Prepared by BFA Medical Committee – May 2020

RETURN TO PLAY GUIDELINE FOR FOOTBALL ACTIVITIES – BFA MEDICAL COMMITEE

COMMITTEE MEMBERS

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12. **Boago Gabontshiwe (Women Football League Representative)**

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1 COVID-19 BACKGROUND AND IMPACT ON SPORTS

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China in 2019.[1] Since then, the virus has spread to more than 100 countries, including neighbouring countries in the southern part of Africa.

The novel corona (covid-19) virus has seen various activities worldwide come to a standstill, ranging from social, economic, arts and performance and in particular the sporting world amongst many other sectors. This has resulted in stoppage of sporting activities around the world to comply with social distancing in efforts to flatten the curve.

In football we saw various leagues around the world coming to a halt which meant less or no physical activity for the players and the Botswana players were not left out. Players had to adapt to a new way of normal as no crowding of more than two people was allowed along with physical activity outside the household. In essence this resulted in an unfamiliar off-season mid-season.

Many more sporting events throughout the world have been postponed or cancelled, including the 2020 Tokyo Olympics,[2] CONMEBOL 2020 Copa América[3] and the UEFA Euro 2020, Africa cup of Nations qualifiers[4] and respective leagues globally including the Botswana Premier League and its respective lower leagues on the 16th of March.[5] Since then, virtually every organized sport at any level and any age has been cancelled and indefinitely postponed in support of the social distancing in efforts to control the pandemic. To date, it is almost two months in the absence of regular physical and footballing activity and such a time safe to return to participation post COVID-19 is unknown and safe guidelines are necessary to guide the footballing world when such a time comes.

1.1 CLINICAL COURSE and TREATMENT[6]

Asymptomatic or Mild (80%) - Common symptoms include:

- fever
- tiredness
- dry cough

- Other symptoms include: shortness of breath, aches and pains, sore throat and very few people will report diarrhoea, nausea or a runny nose

Severe (20%) – A progression to server shortness of breath needing mechanical ventilation. This may include involvement of multiple organs other than the lungs e.g. heart, kidneys etc.

The disease even when asymptomatic or mild may cause:

- radiological changes on Computer tomography (CT) scan (**NB**: A normal chest x-ray does not rule out COVID-19 infection)[7-8]
- Cause raised cardiac (heart) markers (Troponin T, CK-Mb, N-Terminal pro-brain natriuretic peptide), diffuse electrocardiography (ECG) changes consistent with myocarditis.[9-12]

This is an evolving disease and little is known about it hence these findings may be detrimental to an athlete health performing at a high intensity which makes regular COVID-19 screening and testing essential. There currently is no cure or vaccine for COVID-19 infection with infected individuals only undergoing supportive care (analgesia, anti-pyrexia's and mechanical support when server).

2 BOTSWANA CURRENT PERSPECTIVE[6]

	12/05/2020 (Phase 2)	**26/05/2020 (Phase 3)**
TESTS	11495	17991
COVID-19 infections	24 (1 new in past 72hrs)	35 (10 new over the past week)
NEGATIVE	11471	17956
DEATHS:	1	1
RECOVERIES	12	20

Current lockdown status: Phase 3(Zonal restrictions). Low local transmission rate.

2.1 RISK OF COVID-19 INFECTIONS[6]

Everyone is at risk of contracting the virus as long as they have had contact with an infected person or have travelled to affected places and countries where there is transmission. Health care workers, people who have underlying medical conditions and those over 60 years old have a higher risk of developing severe disease and death.

Groups at higher risk

- older adults
- people with HIV
- people with asthma
- pregnant women

Football remains a HIGH RISK level of infection sport along with other contact sports.

