP 2 GUIDANCE - A RETURN TO TEAM AND CONTACT TRAINING

FOOTBALL SPECIFIC RISK ASSESSMENT AND TRAINING DESIGN

1. INTRODUCTION

The purpose of this document is to provide Clubs with additional supporting guidance in relation to Step 2 of return to training and to assist Clubs with undertaking a further multi-disciplinary risk assessment that builds upon the COVID-19 Risk Assessment and encompasses the following risk considerations (the 'Step 2 Risk Assessment'). The details outlined below provide a practical framework for Technical Coaching, Performance and Medical staff to utilise when planning and delivering a return to close contact training and the progression to more competitive conditions that prepare Players to return to match play.

2. EXECUTIVE SUMMARY

The resumption of full team training is an important phase for Clubs preparing for the restart of the EFL season. It is imperative all Clubs strive to effectively mitigate the risk of viral transmission during contact training. This is a prerequisite condition in the Step 2 guidance issued by the Department for Digital, Culture, Media and Sport ('DCMS').

This framework is designed to allow Clubs the flexibility to implement their own unique style of play and game philosophy within their training methodology in order to prepare Players for a return to competitive fixtures. In line with the DCMS guidelines, this document will outline how training drills may be appropriately modified to minimise the time spent by two or more individuals within a two-metre distance of one another during each session.

3. FRAMEWORK INTRODUCTION

The proposed Training Design Risk Management Framework will aim to decrease the severity, incidence and duration of physical interactions in training sessions. This will be achieved through Clubs considering an additional training outcome, which relates to the risk of COVID-19 infection, which depends largely on the manipulation of Players' spatial orientation. This document aims to help Clubs consider how they can appropriately modify training sessions that minimise close contact (i.e. within two metres), whilst still meeting training objectives. The document allows Clubs to:



- Understand key factors that determine training session risks
- Create risk profiles for all planned training sessions
- Build sessions that account for risks and incorporate mitigating actions

4. GUIDING PRINCIPLES

There are four key guiding principles to enable Clubs to return to team training:

1. **Prioritise the Health and Safety of the Players and Staff**
2. **Create guidance adhering to Government guidelines to inform practice**
3. **Facilitate the physical preparation of Players to return to a congested fixture schedule**
4. **Provide the flexibility to allow Clubs to train based on their team philosophy and training methodology**

5. KEY FACTORS TO CONSIDER

- 5a. Size of Area per Player
- 5b. Active Duration
- 5c. Considerations and Modifications

Drill size and drill duration are the major influences on the possible number of occasions Players are in close contact with each other, however drill design and organisation factors also have an important influence. These factors include drill type, desired physical and tactical outcomes, organisation and equipment and other conditions placed upon the Players within the constraints of the game.

For example, two different drill types may have the same size and duration classification, however, if one is a non-directional possession and the other a small sided game, it is expected that the directional invasive nature of the small sided game would increase the close interactions of Players. Similarly, opposed drills will inevitably involve more Player duels, tackles and close interactions compared to unopposed drills. The tactical outcome of a drill may also have an impact on the number of close Player interactions. For example, if Players are required to press aggressively when out of possession instead of retreat into a compact defensive structure, it must be assumed that the number of close encounters between Players would differ significantly.



Clubs must consider how they can appropriately modify training sessions that minimise close contact, while still meeting their training objectives.

5a. Size of Area per Player

As spatial orientation is an important determinant of the close contact encounters Players may be exposed to during training sessions, the area of a pitch (length x width (m^2)) relative to the number of Players involved (area per player (m^2)) is a key training design factor. This calculation may help estimate the space each Player has within a training drill and help inform an assumed distance that may exist between Players (relative distance per player = $\sqrt{\text{area per player (m)}}$).

It appears intuitive that relative distance per Player in a training drill relates to the opportunity Players are in close interactions and, therefore, the perceived risk of transmitting infection. One of the key elements to the risk mitigation that underpins the current framework, therefore, is to maximise this distance between Players in training sessions. Please see an example of an 11 v 11 on a full pitch below for illustration:

- Average pitch length = 115 yards (or 105m)
- Average pitch width = 74 yards (or 68m)
- Average pitch area = 105m x 68m = 7140 m^2
- Number of Players on pitch = 22
- Area per Player = 7140 m^2 / 22 players = 325 m^2
- Relative distance per Player = $\sqrt{325m^2}$ = 18m

Research literature (see **Supplementary Information Two**), the pitch to Player ratios (m^2) and relative distances per Player can be classified by size from very small to large, please see below:

- Very small = area per Player less than 75 m^2 ; relative distance per Player less than 9m
- Small = area per Player between 75 m^2 and 125 m^2 ; relative distance per Player between 9m and 11m
- Medium = area per Player between 125 m^2 and 175 m^2 ; relative distance per Player between 11m and 13m
- Large = area per Player more than 175 m^2 ; relative distance per Player more than 13m



The table below overviews how the manipulation of the pitch dimensions for an 11 v 11 may influence the relative distance per Player value.

