



## **COVID -19 PROTOCOL**

### **PRELIMINARY INFORMATION**

Coronaviruses (CoVs) are a large family of respiratory viruses that can cause mild to moderate illnesses, from the common cold to respiratory syndromes such as MERS (Middle East Respiratory Syndrome, Middle East Respiratory Syndrome) and SARS (Severe Acute Respiratory Syndrome). They are named for the crown-shaped tips that are present on their surface.

Coronaviruses are common in many animal species (such as camels and bats) but in some cases, albeit rarely, they can evolve and infect humans and then spread to the population. A novel coronavirus is a new coronavirus strain that has never previously been identified in humans. Notably the one tentatively named at the start of the 2019-nCoV outbreak, was never identified before being reported in Wuhan, China in December 2019.

In the first half of February, the International Committee on Taxonomy of Viruses (ICTV), which deals with the designation and naming of viruses (species, genus, family, etc.), assigned the definitive name to the new coronavirus: "Severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2). The new name was indicated by a group of experts specifically appointed to study the new coronavirus strain. According to this pool of scientists, the new coronavirus is the brother of the one that caused SARS (SARS-CoVs), hence the chosen name of SARS-CoV-2.

The new virus name (SARS-Cov-2) replaces the old one (2019-nCoV).

Also in the first half of February (precisely on February 11) the WHO announced that the respiratory disease caused by the new coronavirus was called COVID-19. The new abbreviation is the synthesis of the terms CO-rona VI-rus D-isease and the year of identification, 2019.

### **DEFINITION OF CASE**

#### *Clinical criteria*

Presence of at least one of the following symptoms:

- Cough;
- Fever;
- Dyspnea;
- Acute onset of anosmia, ageusia or dysgeusia.



Other less specific symptoms may include headache, chills, myalgia, asthenia, vomiting and / or diarrhea.

#### *Radiological criteria*

Radiological picture compatible with COVID-19.

#### *Laboratory criteria*

1. Detection of SARS-CoV-2 nucleic acid in a clinical specimen;

OR

2. Detection of the SARS-CoV-2 antigen in a clinical sample in contexts and times defined in the dedicated section: "Use of rapid antigen tests".

### **CASE CLASSIFICATION**

#### A. Possible Case

A person who meets the clinical criteria.

#### B. Probable case

A person who meets the clinical criteria with an epidemiological link,

OR

A person who meets the radiological criteria.

#### C. Confirmed case

A person who meets the laboratory criterion.

### **SYMPTOMS**

Symptoms of COVID-19 vary based on the severity of the disease, from the absence of symptoms (being asymptomatic) to having fever, cough, sore throat, weakness, fatigue and muscle pain, and in severe cases,



pneumonia, distress syndrome acute respiratory, sepsis and septic shock, potentially leading to death. The most common symptoms of COVID-19 are:

- Fever  $\geq 37.5$  ° C and chills;
- Recently appeared cough;
- Breathing difficulties;
- Sudden loss of smell (anosmia) or decreased sense of smell (hyposmia), loss of taste (ageusia) or alteration of taste (dysgeusia);
- Runny nose;
- Sore throat;
- Diarrhea (especially in children).

The people most susceptible to severe forms are the elderly over the age of 70 and those with pre-existing diseases, such as arterial hypertension, heart problems, diabetes, chronic respiratory diseases, cancer and immunosuppressed patients (by congenital or acquired disease, transplanted or in treatment with immunosuppressive drugs).

In the presence of suspected symptoms, the pediatrician of free choice (PLS) / general practitioner (GP) promptly requests the diagnostic test and communicates it to the Prevention Department (DdP), or to the service in charge on the basis of the regional organization.



**CIRCULAR AUGUST 11 2021 N ° 36254 MINISTRY OF HEALTH**

**UPDATE ON QUARANTINE AND INSULATION MEASURES RECOMMENDED IN LIGHT OF THE CIRCULATION OF THE NEW SARS-COV-2 VARIANTS IN ITALY AND IN PARTICULAR OF THE DIFFUSION OF THE DELTA VARIANT (LINE B.1.617.2)**

### **Quarantine**

Subjects who have completed the vaccination course for at least 14 days

*High-risk contacts (close contacts) of confirmed COVID-19 cases including cases of suspected or confirmed VOC variant (all variants)*

Asymptomatic high-risk contacts (close contacts) of cases with SARS-CoV-2 infection identified by health authorities, if they have completed the vaccination course for at least 14 days, can return to the community after a quarantine period of at least 7 days from last exposure to the case, at the end of which a molecular or antigen test is performed with a negative result. If it is not possible to perform a molecular or antigenic test between the seventh and fourteenth day, it is possible to consider ending the quarantine period after at least 14 days from the last exposure to the case, even in the absence of a molecular or antigenic diagnostic test for research. by SARS-CoV-2.