3 PROVEN MEASURES TO LOWER INFECTION[6]

To prevent infection and to slow transmission of COVID-19, do the following:

- Wash your hands regularly with soap and clean water, or clean them with alcohol-based hand rub/sanitizer.
- Cover your mouth and nose when coughing or sneezing (use a tissue or flexed elbow). Then throw the tissue in the bin and immediately wash your hands.
- Maintain at least 2 metres distance between you and other people.
- Avoid touching your face.
- Stay home if you feel unwell.
- Refrain from smoking and other activities that weaken the lungs.
- Practice social distancing by avoiding unnecessary travel and staying away from large groups of people.
- Clean and disinfect frequently touched objects and surfaces.

4 BOTSWANA'S RESPONSE:[13]

The country is adopted the following as prevention and control strategies since February 2020;

1. Public education through the use of mass media and other forms of education.
2. Screening at all points of entry for early detection, diagnosis and treatment.
3. Advised self-quarantine for suspected cases as well as rapid specimen collection for testing
4. Isolation for suspected cases or symptomatic individuals following screening at designated health facilities followed by contact tracing instituted to ensure that the virus does not spread.
5. Social distancing where the public is advised to take precautionary measures to reduce contact in malls, shops, work, gyms, places of worship etc.
6. Community lock down where training institutions and other places that gather large number of people are closed or there is restricted movement. This includes restricting and preventing travel within or out of the country.

4.1 BOTSWANA FOOTBALL ASSOCIATION RESPONSE AND LIMITATIONS TO PLAY

Points 5 and 6 on "Botswana's response" provided limitation to activity and hence a resultant temporary suspension of football activities by the Botswana Football Association (BFA) on March 16th.[5] Football as a whole is a High risk sport by being a;

- Contact sport
- Has a High rate of aerosol and mucosal spiting in training and games
- Provided Challenge to social distancing measures (both team mates and opponents)
- High Crowd levels (supporters)

5 ADVISORY COMMITTEE POSITION

Botswana football association COVID-19 Advisory committee's stand point is; ***observing the evolution of the pandemic and maintain the temporary pause of the football season until such a time that there is a consistent normal public interaction (beyond Phase 3) with a significant reduction of new cases and infection rate so as to protect the health of our greatest stakeholder being the player.***

The most ideal time to return is when there is a vaccine or proven effective treatment; however we are quite privy to the fact that this may not be possible to achieve anytime soon and it may take several months or years to achieve. Without these a safe return can be possible with serial Covid-19 testing hence we advise that we exercise patience in observing the disease evolution and in dealing with the matter bearing in mind that we have a limited testing capacity nationally to allow a compulsory regular pre-match COVID-19 testing for all teams.

6 GUIDELINES UPON RETURN TO PLAY

Where there may arise a situation that we may consider a return to sports or choose to “live with the disease”; besides the general public health precautions that will be given by the Ministry of Health and wellness, the following health precautions are to be upheld by all teams under the BFA structures.

6.1 PART 1: REGIONAL TRAINING ON COVID-19 INFECTION CONTROL MEASURES

i. This is to ensure a considerable level of set health precautions are upheld at all times and to support all teams in the BFA structures to be capacitated and speak one language of “hygiene, prevention and prompt recognition” *(Appendix A)*.

ii. The training is proposed to be done by the BFA Medical team in conjunction with the Ministry of Health and wellness so as to emphasise issues relating to sport participation e.g. doping matters.

iii. The training is to be done regionally, covering all the seventeen (17) BFA regions and is expected to be done over a period of 2-3 weeks (Appendix A) from the commencement date.

iv. This training will cover all teams in that region, Premier league, first division, second division and 3rd division and the women’s league.