Pitch Description	Pitch Length x Pitch Width (m)	Pitch Area (m ²)	Number of Players	Area per Player (m ²)	Relative Distance per Player (m)	Size Classification
Full Pitch	105 x 68	7140	22	325	18	Large
Box to Box Full Width	72 x 68	4896	22	223	15	Large
½ Pitch Length Full Width	52.5 x 68	3570	22	162	13	Medium
Box to Box 18yd Box Width	72 x 40	2880	22	131	11	Medium

Further examples of how manipulating the pitch dimensions along with Player numbers for a Small Sided Game ('SSG') may influence the relative distance per Player value and size classification are available within the appendices.

5b. Active Drill Duration

Along with relative distance per Player, drill duration is an important determinant of the number of close contact encounters Players may be exposed to during training. The longer a drill lasts, the more occasions Players will be involved in close contact encounters. Government guidance regarding social distancing in the workplace suggests that where close contact is essential, it should be kept to 15 minutes or less wherever possible (<https://www.gov.uk/guidance/social-distancing-in-the-workplace-during-coronavirus-covid-19-sector-guidance>). It, therefore, appears intuitive to use this duration to inform the drill classification by duration from very short to long, please see below:

- Short = Between 5-minutes and 10-minutes
- Long = More than 15-minutes



5c. Considerations and Modifications

Within the core risk components of size of area per Player and the active drill duration, there are a number of factors that determine the types of training session that coaches will deliver, such as desired physical and tactical outcome, opposed/unopposed and other conditions placed upon the players within the constraints of the game.

Coaches will need to consider how to apply modifications while considering their existing risk score to ensure the risk remains as low as possible for the individual drills and overall sessions. For example, coaches may choose to make a small-sided drill non-oppositional or they may shorten the duration of that drill.



Examples of some planning and delivery modifications that can be considered for training drills can be found below:

Planning	Delivery
Physical theme	Limited touches
Tactical principles	Initiation and restart
Opposition style of play	Effective playing area
Player individualisation	Overload/underload
Set Pieces	Selected individuals involved/unopposed

Organisational factors that may further influence the infection transmission risk are provided below:

Training Organisation	Considerations
Stations during Technical Drills	The distance between Players within stations and the distance between stations should be maximised and the numbers of Players at each station kept to a minimum number, each observing social distancing guidance.
Drinks Breaks	Social distancing should be managed and observed. Consideration should be given to having drinks breaks with Players and staff split into small groups. Players should only use their personal drinks and bottles should not be passed between individuals.
GK Training	Completed in isolation on a separate training area to the rest of the group. The GK group (inclusive of GKs and Coaches) should be kept to a minimum number and social distancing guidance observed and the distance between individuals maximised between rest periods.
Bibs	Should be handed out by an individual wearing PPE gloves. Players should not pass bibs between each other and each bib should only be worn by one individual between washing.
Coaching Equipment (mannequins, cones, poles etc)	Should only be handled by individuals wearing PPE gloves and should be disinfected after each use.
Handling of Footballs	Consider limiting throw ins during training.



6. RISK MANAGEMENT FRAMEWORK – EXAMPLE TEMPLATE

A Risk Management Framework can provide an overview of how the factors described, of drill size, drill duration and the accompanying modifications should inform the relative risk of infection transmission. This framework should then allow coaches and other staff to be best informed regarding mitigating risk when planning and designing training sessions.

		Drill Size			
		Large (>175m ² or >13m)	Medium (<125- 175m ² or 11- 13m)	Small (75-125m ² or 9-11m)	Very Small (<75m ² or <9m)
Active Drill Duration	Classification				
	Score	1	2	3	4
	Long (>15min)	4	8	12	16
	Moderate (10-15min)	3	6	9	12
	Short (5-10min)	2	4	6	8
Very Short (<5min)	1	2	3	4	

← Considerations and modifications →

Red = High Risk; Yellow = Moderate Risk; Green = Low Risk



Example scoring:

Recommended Session Guidance	
Score	Risk Key, mitigation actions
>60	High risk session and attempt to mitigate actions where possible to reduce the potential incidence and severity of virus transmission.
40 – 60	Medium risk, contingency plan, monitor during session to minimise interactions. Mitigation actions to reduce the likelihood and seriousness to be identified and appropriate actions implemented.
<40	Low risk during the session. Little action needed but ensure mitigations are working.