The low-risk asymptomatic contacts of SARS-CoV-2 infected cases identified by authorities

health, if they have completed the vaccination cycle for at least 14 days, they must not be subjected to quarantine, but must continue to maintain the common sanitation measures envisaged to contain the spread of the virus, such as wearing a mask, maintaining physical distance, sanitizing hands frequently, follow good respiratory hygiene practices, etc.

By low risk contact, as per ECDC 2 indications we mean a person who has had one or more of the following exposures:

- A person who has had direct contact (face to face) with a COVID-19 case, at a distance of less than 2 meters and for less than 15 minutes;
- A person who has been in an enclosed environment (e.g. classroom, meeting room, hospital waiting room) or who has traveled with a COVID-19 case for less than 15 minutes;
- A health worker or other person providing direct assistance to a COVID-19 case or laboratory personnel assigned to handling samples of a COVID-19 case, equipped with recommended PPE;
- All passengers and crew of a flight in which a COVID-19 case was present, with the exception of passengers seated within two seats in any direction with respect to the COVID case- 19, of fellow travelers and staff assigned to the section of the plane / train where the index case was sitting, which are in fact classified as high-risk contacts.



If the high-risk contacts are health care workers or other people providing direct assistance to a COVID-19 case or laboratory personnel assigned to handling samples of a COVID-19 case that has completed the vaccination cycle for at least 14 days, the quarantine measure does not apply but the active health surveillance from the last exposure to the case as per art. 14 of Legislative Decree 17 March 2020, n. 18, converted by law 24 April 2020, n. 27 and art. 1, paragraph 2, lett. d), D.L. 25 March 2020, n. 19, converted by law 22 May 2020, n. 35.

Unvaccinated subjects or subjects who have not completed the vaccination course for at least 14 days

Asymptomatic high-risk (close contact) and low-risk contacts of COVID-19 cases confirmed by non-Beta VOC variant (suspected or confirmed) or for which sequencing is not available

Asymptomatic high-risk contacts (close contacts) of cases with suspected or confirmed non-Beta VOC SARS-CoV-2 infection or for which sequencing is not available, identified by health authorities, who have not completed the vaccination course from at least 14 days, they can return to the community after a quarantine period of at least 10 days from the last exposure to the case, at the end of which a molecular or antigen test is performed with a negative result. If it is not possible to perform a molecular or antigen test between the tenth and the fourteenth day, it is possible to consider ending the quarantine period after at least 14 days from the last exposure to the case, even in the absence of a molecular or antigenic diagnostic test for research. SARS-CoV-2. Asymptomatic low-risk contacts of COVID-19 cases confirmed by suspected or confirmed non-Beta VOC variant or for which sequencing is not available, identified by health authorities, who have not completed the vaccination course for at least 14 days, must not be subjected to quarantine, but must continue to maintain the common sanitation measures envisaged to contain the spread of the virus, such as wearing a mask, maintaining physical distance, frequently sanitizing hands, following good respiratory hygiene practices, etc.

If the high-risk contacts are healthcare professionals or other persons providing direct assistance to a COVID-19 case or laboratory personnel handling samples of a COVID-19 case who have not completed the vaccination course for at least 14 days, do not the measure of the quarantine applies but the active health surveillance as per art. 14 of Legislative Decree 17 March 2020, n. 18, converted by law 24 April 2020, n. 27 and art. 1, paragraph 2, lett. d), D.L. 25 March 2020, n. 19, converted by law 22 May 2020, n. 35.

