



RETURN TO BASKETBALL

FIBA COVID-19 RESTART GUIDELINES

For National federations and Leagues in planning their COVID-19 protocols

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**These Guidelines shall not be used or substantially replicated in whole or in part by any organisation or person (other than by national member federations of FIBA and their recognised leagues) without the express written authorisation of FIBA.*

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Introduction

This document is an overview of the available information on COVID-19 coronavirus. However, information about the virus is changing all the time and each country will have different prevalence and capabilities. Therefore, it is important to regularly review the latest information about COVID-19 and consider what is happening in your community. Much of the information presented here is available on many international public health websites, particularly the World Health Organisation (WHO) website.

This document is primarily for the use by National Basketball Federations and Basketball competitions who are looking for guidance in the restart and manage basketball in their jurisdiction, particularly if there is a lack of Government oversight on the management of the COVID-19 virus in sport.

This document is not intended to be specific for a particular Federation or competition and should be seen as guide to developing your own specific protocols. An example of more specific protocols can be seen in the current FIBA Competition protocols.

General information

The Novel Coronavirus, SARS CoV2 is a new virus first identified in November/December 2019 in Wuhan, China and is responsible for the clinical illness referred to as COVID-19. From the first cases it has now infected well over 200 million individuals and caused millions of deaths. The impact on world human activity has been devastating, including the suspension of international and domestic sport.

The virus belongs to the family of Coronaviridae which includes MERS and SARS, both of which have had devastating health outcomes in the past 20 years. While COVID-19 does not appear to have the same mortality rate, it is more highly infectious and causes significant illness with damage to multiple organs, suppresses antiviral immune responses and predisposes to the development of blood clots in the lungs and brain. Medical science is learning something new about the clinical spectrum of COVID-19 every week.

There is currently no reliable treatment for COVID-19 and vaccines are only now becoming available. A reasonable current strategy is to control the virus spread through the implementation of prevention measures through social distancing, isolation, hand hygiene to assist the health care effort, border controls, contact tracing, testing and the use of PPE while the scientific community works to utilise vaccines and treatment options.

Who is susceptible?

All populations who have not been previously exposed to COVID-19 are susceptible. The elderly, obese and those with significant chronic disease (e.g. hypertension, heart, respiratory, cancer, kidney, liver, diabetes, immunocompromised, etc.) are particularly vulnerable to the devastating complications that can follow an infection. Children and the young do not appear to be as vulnerable, but infection with the COVID-19 virus and medical complications have been documented in this age group especially with the emerging mutations.

How does COVID-19 spread?

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small secretion droplets and aerosol from the nose or mouth of a COVID-19 infected individual when they sneeze or cough. Droplets of infected secretions then land on nearby objects and surfaces. Individuals may become infected with the COVID-19 virus by touching these contaminated objects or surfaces and then contacting their eyes, nose or mouth. People also appear to catch the virus by inhaling infected droplets and aerosol when there is close contact with an infectious individual, particularly when in a confined space and communicating face to face.



Many individuals with COVID-19 experience only mild symptoms or none. This is particularly true at the early stages of the disease and in the young. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough or does not feel ill at all. This is another reason why the virus is so insidious and risky. It is also reported that aerosol transmission can occur in a confined space without the close contact, especially in poorly ventilated places.

Symptoms

The most common symptoms of COVID-19 are fever, tiredness and cough. Some patients may have aches and pains, nasal congestion, sore throat, shortness of breath, loss of smell and taste, abdominal discomfort and diarrhoea. These symptoms are usually mild and begin gradually.

About 80% recover from the COVID-19 infection without needing special treatment. However, depending on age, up to 1 out of every 6 people become seriously ill, usually with breathing difficulties. Older individuals and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. In the current COVID-19 pandemic anyone with symptoms should seek medical attention and testing.

Infection prevention

Be aware of the latest information on the COVID-19 outbreak which is available on the WHO website and through your national and local public health authorities.

It is more than likely your local government health authority will have provided specific instructions on how to prevent the infection. This is likely to include a restriction of the gathering of groups of individuals, the maintenance of social distancing, widespread testing for the virus, tracking of case contacts, restrictions for schools, work and sport. It is essential that everyone follow the guidance provided by their own government.

