



To: Secretary / CEO & Chief Medical Officers of Unions and Regional Associations in Membership of World Rugby

**From: Brett Gosper – Chief Executive Officer
Dr. Éanna Falvey – Chief Medical Officer**

Date: April 11, 2020

RE: COVID 19 and Return to Play – request for information on approaches to social separation

Dear Colleagues,

We hope that you are well, and that you and your families and rugby communities are coping in these unprecedented times.

Rugby, like all of society is facing significant challenges, unlike anything we have seen before. We have seen communities come together around the world to help one another and battle this silent, deadly threat. Solidarity is one of World Rugby's core values and now is a time for us all to stand together. The consultative approach outlined below has the support of the World Rugby EXCO and Professional Game Committee.

To help unions and competitions to deal with the heavy toll that social separation measures have placed on our society, we are seeking the help of each Union Chief Medical Officer to assist us in trying to tabulate each rugby playing countries approach to social separation. We believe this will help us in a number of ways:

1. **Modelling**, based on the information gathered, will provide options and strategies for Unions trying to return to playing rugby. We hope a rugby-wide response will help us all.
2. **Innovations and positive measures** which work in countries and regions, may benefit other countries around the world.
3. **Planning**, a greater pool of information about the societal and commercial impact of COVID-19 on each country will help is to plan for future resumption of activity and competition.

We have tasked a number of eminent Rugby Doctors to make contact with you and lead a communal response from your region. The leads for each area are outlined, they will be supported by World Rugby employees who many of you will already know, both are there to help you:

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We will ask you to contact your countries Public Health Unit and to complete the data sample we provide you with. We will be looking in particular at 4 areas:

1. Social separation measures implemented, and timing of these measures
2. Limitations on crowd movements measures implemented, and timing of these measures
3. Travel restrictions including border control, air travel and quarantine restrictions
4. National medical capacity

While this will mean some work on your part, it would be extremely helpful and we are grateful for your contribution. One of the team will be in touch with you early next week.

Yours sincerely,

Brett Gosper
CEO

Dr. Éanna Falvey
Chief Medical Officer

Cc: World Rugby Council & Executive Committee



Madrid, 04.14.2020

SPANISH GOVERNMENT MEASURES AGAINST COVID-19

1.TIMING:

ALARM STATUS: Beginning the 13th of March.

13th of April: Alarm status allows normal working life in case you are not able to work from your home

Alarm status last extended until 26th of April.

2.SOCIAL SEPARATION MEASURES IMPLEMENTED, AND TIMING OF THESE MEASURES. LIMITATIONS ON CROWD MOVEMENTS MEASURES IMPLEMENTED, AND TIMING OF THESE MEASURES

Article 7. Limitation of the freedom of movement of people.

1. During the validity of the alarm state, people can only circulate along the roads for public use to carry out the following activities:
 1. a) Acquisition of food, pharmaceuticals and basic necessities.
 2. b) Assistance to health centers, services and establishments.
 - c) Displacement to the workplace to carry out their labor provision, professional or business.
 - d) Return to the place of habitual residence.
 - e) Assistance and care for the elderly, minors, dependents, people with disability or especially vulnerable people.
 - f) Displacement to financial and insurance entities.
 - g) Due to force majeure or need.
 - h) Any other activity of a similar nature to be done individually, unless accompanying people with disabilities or for other just cause.
2. Likewise, private vehicles will be allowed to circulate along public use roads to carry out the activities referred to in the previous section or to refuel at gas stations or service stations.
3. In any case, in any displacement the recommendations and obligations dictated by the health authorities must be respected.
4. The Minister of the Interior may decide to close the circulation of roads or sections of them for reasons of public health, traffic safety or fluidity or the restriction in them of the access of certain vehicles for the same reasons.

When the measures referred to in the preceding paragraphs are adopted ex officio, the regional administrations that exercise powers to execute the State legislation on traffic, vehicle circulation and road safety will be previously informed.

The state, regional and local authorities competent in matters of traffic, vehicle circulation and road safety will guarantee the dissemination among the population of the measures that may affect road traffic.

In any case, crowds will be avoided and consumers and employees will be controlled to maintain the safety distance of at least one meter in order to avoid possible contagion.

3. The opening to the public of museums, archives, libraries, monuments, as well as of the premises and establishments where public shows take place, the sports and leisure activities indicated in the annex to this royal decree are suspended.

3. TRAVEL RESTRICTIONS INCLUDING BORDER CONTROL, AIR TRAVEL AND QUARANTINE RESTRICTIONS

Article 14. Transport measures.

1. In relation to all means of transport, whatever the Competent administration on them, the following will apply:

a) The Minister of Transport, Mobility and Urban Agenda is empowered to dictate the acts and provisions that, in the specific sphere of his action, are necessary to establish conditions for mobility services, ordinary or extraordinary, in order to protect people, goods and places.

b) The acts, provisions and measures referred to in paragraph a) above may be adopted ex officio or at the motivated request of the competent regional and local authorities, in accordance with the applicable legislation in each case. This will not require the processing of any administrative procedure.

