



# Recommendations

for the development of football  
activity recovery plan

**COVID-19**

# 01.

## | Preamble

This recommendation is not to encourage member associations and their professional clubs to resume, at all costs, the course of their competitions men and women, while continuing to prevail, to varying degrees around the world and across our continent, one of the most devastating pandemics of our time.

It is our responsibility to anticipate all eventualities and to consider the risk assessments and factors that must be in place for professional football to eventually be able to resume safely. This can only happen at a time when the health, social and economic benefits outweigh the risks associated with COVID-19, while maximizing the safety of athletes, staff, supporters and society in general.

It is also the view of CAF, that football activities are secondary to the well-being of those who wish to participate. The health of footballers (mental and physical) across our continent and the world is essential and should constitute the ethics of all decision-making regarding the reintroduction of football activities.



**The purpose of this process is to define the main planning considerations for organizers of football events in the context of the new epidemic of coronavirus (COVID-19).**



**It should be read in conjunction with organizational medical standards, international and national guidelines on public health and mass gatherings.**

## 02.

# | COVID-19 Pandemic

It is a fact that the COVID-19 pandemic, caused by the SARS-CoV-2 virus, has seriously challenged the health systems of all countries of the world. In the absence of preventive (vaccine) or curative (definitively established) treatment, confinement is an opportunity to save time and allow health authorities to build resources and systems to, ideally, "Test-Trace-Treat", the famous triptych launched by Margaret Chan, Director-General of the WHO.



**This viral pandemic is difficult to follow because it varies according to:**

The places, the ethnicity, the mode of evolution, the clinical and symptomatic manifestation, the mode of contagion: from air and tactile, to another mode as by organic waste.

Given the disparities that exist between African countries regarding the evolution of Covid-19, each member association is responsible for decisions to stop, suspend or continue its national competitions.



**In any event, it must obtain the authorization of the national authorities in charge of the issue; This document provided by CAF is a guide. The use made of its content therefore commits only its user as to the consequences which could ensue from it.**

### 03.

## Effect of the Pandemic



### Suspension of Football Activities

#### The Suspended Championships:



Most national championships



CAF Competition

(Total CAF Champions League/Total CAF Confederation Cup/ TOTAL Women AFCON 2020 qualifier etc)

#### The postponed competitions:



Tokyo 2020 Olympic Games



Intercontinental qualifying match for the Tokyo 2020 Olympic Games



UEFA European Championship (Euro) 2020



Copa América postponed by a year



FIFA 2022 World Cup qualifiers

03.

## | Effect of the Pandemic



### **Suspension of Football Activities**

Postponed Events:



**TOTAL African Nations Championship  
(CHAN) Cameroon 2020**

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### **Psychologically**

The confinement and the interruption of competitions are experienced with difficulty by the actors because they are not used to long periods of inactivity and are concerned about the rest of their careers. Also the financial situation of the clubs remains deplorable.

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Some players find themselves unemployed because their clubs have terminated their contracts. Others have seen the reduction cut to wages.



04.

## The National Recovery Plan will depend on the context of each MA

### The living and working conditions of football players

It is clear that the federations must first ensure that the players' salary situation is favorable for any resumption of training and competition activities.  
Likewise, psychological assistance should be offered to teams and players.

### The programming of the matches (rhythm)



It is desirable that the first 2 weeks be planned at the rate of one (1) match every 7 days. **It is only afterwards that the rhythm of 2 matches every 7 days can be introduced.**



## 05.

# Sanitary Rules

## Measures taken to combat the Covid-19:

### Barrier Gestures:



Wash your hands  
with soap and water



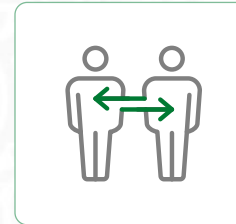
Cover your mouth  
and nose with your  
bent elbow when you  
cough or sneeze



Dispose of the used  
tissue immediately



NO hand shaking  
or hugging



Keep social  
distancing stay 2m  
(6ft) apart



Stay home



Wear a face mask



Wear gloves  
if necessary

### Social Distancing:

Isolation, confinement, quarantine, screening

05.

## | Sanitary Rules

### Preparation of the team:

Adopt a new discipline of behavior: Lifestyle



Targeted / partial containment



Mutual protection: Distancing, wearing a mask and gloves



Hand and body hygiene



Think "Corona" in all circumstances





06.