6.2 PART 2: RESUMPTION OF FOOTBALL ACTIVITY

MINIMUM REQUIREMENTS:

i. Equipped Screening point which entails an infrared thermometer, screening tool and protective mask and hand wash/sanitization point)

ii. A Trained medical person (should always be present at team trainings/games): This should be a doctor or physiotherapist ideally. Understanding our limitations, for practicality, this should be

someone with at least a basic first aid certificate and has underwent the proposed BFA COVID-19 infection control training

iii. Water serving point should be a tap or water container with a tap mechanism. The tap should be operated by one person to reduce the risk of infection

iv. Clean water and soap or Sanitizer or disinfectant with 70% alcohol should always be available at the pitch

v. Adherence to the set prevention strategies below

PRE-COMPETITION MEDICAL ASSESSMENT (PCMA)

i. Serial COVID-19 testing done weekly is important to aid the daily screening in ensuring a safe participation of the athletes.

ii. Since a year would have elapsed since the last PCMA's and a lengthy time has been spent out of activity, players are subjected to a pre-competition medical assessment prior to resumption of activity.

iii. For those with normal PCMA results, these will be carried onto the next season to reduce the clubs' financial burden and those with unsatisfactory results will need to repeat PCMA for the upcoming season.

iv. PCMA will at least consist of; a COVID-19 test Physical assessment, blood tests (FBC,UE,LFT), chest radiography, ECG and an echo-cardiogram for cases with abnormal ECG[11]

6.3 PART 3: PREVENTION MEASURES

After teams have been trained and satisfy health compliance of covid-19, prevention strategies are highly recommended and this should include the following:

TRAINING SESSIONS

i. In the initial 2 weeks, divided sessions of training are recommended; a team should be divided in to 2 or more groups which will train in different sessions to minimise contact and ensure social distancing.

ii. Daily screening of players before training. Screening should be done by the medic responsible for the team who has undergone the BFA Covid-19 infection control training. The person designated to screen should be wearing protective clothing (face mask, plastic apron/ coat and gloves). During screening social distancing and sanitising

protocols should be followed. Screening form (Appendix B) should be completed in order to ensure contact tracing in cases where there is a positive case.

iii. All training attendants are to be on face masks unless when on the field of play.

iv. Immediately after screening players should move to the pitch and avoid crowding.

v. Screening should be done before every training session. Spot checks will be done by local health authorities in conjunction with the BFA for compliance.

vi. Players are advised to travel alone to the training ground and follow local health precautions if traveling with team mates or using public transport.

vii. No player with respiratory illness or symptoms (fever, cough, sore throat, runny nose, shortness of breath) will be allowed to train or be involved in any match. The person will self-isolate at home following precautions set by the ministry of health at the time and will not be allowed to engage in any form of activity. This will continue for at least 10 days after the day the symptom(s) have resolved.

viii. Players should practice a good respiratory etiquette at all times (cover mouth with flexed elbow or tissue when sneezing and coughing, No spitting)

ix. Players should have individual training gear and avoid exchanging or sharing of training gear, training footwear, guards etc. Training gear should be washed with soapy water after every training session.

x. Players should have personalised water bottles. The water bottles should be clearly labelled and each player is responsible for self-storage and handling of their bottle in their personal bags.

xi. For those teams that do not have taps at their training grounds, 25L water bottles with dispensing taps or water buckets with a tap mechanism should be used for players to refill their water bottles. 1 person should be designated to open the tab to minimise contamination.

xii. Ensure safe disposal of litter at the training ground. Waste bin or litter bag should be availed and disposed after every training session. Teams are urged to contact local health facilities for advice on disposing clinical waste.

xiii. Training equipment including balls to be disinfected with sanitizer or disinfectant with 70% alcohol or spirit before training, every 30 minutes during training and after training.

1 person should be designated for disinfection of the balls. The person designated should be wearing gloves.

xiv. Training sessions are advised to last not more than 120 minutes per session.

xv. Post training meetings should take a maximum of 10 minutes and should be held outdoors. Social distancing should be maintained. Teams are encouraged to use social media (e.g. WhatsApp group) for any other communications.

xvi. Use of dressing rooms is restricted during trainings.