High risk contacts (close contacts) and asymptomatic low risk of COVID-19 cases confirmed by variant VOC Beta (suspected or confirmed)

Where, through sequencing, cases of VOC Beta variant are identified, the latter variant of very rare finding, considering the evidence on the lower efficacy of the ChAdOx1 vaccine against the Beta variant, they remain in force for high and low risk contacts not vaccinated or that the indications relating to the management of contacts of COVID-19 cases from variants previously called VOC NON 202012/01 (suspected / confirmed) provided for in Circular no. 22746 of 21/05/2021 "Update on the definition of suspected COVID-19 case for VOC 202012/01 variant and on the recommended quarantine and isolation measures in light of the spread in Italy of the new SARS-CoV-2 variants". In any case, it is recommended to



provide for the execution of a diagnostic test at the end of the quarantine for all people who live or come into regular contact with fragile and / or at risk of complications. Isolation

COVID-19 cases confirmed by non-Beta VOC variant (suspected or confirmed) or for which sequencing is not available

Asymptomatic people who have tested positive for SARS-CoV-2 from a suspected or confirmed non-Beta VOC variant or for which sequencing is not available, may return to the community after an isolation period of at least 10 days from the date of collection of the positive swab, at the end of which a molecular or antigen test is performed with negative result.

Symptomatic people who have tested positive for SARS-CoV-2 from a suspected or confirmed non-Beta VOC variant or for which sequencing is not available, may return to the community after an isolation period of at least 10 days from the onset of symptoms accompanied by a molecular or antigenic test with negative result performed after at least 3 days without symptoms (excluding anosmia and ageusia / dysgeusia which may have prolonged persistence over time).

In case of further positive finding of the diagnostic test performed after 10 days from the onset of symptoms or from the positive swab in the asymptomatic, it is advisable to repeat the test after 7 days (17th day).

Long-term positive cases from non-Beta VOC variant (suspected or confirmed) or for which sequencing is not available

COVID-19 cases from suspected or confirmed non-Beta VOC variant or for which sequencing is not available that continue to be positive for the molecular or antigen test for SARS-CoV-2, in case of absence of symptoms for at least 7 days (except for ageusia / dysgeusia and anosmia), will be able to interrupt the isolation at the end of the 21st day.

Particular caution is recommended in applying this criterion in immunosuppressed subjects, in which the period of contagiousness may be prolonged.

In any case, it is recommended to provide for the execution of a molecular or antigenic diagnostic test to establish the end of the isolation of all people who live or come into regular contact with fragile subjects and / or at risk of complications.

COVID-19 cases confirmed by VOC Beta variant (suspected or confirmed), including long-term positive cases

For cases of SARS-CoV-2 from a suspected or confirmed VOC Beta variant, both symptomatic and asymptomatic, the indications relating to the management of COVID-19 cases from variants previously called VOC NOT 202012/01 (suspected / confirmed) provided for in the Circular no. 22746 of 21/05/2021 "Update on the definition of suspected COVID-19 case for VOC 202012/01 variant and on the recommended quarantine and isolation measures in light of the spread in Italy of the new SARS-CoV-2 variants".



For the procedural indications regarding the re-admission to service after absence due to COVID-19 related illness and the certification that the worker must produce to the employer, please refer to the Circular of the Ministry of Health n. 15127 of 12/04/2021 "Indications for the readmission to service of workers after absence due to Covid-19 related illness".

In selected cases, when it is not possible to obtain swabs on a gold / nasopharyngeal sample, which remain the sampling method of first choice, the molecular test on salivary specimen may represent an alternative option for the detection of SARS-CoV-2 infection. , taking into consideration the indications given in Circular no. 21675 of 14/05/2021 "Use of molecular and antigenic tests on saliva for professional use for the diagnosis of SARS-CoV-2 infection". With reference to the indication of Circular no. 22746 of 21/05/2021, with regard to the measures envisaged in the event of transmission between cohabitants, it is clarified that the persons who have tested positive who have finished their isolation as per the indications provided above and who present at the same time in their residential unit one or more positive people still in isolation (i.e. COVID-19 cases attributable to the same family cluster), can be readmitted to the community without the need to undergo a further period of quarantine, provided that it is possible to ensure adequate and constant isolation of the positive cohabitants ( as per the indications provided in the ISS COVID-19 Report No. 1/2020 Rev. "Full instructions for carrying out isolation and home health care in the current COVID-19 context", version of 24 July 2020).

Otherwise, if it is not possible to ensure adequate and constant separation from cohabitants who are still positive, people who have already completed their isolation must be subjected to quarantine until the end of the isolation of all cohabitants.