7. APPLICATION

The Risk Management Framework is designed to guide each Club's training planning. It should inform coaches and other Staff responsible in relation to the risk associated with training and help effective manipulation of plans to further mitigate risk.

Below is an example of how the framework may be used to for assessing the potential risk for an example planned training session:

Drill	Organisation	Number of Players	Duration (min)	Length x Pitch Width (m)	Pitch Area (m ²)	Area per Player (m ²)	Duration Classification	Size Classification	Risk Rating	Risk Score
Warm Up	Players arranged throughout the pitch performing dynamic movements	18	9	n/a	n/a	n/a	Short	Large	Low	2
Technical Passing (Unopposed Y Drill)	Players arranged between 3 drills. The maximum number of Players at any station is 2 at any time socially distancing	3 groups of 6 players	8	n/a 30 x 25m estimate per Y drill	600	100	Short	Medium	Moderate	4
Possession (Non-directional)	Opposed gate game possession	8 v 8 (+2)	14	46 x 60	2769	197	Moderate	Medium	High	6
Pattern of Play (Attacking, Unopposed)	Players arranged in formation in half a pitch	9 v 0 (plus GK)	14	52.5 x 34	1785	179	Moderate	Large	Moderate	3
Phase of Play (Defensive, Opposed)	Players arranged in formation in half a pitch	10 v 8 (plus GK)	20	52.5 x 34	1785	89	Long	Small	Very High	12
Game	Players arranged in formation box to box length, full width pitch	9 v 9 (plus GKs)	20	72 x 68	4896	245	Long	Large	Moderate	4
									Total score	31



8. CORE RECOMMENDATIONS

1. Continue to follow Return to Training protocols in all areas outside of controlled close contact training
2. Appoint a 'COVID-19 Training and Coaching Coordinator' to be responsible for the design and management of training sessions informed by the risk guidance template:
 - a. Build profiles for all planned sessions and understand potential risks
 - b. Deliver sessions that build in conditions and modifications that mitigate risk
3. Seek further guidance where required through documentation and with defined Club and League personnel
4. Alongside the risk management framework the EFL require that all clubs use their GPS systems as a further means of ensuring that the risk framework is accurate and is being followed. Close contact is less likely in smaller groups and increasingly likely in activities such as set plays and warmups, so previous habits/ routines should be modified.

All clubs should arrange for their providers to produce a daily report which should document number of incursions and their average duration for all players. This information must be made available to the EFL on request, and in any case on receipt of a positive test result at the Club.

Players should be advised that close contact incursions could be occurring during drink breaks and so social distancing at these times should continue, in line with government advice, to prevent this happening



SUPPLEMENTARY INFORMATION 1

SIZE CLASSIFICATION OF EXAMPLE SMALL & LARGE SIDED GAMES

Players per Team (Exc. GKs)	Pitch Length x Pitch Width (m)	Pitch Area (m ²)	Area per Player (m ²)	Relative Distance per Player (m)	Size Classification	Pitch Length x Pitch Width (m)	Pitch Area (m ²)	Area per Player (m ²)	Relative Distance per Player (m)	Size Classification	Pitch Length x Pitch Width (m)	Pitch Area (m ²)	Area per Player (m ²)	Relative Distance per Player (m)	Size Classification
1 v 1	7 x 5	35	17.5	4	Very Small	8 x 6	48	24	5	Very Small	9 x 7	63	31.5	6	Very Small
2 v 2	13 x 10	130	32.5	6	Very Small	16 x 12	192	48	7	Very Small	18 x 14	252	63	8	Very Small
3 v 3	20 x 15	300	50	7	Very Small	24 x 18	432	72	8	Very Small	28 x 21	588	98	10	Small
4 v 4	26 x 20	520	65	8	Very Small	32 x 24	768	96	10	Small	36 x 28	1008	126	11	Medium
5 v 5	34 x 25	850	85	9	Small	40 x 30	1200	120	11	Small	46 x 35	1610	161	13	Medium
6 v 6	40 x 30	1200	100	10	Small	48 x 36	1728	144	12	Medium	56 x 42	2352	196	14	Large
7 v 7	46 x 36	1656	118	11	Small	56 x 42	2352	168	13	Medium	64 x 50	3200	229	15	Large
8 v 8	52 x 40	2080	130	11	Medium	62 x 48	2976	186	14	Large	74 x 56	4144	259	16	Large
9 v 9	60 x 46	2760	153	12	Medium	70 x 54	3780	210	14	Large	82 x 64	5248	292	17	Large
10 v 10	66 x 50	3300	165	13	Medium	78 x 60	4680	234	15	Large	92 x 70	6440	322	18	Large



SUPPLEMENTARY INFORMATION 2:

RESEARCH REVIEW - EFFECT OF PITCH AREA AND AREA PER PLAYER

1. Overview

The aim of this research review is to provide an overview of the available evidence on the effect of different pitch size dimensions and player density on fitness development (physical and physiological demands) and technical activities. In line with the government-led social distancing measures, the evidence is divided into four training density parameters (i.e., area per player):

1. Very small area (<75 m²)
2. Small area (75-125 m²)
3. Medium sized area (125-175 m²)
4. Large sized area (>175 m²)

Only studies that used elite senior players have been included in the table below. There is a lack of research specifically determining the rate of collision/contacts during training and competition. Where possible, information relating to defensive actions, such as duels, tackles, and interceptions have been included, which gives an indication of player separation/distancing for a given Small Sided Games (SSG) format.