# Medical Assessment and Monitoring

MEANS OF RECOVERY



**Complete medical checkup** strengthened before recovery, based on a fitness and recovery checkup. PCMA +



**Adapt well to nutrition** at the level of sporting activity and biological assessments



**Planning of biological assessments** (IGE, mineral, hematological assessment, vitamins) **to detect risks**



**Schedule recovery sessions to prevent injuries** and maintain an adequate level of physical preparation depending on the activity: **preparation, competition and recovery**

07.

## Physical Fitness Considerations

The effect of a withdrawal period combined with isolation has been little studied in the past. Consideration must be given to the level of fitness of footballers returning to normal training and the measures to be taken to prevent the proposed increased risk of injury.

Attention should be paid to the following factors :



If the player has contracted COVID-19 or not and, in the event of contagion, if he has after-effects.



The length of the withdrawal period and internment.



The level of physical activity the player maintained during the training period.

Therefore, in accordance with the above points, it is extremely important that:



When resuming sports activity, a **battery of tests** allowing an **objective assessment** of the player's physical condition is carried out



There is an appropriate pre-competition period with a **training program** that includes both aerobic training and muscle conditioning activities

08.

## | Resumption of Training



From 12 days of total inactivity, it is necessary to:  
**Start all over again find your physical qualities**



### PHASE 1

The first period will be dedicated to medical and athletic tests. (3 to 4 days)



### PHASE 2

Then the players, could resume training individually for 7 days before training in small groups for a week.



### PHASE 3

Then would come the collective recovery.



09.

## Organization of Training and Matches

**The resumption of training and matches will not be easy to manage, from the point of view of health security.**

A great challenge awaits the African federations, their professional leagues and their Clubs, often unaccustomed to scrupulously respecting standards and procedures of this type. Especially since health security is not negotiable.

Designate or recruit within each federation and each professional Club a person (Corona officer) in charge of coordinating all actions related to the pandemic. Ideally a person who loves football, with good medical and technical knowledge, and who uses modern means of communication.

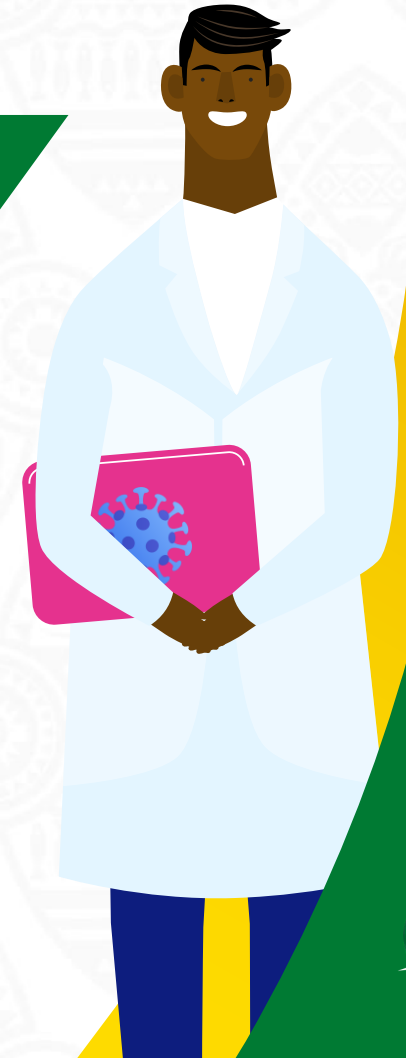
Unfortunately, basic standards and absolutely necessary procedures are beyond the reach of many clubs that we know. Apart from a few very rare exceptions, which confirm the rule, the clubs of the African elite do not have really organized medical departments. The COVID-19 Pandemic will demonstrate this if necessary.



**Procedures must be in place, sufficient, simple but precise, which must absolutely be followed.**

Standards may even ensue, even basic, within the reach of African clubs, if they are serious and motivated, which could become regulations that will have to be drafted and adopted legally.

The players in the game must be protected and insured, and therefore reassured. The responsibilities of associations, leagues, clubs, must be recognized and assumed beforehand.





10.

## | Course of Training



### WEEK 1

Sessions of two, with the presence of a physiotherapist, a doctor and two coaches.

"It was mainly about the 30 x 30 fractional race and the endurance".

At the start it is possible to do this by respecting 1m distance between the players (delimited by studs).

### WEEK 3

Progressive collective recovery by group "**max 14 players**".

### WEEK 2

In groups of six or seven, every other day in the field. The other day in the gym with sheathing, cycling, resistance work.