## ***FOCUS ON INLINE HOCKEY WORLD CHAMPIONSHIP ROCCARASO 2021***

### ***DEFINITION OF CLOSE CONTACT***

For the definition of high risk contact (close contact), see circular letter no. 18584 of 29/05/2020 (previous paragraphs); for low-risk contact, as per ECDC indications (Contact tracing: public health management of persons, including healthcare workers, who have had contact with COVID-19 cases in the European Union - third update, "18 November 2020. Stockholm: ECDC; 2020) means: a person who has had one or more of the following exposures:

- A person who has had direct (face to face) contact with a COVID-19 case, at a distance of less than 2 meters and for less than 15 minutes;
- A person who has been in an enclosed environment (e.g. classroom, meeting room, hospital waiting room) or who has traveled with a COVID-19 case for less than 15 minutes;
- A health worker or other person providing direct assistance to a COVID-19 case or laboratory personnel assigned to handling samples of a COVID-19 case, equipped with recommended PPE;
- All passengers and crew of a flight in which there was a COVID-19 case. f- If a COVID 19 case contact with suspected / confirmed variant infection is symptomatic at the time of identification or if it develops symptoms during follow-up.

### ***COVID MANAGER***

The figure of the Covid Manager will be established, whose task will be to coordinate and verify compliance with the provisions set out in this protocol aimed at preventing the spread of the COVID-19 contagion.

A series of activities within his competence are reported:

1. Verification of the temperature measurement at the entrance;
2. Verification of the correct use of PPE;
3. Verification of the system access procedures;
4. Verification of the organization of the changing rooms, in full compliance with the relevant regulatory indications;
5. Collection of self-certifications based on the FIH (Italian Hockey Federation) models;
6. Drafting of the attendance register;
7. Custody of the attendance register for a period of time not less than 15 days;
8. Verification of the correct execution of the cleaning, disinfection and sanitizing activities;
9. Verification of the proper conduct of sports activities (warm-up / competition);





10. Implementation of the procedures relating to the management of the symptomatic athlete.

### **ORGANIZATIONAL MEASURES**

Subdivision into zones

The sports facility will be divided into three areas:

- Ice area / Infield area (access allowed only to members of the Sports Area and First Aid staff);
- Work areas (access allowed only to members of Operational Staff), in addition to people with motor disabilities;
- Public area (spectators, press officers, journalists, sponsors, family members).

Access flows will be planned in such a way that:

- The routes of the subjects of the ice / infield area do not have any contact points or overlaps with the routes of the Operational Personnel or the Public;
- The same routes have different entry times;
- Adequate information posters or audio / video messages transmitted by giant screens will be prepared regarding the prohibitions and behaviors to be followed, in relation to all the prevention measures adopted, which are also understandable for users of other nationalities, both with the aid of specific signs and signage both by resorting to any personnel assigned to monitor and promote compliance with the prevention measures, to be displayed in all access areas;
- Information and guidelines will be communicated and distributed to all participants via: o posters and brochures on site, o flyers and brochures, o e-mail or distribution on social media;
- A hydroalcoholic solution will be available for the hand hygiene of users and staff on all access areas, providing for the obligation of hand hygiene at the entrance and exit;
- Access to events will take place exclusively through mandatory online booking; this booking guarantees the activity of tracking any subjects who have tested positive and / or the identification of any "close contacts";
- Access to events can only take place if in possession of the "Green Pass" certification if over the age of 12; if not in possession, the declaration of commitment to carry out a rapid or molecular swab must be signed within the previous 48 hours, showing the report with a negative result at the gates;



