



ARENA RESTART PROTOCOLS 2020/21





***POSITIVE TEST
PROTOCOL***

FOR GROUP 1 & 2A INDIVIDUALS

ARENA RESTART PROTOCOLS 2020/21

POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



TABLE OF CONTENTS

1 Protocol for Symptomatic Club Personnel (including Players)	4
1.1 Immediate Isolation Pending Testing	4
1.2 Positive Tests in Symptomatic Individual	4
1.3 Negative Tests in Symptomatic Individual	4
2 Confirmatory Testing for Asymptomatic Individuals Who Initially Test Positive	5
2.1 Confirmatory Positive	5
2.2 Confirmatory Negative	5
3 Self-Isolation Upon Confirmation of COVID-19 Status	7
4 Ending Isolation	8
4.1 For an Individual who was Asymptomatic during the Entire Period of Their Isolation	8
4.2 For an Individual who was Symptomatic at the Time of Testing, or Who Symptoms during the Period of Isolation	8
4.3 Additional Criteria	8
5 Cardiac Screening	9
6 Exhibit 25-A	9
7 Disclosure	9
8 Individuals with Close Contact	11
9 Contact Tracing Notification	12
10 Enhanced Health and Safety Measures In Response to Potential Outbreak	12
11 Future Testing Following a Positive Test	13

POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



1. PROTOCOL FOR SYMPTOMATIC CLUB PERSONNEL (INCLUDING PLAYERS)

Any Players or Club Personnel who develop symptoms should immediately self-isolate and contact their Club Doctor or Trainer. They should be promptly evaluated medically by the Club’s physician(s), who shall consult with the Club’s infectious disease specialist to determine next steps, and to administer PCR testing, if symptoms are consistent with COVID-19. Further, all Players and Club personnel must also immediately notify Club medical staff and the Club Contact Tracing Officer (who shall notify the relevant local, provincial/state, and/or federal authorities, to the extent required) if they suspect that have come into contact with someone who has COVID-19 .

1.1 IMMEDIATE ISOLATION PENDING TESTING

- If the individual is at the Club training or game facility and medically stable, they shall properly wear a face covering (if not already doing so), be removed immediately and shall be directed to isolate and to refrain from contact with other individuals until the confirmation of COVID-19 positive/negative status is established. Likewise, any individuals who come into contact with these individuals, even transiently, shall properly wear a face coverings at all times.
- If the individual is at their residence and medically stable, they shall be instructed to remain in place and not to come to the training facility or arena until the confirmation of COVID-19 positive/negative status is established.
- Individuals who are isolating while awaiting confirmation of their COVID-19 positive/negative status shall be in communication with Club medical staff on a regular basis and shall receive such medical treatment as is appropriate for their condition.

In the event the individual is acutely ill or medically unstable, the Club Physician in consultation with the Club’s infectious disease expert, shall arrange appropriate clinical follow up, treatment and care.

1.2 POSITIVE TESTS IN A SYMPTOMATIC INDIVIDUAL

A positive test of an individual who exhibits symptoms of COVID-19 shall not be subject to further confirmatory testing under this Protocol. Such individual’s COVID-19 positive status will be considered confirmed if, in the opinion of the treating physician(s), there is no basis to doubt the individual’s COVID-19 positive status. These individuals shall be required to isolate until medical clearance is obtained.

The Club Physician shall immediately coordinate contact tracing with their infectious disease consultant and local health authority (as per Section 8, below).