2. GENERAL OVERVIEW OF FINDINGS IN RELATION TO PITCH AREA

- The greater the pitch area per player then generally the greater the physical (distance covered, high speed running) and physiological (Heart Rate (HR), lactate, Ratings of Perceived Exertion (RPE)) demands, irrespective of SSG format (i.e., player numbers)
- The smaller the pitch area per player the greater the mechanical work performed, i.e., accelerations, decelerations, change of direction and change in velocity
- To maintain greater social distance between players, increase pitch size dimension for every increase in player number per drill



3. GENERAL OVERVIEW OF FINDINGS IN RELATION TO RELATION TO PLAYER NUMBER

- The less players there are per SSG, the greater the physiological (i.e., HR, lactate, RPE) demands
- The less players there are per SSG, the greater the technical demands (i.e., ball possessions, passes, receives, dribbles, shots)
- Equally, the less players there are per SSG, the lower the defensive actions (i.e., tackles, blocks, interceptions)

4. GENERAL OVERVIEW OF FINDINGS IN RELATION TO USE OF GOALKEEPERS AND RULE CONSTRAINTS

- SSG that include Goalkeepers tend to increase total distance covered, high speed distance, maximal sprint distance, and maximal accelerations and decelerations compared to when SSG which are possession based only
- SSG rules such as one touch per player only, increases the physical, physiological and technical demands, irrespective of SSG format (player numbers)
- The 'free play' rule generally leads to more successful passes and duels but decreases the physical and physiological demand of the SSG

5. OVERVIEW OF RESEARCH LITERATURE

Study/ Authors	Playing Level & Competition	Aim / Design	Pitch Size	Number of Players / Format	SSG Training Work : Rest Durations	Physical, Physiological and/or Technical Outcomes
Very Small Area (<75m²)						
Dellal et al. (2008). <i>J Strength Cond Res</i> , 22(5): 1449-1457	French Ligue 1	Determine HR responses of a range of different SSGs	10 x 10 m 20 x 20 m	1 v 1 2 v 2	4 x 1:30 min/ 1:30 min 6 x 2:30 min/ 2:30 min	Heart rate reserve = 78% Heart rate reserve = 80%
Dellal et al. (2011). <i>Eur J Sport Sci</i> , 11(5): 341-346.	International elite players	Compare effects of different possession constraints on physiological, technical and physical demands of different SSGs	20 x 15 m 25 x 18 m 30 x 20 m	2 v 2 3 v 3 4 v 4	4 x 2 min/ 3 min 4 x 3 min/ 3 min 4 x 4 min/ 3 min (Note 3 games were played with varying ball possession constraints – 1 touch, 2 touch and free play)	1 touch is more physiologically (lactate, RPE, HR) demanding than free play for all 3 SSG formats. Regardless of SSG format, 1 touch was physically (distance covered, sprinting, HSR) more demanding than 2 touch and free play. Regardless of SSG format, 1 touch results in more ball possessions but less successful passes and greater number of balls lost, than 2 touch and free play.

Dellal et al. (2012). <i>Hum Mov Sci</i> , 31(4): 957-969	International elite players	Compare the physical and technical demands of SSGs with different possession constraints	30 x 20 m	4 v 4 (1 touch) (2 touch) (free play)	4 x 4 min/ 3 min (note 3 games were played with varying ball possession constraints)	<i>1 touch</i> : Increased total distance, HSR and sprint distance <i>Free play</i> : Increased number of duels, and % successful passes
Gaudino et al. (2014). <i>Hum Mov Sci</i> , 36: 123-133.	English Premier League	Determine the effect of different SSG size and format on physical responses	30 x 30 27 x 27	5 v 5 + GK 5 v 5 (possession only)	4 min (2 touches only per player allowed)	Number of maximal accelerations and decelerations were higher when there was less area per player. There were also a greater number of changes in velocity with less area per player The addition of GKs did not influence change in velocity, acceleration or deceleration
Lacome et al. (2018). <i>Int J Sport Physiol Perf</i> , 13(5): 569-576.	French Ligue 1	Compare peak intensities during various SSG of different pitch areas to match play	30 x 25 m	4 v 4 + GK (3 touches max rule)	6 x 3 min/ 90 sec	Total distance and high-speed running were lower than match play Mechanical work (a measure of velocity change related to acceleration/deceleration and COD) was higher than that during match play for short durations (rolling time period of 4 min)
Small Area (75 – 125 m²)						
Dellal et al. (2008). <i>J Strength Cond Res</i> , 22(5): 1449-1457	French Ligue 1	Determine HR responses of a range of different SSGs	30 x 25 m	4 v 4 + GK	2 x 4 min/ 3 min	Heart rate reserve = 77%