- The online booking platform will allow:
  - ✓ Booking and purchasing accesses in advance;
  - ✓ It will be possible to check availability;
  - ✓ Monitoring of access to areas, social distancing;
  - ✓ Automated self-certification.
- Through the use of RFID and QrCode technology, a platform will be activated that allows you to keep exact control of accesses entering and exiting the manned gates;
- The spectator who has a ticket will be provided with a validation ticket;
- In order to ensure the tracking of subjects that may have tested positive and identify any "close contacts", it is advisable to use the official "Immune" application;
- The organization can delegate security personnel to remove anyone who does not comply with the health measures of the event. Anyone who is removed from an event space, his credential will be canceled and he will be denied access to the event spaces for the rest of the event;
- Body temperature must be measured by means of an infrared thermometer, preventing access in case of temperature > 37.5 ° C;
- It must be remembered, on the site and at the time of booking that access to the events is NOT allowed to people who show flu / respiratory symptoms or in the presence of body temperature equal to or higher than 37 ° C, to those who have been in contact with SARS-Cov-2 positive people in the previous days;
- Upon arrival at the event all the athletes, the athletes' support staff and the staff will present themselves for the COVID-19 test (there will be a special gazebo near the access area to the structure) and the health. No one will be allowed to enter the event location until they have: a negative COVID test and passed the health screening. The test result will be communicated in about 15 minutes. Individuals will be kept in a designated isolation area until they receive the result. Any individual testing positive will be further isolated and instructed to perform a further test to confirm the diagnosis;
- Athletes and staff will be tested on arrival and then every 48 hours. Positive individuals will be asked to leave the event venue. Individuals who test negative will move to the health screening area before being released for registration. (All test results will be disclosed to relevant state and local agencies);
- All athletes, athlete support staff and production staff will undergo a health screening on arrival and before entering the venue or areas of the event each day. Once authorization is obtained, a color-coded bracelet will be placed on the wrist and a sticker will be attached to the credentials or helmet. Access to the event venue or event spaces will not be allowed without a bracelet with the corresponding day's color and event credentials. Health screenings will include: Thermal tests, COVID questions, O2 saturation;



- The public access gates will be monitored and controlled by means of progressive numerical detection systems ("people count" with SAFETY function) with assigned personnel (Security Operators) who will ensure that the maximum crowding capacity of each area, ensuring that both the use of the protective mask and the interpersonal distance of at least 1 meter in the stacking area are respected;
- Separate routes will be organized for the entry and exit of athletes, organizers, judges and HD from the public, in order to ensure better management of the events (as highlighted in the attached graphics);
- There is no provision for the sale and administration of food and beverages;
- Baskets for the disposal of PPE (masks, handkerchiefs, etc) will be positioned in several points.
- The entrances may be, by the event manager, contingent and temporally staggered, in order to avoid crowds at the entrances;
- Inside the system there will be specific information regarding:
  - ✓ General provisions on the rules of conduct;
  - ✓ Number of people who can access the various areas (Sectors);
  - ✓ Paths to follow;
  - ✓ Prescriptions and hygiene instructions suggested by the Ministry of Health.

General information regarding:

- The obligation to stay at home in the presence of fever (over 37.5 ° C) or other flu symptoms and to call your doctor.
- Air changes will be ensured and, where air treatment systems are present, the exclusion of the recirculation function; in toilets without natural ventilation it is advisable to keep the air extraction system in constant operation;
- Nurses must wear FFP2 masks (or face shield for medical use with surgical mask) and disposable gloves (available);
- Any catering and restaurant service can only be provided in compliance with the law. In areas where queues may form (eg. Catering point), the minimum distance must be guaranteed and controlled by staff and adequate signage must be provided (eg. Floor signs, positioning of dividing tapes);
- Any awards will be organized in such a way that the awarding subjects and the awarded subjects must wear a mask; the delivery of the prize must be carried out in such a way that there is no physical contact between the subjects and that all the people who touch the prize have previously disinfected their hands;



- As regards the presence of journalists, photographers and TV / Streaming operators, the maximum number of accredited subjects must be established in advance; the workstations must be assigned in advance with sufficient spacing (1 m);
- All toilets must be cleaned and sanitized every 2 hours. The washbasins must be equipped with "dispensers" and liquid soap, disposable wipes to be thrown into containers that can be operated without using the hands;
- The entrance area and the surrounding areas must be constantly monitored for the presence of containers of water and drinks. Any unexpected drinks must be removed;
- Any operation of offices or reception will take place at set times; where possible, staff will be encouraged to work from their accommodation. The office / reception spaces will be sanitized every 2 hours; thoroughly cleaned and sealed every day at the end of the operations. The entry and exit routes will be separate and / or with staggered schedules;
- Plexiglass barriers will be placed in the areas where the interactions between staff and athletes will commonly take place and / or in specific areas to facilitate the interactions that must take place between the various staff groups;
- Portable medical grade high capacity air filtration devices can be placed in areas considered to be at high risk, such as medical screening spaces or any area deemed appropriate by the organization;
- Long range nebulizers can be used to apply disinfectants to treated surfaces. Nebulization of products is superior to other methods as the nebulizer creates a uniform diffusion of the product on the treated surfaces and distributes it much faster than traditional spray bottles or other portable devices.