6.4 MATCHES

MINIMUM REQUIREMENTS

i. Equipped Screening point (s)point which entails an infrared thermometer, screening tool and protective mask and hand wash/sanitization point)– 2 points will be ideal per game

ii. An isolation room for suspected cases[14] (while awaiting local COVID-19 team assistance) e.g. Temperature 38 degrees and above

iii. Strict adherence to protocols set

iv. Emergency medical services

PRE-MATCH ADHERANCE

i. Pre-match meetings to be held via other means of communication. Team kit colours can be allocated via email and any matters arising can be dealt with via phone or video conferencing. Teams are to conduct pre-match screenings (*Appendix B*) on their last training day and send them to the match commissioner, preferably sent via e-mail to limit paper cross-infection.

ii. Referees are to report to a local facility and cleared a day prior to match-day (*Appendix C)* and are also subjected to match-day screening. Records are to be handed to the match commissioner for filling.

iii. The use of dressing rooms will temporarily be suspended. A case by case basis will be employed for the use of ablutions inside the dressing room. A list of stadiums in this regard will be made by the medical team during the regional infection control trainings.

iv. Teams will use designated stands as an alternative to dressing rooms.

MATCH-DAY

i. The initial matches post lockdown would be closed games without supporters until further notice.

ii. **Disinfection of the stadium or Fumigation: Disinfection is to be done on corridors, rails, stands that will be used by teams and attendants, team benches, goal posts and any area that might be in near contact with match attendants. This should be done 3-4 hours prior to and after every match. Fumigation is to be done if the facility has been in contact with a COVID-19 infected individual.**[13]

iii. **Transport:** Buses should be disinfected before and after use by players and social distancing should be maintained as per local precautions set by ministry of transport.

iv. No player with respiratory illness or symptoms should be allowed to play.

v. All match attendants are to be wearing face masks unless when on the field of play.

vi. Pre and post-match protocols which include handshakes should be avoided in order to ensure that players and officials do not touch each other.

vii. **Screening** will be conducted in all players, officials, ball boys, stadium staff, medical team and screening forms (Appendix B and D) should be completed. Each team should be allocated time for screening to ensure that teams maintain social distancing. This measure should be strictly adhered to (penalties will be set by the BFA). Screening will be done on everyone entering the stadia (Appendix B and D) regardless of the teams having submitted their pre-match day screening tools. Preference will be given to players first and 1-meter physical distancing should be adhered to.

viii. Once Screening is completed copies of screening forms should then be given to the match commissioner for record keeping and teams should keep copies for themselves.

ix. **Use of changing room:** Temporarily suspended.

x. **Hand Washing:** Hand washing facilities should be available with clean water and soap. All teams are to also bring their own hand washing essentials (water, soap or sanitizers).

xi. **Sanitizers or disinfection measure:** The league committee is to ensure provision of soap or sanitizer dispensers in prominent places such as entrances, toilets and changing rooms and should be regularly refilled. Regular water breaks during the

match is recommended for players to sanitise. However, during half time and at the end of the game, players should wash their hands with water and soap.

xii. **Match Balls:** All balls should be sanitised before, during and after the match. During the match, the ball boys should sanitise all the balls they are in contact with before throwing it into the pitch to be used.

xiii. **Ball Retrievers:** Use of children (under 18 years) as ball boys is currently discouraged until further notice. Ball retrievers should wear gloves and sanitise regularly throughout the match.

xiv. **Massage:** No massages allowed during the training or match.

xv. The expected match attendance list is 100 people to 150 maximum (with TV crew) outlined in *(Appendix E).*

SUPPORTERS

i. No supporters should be allowed during training sessions as well as during the match day across all divisions until further notice. Where this proves to be a challenge a decision to suspend games may be warranted. This will be subject to an assessment and advice from the medical committee.