<p>Gaudino et al. (2014). <i>Hum Mov Sci</i>, 36: 123-133.</p>	<p>English Premier League</p>	<p>Determine the effect of different SSG size and format on physical responses</p>	<p>45 x 35 37 x 37 66 x 45 52 x 52</p>	<p>7 v 7 + GK 7 v 7 (possession only) 10 v 10 + GK 10 v 10 (possession only)</p>	<p>4 min (2 touches only per player allowed)</p>	<p>SSGs with GKs decreased the total distance covered per player</p> <p>SSGs with GK increased sprint distance covered</p> <p>Higher maximal speeds were obtained in SSGs with GKs whilst increasing area per player also resulted in higher maximal speeds.</p> <p>Number of accelerations and decelerations were generally lower with increasing area per player</p>
<p>Owen et al. (2014). <i>Hum Mov Sci</i>, 35(4): 286-292.</p>	<p>Scottish Premier Division</p>	<p>Examine the technical activities and physical demands of various different sided games and pitch dimensions</p>	<p>30 x 25</p>	<p>4 v 4 (inclusive of GKs)</p>	<p>3 x 5 min/ 3 min</p>	<p>Metres per min reached ~200 m/min</p> <p>This was associated with a high number of passes, receives, dribbles, and shots</p> <p>Compared to the MSG and LSG assessed in the same study (see Owen et al 2014 under 'large area'), number of defensive actions (tackles, blocks, interceptions) were comparable</p>
<p>Lacome et al. (2018). <i>Int J Sport Physiol Perf</i>, 13(5): 569-576.</p>	<p>French Ligue 1</p>	<p>Compare peak intensities during various SSG of different pitch areas to match play</p>	<p>40 x 30 m 40 x 40 m</p>	<p>6 v 6 + GK 8 v 8 + GK (3 touches max rule)</p>	<p>6 x 3 min/ 90 sec</p>	<p>Total distance and high-speed running were lower during 6 v 6 and 8 v 8 than match play</p> <p>During 6 v 6, centre defenders only performed more mechanical work compared to match play for rolling time periods of 2-15 min only</p>

						High speed running was greater during 10v10 than 6v6 and 8v8 Mechanical work decreased with increasing player numbers
Medium Area (125 – 175 m²)						
Little & Williams (2007). <i>J Strength Cond Res</i>, 21(2): 367-371	English Championship (old English Division One)	Monitor physiological responses to various SSG using RPE and HR	30 x 20 m	2 v 2	4 x 2 min/ 2 min	Average %HR 88% and RPE 16
			40 x 30 m	4 v 4	4 x 4 min/ 2 min	Average %HR 90% and RPE 15.5
			45 x 30 m	5 v 5	4 x 6 min/ 1:30 min	Average %HR 89% and RPE 14.5
			60 x 30 m	6 v 6	3 x 8 min/ 1:30 min	Average %HR 87% and RPE 13.5 <i>RPE scale of 6-20</i>
Dellal et al. (2008). <i>J Strength Cond Res</i>, 22(5): 1449-1457	French Ligue 1	Determine HR responses of a range of different SSGs	60 x 45 m	8 v 8 + GK	2 x 10 min/ 5 min	Heart rate reserve = 80%
			60 x 45 m	8 v 8	4 x 4 min/ 3 min	Heart rate reserve = 71%
Owen et al. (2011). <i>J Strength Cond Res</i>, 25(8): 2104-2110.	Scottish Premier Division	Compare HR and technical activities between different sized games of number	30 x 25 m 60 x 50 m	3 v 3 + GK 9 v 9 + GK	3 x 5 min/ 4 min 3 x 5 min/ 4 min	Heart rate and time spent >85% HR _{max} was higher during 3 v 3 compared to 9 v 9. The 3 v 3 resulted in more shots, dribbles and tackles, but less headers, interceptions, passes and receives than the 9 v 9.