The other means of preventing infection is to follow basic personal hygiene:

- Regularly and thoroughly wash your hands with soap and water for 20 seconds;
- Augment this with an alcohol-based hand sanitiser;
- Avoid public places;
- Avoid gathering in poorly ventilated spaces;
- Maintain at least 1.5m distance between yourself and anyone else and further if they are coughing or sneezing;
- Avoid touching eyes, nose and mouth;
- Follow good respiratory hygiene - covering your mouth and nose with your bent elbow or tissue when you cough, or sneeze followed by its disposal;
- Wear a properly fitting face mask when in public places;
- Stay home if you feel unwell (e.g. fever, cough, sore throat or difficulty breathing) and call for medical advice;
- Keep up to date on the latest COVID-19 hotspots (cities or local areas where COVID-19 is actively spreading);
- Avoid travel if there is significant community prevalence;
- Access COVID-19 vaccination; and
- Avoid international travel.



Competition restart

Since the second half of 2020, FIBA has been restarting international basketball competitions and supporting professional Leagues and National Competitions in their restarts. Due to the risks associated with COVID-19, this is a careful process with careful planning, review and modification as the pandemic evolves and we learn more. This document is intended to serve as a resource in that planning.

Most National Federations will restart by following guidance and the lifting of restrictions by their governments and public health authorities. Each will vary due to national and local factors related to the ongoing impact of COVID-19.

Restart Guidance for National Federations and Leagues

This information is intended for National Federations and is not intended to replace the guidance and restrictions of governments and public health authorities.

Key questions to ask before a restart

- What are the local government and public health authority guidance and restrictions and how will they impact the smooth running of a basketball competition?
- What is the prevalence of COVID-19 and variants? What are the trends in the rate of infections, hospitalisations and deaths in the community? Is it safe to restart?
- Is the community coping with the medical complications of the COVID-19 Pandemic?
- Is travel safe and permitted, both domestic and international?
- Do you have access to the appropriate expertise and resources to help guide the restart and to provide ongoing monitoring and medical interventions for your competition?
- Has there been an adequate uptake of preventative measures and vaccination in your community?

Guidelines for a restart

A phased approach to the restart process is recommended.

In the initial phase, individual player-training opportunities should be made available with minimal coaching support. Following this, small groups of players can train together with careful attention to distancing such as the allocation of specific training areas (“one player — one basket – one coach”). These initial phases are ideally accompanied by frequent testing, otherwise, spread can occur within the team once team training commences. The frequency of that should ideally be every other day to twice a week. This approach was effective in the NBA and other sporting codes. In the final phase, team training may commence (again with frequent testing) but, in a setting, strictly limited to essential team officials.

Thereafter, when public authorities have granted permission for sport activities to begin, more conventional approaches to training and competition can commence. Bear in mind that public authorities will likely restrict gatherings of large numbers of individuals and therefore spectator attendance may be prohibited as competitions commence. Federations and Leagues should also anticipate that there may be an anxiousness or unwillingness on the part of many to participate in events in settings where crowds are anticipated. In any event, as spectator access is allowed by public authorities, there will be specific expectations regarding social-distancing in spectator areas as well as very specific approaches to regulating entry and exit, monitoring and regulation of crowd activity and a limitation on the use of other than essential venue facilities. Federations and Leagues should be aware that the management of spectators may require specific venue staff training, specifically related to maintaining separation between team personnel and spectators.

Varying national or regional approaches to the gradual resumption of normal activities post-COVID-19 are appropriate – they will have obvious implications for competition and travel.

This list of actions is not exhaustive nor necessarily mandatory but can serve as a guide to ensure the best chance of a successful start-up. Above all, the planning group should be aware that at any stage, the restart may be required to stop, due to emerging COVID-19 infection issues in the sport, venue or wider community. A clear understanding of the circumstances for a suspension of basketball needs to be considered and prepared for.

More specific requirements and recommendations follow:

Initial preparation

1. Form a restart and oversight committee (include CEO or delegate, head of competitions, infectious diseases physician, sports medicine physician, project manager, government liaison, media, etc.) – see Appendix 1;
2. Undertake a full risk and mitigation assessment;
3. Develop a restart plan with wide sport consultation and include a benchmarking exercise by reviewing similar team sports or other basketball organisations;
4. Utilise the FIBA Risk Assessment Checklist to review your plan – see Appendix 10;
5. Liaise with the local government and public health authorities for eventual sign-off; and
6. Implement the plan but have an exit strategy if directed by government or public health authorities.