6.5 PART 4: COVID-19 INFECTION DURING THE LEAGUE

In case any delegate of a team (player, technical team etc.) is infected by COVID-19 they shall;

i. Be subject to local public health guidelines.

ii. Be exempted immediately from football activities.

iii. Upon recovery from the virus; they will undergo a further 2 weeks of observation before they can start a gradual return to play program over a further 4 weeks (this is to ensure the player is fully recovered before returning to play).

iv. Players with positive imaging findings or cardiac markers will be out of play for no less than 3 months. This player will be subject to a medical examination (Physical assessment, blood tests including cardiac markers, chest radiography, ECG and an echo-cardiogram for cases of server COVID-19 infection before they can be cleared to return to play.[11]

v. The team members in contact with the player will be subject to local health authority contact tracing, isolation and testing measures.

vi. Where necessary the affected team's league games will have to pause and if indicated the entire league games. This will be corroborated on by the BFA COVID-19 advisory committee with advice of local health authorities.

vii. **The medical committee will review the case along with the team medical personnel and arrive at a unanimous decision for a safe return of the athlete.**

viii. **Any team that violates this arrangement may be subject to disciplinary hearing by the BFA.**

7 COMPLIANCE

i. Any team not meeting minimum compliance requirements should not be allowed to participate in the league.

ii. At least 1 BFA medical committee member should be available in all matches to monitor compliance to the set standards.

iii. BFA medical Committee conduct mandatory training for team medical personnel as outlined above

8 BFA STAFF

i. To follow local precautions set for operational services of various departments

ii. Appointment of Health and Safety (SHE) officer is recommended

iii. Provide sanitizer dispensers in prominent places such as entrances, toilets and offices

iv. Disinfect corridors, toilets and dressing room

9 COST IMPLICATIONS

These are a general approximation of a safe return to play preparatory requirements. Full Cost approximation found in *Appendix G.*

Cost to Team	Cost to Association
- Pre competition medical assessment (if done in private) - Infrared thermometer - Box of Gloves - White Coat / apron and Face mask as screening Protective wear - Hand wash point (Clean water and soap) - Sanitizer/equipment disinfectant - water storage container with tap mechanism - Transportation	- Covid-19 test (minimum of 30 players & 10 staff) per team - Regional Covid-19 Infection control training - Advisory committee communication costs - Disinfection of match venue's - Screening points at match venues (Infrared thermometers, gloves, white coat/apron per screening station) - Medical personnel appointed per match venue - Match day Equipment disinfectant per game (20L spirit per game) - Ball Retrievers x5 per game

10 ACTION ITEMS

	ITEM	ITEM ACTION	RESPONSIBLE PERSON	DEADLINE
1.	Screening measures	BFA to request partnership with MOHW to cover screenings during matches	BFA COVID-19 Advisory Committee	June 30th
		Screening tool for Benchmarking	To adopt the MoHW screening tool.	Done
2.	Return to Play Guideline	Finalize and share with BFA NEC	Mr Mfolo Mfolo Dr L. Bogwasi	June 1st
3.	COVID-19 Infection control Training	Conduct 2 trainings for the team's medical personnel	Advisory committee	July 31st
4.	Pre-Policy Implementation	Discussion of the medical plan with CAF and FIFA	Mr Mfolo Mfolo, Dr L. Bogwasi	June 30th

It is of importance to note that these regulations may be adjusted or reviewed with any arising challenges or approach to the disease; however the concept of "prevention, hygiene and prompt recognition and action" is not to be compromised. Where a particular situation is not described, FIFA COVID-19 regulations will be referred to and if not listed on them then the BFA medical committee, executive and premier league to deliberate on the matter.

11 RECCOMENDTIONS

Football may resume under these set recommendations;

1) A mandatory initial COVID-19 testing to be done before resumption of team trainings followed by serial weekly tests. If the testing is not financially feasible and the BFA NEC rules to resume activity; based on the low local transmission rate of COVID-19 we may limit to a mandatory initial test and PCMA and rely on daily screening which is only 60% effective (Moderate risk of COVID-19 Health related complications and cross infection (See *Appendix F* for Intervention RISK association).
2) Leagues games be played in a tournament style with a maximum of 2 matches in one stadium per match day. There should be at least 2-3 hours in between to allow for disinfection before other teams use the facilities. This would be to allow for First division games to move to stadiums from the dusty grounds and both premier league and first division matches to finish quick.
3) The BFA and Premier league are encouraged to take action against non-compliant parties.

