

# ICC BACK TO CRICKET GUIDELINES

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## 1. INTRODUCTION

The COVID-19 (CV-19) virus emerged in Wuhan China in early December 2019 and has resulted in a World Health Organisation (WHO) declared pandemic that has upended all areas of life, and cricket is no exception. Cricket scheduling and player preparation has been significantly affected by the current COVID-19 pandemic.

The response of governments and public health authorities to limit the spread and impact of CV-19 has been to reduce human-to-human contact. This preventative action has resulted in an array of responses including quarantine, border closures, school, and workplace closure, gathering restrictions, social distancing, etc. As the clampdown gradually starts to relax in some parts of the world and cricket moves towards resumption, it is important to ensure there is no compromise on the health of individuals or the community and government guidelines are strictly adhered to.

### Purpose of these Guidelines

The purpose of this document is to provide guidance for the safe resumption of cricket activities (training, playing, and travelling) in countries and regions at community, domestic professional and international levels. These guidelines have been developed by the ICC Medical Advisory Committee in consultation with Member Medical Representatives.

This document does **not** seek to address the question of ‘when cricket can restart’ – as this is individualised to each country. Rather, this document offers guidance on **how** members can return to play alongside the resumption of outdoor sport and exercise in their country once they are able to.

ICC Members should use these guidelines to create policies for back to cricket activity within their own country. It should be read and adopted alongside any national and local government regulations and guidance which should always take precedence over these guidelines. ICC Members should monitor changes to such laws and policies and amend their own policies as required, to ensure that their cricket community is applying best practice and complying with national and local requirements.

The guidelines are relevant for all cricket, be it international cricket, domestic professional cricket or community cricket and apply to all participants.

Please note that these guidelines reflect the information and research available at the time of writing. The CV-19 pandemic, and the responses of governments and the public health community to it, remains fluid. Information and guidelines are therefore subject to change.

### Key Decision Principles

The primary considerations in developing the ‘ICC Back to Cricket Guidelines’ are:

1. Safety first
  - a. The ICC’s priority is the wellbeing of the entire cricket community.
  - b. The resumption of cricket activities should begin only if there is no perceived or known risk that doing so might result in an increase in the local CV-19 transmission rate.
  - c. Every effort should be made to ensure that risks associated with the cricket environment i.e. field of play, training venue, changing rooms, equipment, management of the ball have been mitigated before any training session or match.
2. Government advice
  - a. ICC Members (and their own cricket communities) should be guided by the advice of their respective governments in relation to when sporting activity is resumed. Where sporting activities

- has been expressly forbidden by governments, no cricket activity should commence until approval to do so has been obtained from the government.
- b. ICC Members should be guided by the advice of their respective governments in relation to travel restrictions (domestic and international) and quarantine requirements.
3. Leadership and the wider impact of cricket
- a. Cricket can play a leadership role in combatting the global pandemic by providing positive role models for society.
  - b. As the international governing body for cricket, the ICC is looking to provide all within the sport – individuals, teams, and national cricket federations – with clear direction to support a safe and successful back to cricket regime.
  - c. Cricket plays an important positive role in supporting individuals to gain a sense of normalcy in their lives and carries with it important physical and mental health benefits.

## 2. GENERAL PRINCIPLES

### Cricket Specific Risks

There are several risks specific to the sport of Cricket which must be considered alongside general physical exercise guidance issued by national governments and sporting bodies. Cricket is a non-contact team sport and so the risks and exposure to CV-19 may differ from full contact team sports. In particular:

- Cricket requires players to be in close proximity at times and involves the use of shared facilities. Therefore, should a team member or opponent develop any CV-19 symptoms or be found to develop an infection, participants will require isolation and testing as they are most likely to have been in close contact.
- Although Cricket is not a contact sport, the cricket ball is a potential transmission medium and rules should be applied around the management of the ball.
- On-field behaviour that includes celebrations with body contact, and shared use of drink bottles, towels and equipment can pose a risk in cricket and should be strongly discouraged.
- Players should be encouraged to take responsibility for their own items (sunglasses, cap, jumpers, towels etc.) and instructed against handing over any items to umpires or teammates.
- Participants, in particular umpires, match referees and support staff may be considered vulnerable individuals that are at higher risk of severe illness due to CV-19. This includes older individuals (approx. 60+) and people of any age with underlying medical conditions such as cardiac, kidney, diabetes, obesity, weak innate immunity, etc.
- Safe and effective return of players to strength and conditioning (particularly bowlers). Limited preparation may cause higher injury levels.
- Cricket is officiated by umpires on the field of play and their health and well-being needs to be taken into full consideration as they spend the greatest amount of time in close proximity to players.
- Government restrictions on air travel could delay the resumption of domestic and international cricket.
- Based on international evidence, transmission of CV-19 is assumed to be greater for indoor sporting activity than for outdoor activity, even with taking similar mitigation steps. Extra caution should therefore be taken for any indoor cricket activity.

### Government Restrictions

- The first step towards the resumption of cricket is to seek permission and guidance from your government and public health authorities on resuming training and competition.
- Are spectators permitted? If so, what restrictions will apply? Consider the following –
  - o Physical distancing of spectators by limiting entry numbers, controlling seating and guiding corridor movement of crowds
  - o Ensure public health advice is available before and during the event to all spectators
  - o Ensure entry is restricted to those acutely unwell or with symptoms of a viral illness
  - o Ensure there are entry warnings for those who are more 'at risk' of serious outcomes from the CV-19 virus
  - o Consider not serving food and drink to spectators to eliminate a chance of them coming into proximity with each other.

## Education and Awareness

- Education of the health risks associated with CV-19 underpins all other measures set out.
- Education will help promote and set expectations for player behaviour ahead of resumption in play.
- Players at all levels should be made aware that the ICC is expected to ban the use of saliva on the ball in the very near future (on medical advice).
- Education should include preventative measures such as:
  - o general hygiene practices – regular and thorough washing of hands with soap and sanitizing with an alcohol-based hand-rub, refraining from touching your eyes, nose and mouth and good respiratory hygiene such as coughing or sneezing into your bent elbow etc.
  - o hygiene practices specific to cricket such as no sharing of drink bottles and towels and the safe management of the ball. Wherever possible, items of cricket equipment should not be shared with anyone else unless an appropriate cleaning protocol is followed.
- It is important to educate the cricketing community on strategies to mitigate against CV-19.
- Players should be advised to minimise the use of changing rooms, shower facilities and other communal areas. Where possible, players should be encouraged to shower and change at home instead of at match and training venues.
- Education should include the heightened risk of severe illness caused by CV-19 to vulnerable/high-risk groups.
- Display appropriate CV-19 awareness material within sporting facilities. Links to WHO CV-19 guidance documents and awareness posters are below.
  - o [COVID-19 advice](#)
  - o [Clean care – hand washing guidance](#)
  - o [Q & A on coronaviruses \(COVID-19\)](#)
  - o [WHO – COVID 19 posters](#)

## 3. RESUMPTION OF CRICKET

The restart of cricket requires planning to assess and manage the risk of CV-19 infection. Members should follow their government's restrictions and advice, specifically those related to gatherings, travel, social distancing, and sporting competition for a safe return to cricket.

Members may be required to confirm their resumption of training and competition with the responsible government and public health authority along with a detailed copy of their plan for a safe return. Members may refer to the following measures for guidance in developing their back to cricket plan. Each plan will differ based on government regulation and status of the CV-19 virus in communities.

### Back to Cricket Approach

A safe return to cricket will require different considerations, depending on if this is being looked at from the perspective of community cricket, domestic professional cricket, or international cricket. However, in all cases each group or team should consider three main elements of this return:

1. Back to Training
2. Back to Play
3. Back to Travel

This document offers specific guidance (where applicable) across all three elements from the perspective of community cricket, domestic professional cricket, and international cricket. All guidance is based on the ICC's Principles (outlined above) and is underpinned by the importance of Education and Awareness of the virus.