		of players and playing area				The 3 v 3 resulted in less ball contacts per game but higher ball contacts per player within each game.
Torres-Ronda et al. (2015). <i>J Strength Cond Res</i>, 29(10): 2723-2730.	Spanish second division	Determine how different number of opponents and teammates affects the physical and physiological demands during different SSGs	40 x 30 m	4 v 3 + GK 4 v 5 + GK 4 v 7 + GK (note that pitch area per player for 4 v 7 is technically "small" but remains here for comparative purposes)	2 x 3 min/ 4 min	Contextually, this study has determined the effect of changing number of teammates or opponents within the same absolute fixed area, thus altering the 'challenge' presented within the SSG. SSGs with low-inferiority (4v3 and 4v5) had higher physiological demands than 4v7. This is likely due to an imbalance of just 1 player where the players try and 'make up' for their absence. 4v7 (i.e., low superiority) resulted in lower physiological demands, likely driven by more tactical decisions in protecting space
Large Area (>175 m²)						
Little & Williams (2007). <i>J Strength Cond Res</i>, 21(2): 367-371	English Championship (old English Division One)	Monitor physiological responses to various SSG using RPE and HR	43 x 25 m 70 x 45 m	3 v 3 8 v 8	4 x 3:30 min/ 1:30 min 4 x 8 min/ 1:30 min	Average %HR 91% and RPE 15.5 Average %HR 88% and RPE 14

Dellal et al. (2008). <i>J Strength Cond Res</i> , 22(5): 1449-1457	French Ligue 1	Determine HR responses of a range of different SSGs	90 x 45 m	10 v 10 + GK	3 x 20 min/ 5 min	Heart rate reserve = 76%
Dellal et al. (2012). <i>Hum Mov Sci</i> , 31(4): 957-969	International elite players	Determine the physical demands of SSGs with different technical constraints	100 x 60 m	11 v 11	90 min	Lower HSR and sprinting distance compared to 4 v 4 SSGs performed with different ball possession constraints (see Dellal et 2012 – very small area) suggesting lower physical demands for larger areas
Owen et al. (2014). <i>Hum Mov Sci</i> , 35(4): 286-292.	Scottish Premier Division	Examine the technical activities and physical demands of various different sided games and pitch dimensions	46 x 40 m 50 x 44 m 54 x 45 m 60 x 50 m 70 x 56 m 80 x 70 m 100 x 74 m	5 v 5 (MSG) 6 v 6 (MSG) 7 v 7 (MSG) 8 v 8 (MSG) 9 v 9 (LSG) 10 v 10 (LSG) 11 v 11 (LSG) (all inclusive of GKs)	3 x 5 min/ 3 min	LSG resulted in higher maximum velocities, high intensity efforts, and high speed and sprint distance covered than MSG MSG had higher volumes of walking than LSG MSG resulted in more passing and shooting than LSG but less headers No differences occurred for any defensive actions (i.e., tackles, blocks, interceptions) between MSG and LSG

<p>Lacome et al. (2018). <i>Int J Sport Physiol Perf</i>, 13(5): 569-576.</p>	<p>French Ligue 1</p>	<p>Compare peak intensities during various SSG of different pitch areas to match play</p>	<p>102 x 67 m</p>	<p>10 v 10 + GK (3 touches max rule)</p>	<p>6 x 3 min/ 90 sec</p>	<p>10v10 total distance and high-speed running was comparable to match play</p> <p>For centre defenders and centre midfielders, total distance during 10v10 was higher than match play</p> <p>High speed running was higher during 10v10 than 6v6 and 8v8 (shown under Lacome et al. 2018 in "small area")</p> <p>10v10 resulted in lower volumes of mechanical work</p>
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RPE; Ratings of Perceived Exertion, HR; Heart Rate, GPS; Global Position Systems, SSG; small sided game, MSG; medium sided game, LSG; large sided



ANNEX 6

COVID-19 RETURN TO TRAINING STAGE 2

FREQUENTLY ASKED QUESTIONS

JULY 2020



COVID-19 RETURN TO TRAINING STAGE 2

FREQUENTLY ASKED QUESTIONS

What is the difference between Stage 1 and Stage 2?

The Stage 1 protocol allowed Players to start training in small groups, but with social distancing maintained. Prior to Stage 1, Clubs undertook a risk assessment of their Training Grounds and facilities and created a Covid-19 Operational Policy setting out the measures they were taking to create a safe environment for Players and staff to work and train. You will have received a copy of this policy.

The Stage 2 protocol builds on the Stage 1 protocol and allows for the resumption of close contact training (for example tackling and opposed contact drills), between Players within the two-metre social distancing space. A further risk assessment will be undertaken before Stage 2 commences, looking at how Training Grounds, facilities, treatments and, in particular training sessions and drills can be adapted to minimise close contact.

A negative CAT test is required ahead of any Player or Staff Member commencing Stage 2 First Team training with contact.