On the lawn, they have no right to contact, there is no game, no opposition. These are exercises based on passing circuits or ball races.

### WEEK 4

Group of 18 to 22 players.

10.

# Course of Training

01

The players will first receive their exercises either :



**by video**

or



**by e-mail**

02

Then will have to arrive at the training center already :



**in uniform**



**with gloves**



**and a mask**

to avoid having to go through the changing rooms.

03

**They will be able :**



to keep their protective gear on during training

**x6**

and there can only be six players on the field at the same time.

04

After this first recovery phase, the teams should gradually lift the protective measures to return to normal collective training conditions, keeping the safety precaution put in place by the club/team.

# 11.

## | Content of Training



You have to **think carefully** to offer relevant exercises despite the safety distances. This will allow the players to touch up the ball, strike the goal and have feelings again.



And then, **from a group of 6 players:** integrate tactical elements, and work more on situations in details, something that we do not do with a larger group.



In terms of defensive positioning, finishing, centers and placements in the area in particular, it is to be introduced **last and gradually.**



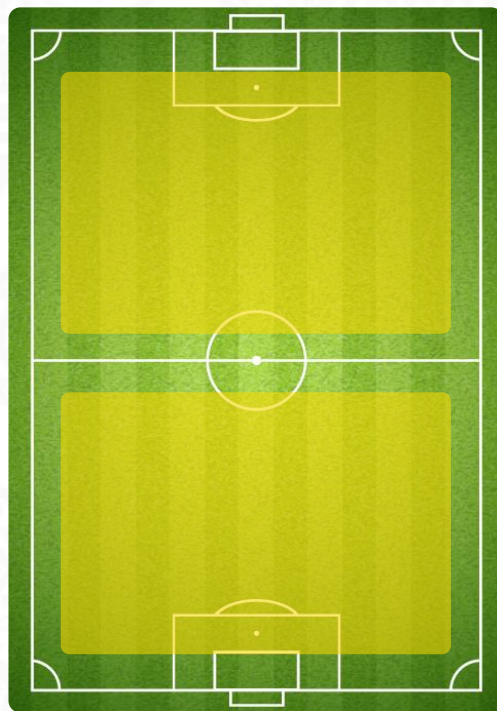
## 12.

# | Methodological Advice



**9 VS. 9**

Minimum: 45m x 60m  
Maximum: 50m x 67m



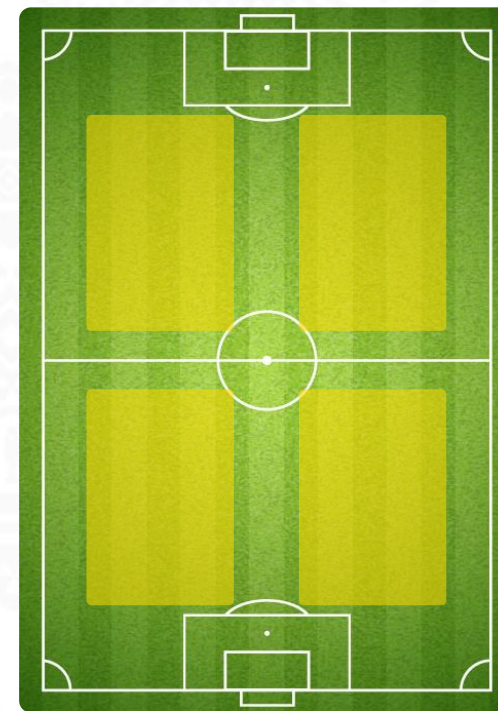
**7 VS. 7**

Minimum: 30m x 45m  
Maximum: 35m x 50m



**5 VS. 5**

Minimum: 20m x 30m  
Maximum: 25m x 35m



**4 VS. 4**

Minimum: 12m x 20m  
Maximum: 15m x 25m



# 13. Prior



Designate and organize (permanent) residences for Teams, referees and managers



Designate and organize training and competition sites :  
Define the behind closed doors  
Establish areas with limited access  
Establish a secure traffic plan



Organize transport systems for all players in the game



Disinfect all closed sites



Disinfect all technical equipment, including ball gear, including after training and match sessions



Maintain and strengthen the medical organization of the usual courses during training and matches

14.

## | Principles of Organization

### **Temperature measurement for anyone entering the stadium:**

Ideally, depending on the means, by installing an infrared temperature measurement airlock at the entrance to the stadium or training site (as is the case at the entrance to hospitals), which eliminates anyone suspected of returning.