#### 4. RESUMPTION OF COMMUNITY CRICKET

##### Back to Training

- Health and temperature checks should be monitored for all participants at training and match venues
- The ICC recommends a phased approach to resuming training activity starting with solo training followed by small group activities and thereafter larger groups and full training (in compliance with government restrictions). The load and intensity of training over the stages should be progressive to prevent injury. A recommended approach on the phased back to training activity is outlined in **Appendix 1**.
- Progression to the next stage should not begin until it is deemed safe to do so and there is no evidence that the local CV-19 transmission rate has risen because of this training activity.
- When using a training facility, training should be staggered where possible to minimize numbers, maintain social distancing, and reduce contact. Consider modifying training times so there are less people present at any one time.
- Personal equipment should be sanitized before and after use (training and competition). The use of external equipment should be limited where possible.
- Equipment sharing should be avoided. If unavoidable, an appropriate cleaning protocol should be followed before and after use.
- Consider the age and health of participants and recommend against high-risk individuals participating in training or competition.
- Participants should arrive ready to train and avoid using communal facilities where possible.

##### Back to Play

- Review domestic playing conditions to minimise risks associated with playing during this CV-19 period.
- Consider rule amendments to allow for the safe management of the ball –
  - o Regular hand sanitising when in contact with the ball
  - o Do not touch eyes, nose, and mouth after making contact with the ball
  - o Saliva should not be used on the ball
  - o Umpires to consider wearing gloves when handling the ball.
- Consideration should also be given to rule amendments to maintain social distancing (e.g. field positioning).
- On-field protocols – For example, no unnecessary body contact and no handing over items (cap, towels, sunglasses etc.) to umpires or teammates. Each player should be responsible for their own items.
- Off-field protocols – For example minimal use of communal facilities before and after the match, social distancing to be maintained at all times. A ‘ready to play’ approach should be adopted.
- Discourage sharing of all equipment where possible. If it is required ensure equipment is cleaned appropriately.
- If spectators are permitted, social distancing should be maintained.

##### Back to Travel

- Where possible, players should travel alone to and from trainings and matches unless they are living in the same household. Where this is not possible, social distancing should be maintained.
- Where using public transport to travel, players should avoid travelling at ‘peak’ transport times to limit contact with others.

# BACK TO COMMUNITY CRICKET



The ICC recommends a phased approach to resuming training activity in line with government regulation\*.



## Participant Health

Consider the age and health of participants and discourage any vulnerable individual from participating.



## Sanitized Equipment

All equipment should be sanitized before and after use and sharing of equipment should be avoided where possible.



## Social Distancing

Training should be staggered to minimize numbers, maintain social distancing, and reduce contact.



## Ready to Play

A 'ready to play' approach should be adopted to ensure minimal use of communal facilities where possible.



## Transit & Travel

Players should maintain social distancing when travelling to training and matches.



## Play it Safe

Any unnecessary body contact on the field of play should be avoided. Players should not hand over items to umpires or teammates.



## Education & Awareness

Education on hygiene practices and safety measures should be prioritized before any cricket activity commences.

\*Compliance with national and local government regulation should always take precedence over these guidelines

## 5. RESUMPTION OF DOMESTIC PROFESSIONAL CRICKET

For the professional game it will also be important for ICC Members to consider any employment aspects including issues around the duty of care. We therefore recommend consulting with player representative bodies where appropriate.

### Back to Training

- Health and temperature checks should be monitored for all participants and CV-19 testing should be considered where possible at training and competition venues.
- Consider engaging a Medical Advisor and/or Biosafety Official to assist with planning for a safe return to training and competition.
- The ICC recommends a phased approach to resuming training activity (in compliance with government restrictions). The load and intensity of training over the stages should be progressive to prevent injury. A recommended approach on the phased back to training activity is outlined in **Appendix 1**.
- Progression to the next stage should not begin until it is deemed safe to do so and there is no evidence that the local CV-19 transmission rate has risen because of this training activity.
- A risk assessment of training and match venues must be carried out to ensure precautions are taken to minimize risks and provide a safe workplace to those participating in cricket. This should include:
  - o the protocol and frequency of cleaning shared facilities
  - o availability of hand sanitizers in prominent places (entry/exit and high traffic areas) around training and match venues.
- Personal equipment should be sanitised before and after use (training and competition).
- Equipment sharing should be avoided where possible and if sharing is required (resistance bands, balls, bats, ball throwers etc.) strict hygiene and sanitising protocols should be followed.
- All participants should adopt a 'ready to train' approach, i.e. come to training prepared without the need to use any communal facilities such as changing rooms or showering facilities.
- Consider the age and health of participants and discourage any high-risk individuals from participating in training or competition.