Is it safe to move to Stage 2? What are the risks?

Before training restarted at Stage 1, the EFL worked with your Clubs to create the safest environment possible for you to return. The protocols and procedures that have been put in place are enhanced versions of government guidelines which have been agreed by medical experts. In addition, the EFL has arranged a testing programme for Players and essential staff ahead of progressing to Stage 2 training which is beyond the measures taken in other workplaces.

The government approved all elite sports, including football, to progress to Stage 2 training if they meet the conditions set out in their further guidance. The EFL Stage 2 Protocol sets out the conditions that need to be met, namely a further risk assessment of Training Grounds, facilities, training sessions / drills and medical treatments relating to close contact training. Again, these are designed to create the safest environment possible whilst allowing for close contact training to resume.



How accurate is the CAT used by EFL Clubs?

Dr Higgins and Dr Basu met with Nationwide Laboratories including a number of experts in their fields, one being a top academic lead in PCR testing. They confirmed that the test we are using is 100 % Sensitive and Specific to COVID 19. It picks up the most minute amounts of COVID 19 RNA with Count Numbers often below 10.

Health risks and what we are doing to minimise them

What happens if I or one of my teammates or a staff member test positive at this next stage?

Anyone who tests positive for COVID-19 must comply with Government/PHE guidelines and self-isolate for 7 days or 10 days if asymptomatic and not travel to the Training Ground. Close contacts of that person (as determined by Club Doctor and PHE) must comply with Government guidelines and self-isolate for 14 days. Return to work following a period of isolation will be directed by the Club Doctor. (Advice should be in keeping with the attached updated guidelines on testing protocols).

Under NHS "Track and Trace", club doctors will not be required to notify PHE of a positive case. Advice can be sought for the management of any aspect of the case relating directly to the player(s) concerned or the club from the EFL, but not beyond this.

What are the risks of contracting COVID-19?

It is important to note that Players who are fit and healthy are at much less risk from the disease.

The main contributing factors to serious illness from the disease are:

- 1) Age – people over 50 are at more risk
- 2) Gender – Men are at more risk than women
- 3) Underlying illnesses and conditions
- 4) Social / economic factors (for example living in deprived areas)



What do we know about the increased risk for BAME Players?

At the present time,

the most up-to-date data suggests that a 20-year old BAME player would have no greater a risk than that of a 26-year old non-BAME player. Another way to look at this is if 100000 footballers contracted COVID-19 in the next 5 years, fewer would die from the condition than would in car accidents.

But the risks for both BAME and non-BAME Players is very low given their age, fitness levels and overall good health.

Age remains the most significant factor in determining COVID-19 risk. The EFL has developed a matrix for assessing personal vulnerability to COVID-19 which will be distributed to clubs.

Is there a need for additional testing for BAME Players or Staff, or those with other personal vulnerabilities?

The protective measures we have put in place for all players and staff exceed those of other industries. Based on our current understanding of the virus, there is no reason to routinely recommend additional medical tests for these groups of players, assuming they have been appropriately assessed and are being regularly screened by Club Doctors. Based on these risk assessments your Club Doctor may recommend other forms of testing or treatments relevant to your wellbeing. These should be discussed with your Club Doctor.

Please refer to the guidance document on Individual Susceptibility previously provided.

How is COVID-19 transmitted? Is there anything to suggest an increased risk in high contact areas e.g. crowded penalty areas?

With contact transmission virtually all risk is removed by hand hygiene and no touch-face behaviour. In addition, data suggests that transmission of the virus is much less common in outdoor environments.

Transmission through breathing is much more likely indoors and through prolonged close contact. This is why we strongly recommend social distancing at all possible times, but particular attention should be paid to poorly ventilated, indoor environments. You may wish to wear a snood indoors to reduce transmission risk to others.



When will antibody testing take place?

Routine antibody testing may be considered at a later date, but is not being considered at this time until more information becomes available. At this time, it may be used as an adjunct to determine previous infection.

Is there an increased risk when working in the 'red zone' with increased heart rate?

There is not yet enough data on heavy and high respiratory rates. However, it does not appear to be a significant risk factor in this setting, evidenced by prevalence data thus far from tests conducted in the league.

What are the long-lasting effects if you get the virus?

The EFL takes advice from Public Health England and the DCMS / Chief Medical Officers group on specific medical issues. COVID-19 is a new disease and limited evidence is available at the current time given that it has only emerged in the last 6 months. The illness for most people thus far has been a benign one and with full recovery. However, further advice and guidance will be provided and updated as and when it is available.

We have seen the general public become complacent since rules were relaxed, how can you be sure there is no complacency by Players / Clubs?