Installation of gel dispensers or hand washing facilities (better than wearing gloves)



Wearing a mask in all places of circulation on the site



15.

## | Organization of Tests



Closely monitor participants for any flu-like symptoms and immediately entrust medical staff if respiratory illness is noted.



Implement the recommended protective measures, including daily health checks (ranging from monitoring of signs / symptoms / temperature controls to specific COVID-19 tests).



Specific respiratory, cardiac and musculoskeletal tests according to the advice of health professionals, depending on:

Availability,  
exposure to  
COVID-19

Access  
to finance

The level  
of competition

15.

## Organization of Tests

**Football participant testing will depend on the availability and reliability / validity of the test kits:**



A proposal for a COVID-19 screening procedure:  
**All players, referees and managers who return to football must be tested for COVID-19** in order to safeguard and strengthen the psychological confidence within the team and the environment.



**The first test to be performed 72 hours** before resuming football activities to prevent false negatives (asymptomatic carriers of the virus).



The second test to perform before the start of the first session.



**Football participants must be tested at their club's designated sites** by team doctors in accordance with hygiene guidelines.



Participants **whose tests are positive** should follow the recommendation of the health authorities of the country concerned.



Football participants whose **negative test** will be allowed to participate in football activities.



**16.**

## **Travel Precautions and Facilities**

(INCLUDING HOTEL STAY) **YOU WILL NEED:**

**Disinfect modes of transport  
for matches & training.**

**Disinfect accommodation  
and food preparation.**



Implement and maintain  
“social distancing” measures



Encourage the use of masks  
and gloves during the trip





# Recommendations

The implementation of a health protocol is essential for a resumption of football-related activities both in training and during matches.

**This health protocol must take into account the following measures:**



Ensure the availability of hydro-alcoholic gels and hygienic equipment on all sites



Ensure that medical staff check the temperature of competitors



Ensure the capacity to isolate suspected cases



Ensure a healthy lifestyle at all sites



Submit each actor to the COVID-19 test 48 to 72 hours before a match and just after the match



Recommend disposable towels



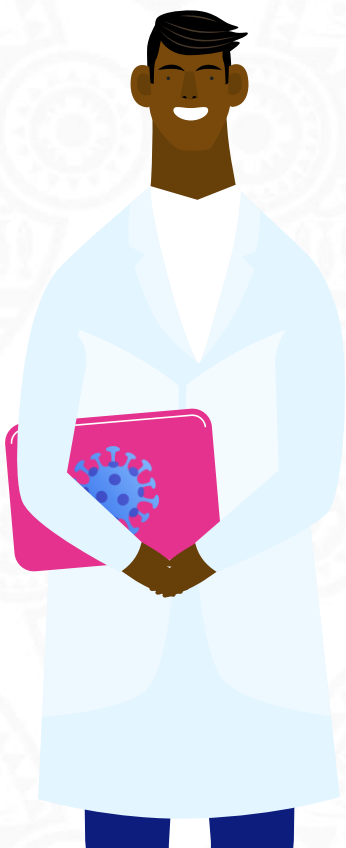
Provide essential supplies and agents at all sites



Quarantine of traveling teams



Medical masks must be made available to medical staff and stakeholders





# Recommendations



Give prevention kits to athletes



Close doors match



No children to accompany the players



Team staff, volunteers: must ensure that they have received information about COVID-19



Respect for physical distance in the locker room



Prohibition of handshakes or hugs to celebrate goals



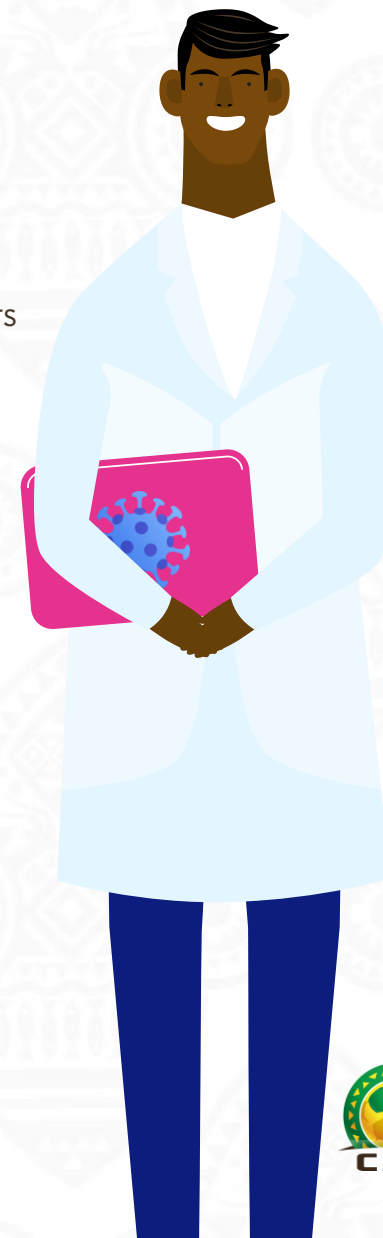
All participants must be informed and cooperate with medical staff by taking the temperatures of their own competitors