### Back to Play

- Review domestic playing conditions to minimise risks associated with playing during this CV-19 period.
- Consider rule amendments to allow for the safe management of the ball –
  - o Regular hand sanitising when in contact with the ball
  - o Do not touch eyes, nose, and mouth after making contact with the ball
  - o Saliva should not be used on the ball
  - o Umpires to consider wearing gloves when handling the ball.
- Players and umpires should maintain social distancing on the field of play and that includes no handing over of player items (cap, towels, sunglasses, jumpers) to the umpire or teammates. Consider adopting a process that will assist the bowler in managing his/her items.
- Players should also avoid any unnecessary body contact on the field of play.
- Off-field – All participants should minimise the use of communal facilities (changing rooms and shower facilities) before and after play. Players should be encouraged to shower at home. Social distancing to be maintained and doors left open where possible to avoid contact with door handles.
- In case spectators are permitted, consider restrictions and additional safety measures that will need to be implemented.
- A comprehensive effort should be made by every participating team to ensure that their team is CV-19 free.

### Back to Travel

- Implement the necessary measures to ensure safe travel and accommodation. Consider the following potential requirements:
  - o Where possible, participants should travel alone
  - o Social distancing on shared transport (e.g. team bus of ample size to allow for social distancing to be followed)
  - o Regular and adequate cleaning of transport
  - o Avoid sharing of rooms until it is safe to do so.
- Where using public transport to travel, players should avoid travelling at 'peak' transport times to limit contact with others.

# BACK TO DOMESTIC PROFESSIONAL CRICKET



The ICC recommends a phased approach to the resumption of any cricket activity in compliance with government regulation\*.

Progression between stages should not begin until safe to do so.

CV-19 education and awareness should underpin all other measures in resuming domestic professional cricket.



## Risk Assessment

A Risk Assessment of training and match venues is required to ensure a safe workplace for all participants.



## Participant Health

Health and temperature checks should be monitored. Age and health of participants should be considered, and high-risk individuals should be discouraged from participating.



## Hygiene Measures

General hygiene practices including hand and respiratory hygiene should be strictly followed. All equipment should be sanitized before and after use and sharing of equipment should be avoided where possible.



## Social Distancing

Players and umpires should maintain social distancing on and off the field of play and any unnecessary body contact should be avoided. If spectators are permitted, restrictions and additional safety measures should be implemented.



## Play it Safe

A 'ready to play' approach should be adopted to ensure minimal use of communal facilities. Cricket specific hygiene practices should be implemented on the field of play, in particular no use of saliva on the ball.



## Transit & Travel

Implement the necessary measures to ensure safe travel and a accommodation of participants. This includes regular disinfecting of vehicles, restrictions on room sharing, use of personal protective equipment and social distancing.

\*Compliance with national and local government regulation should always take precedence over these guidelines

## 6. RESUMPTION OF INTERNATIONAL CRICKET

For the resumption of domestic cricket, Members will need to comply with biosafety measures instituted by their government and public health authorities. However, for international cricket Members may also consider implementing additional biosafety requirements over and above the national and local government requirements and restrictions.

For the professional game, it will also be important for ICC Members to consider any employment aspects including issues around the duty of care. We therefore recommend consulting with player representative bodies where appropriate.