Potential restart plan items

- A. Whole of National Federation basketball plan (multiple venues and competitions)
 - Overall plan and look for the country or league;
 - Individual local venue plans to flow from the overall plan;
 - Awareness and education for players and coaches; and
 - Regular plan reviews.
- B. Basketball venue and facilities
 - Large venues or competitions should have a Restart Steering Committee for planning and implementation meetings and finally to assess progress and compliance;
 - A risk assessment and plan should be developed for each venue utilising the FIBA Risk Assessment template;
 - Undertake a risk assessment of venue operational personnel;
 - Develop Go/Modify/No-Go decision modelling;
 - Assess the venue ventilation to determine attendee and spectator level safety – aerosol spread risk;
 - Introduction of strict zoning system, for example:
 - Zone 1 – “Teams Areas” including team entrance, access corridors, changing rooms for teams and referees, first aid room, doping control room, scorer’s table, technical table, team benches, court and court boundary lines;
 - Zone 2 – “Operations Areas” including the remaining field of play area around the court, any broadcast and photographer areas; and
 - Zone 3 - “Tribunes, Concourse and Venue Exteriors from the outer limits of Zones 1 and 2 including additional back-of-house areas, the media tribune and any spectator tribunes, to the outer boundary of the arena environments (fences, turnstiles, gates, etc.) as well as the broadcast compound.
 - Entrance control and signage (mandatory denial for acute viral illness and fever, warning for ‘at risk’ participants, head count control, venue closure policy, hand sanitisers);
 - Participant movement planning such as corridor direction markings, separate entry and exit points;
 - Limit facilities access (canteen, toilets, change rooms, showers, basketball officials’ rooms, store) ;
 - Social distancing guidance such as entrance marking, crowd spacing guidelines, head count management, limitations to access, guidelines for seating;

- Cleaning plan; and
 - Biosafety oversight, operational and compliance plan.
- C. Medical and Biosafety
- It is essential for experienced medical personnel to contribute at the planning and oversight stage;
 - Provision of ongoing treatment to players using 'best practice' approaches to clinical care including limiting access to clinic room, social distancing, mandatory use of PPE by all clinicians, fastidious approach to cleaning and disinfection;
 - Health clearance and surveillance of players and team officials;
 - Development of medical emergency scenarios and responses such as a confirmed COVID-19 case or non-specific acute viral illness; and
 - Access to emergency PPE and medical support.
- D. Travel and Accommodation
- Biosafety considerations such as pre-camp isolation, small training groups, participant's personal hygiene, spectator access;
 - Participant avoidance of crowds;
 - Vehicle preparation such as seating arrangements and sanitisation (air and road) ;
 - Single rooms for individuals (where feasible) ;
 - Ensure a room is available for isolation should an individual develop symptoms during an event or while travelling;
 - Food and fluids hygiene management;
 - Testing requirements; and
 - Immunisations.
- E. Testing for COVID-19 (if applicable)
- Regular health monitoring of participants;
 - Symptom and temperature checks at entrance to a venue;
 - Assessment of PCR testing requirements;
 - Assessment of the value of antibody tests with experts; and
 - Consider ELISA (enzyme-linked immunosorbent assay) tests if available.
- F. Restart preparation of players and teams
- Allow 3-4 weeks of training prior to the restart;
 - Start with individual training followed by small groups and then full team training;
 - Advice to players regarding access to facilities and biosafety preparation of facilities prior to commencement of use;
 - Team training times and controls to support a safe environment;
 - Players shower before and after scrimmage sessions – it is preferable that players shower and change into clean clothing at accommodation away from the training or game venue; and
 - Management of shared equipment.

G. Education

- Biosafety (e.g. compliance) officials for venues, including accommodation, need specific training;
- Roles of other event officials (referees, coaches, bench officials, game commissioners) ;
- COVID-19 personnel prevention instruction for all participants;
- Resources to support the education such as handouts, posters and online information (refer to Appendices 1 and 2) ;
- Guidance notices at the venue entrance and courtside; and
- Vaccination.