1.3 NEGATIVE TESTS IN A SYMPTOMATIC INDIVIDUAL

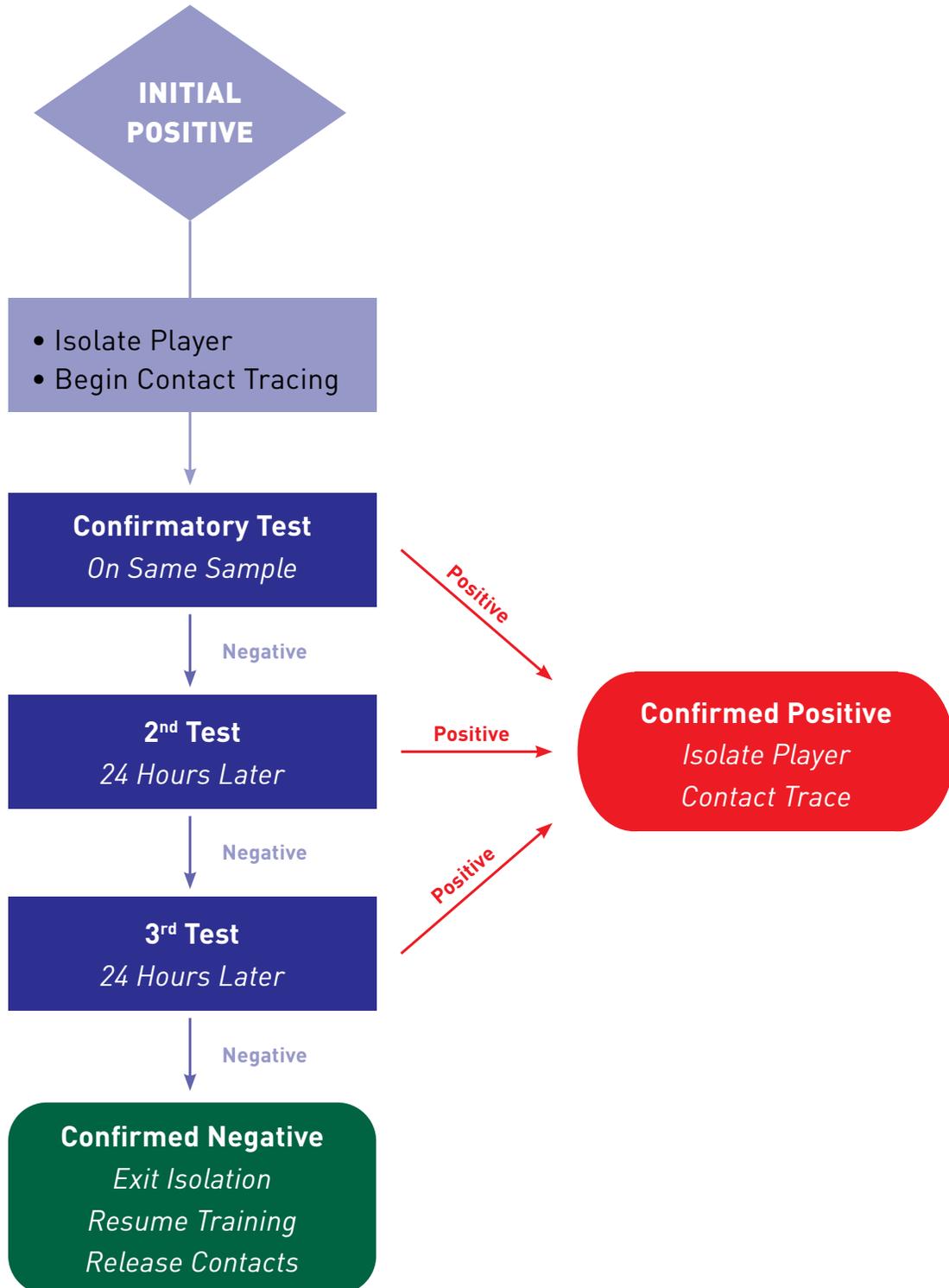
Individuals who develop infectious respiratory symptoms, but who test negative for COVID-19, shall have their clinical care and clearance managed by the Club Physician in consultation with the Club’s infectious disease expert, and they shall continue to be monitored with daily PCR testing.