### Back to Training

- Consider appointing a Chief Medical Officer and/or Biosafety Official who will be responsible for implementing government regulations and the biosafety plan to resume training and competition.
- Consider the need for a pre-match isolation training camp with health, temperature checks and CV-19 testing – e.g. at least 14 days prior to travel to ensure the team is CV-19 free.
- Develop an appropriate CV-19 testing plan during training and competition. This will entail:
  - o Testing plan – frequency and timing of CV-19 tests
  - o Polymerase Chain Reaction (PCR) – laboratory based or point of care testing (speed, accuracy, and cost considerations)
  - o Optional serology testing
  - o Private vs government laboratory (speed and cost)
  - o Medical support – requirement of infectious disease doctors and nurses for sample collection and results management.
- A risk assessment of training and match venues must be carried out to ensure precautions are taken to minimize risks and provide a safe workplace for those participating in cricket. This should include:
  - o The protocol and frequency of cleaning shared facilities
  - o Availability of hand sanitizers in prominent places (entry/exit and high traffic areas) around training and match venues.
- Ensure protocols are in place for players attending training or competition to maintain social distancing of at least 1.5m on-field and off-field (or as indicated in government guidelines in your country).
- Consider the age and health of participants and recommend against high-risk individuals participating in training or competition.
- Develop a process for participants to report CV-19 symptoms and for team doctors to monitor health.
- Personal equipment should be sanitised before and after use (training and competition).
- Equipment sharing should be avoided where possible and if sharing is required (such as in the gymnasium) strict hygiene and sanitising protocols should be followed.
- Treatment beds in medical rooms should have no bed linen and should be appropriately and thoroughly cleaned before/after every patient.
- All participants should adopt a 'ready to train' approach where possible i.e. come to training prepared without the need to use any communal facilities such as changing rooms or showering facilities.
- It is important that players are given adequate timescales to build to the required intensity. The three international formats all have differing physical requirements. An adequate level of physical preparedness is required to underpin the return to international cricket.

### Back to Play

- Assess the extent to which the CV-19 virus is active in:
  - o The community where trainings and/or match(es) will be conducted and take the necessary precautions to minimise risks to participants.
  - o The community(ies) of the competitor(s) and put in place mitigation plans for each team based on the CV-19 risk of their respective communities.
  - o The community's ability to manage CV-19 cases medically where training and/or match(es) will be conducted.
- Consider the need for medical resources for a series or event and ensure it does not compromise on public health CV-19 efforts.
- Appoint on-call doctors for each venue to provide medical cover for match officials and other participants.
- Consider necessary specialist and hospital support in case a participant contracts CV-19.

- Provide players with clear guidance on the safe management of the ball. This will include
  - o Regular hand sanitising when in contact with the ball
  - o Do not touch eyes, nose, and mouth after making contact with the ball
  - o Saliva should not be used on the ball.
- Players and umpires should maintain social distancing on the cricket field and that includes no handing over of player items (cap, towels, sunglasses, jumpers) to the umpire or teammates. Consider adopting a process that will assist the bowler in managing his/her items. Umpires may also be encouraged to use gloves when handling the ball.
- Consider using adjoining appropriate areas as additional changing room facilities to allow for social distancing. Minimise time spent in the changing room before and after a match.
- Consider a strategy to deal with potential mental health issues.
- If spectators are permitted, consider restrictions and additional safety measures that will need to be implemented.
- Consider a strategy in case of increased levels of staff/volunteer absences.
- Develop a strategy to enable players who require medical care/treatment outside of the bio-safety environment (e.g. hospitals) to be able to access the same without compromising the safety of the environment. This may include:
  - o Travel in a sanitised vehicle to and from the bio-safety bubble.
  - o Use of Personal Protective Equipment (PPE) by the player and support staff accompanying the player
  - o Hosts to facilitate speedy consultations and tests to minimise waiting time in hospitals or clinics.

#### Back to Travel

- Check government requirements on resuming international travel and the potential need for self-isolation or quarantine on individual players or teams on entering another country and returning to their country.
- Travel – consider chartered flights and seat spacing to ensure social distancing.
- Transport – consider regular and adequate cleaning, seat spacing, use of PPE and distance (time and space) between the arrival of teams at match venues.
- Accommodation – consider dedicated hotel floor, single rooms, food quality and hygiene.
- International teams should strongly consider travelling with a medical doctor.
- Travelling teams should ensure necessary arrangements are in place to support a team member should they test positive while on tour.

# BACK TO INTERNATIONAL CRICKET



The ICC recommends a phased approach to the resumption of any cricket activity in compliance with government regulation\*. Progression between stages should not begin until safe to do so. CV-19 education and awareness should underpin all other measures in resuming international professional cricket.