H. Venue biosafety

- Stadium attendee control to ensure compliance with government restrictions;
- Social distancing guidance such as head count, corridor lanes and organised spaced seating;
- Split operational personnel and officials into teams;
- Messages that reinforce personal hygiene such as hand washing, hand sanitisers, pre- and post-participation showers and change and personal protective gear;
- Facilitate fresh air flow through the venue such as open windows and fans;
- Management of the ball (rotation and sanitisation system) ;
- Cleaning of the entire venue with particular attention to high traffic areas, entry points, official's bench, players' bench and the court – see Appendix 2;
- Careful timing of participant access (immediately exit a court post-game, entry to court when empty, 'safe distance' waiting/marshalling area) ;
- Medical waste management;
- A venue shutdown and deep clean plan in the event of a linked COVID-19 detection; and
- Oversight and compliance assurance, e.g. mandated biosafety and cleaning checklists.

I. Spectators (if allowed and safe)

- Spectator access and start-up;
- Assess attendee limits (review government restrictions, court capacity, social distancing controls, ventilation, seating limits);
- Head count systems for whole on venue; and
- Management of non-compliance (security).

J. Management of at-risk individuals

- Identification with participant risk assessments;
- Warnings at entry (>65 years, chronic illness, immune-compromised); and
- Mandatory entrance checks (acute viral illness symptoms, temperature testing).

K. Communication and stakeholder strategy

- Regular communication with government and public health authorities;
- Map all stakeholders and have a communication plan;
- COVID-19 awareness program for all participants;
- Volunteers;
- Teams; and
- Game officials.

L. Teams

- Awareness and education training;
- Risk assessment of individuals for active COVID-19 infection or infection vulnerability;



- Supporting resources and signage;
- Compliance checking; and
- Testing and vaccinations.

Appendices: Examples of Supporting Resources

1. COVID-19 Oversight Committee
2. Sanitisation guidelines
3. Risk mitigation measures for spectators
4. Risk mitigation measures for media operations
5. Information for basketball coaches and players
6. Specific risk mitigation considerations for 3x3 event organisers
7. Specific risk mitigation considerations for professional leagues
8. Decision making framework for National team international travel
9. References and Links
10. FIBA Risk Assessment template

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Appendix 1. COVID-19 Oversight Committee

A **COVID-19 Oversight Committee** shall be set up to govern and ensure a safe environment for all competition participants. The COVID-19 Oversight Committee requires senior management representation to ensure delegation of resources and implementation of the organisation's plan. It must also include infectious diseases and public health expertise, sports medicine, compliance and project management capability.

The COVID-19 Oversight Committee will need to liaise with local government and public health authorities. Government and public health authorities will have their own restrictions and controls that must be adhered to or navigated around with their consent. To facilitate this, it is strongly recommended that the Oversight Committee include members with public health and infectious diseases expertise.

The COVID-19 Oversight Committee is responsible for:

- a. Undertaking a full risk and mitigation assessment (see Appendix 10);
- b. Developing a restart plan and/or COVID-19 protocol ensuring a safe environment for all participants;
- c. Liaising with the local government and public health authorities for eventual sign-off
- d. Evaluating and assessing domestic situations continuously related to COVID-19 and therefore any potential risks to health and safety of all participants;
- e. Ensuring that there are adequate medical facilities and equipment to prevent COVID-19 infections and to manage any suspected infection;
- f. Ensuring that there are event medical personnel sufficient and qualified to manage a COVID-19 infection case;
- g. Ensuring the training and competition areas are safe and compliant with local public health authority restrictions;
- h. Arranging team and officials transport that reduces the risk of infection; and
- i. Appointing a Biosecurity Compliance Official who shall oversee the implementation of the restart plan and/or COVID-19 protocol.



Appendix 2. Sanitisation Guidelines

Sanitisation of basketball court and equipment is vital to ensure and provide a safe environment for all participants.

FIBA strongly recommends that National Federations implement the following requirements as minimum and additional measures if required by local government and public health authorities.

Basketball Court

Prior and during a competition, the entire surface of the court shall be fully sanitised, including boundary areas, backstop units padding and any part of courtside advertising boards that may be in contact with players and team staff members.