¹ **NOTE:** if a family or household member is infected, consider moving the Group 1 or 2A individual out of the house (e.g., to a hotel or other lodging) until that family or household member is no longer considered infectious. If this occurs in Canada and the Player is still within the first fourteen (14) days of arrival, the Player is no longer permitted to serve a work-quarantine as allowed by a National Interest Exemption, and must instead immediately begin a new federally imposed 14-day quarantine.

POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



FIGURE 1. POSITIVE TEST PROTOCOL FLOW CHART - ASYMPTOMATIC



POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



3. SELF-ISOLATION UPON CONFIRMATION OF COVID-19 POSITIVE STATUS

Players or Club personnel whose COVID-19 positive status has been confirmed shall remain in isolation, shall not exercise, and shall not have any in-person contact with any other individuals for the duration of their isolation. During such period, the individual shall be in daily contact with and receive remote care from the Club Physician(s).

How to Isolate:

- Limit contact with others, frequent hand hygiene, keep surfaces clean, avoid sharing personal items,
- Monitor yourself for symptoms,
- Arrange to have access to needed supplies,
- If living in a shared accommodation, protect co-living individuals by:
 - Limiting contact by using separate bathrooms, if possible
 - Not sharing personal items
 - Maintaining a 6 ft (2m) distance (if unable to maintain physical distance, consider alternate accommodation)
 - Clean and disinfect frequently touched surfaces often
 - Have others wear personal protective equipment such as a medical mask, disposable gloves and eye protection when within 6 ft (2m) of the ill/positive person.

During Club travel (and not during the first 14-days an individual arrives in Canada), if Players or Club Personnel are away from their home when notified of a positive test, they should use additional protective measures for accommodation and transportation to their location for isolation, including:

- If in a hotel, use of single occupancy rooms with private bathrooms, no-contact meal & medication delivery, no contact check in-out process (if possible) and no access to common amenities such as gyms, spas, restaurants, bars etc.
- Use assigned transportation that follows strict preventative practice protocols (frequent cleaning and disinfecting, use of face coverings at all times, no stops on route, increasing ventilation, physical barriers (plexiglass), etc.

If it is determined that transfer to a medical facility is required,

- Ensure the individual is provided with instructions regarding transportation (e.g. by ambulance or private vehicle). If calling an ambulance, the dispatcher should be notified that the individual might have COVID-19. If the person is transferred by private vehicle, the receiving facility should be notified to ensure that appropriate infection prevention and control measures are in place.
 - During travel, the ill person should be masked at all times.
 - Those transporting the ill person should use a medical mask (or if not available, a non-medical mask) and adhere to strict personal practices when within 6 ft. (2m) of the ill person.

POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



Further details regarding self-isolation are available at the following links: **CDC, Government of Canada, Isolating at home, self-care while convalescing, precautions for co-living individuals**, & individuals may also visit provincial/state and local health authority websites for further guidance.

4. ENDING ISOLATION

If the traveler is not under the authority of the federal government (after the 14-day period following entry to Canada), then players or Club personnel, Players or Club personnel whose test has been confirmed positive shall remain in isolation until the following conditions have been satisfied:

4.1 FOR AN INDIVIDUAL WHO WAS ASYMPTOMATIC DURING THE ENTIRE PERIOD OF THEIR ISOLATION

Time-Based Strategy:

- Upon the passage of 10 days since the first positive test, provided the individual has remained asymptomatic during the entire period of their self-isolation; and
- Satisfaction of the Additional Criteria in 4.3, below

4.2 FOR AN INDIVIDUAL WHO WAS SYMPTOMATIC AT THE TIME OF TESTING, OR WHO DEVELOPED SYMPTOMS DURING THE PERIOD OF ISOLATION

Symptoms-Based Strategy:

- If at least 10 days have passed since symptoms first appeared, and at least 24 hours have passed since last fever without the use of fever-reducing medications, and symptoms (e.g., cough, shortness of breath, etc.) have improved; or

Test-Based Strategy:

- The individual has tested negative twice on the basis of the CDC Test-Based Strategy after the resolution of any fever (without use of fever-reducing medications) and has experienced improvement in symptoms (e.g., cough, shortness of breath); and
- Satisfaction of the Additional Criteria in 4.3, below

4.3 ADDITIONAL CRITERIA

- A** In addition, the Club Physician, its infectious disease expert, and any other treating physician providing care to the individual, must conclude that the individual no longer presents a risk of infection to others, and that it is medically appropriate (given individual and local circumstances) to terminate the requirement for self-isolation, and
- B** The termination of the isolation requirement is consistent with applicable local public health regulations or other requirements.

POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



5. CARDIAC SCREENING

Although Players may exit isolation as per the above, a Player whose COVID-19 positive status has been confirmed must continue to refrain from exercise for a total of 14 days from the time of the first positive test (or such shorter period as set out below). Upon completion of the period of isolation, Players shall receive cardiac testing as follows

- ECG,
- Echocardiogram, and
- High Sensitivity Troponin.

If the Player remains asymptomatic and all investigations (done after exiting isolation) are negative, consideration can be given to starting low grade exercise prior to the end of the 14-day time frame. The Team Physician shall make this determination in consultation with a cardiologist and infectious disease specialist.

All Players must be cleared as “fit to play” by a cardiologist and team physician before returning to game activity.

6. EXHIBIT 25-A

In the event a Player is diagnosed with a confirmed positive finding for COVID-19 (or has a resulting and/or related illness), the Club Physician shall issue an Exhibit 25-A designating the Player as “unfit to play”. The Player shall be deemed to have sustained an illness arising out of the course of his employment as a hockey player for such period as he may be removed from training, practice or play, and his condition shall be treated as a hockey related injury for all purposes under the Collective Bargaining Agreement, unless it is established, based on the facts at issue, that the Player contracted COVID-19 or the resulting or related illness outside the course of his employment as a hockey player.

7. DISCLOSURE

Absent prior approval by the League (who shall consult with the NHLPA), there shall be no disclosure by the Club to the media or to the public of information relating to a Player’s positive test result or to a Player developing COVID-19 symptoms during Training Camp. At the conclusion of the Training Camp period, the League can make one announcement stating the total number of Players (without personal or Club identity) who tested positive during Training Camp. During the Regular Season, the League will announce, via official NHL media and social media platforms, the names of Players who have tested positive for COVID-19 as soon as is practical – and, in all cases, before the Player(s)’ next game -- once any such positive test is confirmed. Clubs are required to inform the League as soon as a positive test is confirmed and to immediately implement this Positive Test Protocol. Decisions regarding a Player’s return to play will be made by his Club’s medical staff in accordance with local health guidelines and protocols.

¹ A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection, *JAMA Cardiol.* 2020; 5(10):1085-1086. doi: 10.1001/jamacardio.2020.2136

POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



8. INDIVIDUALS WITH CLOSE CONTACT

In the event of an initial positive finding for COVID-19 for an individual covered by this Protocol (“Index Individual”):

- A contact tracing investigation shall be started immediately upon receiving the Index Individual’s first positive test, which shall be done by the Club’s Contact Tracing Officer with the Club Physician and infectious disease expert, in conjunction with, and pursuant to, regulations from local health authorities, to determine whether other Players or any other individual that had access to the Club Facilities had “close contact” with the Index Individual.
 - The Club Physician and/or infectious disease expert and/or local health authority may also seek to identify other people, not covered by this Protocol, who have been in contact with the Index Individual, as appropriate and consistent with regulations of local health authorities, including arena staff, League employees, and/or other vendors or service providers, family and other household members.
- Persons shall be considered to be a “Close Contact” if they have been within 6 feet of the Index Individual for a cumulative total of 15 minutes or more over a 24-hour period³, starting from 2 days before illness onset (or, for asymptomatic Index Individuals, 2 days prior to test specimen collection), until the time the Index Individual is isolated. Close Contacts may include a Player’s family if a Player tests positive. In Canada, the relevant provincial or local public health definition shall be consulted to determine close contacts requiring necessary follow-ups.