## Training:

- i. Consider appointing a Chief Medical Officer and/or Biosafety Official who will be responsible for implementing government regulations
- ii. Consider the need for a pre-match isolation training camp with CV-19 testing
- iii. Consider the need for CV-19 testing of all participants
- iv. Develop a process for participants to report CV-19 symptoms and team doctors to monitor health
- v. Treatment beds in medical rooms should have no bed linen and should be appropriately and thoroughly cleaned before/after every patient

## Play:

- i. Assess the extent to which the CV-19 virus is active in:
  - a. the community where trainings and/or match(es) will be conducted and take the necessary precautions to minimise risks to participants
  - b. the community(ies) of the competitor(s) and put in place mitigation plans for each team based on the CV-19 risk of their respective communities
  - c. the community's ability to manage CV-19 cases medically where training and/or match(es) will be conducted
- ii. Appoint on-call doctors for each venue to provide medical cover for Match Officials and other participants
- iii. Consider necessary specialist and hospital support in case a participant contracts CV-19

## Travel:

- iv. General hygiene practices including hand and respiratory hygiene should be strictly followed on and off the cricket field
  - v. Provide players with clear guidance on the management of the ball, in particular no use of saliva on the ball
  - vi. Players and umpires should maintain social distancing on and off the cricket field and any unnecessary body contact should be avoided
- i. Check government requirements on resuming international travel and the potential need for self-isolation or quarantine of individual players or teams on entering another country and returning to their country
  - ii. Consider regular and adequate cleaning, seat spacing
  - iii. Consider chartered flights and seat spacing to ensure social distancing
  - iv. Accommodation to be secured on a dedicated hotel floor with single rooms and stringent food quality standards
  - v. International teams should strongly consider travelling with a medical doctor

\*Compliance with national and local government regulation should always take precedence over these guidelines

## 7. STRATEGIES

- Develop a detailed process should a participant be suspected/confirmed of having contracted CV-19. The process should include:
  - o A designated space for immediate isolation of the participant (if at training or match venue)
  - o Emergency supply of PPE to the participant and his/her close contacts
  - o Isolation of the participant for the duration of the illness (residence, hotel, hospital, transport etc.)
  - o Contact tracing – protocol to notify and isolate close contacts (as defined by your government). of the participant 48 hours before the onset of illness.
  - o Testing plan and health monitoring of the participant and those in close contact with the participant
  - o Immediate cleaning of the area(s) where the participant was present
  - o Detailed medical treatment for the participant
  - o Medical insurance.
- Consider the impact on the match or the series during which the participant(s) tested positive for CV-19. This will depend on many factors that include:
  - o The number of participant(s) who test positive for CV-19
  - o The type of participant(s) (player, team support personnel, umpire, referee, tournament staff)
  - o Contact tracing of the relevant participant(s) to identify their close contacts who will also need to be isolated.
- Specific recovery strategies will need to be considered for those players recovering from CV-19 infections as cardiac and respiratory complications are becoming increasingly well documented and medical guidance will be needed for a graded return. Medical support should be available to treat, rehabilitate, track and monitor recovering players. Mitigation strategies should be implemented against the further spread of CV-19.

## 8. APPENDIX

- Appendix 1 – Phased back to training activity
- Appendix 2 – Guidelines for preparation of bowlers
- Appendix 3 – Back to Cricket checklist

## 9. LINKS TO USEFUL CV-19 DOCUMENTS

- [WHO Risk Assessment for Sport Mass Gatherings](#)
- [WHO Considerations for Sport Federations](#)
- [WHO Public Advice Guidelines](#)
- [Video on Hand Washing](#)
- [WHO Consideration on Quarantine](#)
- [WHO Contact tracing in the context of COVID-19](#)
- [CDC recommendations for cleaning](#)
- [JOHNS HOPKINS Covid-19 Resource Centre](#)
- [Australian Institute of Sport Covid-19 Resource](#)

## APPENDIX 1 - PHASED BACK TO TRAINING ACTIVITY

The ICC recommends that the back to training activity should be phased in over a number of stages, where progression to the next stage should not begin until it is deemed safe to do so and there is no evidence that the local CV-19 transmission rate has risen as a result of this training activity.