Court sanitisation shall be carried out:

- Before the first practice session, prior to lock-down of the court area;
- After each practice session, before the following session starts;
- Before the first game, prior to lock-down of the court area; and
- After each game, before players access the court for the following game.

Sanitisation procedures shall follow the below principles:

- Entire flooring surface shall be sanitised with disinfecting solution. The solution should be sprayed on the flooring surface by staff wearing adequate protection.
- The surface shall be let dry naturally (preferred). Alternatively, dedicated mops to dry the flooring surface can be used – do not use mops used during game/practice in case of wet spots. These mops shall be sanitised between games.
- Maximum care shall be applied to use only products that are approved for use against COVID-19 virus and verify the following on your product composition:
 - Ingredients must be PH neutral.
 - Avoid acidic substances as this will affect the gloss level of the floor.

Basketballs and ball carriers

In a setting of four participating teams/clubs, the following preparation is recommended in principle to ensure the maximum safety for players:

- Two (2) Molten ball carriers with twelve (12) balls each for practice sessions – alternating carrier between practice sessions and providing a sanitised set of balls and carrier at each session;
- Four (4) Molten ball carriers (if available) with minimum six (6) balls each for the two games being played – sanitising all balls and carriers before the games and using two sets in each, one for each team.

A separate game ball and back-up game ball shall be managed and sanitised separately. Once sanitised, it shall only be touched by the referees.

Only a limited number of ball boys (e.g. maximum two (2) per side, without rotation) shall handle the balls, in addition to players and team staff. Ball boys shall sanitise their hands regularly (e.g. every fifteen (15) minutes) during warm-up and half-time.

Basketballs and ball carriers sanitisation shall be carried out:

- Before and after practice sessions, in accordance with the reserved ball carriers available and prepared;
- Before each game and during each half after the teams' warm-up.

Sanitisation procedures shall follow the below principles:



- Wear disposable gloves and adequate personal protection equipment (PPE) ;
- Pull out all balls from carrier;
- Spray inside surface of carrier and any handles with sanitisation solution;
- Spray entire surface of basketball with sanitisation solution;
- Preferably, let balls dry naturally prior to placing back in carrier. Alternatively, use a cloth that should be used only for this purpose to dry the balls;
- Seal your carrier to ensure basketballs are not handled by other persons prior to use;
- Throw away disposable gloves; and
- Maximum care shall be applied to use only products that are approved for use against COVID-19 virus but do not risk damaging the leather or leave residues that may impact player's performance and ball handling, and verify the following on your product composition:
 - Ingredients must include: Hyaluronic Acid and Hydrogen Peroxide;
 - Ingredients must NOT include: Chlorides and Alcohol.

Team Benches and Scorer's/ Technical Table

Team benches, Scorer's and Technical Table and any other courtside facilities must be periodically sanitised. This includes all surfaces (floors, tables, chairs) as well as equipment (scoreboard equipment, laptops, microphones, etc.).

Sanitisation shall be carried out as outlines below:

- Full sanitisation before the first practice session, prior to lock-down of the court area;
- Sanitisation of team benches and equipment after each practice session, before the following session starts;
- Full sanitisation before the first game, prior to lockdown of the court area; and
- Full sanitisation after each game, before players access the court for the following game.

Products that are approved by local authority for use against COVID-19 virus shall be used.

Adequate PPE should be worn by sanitisation staff.

Changing rooms and other functions rooms

Sanitisation staff shall carry out a full sanitisation of the team and referee changing rooms (floors, furniture, restrooms, showers, equipment) daily and after each usage. Teams are strongly encouraged not to enter and use changing rooms for practices.

FIBA recommends that Hosts put in place a "seal" system for each sanitised room after the sanitisation is done, with rooms locked and seals broken only by the respective team delegation when used.

First Aid Room, Doping Control Room and any other function rooms in Zone 1, including warm-up or strength conditioning facilities (where applicable) and access corridors, doors and handles shall also be fully sanitised daily and after each use. Rooms shall be locked and sealed after sanitisation.

Adequate PPE should be worn by sanitisation staff.

Appendix 3. Risk mitigation measures for spectators

The presence of both local and international spectators at a Competition shall be determined by local governments and public health authorities. These shall take into account COVID-19 prevalence, the capacity of local health facilities, vaccination as well as local/national restrictions that exist around public gatherings and international travellers.