2. Likewise, the following measures applicable to internal transport are adopted:

a) In public road, rail, air and sea passenger transport services that are not subject to a public contract or public service obligations (OSP), transport operators will reduce the total supply of operations by at least one fifty %. By resolution of the Minister of Transport, Mobility and Urban Agenda, this percentage may be modified and specific conditions may be established.

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b) The public transport services of passengers by road, rail, air and maritime of state competition that are subject to public contract or OSP will reduce their total offer of operations in, at least, the following percentages:

i. ii. iii. iv. v.

Medium distance rail services: 50%. Medium-distance railway services-AVANT: 50%.

Regular road passenger transport services: 50%.

Air transport services subject to OSP: 50%.

Maritime transport services subject to a navigation contract: 50%.

Commuter rail services will maintain their range of services.

By resolution of the Minister of Transport, Mobility and Urban Agenda, the reduction percentages of the services referred to above may be modified and specific conditions may be

established. This resolution will take into account the need to ensure that citizens can access their jobs and basic services if necessary.

c) Public transport services for road, rail and maritime passengers of regional or local competence that are subject to a public contract or OSP, or are publicly owned, will maintain their transport offer.

The Minister of Transport, Mobility and Urban Agenda and the regional and local authorities with powers in the field of transport may establish a percentage reduction in services in case the health situation so advises, as well as other specific conditions for the provision of the same. . In adopting these measures, the need to ensure that citizens can access their jobs and basic services if necessary is taken into account.

d) Without prejudice to the provisions of paragraphs a), b) and c), specific criteria shall be established for transport between the Peninsula and non-peninsular territories, as well as for transport between islands.

e) In relation to all means of transport, operators of passenger transport services are obliged to carry out daily cleaning of transport vehicles, in accordance with the recommendations established by the Ministry of Health.

f) Online ticket sales systems must include, during the ticket sale process, a sufficiently visible message advising against traveling except for reasons that cannot be postponed. By order of the Minister of Transport, Mobility and Urban Agenda, the characteristics and content of this announcement may be established.

g) In those services in which the ticket grants a seat or cabin, the transport operators will take the necessary measures to ensure the maximum possible separation between the passengers. 3. The transport operators will carry out the necessary adjustments to comply with the percentages established in this article as homogeneously as possible among the different services they provide and may ask the Ministry of Transport, Mobility and the Urban Agenda for any questions that require interpretation. or clarification.

If for technical or operational reasons the direct application of the percentages established from the first day is not feasible, the quickest possible adjustment of the services should be carried out, which may not last more than five days.

4. By resolution of the Minister of Transport, Mobility and Urban Agenda, the necessary conditions will be established to facilitate the transport of goods throughout the national territory, in order to guarantee supply.

5. The competent delegated authorities may adopt all those additional measures necessary to limit the circulation of collective means of transport that are necessary and proportionate to preserve public health.

4.National medical capacity

In Spain, the number of hospital beds suffers from significant inequality between the northern and southern regions. This has been revealed by the European Statistical Office, Eurostat, in its latest report.

Eurostat provides data on the number of hospital beds per 100,000 inhabitants in each autonomous community. In this ranking, Catalonia stands as the region with the most hospital beds, with 384.86 per 100,000 inhabitants. At the tail end of the classification we find Andalusia -only ahead of Ceuta, with 209.8, and Melilla, with 189.7-, with 217.13 beds, a significant 44 percent less for the most inhabited autonomous community in Spain .

According to these data, the distribution of hospital beds is totally uneven depending on the area of the map where we look. In general, the autonomous communities in the north of our country offer a higher ratio than the regions located in the south. The community that appears second in this ranking is Aragon, with a total of 370.75 beds per 100,000 inhabitants. Figures far removed from those presented by the Community of Madrid, with 277 beds.

The ranking of autonomous communities in beds per 100,000 inhabitants is as follows: Catalonia, 384.86; Aragon, 370.75; Castilla y León, 342.6; Galicia, 333.13; Comunidad Foral de Navarra, 332.6; Basque Country, 330.24; Cantabria, 328.9; Principality of Asturias, 327.96; La Rioja, 323.62; Murcia Region, 323.23; Canary Islands, 310; Balearic Islands, 308.86; Extremadura, 326.2; Community of Madrid, 277.09; Valencian Community, 236; Castilla-La Mancha, 235.31; Andalusia, 217.13; Ceuta, 209.8 and Melilla, 189.7.

The average ratio of beds per patient in Spain is similar to that of other southern European countries such as Italy, Greece and Turkey, however, nearby countries such as France offer results well above the average and, therefore, of our country.

Please let me know if this information helps.
Yours sincerely,



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Chief Medical Officer Spanish Rugby Union

Bibliography:

All this information was obtained from:

<https://www.boe.es/boe/dias/2020/03/14/pdfs/BOE-A-2020-3692.pdf>

<https://www.unitecoprofesional.es/camas-de-hospital-en-espana-como-se-distribuyen-comunidad-por-comunidad/>