Signed:

L. BOGWASI

__________________ Date: ___31-05-2020___________

Chairman

K.KGOSIEYANG

________ ____________ Date: ______31-05-2020_________

Secretary

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13 APPENDICIES

13.1 APPENDIX A: BFA COVID-19 INFECTION CONTROL TRAINING PROGRAM

BFA COVID-19 INFECTION CONTROL REGIONAL TRAINING – Schedule

TIME	TOPIC
0830-0900	COVID-19 competency based training (disease, PPE, Treatment)
0900-0915	Hand hygiene
0915-1010	Strategies to curb disease – BFA Guideline overview
1010-1030	*Break*
1030-1100	Environmental cleaning, hygiene and safety
1100-1120	COVID-19 and doping
1130-1230	Practical session
	Lunch
1400-1600	REGIONAL STADIUM (S) INSECTION - Commitee

	BLOCK	REGION	COMMENTS
1.	North	Chobe Nhabe FRAFA Boteti	A
2.	South	Kgatleng SERFA Gaborone SOFA Kweneng	B
3.	East	Central SOUTH Central NORTH Selibe Phikwe Tswapong	C
4.	West	Gantsi Kang Hukuntsi Tsabong	D

GROUP A and C - Covered by the same Medical committee team over 2 -3 weeks

GROUP B and D - Covered by the same Medical committee team over 2 -3 weeks

13.2 APPENDIXB: Team match day and Training daily screening register TEAM

BFA

DAILY SCREENING REGISTER

		TEAM:	Boys FC						
		DATE			MATCH	X			
		NAME OF SCREENER			TRAINING				

FULL NAMES	**GENDER**	**ROLE**	**ADDRESS**	**CONTACT**	**Temprature**	**Cough**	**Runny nose**	**sore throat**	**shortness of breath**
Thabo K	M	Player	G west plot 2102	72989XXX	36.8	N	N	Y	N

13.3 APPENDIX C: Referee Pre-match Screening Tool

BOTSWANA FOOTBALL ASSOCIATION

REFEREE PRE-MATCH SCREENING

Name and Surname……………………………………………………………………………………

Place……………………………………………………………………………………………

Date……………………………………………………………………………………………

Symptoms (N = No, Y = Yes):

- Cough ( )
- Fever ( )
- Sore- throat ( )
- Runny nose ( )
- Shortness of breath ( )
- Temperature recording: ……………………………………………………………

Health Professional Name……………………………………………………………………

Signature……………………………………………………………………………………

Institution stamp and date

Prepared by BFA Medical Committee – May 2020

13.4 APPENDIX D: Match day attendance Screening register

MATCH DAY ATTENDANCE REGISTER

GAME: Boys FC VS Happy SC
DATE: 12.XX.2020
NAME OF SCREENER: Thato K

Markup Area

FULL NAMES	GENDER	ROLE	ADDRESS	CONTACT	Temprelure	Cough	Runny nose	sore throat	shortness of breath	ACTION
Thabo K	M	Journalist	G-west plot 2102	72980XXX	36.8	N	N	Y	N	No entry
kitso James	F	TV crew	gabane plot 342	71XXXXXX	35.8	N	N	N	N	Admit
Mpho kabo	M	Security guard	mogoditshane plot 2222	77XXXXXX	37	Y	Y	N	N	Admit
katso Katso	F	Ball retriever	Nkoyaphiri	75XXXXXX	37.2	N	N	N	N	Admit
mike mike	M	Bus driver	Broadhurst	74XXXXXX	37.6	N	N	N	N	Admit