FIBA strongly recommends the organisers themselves to conduct the risk assessment which includes aspects for spectators (see Appendix 10), in order to safeguard the health and safety of participants and local community/public health.

Whenever spectators are allowed, organisers must establish a medical response plan/protocol for spectators in order to manage all public health interventions and to support the national public health authorities if spectators are infected and show clinical symptoms at the event.

Access, movement and seating arrangements will be impacted and require careful planning according to local requirements. FIBA recommends the following minimum measures to be in place:

- Spectators movement planning (corridor direction markings, separate entry and exits, etc);
- Facilities access planning (e.g. canteen, concessions, toilets, stores);
- Ventilation assessment;
- A clear separation between spectators and team personnel;
- Seating arrangements with physical distancing;
- No seats in the playing court level;
- Cleaning and disinfection planning – particularly for surfaces that are touched by many people prior and after each game (railings, seats, tables, door and window handles, etc.);
- Screening measures (e.g. temperature checks at all points of spectator entrance and exit);
- Mandatory use of face masks and hand sanitisers;
- Installation of hand sanitiser dispensers at all points of spectator entrance and exit, canteen and toilets;
- Use of different time slots to move for spectators depending groups, their seat locations or tickets;
- Measures to ensure spectators do not crowd at particular spots such as gates, canteen, and toilets;
- Use of electronic tickets only if possible (no paper tickets);
- Use of head count system at each game;
- Avoiding or at least providing limited operation hours of concessions, bars and/or shops; and
- No cash handling (credit card only).

Appendix 4. Risk mitigation measures for media operations

National Federations and Leagues must implement a range of requirements on media activities to ensure that media are able to provide high level of basketball coverage as well as to safeguard media personnel's health and safety.

Broadcast and media technical suppliers shall always limit their staff to the minimum necessary which will be approved and accredited for access purposes. FIBA reserves the right to restrict numbers of such accreditations. The overall number of media accreditations shall be assessed and determined in COVID-19 set-up and possible local restrictions.

The following guidelines are required to be implemented as minimum.

Circulation flows

- In addition to classic signage to guide media to the media areas, a clear circulation path to be established to avoid crossing, with arrows and additional signals;
- Entrance and exit separated to all rooms and areas of the venue;
- Temperature taken at venue media entrance and monitored by dedicated personnel (e.g. staff, volunteer or security personnel); and
- Sanitiser dispensers available at all access points of the different media areas.

Media Working Room

- Limiting seats in the room (removing chairs) and max-out distances between media (1.5m minimum);
- Media staff and volunteers to wear masks at all times; and
- No food or drinks as buffet, only pre-packaged meal/snacks to be provided with vouchers (times to be arranged to avoid queues to eat). Ideally, a dedicated person shall monitor and oversee the distribution.

TV Commentary

- TV commentary positions to be located in sufficient distance from court and team benches;
- Physical distancing between positions and rights-holders;
- Sanitiser dispensers at each access point of the tribune;
- Assigned positions during the entire competition; and
- Staff/volunteers to wear masks at all times.

Media Tribune

- Media Tribune to be located at considerable distance from players, benches and court (not courtside, preferably at the upper ring of venue);
- Limiting positions (reduced positions) or at least 1.5m between seats, to guarantee social distancing between members of the media when sitting in the tribune;
- Sanitiser dispensers at all access point of the tribune;
- Assigned positions for media representatives during the entire competition;
- Sanitisation of the area after every usage; and
- Staff/volunteers to wear masks at all times.

Photographers Positions/Benches

- Limiting the number of accredited photographers;
- Minimum 1.5m between photographers on the photo benches;



- Assigned positions for each game; and
- Sanitisation of the area after every usage.

Flash Interview Positions

- Use of a long boom pole/stick microphones for interviews to keep 1.5m distance when interviewing players and/or coaches;
- Assigned positions with marking on the floor between media outlets;
- No media access to locker room or practice session; and
- Camera persons, media and staff to wear masks at all times.

