

Important informations - Veltins EisArena Winterberg COVID-19 PREVENTION GUIDELINES

athletes - training

entry restrictions

Anyone entering Germany or NRW from a risk area must inform the local health authority of this e-mail address on the day of entry. There is an obligation to register! The completed registration form must be sent to infektionsschutz@hochsauerlandkreis.de and covid19@veltins-eisarena.de.

An already existing negative test result, which is not older than 48 hours and recognised in Germany, should be enclosed. Anyone who cannot show a negative test result must be placed in quarantine.

Arrival in Winterberg within Germany

Anyone travelling to Winterberg from a German hotspot (towns or districts with a 7-day incidence higher than 35) must present a recognised negative Covid-19 not older than 48 hours to the VELTINS EisArena. It is not necessary to register with the local health authority.

In addition to the training registration, the registration form must also be completed and submitted to us. This applies to all athletes!

An overview of current risk areas can be found here:

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html

Please inform yourself about the currently valid regulations before you arrive!

Basic rules at the track

All persons involved in the competition are required to maintain a high degree of personal initiative and responsibility. Persons who do not feel well (fever, cough, cold) are requested to stay away from the Veltins EisArena and to consult a doctor if necessary.

Corona Warning-App

The app runs on iOS smartphones from iPhone 6s under iOS 13.5, on Android-based smartphones from Android 6. Available in all EU countries and other countries in over 20 languages via download. Everyone is free to use the app.

Basic regulations on all sports facilities:

- Keep distance
- Mandatory mouth and nose protection
- Wash or disinfect hands regularly and thoroughly
- Follow the general hygiene instructions/regulations

Local Hygiene Officer

Michelle Tesche

Telefon: +49 291 941507 | Mobil: +49 170 7094060 | michelle.tesche@sportzentrum-winterberg

Training at the track

The times in the track plan for training etc. must be adhered to exactly. Otherwise there is a danger that the procedures on site cannot be observed.

Transport of athletes

- maximum of 4 athletes are allowed in the van
- Mouth and nose protection or closed helmet with visor must be worn
- An additional waiting area is available in the finish arena
- The athletes will be dropped off at the service yard in front of the locker rooms or at the start house

Race office, timekeeping

Access to the race office on the ground floor is closed for the entire season.

All payment transactions and enquiries take place at the counter window without direct access to the building. An intercom system should be used.

Contact with the team off the track is only possible by telephone or e-mail.

Stefan Knipschild: +49 175 7862532

Ingo Götze: +49 173 2959814

E-Mail: eis@veltins-eisarena.de

Locker rooms

- Mouth and nose protection.
- Use of changing rooms must be kept to a minimum.
- Max. capacities of the changing rooms.
- Access for athletes only

Notes on symptoms

The Winterberg hospital is available for medical care. Please call in advance: +49 29 81 802-0

Appendix 1 Questionnaire

Questionnaire about SARS-CoV-2 Risk during Training – for all participants (athletes and athlete support persons or Stakeholder Organization staff)

A contact person must provide his or her contact details: name, address, telephone number, e-mail address. All other participants must be registered with full name, date of birth, permanent address, address in Winterberg and the travel route of the last 14 days.

PERSONAL INFORMATION

| | |
|---|--|
| Name as shown in the passport or other ID | |
| Your permanent address (street/apartment/city/ postal code/country) | |
| Your telephone number (mobile) | |
| Your email address | |
| Countries that you have visited or stayed in the last 14 days | |

- This information is required to allow the respective Race Organizer to assess whether I may participate in the concerned event without causing a risk to public health.
I understand that if I do not allow the above information to be provided to the Race Organizer, I will not be permitted to participate in the above mentioned event as they will not be able to assess whether or not I pose a risk to public health.
I confirm that I do permit to send the information above to the respective institution in case these information are requested for the event.
Furthermore I understand that the basic regulations (see below) apply on all sports facilities and confirm to comply accordingly.*
- All the people involved had no symptoms in the above list in the last 14 days and were able to answer no to the other questions.*
- All persons involved have been informed of the preventive measures and have taken note of them.*

| full name | date of birth | permanent adress | adress Winterberg (Hotel) | All Countries you have visited last 14 days |
|-----------|---------------|------------------|---------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| |
|--|
| |
| ...had close contact with anyone diagnosed as having Coronavirus disease COVID-19? |
| ...provided direct care for COVID-19 patients? |
| ...visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19? |
| ...worked together in close proximity, or sharing the same room environment with a COVID-19 patient? |
| ...traveled together with COVID-19 patient in any kind of conveyance? |
| ...lived in the same household as a COVID-19 patient? |
| ...been in quarantine? |
| ...tested positive to the swap PCR test? |

| |
|--|
| ...experienced any of the following symptoms now and in the previous 14 days |
| ▪ Fever |
| ▪ Cough |
| ▪ Fatigue |
| ▪ Dyspnea |
| ▪ Myalgia |
| ▪ Sore Throat |
| ▪ Chest Pain |
| ▪ Congestion/Coryza |
| ▪ Headache |
| ▪ Chills |
| ▪ Nausea/Vomiting |
| ▪ Diarrhea |
| ▪ Anosmia/Dysgeusia |
| ▪ Chilblains/Pernio |