### ***SPECTATORS***

- The seats will have a minimum spacing between one spectator and the other both frontally and sideways of at least 1 meter (mouth rims);
- Numbered seats will be assigned; therefore each spectator will be assigned a numbered seat to allow the identification and position of each person present in the facility;
- Spectators seated will not be able to change seats during the match;
- When a spectator buys a ticket, they must allow their identification by delivering a copy of their identity document; your data must be recorded and, if necessary, this data can be made available to health authorities, in compliance with the data protection directives. If the ticket is purchased online, the system must provide for the identification of the spectator;



- When a spectator buys a ticket, the spectator must be informed about the hygiene and behavioral guidelines. The latter must also complete a health self-declaration, making it available to the organizer before the start of the event;
- Spectators must use the mask throughout their stay in the area including the time of entry and exit; the general rules apply to children - under 6 years the use of a mask is not mandatory. People with pathologies or disabilities incompatible with the use of the mask are also exempt from using the mask, as well as people who have to communicate with a disabled person in order not to be able to use the device;
- Access tickets should preferably be dematerialized, avoiding ticket offices and physical cash desks at the event;
- Children under the age of 14 can access the sports facility only if accompanied by adults, both with a regular ticket;
- Spectators belonging to the same family or cohabiting can be assigned seats close together without any distancing between them.

#### **ATHLETES**

- Upon arrival at the stadium, the teams will be isolated in their changing rooms; there will be no interaction with the opposing team, the referees, the public, the collaborators of the ice rink, etc.
- Entry and exit from the system will take place via dedicated entrances / exits and routes;
- The entry or exit from the ice surface will only take place through the changing rooms;
- A hydroalcoholic solution will be available for hand hygiene in the areas of access to the facility and inside the changing rooms, providing for the obligation of hand hygiene at the entrance and exit;
- The dressing rooms of the teams and referees must guarantee the rules on the distancing;
- Sports and fitness equipment used in the warm-up phases must be disinfected before and after use;
- Each athlete must be provided with their own water bottle (common use of water bottles is not allowed) on which the name and number and their own towel are written;
- At the end of the match the athletes will go directly to the changing rooms; there is no contact with the public;
- Athletes, coaches, technical staff will not have contact with the public and journalists;
- Surgical type masks are required as a minimum PPE in all indoor event areas and outdoor event areas. Competing athletes must take off their masks only when they are in the playing area, during their competition or warm-up sessions;
- For the management of Mass Media the following preventive measures must be implemented:



- ✓ All interviews will take place with appropriate social distancing measures and in a designated location. This can include clear plastic barriers or remote interviewers;
- ✓ Coaches and players will find themselves with the Media (television interviews, journalists) in a special area;
- ✓ Interviews with players / coaches before and after the match are carried out by observing the distancing rules within an area specifically provided for the interviews;
- ✓ Media representatives cannot enter the changing room area;
- ✓ During the interviews the hygiene of the microphones and equipment must be guaranteed and both the spacing and hygiene rules must be observed.

#### ***MANAGEMENT OF A SYMPTOMATIC PERSON***

In the event that a person develops fever and symptoms of respiratory infection such as cough, he must immediately declare it to the organization, in order to activate the following internal procedure:

- Call the health personnel present on site;
- Check that the infected person is already equipped with a surgical mask;
- Isolate the possible infected inside a prepared room (gazebo);
- Strictly wear the droplets contact precautions in assistance, wearing the appropriate PPE provided (FFP2 filter mask, gloves and goggles or visor).

At the end of the operations:

- Sanitize the environments where the person affected by COVID-19 has stayed with chlorine-based products (sodium hypochlorite).

The organization will collaborate with the health authorities to define any "close contacts". This is in order to allow the authorities to apply the necessary and appropriate quarantine measures.

#### ***PHONE NUMBER***

In light of the current regulations, the priority measure of protection in the event of suspected contagion or contact with infected or suspected such, is to call the dedicated free number 800169326.