Enter the field separately for the two teams



Balls disinfected several times





# Recommendations



Gather all the teams in a city (in one place) and this until the end of the championship



Each team must be made up of 23 players, 10 members of the technical and medical staff



Match officials, the media and all those who work in the stadiums during the match will all have to take the test (Ball boys)



Ban exchange of shirts



Use of 5 replacements  
Drinking break 30 and 75 min.  
Discourage spitting on the field



Make the means available to the federations to guarantee the tests



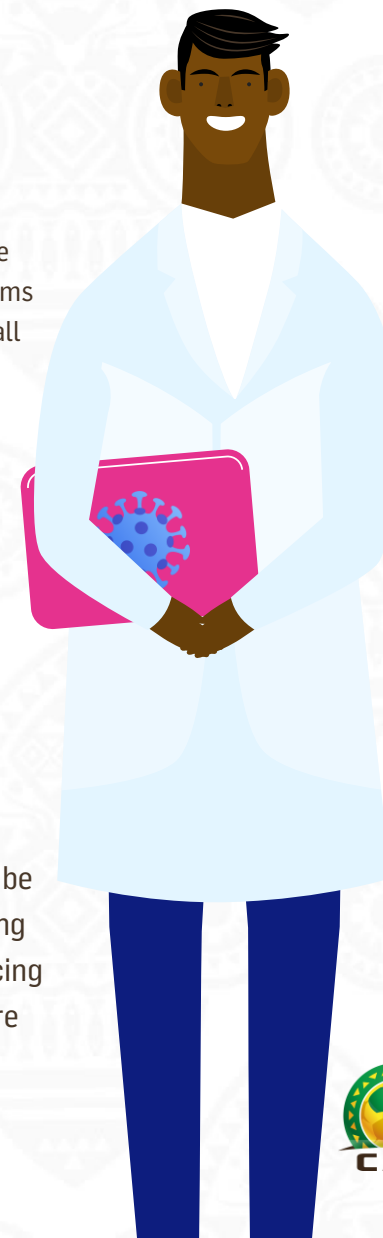
Mask ports for substitutes and supervisors on the sidelines...



No press conference except flash interviews for players



Flash interviews to be conducted respecting the physical distancing of 2 meters and more







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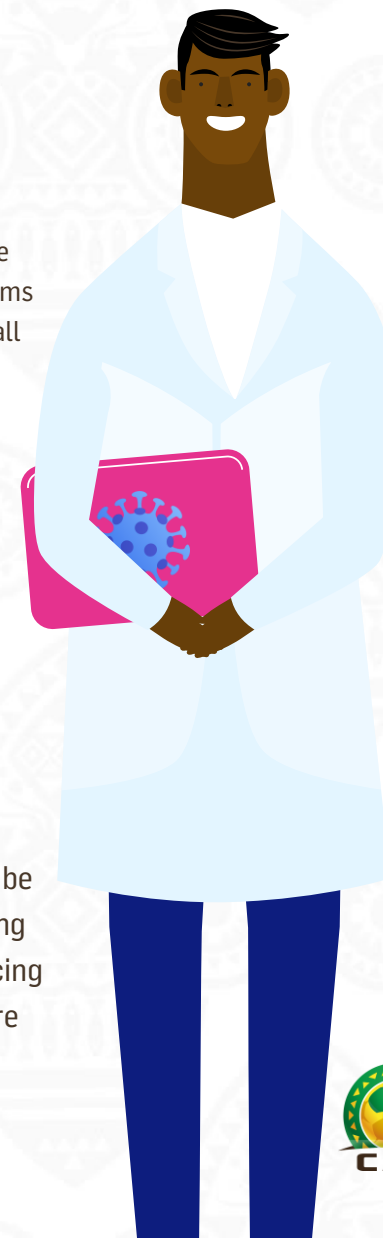
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# Contributors

**CAF Development Division**

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