Stage 1 - Individual training activity (outdoor or indoor, away from home)		
Context	Guidelines	Recommended hygiene measures
<p>Stage 1 should begin once individuals are able to exercise <b>on their own</b> and may be able to resume basic cricket activities.</p> <p>This stage maintains engagement in the sport and may be assisted by online coaching resources, social media, and other virtual aides.</p>	<p>Activities should involve no contact with, or participation alongside, any other individual or partner.</p> <p>Activities may include cardiovascular exercise or strength and conditioning training to keep in good general health and fitness.</p> <p>Use of equipment such as cones and stumps should be limited but participants may use essential cricket equipment (i.e. bat, ball) for activities such as shadow batting, bowling, catching.</p>	<ul style="list-style-type: none"> <li>- Good general hygiene (washing/sanitizing your hands before and after activity)</li> <li>- Sanitizing any personal equipment used</li> <li>- Observing social distancing rules at all times in public spaces</li> <li>- Limiting the use of external equipment</li> <li>- Do not attend training if unwell (contact doctor)</li> <li>- Minimise use of communal facilities</li> </ul>
Stage 2 - Training activity in small groups of 2-3		
Context	Guidelines	Recommended hygiene measures
<p>Stage 2 should be considered when national Government restrictions allow family members, friends and/or teammates to participate in sporting activity in <b>small groups of 2-3 individuals</b> whilst maintaining social distancing rules.</p> <p>This stage may also include supervised cricketing activity from a coach or responsible adult.</p>	<p>Basic batting, bowling and fielding exercises should be carried out such that they minimise interaction between participants. This may include some fielding exercises or net practice.</p> <p>Participants should have their own equipment, including a bat and ball. Where this is not possible, all shared equipment should be limited and should be sanitised between different participants' usage.</p>	<ul style="list-style-type: none"> <li>- Continue recommended hygiene measures in Stage 1</li> <li>- No sharing of exercise equipment</li> <li>- No direct physical contact between participants (handshakes, hugs, 'high fives', other touch)</li> <li>- No sharing of any non-cricket equipment (e.g. water-bottles, gloves, pads)</li> </ul>
Stage 3 – Training/Playing in group of <10		
Context	Guidelines	Recommended hygiene measures
<p>Stage 3 should be considered when national Government regulations allow individuals to participate in sporting activity in <b>groups of no more than 10 individuals</b> whilst maintaining social distancing rules.</p> <p>This stage may also include supervised cricketing activity from a coach or responsible adult.</p>	<p>Activities should be non-contact skills training whilst observing social distancing measures and, where possible, should still limit the number of individuals that participants come into contact with (e.g. a training session with 2 distinct groups of 4 players).</p> <p>Participants should use their own equipment where possible. Where this is not possible, participants should be provided with their own specific club equipment (e.g. use only a ball assigned to you for the session).</p>	<ul style="list-style-type: none"> <li>- Continue recommended hygiene measures in Stage 2</li> <li>- Clear demarcation of team cricket equipment (e.g. numbered balls)</li> <li>- Thorough disinfecting of all team cricket equipment after a session</li> </ul>

	All participants should adopt a <b>'ready to train'</b> approach i.e. come to training prepared without the need to use any communal facilities such as changing rooms or showering facilities.	
Stage 4 – Training/Playing in groups of >10		
Context	Guidelines	Recommended hygiene measures
Stage 4 should be considered where national Government regulations allow sporting activity to take place in groups of <b>more than 10 individuals</b> and social distancing measures allow participants to come to within 1.5m of each other.	<p>Stage 4 activities should still limit the number of individuals that participants come into contact with but may allow wider squad training and should allow the use of shared equipment, in particular a cricket ball.</p> <p>Physical contact between participants will be allowed though this should still be limited where possible. For training situations, teams should still consider maintaining some small group separation.</p> <p>All participants should still consider a <b>'ready to train'</b> approach though full use of communal facilities will be permitted during this stage.</p>	<ul style="list-style-type: none"> <li>- Continue recommended hygiene measures in Stage 3.</li> <li>- Communal facilities can be used.</li> <li>- If any massage beds are used, hygiene practices to include (i) no bed linen except single use of towels and (ii) cleaning of treatment beds and key surfaces after each cricketer.</li> </ul>

## APPENDIX 2 – GUIDELINES FOR PREPARATION OF BOWLERS

Bowlers are at a particularly high risk of injury on return to play after a period of enforced time-out. When looking at timescales, consideration needs to be given to the age and physical preparedness as this will influence the risk and length of time required to develop appropriate bowling loads that will allow a safe and effective return to international cricket. Evidence suggests long-term workloads over 1200 overs, older bowlers, > 24yrs and reducing spikes in load have some protective elements in relation to stress fractures, the most significant injury in relation to time-loss. However, these figures have not been seen in conditions where such an enforced period of lock down has been noted. Research suggests a 7-week period of shut down can see 2% bone loss in the spine that takes up to 24 weeks to replace. The protective effect of older age groups may not apply to other injury categories with the potential for deconditioning in relation to musculotendinous injuries and capacity requiring a more careful preparation period.