Mixed Zone

- Use of a long boom pole/stick microphones for interviews to keep 1.5m distance when interviewing players and/or coaches;
- Assigned positions with marking on the floor between media outlets;
- No media access to locker room;
- Limiting the number of Non-Rights Holders who can have interview opportunities in assigned positions (introduction of a pre-determined reservation system);
- No access granted to the media tribune for Non-Rights Holders;
- Minimum 1.5m between each position and with players and coaches; and
- Camera persons, media and staff to wear masks at all times.

Press Conference Room

- Limiting the number of people who can enter the press conference room (e.g. only Rights-Holders) and granting remote access to Non-Rights Holders;
- Limiting seats in the room (removing chairs) and max-out distances between media (1.5m minimum);
- Sufficient spacing between the media and players and coaches; and
- Media staff and volunteers to wear masks at all times.

Where applicable, National Federations and Leagues may consider to implement testing protocol on media personnel who will have access to the venue.

Appendix 5. Information for basketball coaches and players

Do not attend training or games if you are unwell

- Be aware of the symptoms of COVID-19 infection;
- Notify your doctor by telephone if you are unwell; and
- Do not return to team activities until cleared by a doctor.

Individual advised they are a 'close contact'

- Maintain isolations as directed by national and local health authorities; and
- Do not attend training until advised it is safe.

Avoid close contact

- Travel in your own vehicle as much as possible;
- Maintain social distancing defined by governments and public health authorities when not training or playing (e.g. no autographs or selfies, control of media);
- Maintain social distancing on the bench;
- No unnecessary physical contact such as hugs, handshakes, high fives or fan engagement;
- No unnecessary physical contact with an opposition team, referees or match officials;
- Utilise your own towel and drink bottle;
- Shower with soap and change immediately before and after training or play to reduce contact risk;
- Use hand sanitisers regularly but particularly at substitutions and breaks; and
- Use hand sanitisers and clean the equipment after every use when in the weight room.

Team

- Conduct awareness and education regarding COVID-19 and its prevention;
- Encourage COVID-19 vaccination;
- Only necessary individuals should be with the team;
- Train in small groups;
- Regular cleaning of team facilities;
- Rotation and sanitisation of basketballs – see Appendix 2. Sanitisation Guidelines;
- Train in a well-ventilated venue;
- Monitor the hygiene practices of individuals in the team;
- Medical monitoring for illness and fever; and
- Consider regular COVID-19 testing.

Travel and Accommodation

- Have a biosafety plan for travel – no eating and/or drinking during transport;
- Manage vehicle transport including air travel (masks, sanitisation of seats, personal hand sanitisers, individual food and drink, avoidance of crowds);
- Single rooms and ensure room available for isolation should symptoms emerge while travelling;
- Plan hotel accommodation to avoid public contact – use of lifts and stairs, eating arrangements, fitness facility access;
- Careful selection of freshly cooked food; and
- No 'guests'.

Appendix 6. Special risk mitigation considerations for 3x3 event organisers

This additional risk mitigation guidance is specific for 3x3 events' operational aspects and are in addition to the general guidance in this document.

- Venue biosafety plan;
- Spectator access and seating controls;
- Event wide health surveillance of participants;
- Specialist medical backup and management protocols – National Federations and Leagues should appoint an infectious diseases specialist who is responsible for advising in the planning phases, overseeing testing and assisting with infection management protocols including contact tracing;
- Change and shower facilities offsite;
- Make team presentation static (e.g. one picture per team for TV);
- Planned social distancing for media interface with participants;
- Minimise close contact:
 - Teams to wait to enter the court in the opposite corners;
 - No handshake and no high-five between teams, referees and table officials;
 - Players substitution seats to have bigger and minimum physical distancing (from each other and from the official table);
 - Teams to move to dedicated area during time-out; and
 - Players area to have dedicated space per team and to have distance between each other.