There is a distinction between what goes on at the Clubs and how Players behave in their personal lives – Player behaviour outside the Training Ground is key. The risk of becoming infected is likely to be higher in the community than in the football environment. Compliance to the principles described below should be encouraged.

What can Players do to keep themselves, their teammates and their families safe?

The emphasis is on individual Player behaviour. To protect yourself, teammates, Club staff and your families, it is vital to continue to adhere to PHE regulations – hand hygiene, social distancing and avoidance of unnecessary exposure in crowded indoor areas with poor ventilation. Any unnecessary social mixing may cause problems for teammates and colleagues who may have someone vulnerable at home. We recommend that you consider discussing this with your families such that they take similar precautions.

Other measures to reduce infection spread aside from good hygiene and social distancing include avoiding spitting, chewing gum and use of snus.



Families:

What happens if a family member tests positive or demonstrates symptoms?

If a member of your household experiences symptoms of COVID-19 or test positive, you should inform your Club Doctor immediately and stay at home. (Please refer to latest Government guidelines)

Can my family be tested at this stage?

Contact tracing (testing of families and household members) will be advised by PHE through the NHS "Track and Trace" system.

What is the risk to my family? How can we protect them?

Clubs are working with Players to help alleviate any concerns with vulnerable relatives. Advice is available through the EFL Medical and Occupational Medicine Advisors. It should be noted that the Training Ground is the safest work environment possible.

Player behaviour outside the Training Ground is crucial and everyone should adhere to good hand hygiene and no face touching.

If I test positive, I won't know my results for up to 24 hours. Is there a risk of me passing on the virus to my family without knowing?

Every day, each Player and staff member will be screened for symptoms before entering the Training Ground, which is the most sensitive way of monitoring.

Testing is not protection; the most important thing is the daily health screening and the cultural changes of hygiene protocols and social distancing.



Training

What detail do we need in the risk assessment for Stage 2?

Stage 2 requires clubs to consider the new hazards and risks associated with the additional activities permitted. This includes new medical considerations as well as health & safety factors associated with different types of training, for which guidance is provided.

Most aspects pertinent to the overarching COVID-19 policy produced by each club apply including principles of infection control, social distancing measures and type of environment, therefore, an extensive rewrite of the overall policy should not be necessary.

How many Players can train together now?

In Stage 2 training there is no limit on the number of Players that can train together. Clubs are **advised to start with smaller 'clusters' of 2-3** players and eventually progress to larger groups of 4-12 players, and ultimately full team training, 11v11, without social distancing possible at all times. Clubs will plan their training sessions and drills to keep close contact down to a minimum.

What are the time limits for training on the field?

There are no time limits for Stage 2 training.

Can I still use the gym post training?

Clubs are encouraged to conduct gym activities outside. The use of gyms indoors must be risk assessed by a suitably qualified specialist in health and safety and meet infection control, ventilation and physical distancing requirements.

Can I shower at the Training Ground?

The use of showering and dressing room facilities must be risk assessed by a suitably qualified specialist in health and safety. The risks should be managed to as low as reasonably practice. This includes limiting it to those with longer journeys and conducted with due attention to infection control, ventilation and physical distancing. Approaches to achieve this include but not limited to outdoor showering facilities, staggered use and removal of some shower heads. These should be formally documented in the risk assessment.



Can I eat at the Training Ground?

Clubs may open kitchens and dining facilities (adhering to infection control and strict social distancing requirements) but this recommendation is subject to review should rates of COVID-19 infections raise concern. Alternatively Clubs may choose to provide takeaway food for Players to eat away from the Training Ground. This food should be left at a designated collection point upon exit from the ground

What treatment can I have at the Training Ground now?

Essential treatments should not last longer than 15 minutes if they are conducted indoors. If the essential treatments are conducted outdoors, then they can last longer than 15 minutes. Routine massages are not considered as essential treatments and must not exceed 15 minutes whether conducted inside or outside.

Medical staff will still be required to wear PPE for these treatments.

Are ice baths and Cryochambers permitted?

Ice baths are permitted but must be single occupancy only. A practical solution would be the use of wheelie bins.

Cryotherapy is not permitted.

Can non- permanent structures / domes be used to provide cover and shelter for Players?

The use of an open-ended gazebo style shelter is acceptable and in essence as safe as outdoor activities due to the level of ventilation it provides. Similarly using an indoor sports hall/ dome with an artificial pitch as a gym / warm up area could be considered if, following the clubs risk assessment, it is safe. This would rely on the level of ventilation and size of the building, producing an environment that is not much different to outdoors.

Social distancing and cleaning of equipment between each user should continue in the same manner.

The risk of transmission increases by about 20 x when indoors, so we recommend Clubs carefully consider and risk assess the opening of any indoor facilities such as canteens, meeting rooms, gyms, changing facilities etc.