### Preparation of bowlers for return to International Cricket

With the likelihood of a return to international cricket potentially resulting in a condensed schedule it will be necessary for countries to utilise larger squads to safely meet the performance demands imposed. The following suggested periods would be dependent on the bowler having been able to undertake regular running and some bowling drills whilst in lockdown. However, a longer period may well be necessary on an individual basis.

- A return to T20I would suggest a minimum 5-6 week preparation period, the last 3-week period would involve match intensity bowling.
- ODI cricket would require a minimum 6-week preparation period, the final 3-week period would involve match intensity bowling.
- Test cricket would require a minimum of 8-12 week preparation period, the final 4-5-week period would involve match intensity bowling.

These are dependent on a multifactorial assessment with age of bowlers, injury history, bowling technique and speed and lifetime overs, amongst others.

Bowling loads therefore need to be developed progressively, with adequate rest built into a return programme and based on match intensity overs per week.

### APPENDIX 3 - BACK TO CRICKET CHECKLIST

No.	CHECKLIST	CC	PC	IC
1.	<b>Government regulation</b> – Seek permission and guidance to resume training and competition (with or without spectators).	✓	✓	✓
2.	<b>Education and Awareness</b> – Health risks, preventative measures, expected player behaviour, general hygiene practices, hygiene practices specific to cricket, risk to vulnerable groups etc.	✓	✓	✓
3.	<b>Plan for a safe return to cricket</b> – Consider drafting a plan for the safe resumption of training activity and competition. The plan should comply with government regulation. Refer to the ICC’s guidance for assistance.	✓	✓	✓
4.	<b>Medical</b> - Engage your Chief Medical Officer or a Medical advisor to assist with planning and implementation of the ‘Back to Cricket’ strategy.		✓	✓
5.	<b>Player preparation</b> – Adopt a phased approach to resuming training activity in compliance with government regulation. The load and intensity of training should be progressive to prevent injury. Refer to Appendix 1 of the ICC Guidelines.	✓	✓	✓
6.	<b>Safe environment</b> – A risk assessment of training and match venues must be carried out to ensure the necessary precautions are taken to minimize risks to participants and ensure a safe return to cricket.	✓	✓	✓
7.	<b>On and off field protocols</b> – Draft protocols for on and off-field behaviour including sharing of equipment, management of ball, use of communal facilities, (changing rooms), celebrations, social distancing etc.	✓	✓	✓
8.	<b>Local travel</b> – Consider the necessary precautions regarding travel to training and competition and provide guidance to participants.	✓	✓	✓
9.	<b>Air Travel</b> – Consider chartered flights, social distancing, hand and food hygiene, sanitising of baggage, use of personal protective equipment.		✓	✓
10.	<b>Accommodation</b> – single rooms, dedicated floors where possible, food quality and hygiene.		✓	✓
11.	<b>Strategies</b> – Consider protocols for dealing with symptomatic and COVID-19 participants. Consider the impact on the match and/or series. Consider recovery strategies for players.		✓	✓
12.	<b>Host team</b> – Consider testing/screening protocols for participants. Possible quarantine requirements depending on state and national restrictions.		✓	✓
13.	<b>Visiting team</b> – Consider isolation training camp including testing prior to travel and enquire about possible quarantine on return to country.			✓
14.	<b>Testing and Screening Plan</b> – cost, accuracy, speed, volume and frequency of testing.		✓	✓
15.	<b>General measures to be considered -</b>			
	Medical doctor to accompany international teams			✓
	Medical support for match officials and participants			✓
	Cleaning protocols and frequency of cleaning for shared training equipment. Sharing of equipment should be avoided where possible.	✓	✓	✓
	Restrictions and additional safety measures if spectators are permitted.	✓	✓	✓