13.5 Appendix E: Match attendance list

<table>
<tr><th colspan="4">ATTENDANTS</th></tr>
<tr><td>Home team</td><td>27</td><td>(18 players, 7 officials, 2 other support staff)</td><td rowspan="12">ALL WILL BE SCREENED ON ENTRY TO THE STADIUM</td></tr>
<tr><td>Visiting team</td><td>27</td><td>(18 players, 7 officials, 2 other support staff)</td></tr>
<tr><td>Officiating staff</td><td>5</td><td>4 Referees and 1 Match commissioner</td></tr>
<tr><td>Team bus drivers</td><td>2</td><td></td></tr>
<tr><td>League delegates</td><td>4</td><td></td></tr>
<tr><td>Ball retrievers</td><td>5</td><td>(>18 yrs.)</td></tr>
<tr><td>Security guards</td><td>8</td><td></td></tr>
<tr><td>Screening crew</td><td>4</td><td>2 screening points</td></tr>
<tr><td>Pitch side emergency assistance</td><td>4</td><td>2 per side</td></tr>
<tr><td>journalists</td><td>15</td><td>Including photographers</td></tr>
<tr><td>TV crew</td><td>21</td><td></td></tr>
<tr><td>Stadium staff</td><td>2</td><td></td></tr>
</table>

Ambulance crew	4	
Total (approx.)	135	This is the anticipated maximum number

13.6 APPENDIX F: PRE-PARTICIPATORY INTERVENTION RISK ASSESSMENT

PRE-PARTICIPATION INTERVENTION	**RISK**
COVID-19 Vaccine or treatment available	
✓ Initial COVID-19 test and follow up serial testing ✓ PCMA ✓ Daily screening	LOW
✓ Initial COVID-19 test ✓ PCMA ✓ Daily screening and ✓ testing were indicated **(NB: Only in the setting of a low local transmission rate)**	MODERATE
✓ PCMA ✓ daily screening only	HIGH
✓ Daily screening only	EXTREMELY HIGH

13.7 APPENDIX G: COST IMPLICATION

COST TO TEAM	UNIT PRICE (BWP)	QUANTITY	TOTAL (BWP)	**COST TO ASSOCIATION**	UNIT PRICE (BWP)	QUANTITY	TOTAL (BWP)
Pre competition medical assessment (if done in private)	1200	30	36 000.00	**A. LOGISTICAL OPERATIONAL COSTS**			
Infrared thermometer	1350	1	1350.00	Regional Covid-19 Infection control training – trainers (2 regions covered per person)	3000	7	21 000.00
Box of Gloves (1 per week)	60	4	240.00	Adhoc committee communication costs (per month) ▪ Communication Allowance = P500 ▪ Mascom MySurf 5Mbps = P1000	1500	12	18 000.00
Face mask (cloth) – 1 every 2 weeks – cotton cloth wash for	50	40 people (players and staff)	2000.00	**TOTAL**			39 000.00

maximum 16 times							
White Coat as screening PPE (washable)	300	1	300.00	**B. WEEKLY/MATCH DAY COST (per match day)**			
Hand wash point (Clean water and soap) – Liquid soap	30	4	120.00	Covid-19 test kits (minimum of 30 players & 10 staff) per team – for 1 round of testing (Premier league and first division South and North)	1500	40 people x 40 teams	2, 400 000.00
Equipment disinfectant (20L spirit/ 2 weeks)	3000	4	6 000.00	Medical personnel appointed per match venue per match day ▪ Mileage – P2.55/km (150km = P382.50) ▪ Accommodation - P500/room per night Meals – P100 x 3meals = 300/day	1182	20 match venues	23 640.00
water storage container with tap mechanism	150	2	300.00	Match day Equipment (balls, benches etc.) disinfectant per game (10L spirit per game)	1500	20 matches	30 000.00
Transportation for 27 pps	?	?	?	Ball Retrievers x5 per game per match day	100	20 matches	2000.00

observing physical distancing – A bus is ideal							
Spray bottles (for disinfection)	P50	2	200.00	Infrared thermometer (once off)	1500	20 match venues	30 000.00
NB: Costs are approximated on a monthly basis				X2 apron per screening station/match day	180	20 match venues	360.00
TOTAL			**P46 510.00** (Excl. Transport to matches)	Face mask for screening persons (disposable)	35	4	140.00
				Box of gloves(2 per match venue)	60	20 match venues	1200.00
				TOTAL			2 487 340.00