Appendix 7. Specific risk mitigation considerations for professional leagues

This additional risk mitigation guidance alongside the general guidance in this document is prepared for professional competitions

- COVID-19 prevention and management steering committee;
- Business and financial assessment of restart options;
- Development of specific plan and protocols for whole of event and each venue;
- Liaison with government and health authorities;
- Appointment of expert clinical experts for assessment of COVID-19 contact risk and case management involving participants;
- Vaccination protocols;
- Appointment of biosafety compliance officers (teams, venue and competition oversight);
- Assessment of international travel and frontier management for both infection risk and government controls;
- Consideration of use of biosecure environments and specialised quarantine requirements;
- PCR testing plan to support biosafety and consideration of immunological testing – additional testing considered;
- Every venue should have biosafety plans, access controls, emergency response and zones;
- Mental health plan, screening and support services;
- Spectator access and seating controls;
- Controls for sponsors seating and support;
- Separation of competition participants and spectators;
- Specialist medical personnel and equipment support;
- Communications plan for all participants, teams, administrators and medical support personnel;
- Media plan including planned social distancing for media interface;
- Minimise close contact:
 - Teams to wait to enter the court in the opposite corners;
 - No handshake and no high-five between teams, referees, table officials, etc.;
 - Players substitution seats to have bigger and minimum physical distancing (from each other and from the official table);
 - Limitation to essential support personnel on the bench and absolutely no individuals that do not have an active role in the competition (no observers or spectators);
 - Teams to move to dedicated area during time-out;
 - Player change and shower area management; and
 - Controls of recovery facilities.
- Support for families; and
- Avoid VIP and sponsor areas.

Appendix 8. Decision making framework for National team international travel

Any consideration for travel should include consultation with the government health agencies and an assessment of the destination health and safety risks. Given that COVID-19 has been labelled as a pandemic and circumstances are rapidly evolving with information changing daily, the World Health Organisation (WHO) and local national health websites should also be consulted.

Issues surrounding COVID-19 are complex and create difficulty when planning international travel. Apart from health issues, sporting organisations need to consider factors such as medical support, infection spread trends, travel restrictions to the initial destination and the possibility that spending time in the initial destination may restrict opportunities to travel to secondary destinations.

This framework is not intended to be an exhaustive or prescriptive decision-making tool. It is intended to highlight the specific needs and challenges for teams who are considering international travel to destinations of elevated risk of COVID-19, without formal travel restriction.

Is it safe?

Once travel restrictions have been removed, the decision for a sporting team to travel internationally should be made on a case-by-case basis carefully balancing the benefits, risks and risk mitigation options.

A framework to assist National Federations and National Teams work through their options should include the following considerations:

Benefits

- Why is the team travelling?
- What is the specific aim of the training camp or competition?
- Is the travel optional or mandatory according to the applicable regulations?
- Are there any suitable lower risk locations or events available that can provide the same or similar benefit?
- What is lost by not travelling to an 'elevated-risk' location?

Risks

- How many people are in the travelling group and how long will they be together?
- What are the current known risks and travel recommendations?
- Could this suddenly change?
- Are there likely to be updates to the current travel recommendations?
- How capable is the destination medical system?
- Is a doctor travelling with the team?
- What if someone gets sick?
- What are the implications of a travel shutdown if outbreaks occur?
- Are members of the team minors?



Risk mitigation strategies

- Vaccination recommendations, guidelines and protocols;
- Personal hygiene and awareness education;
- Travel biosafety strategy and vaccinations;
- Individual risk assessments of all team members;
- Single room accommodation where possible (and ensure availability of an isolation room);
- Reduce the size of the touring group/team and have a team doctor;
- Access to medical support (team doctor), specialist medicine and equipment locally;
- Actively monitor the health of each member of the team (including temperature checks);
- Testing;
- Travel insurance should cover medical treatment, evacuation and cancellation of trip;
- Action plan for an acute viral illness and COVID-19 exclusion and evacuation; and
- Infection prevention for medical and physical therapy interventions.

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Appendix 9. References and Links

References

WHO COVID-19 Pandemic information

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Australian Institute of Sport COVID-19 information

https://ais.gov.au/health-wellbeing/covid-19#covid-19_and_sport_faq

European Center for Disease Prevention and Control (ECDC) cleaning information

<https://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf>

Links

WHO

<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/travel-advice>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/videos>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> (WHO COVID-19 Weekly Epidemiological update and Weekly Operational Update)

Centres for Disease Control and Prevention (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

ECDC

<https://www.ecdc.europa.eu/en/all-topics-ztravellers-health/infectious-diseases-aircraft>

91-DIVOC

<http://91-divoc.com/pages/covid-visualization/>

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Appendix 10. FIBA Risk Assessment and Mitigation Checklist for Basketball

<http://fiba.basketball/documents/risk-assessment-mitigation-checklist>

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