Close Contacts in Group 1 and 2A shall be tested immediately through the administration of a RT-PCR test.

Close Contacts in Group 1 and 2A whose test results are **positive** for COVID-19 shall:

- Be subject to the provisions of this document regarding their symptom status, test confirmation and isolation.

With respect to Players and Club staff, Close Contacts who test **negative** for COVID-19 shall:

- Be subject to daily symptom and temperature monitoring and daily PCR testing for 14 days; and
- Shall not be subject to quarantine provided that the following conditions are satisfied for such 14-day period:
 - The individual remains asymptomatic and afebrile (free of fever), and
 - Daily PCR testing is done and results are negative on each occasion.
- During this 14-day period, the Close Contact in Group 1 or 2A shall be reminded of their obligations to observe the requirements regarding social distancing and face coverings. Such Close Contacts shall not leave their households except as to fulfill their work duties with the Club, including, but not limited to, participating in training, practices, and competition.

³ Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data is limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected individual was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE.

POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



- Upon developing any symptoms consistent with COVID-19 or if any PCR test results return positive, the Close Contact shall be required to immediately end their participation in any Club activity, shall self-isolate, shall contact the Club Physician(s) and, thereafter, shall be subject to the applicable provisions of this Protocol.

If the in Group 1 or 2A individual is considered a “high risk close contact” (HRCC), the Club’s Physician, in consultation with the Club’s infectious disease expert, may require them to quarantine, on the basis set forth below, regardless of their PCR testing results. A HRCC is defined by meeting the criteria for a Close Contact above, and in addition, the individuals are around each other in non-transient, unmasked interactions, including, but not limited to, the following situations:

- Dining together
- Living together
- Extended social interactions, including in-person meetings
- Small spaces with limited ventilation
- And other measures in direct contravention with the Protocol

An example of an HRCC would be a family member or housemate with extended time together, unmasked, indoors and sharing meals.

The decision whether to impose a quarantine period for a Group 1 or 2A person considered to be a HRCC, and the length and nature of the quarantine period (minimum of 7-day CDC Test-based strategy, 10-day or 14 day quarantine), will take into consideration the likelihood that the person has contracted COVID-19, which assessment will include the non-exhaustive factors identified above, any relevant CDC or PHAC recommendations on the management of close contacts, and any applicable federal, state/provincial, or local health authority law or regulation.

All such determinations shall be made in consultation with, or pursuant to, guidance from local public health authorities.

Further guidance on case management and contact tracing is available from the **CDC** and **Government of Canada**.

9. CONTACT TRACING NOTIFICATION

The Club shall promptly notify the NHL Deputy Commissioner upon receiving information about initial positive tests. Then, upon confirmation of positive tests and completing of contact tracing, the Club shall notify the NHL Deputy Commissioner with the following information:

- Any individual(s) testing positive:
 - Name
 - Date(s) of positive test(s)
 - Symptomatic vs asymptomatic status
 - Any HRCC who have been quarantined

The Club shall also notify the NHL Deputy Commissioner and the NHLPA’s physician consultants when a Player has been medically cleared to resume activities.

POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



10. ENHANCED HEALTH AND SAFETY MEASURES IN RESPONSE TO POTENTIAL OUTBREAK

The Club's Physician, in consultation with the Club's infectious disease expert and the local public health authorities, shall also identify circumstances when enhanced health and safety measures should be implemented, on a temporary basis, to mitigate the potential for a COVID-19 outbreak among the Club's Players and Staff, and to enhance the protection of all individuals working within the Club's facilities. Such measures may be required where more than one Player or Staff member has tested positive for COVID-19 and/or are exhibiting symptoms of the disease, and where there is evidence of close contacts having occurred in or outside of the Club's facilities. In such circumstances, the Club shall consult the League's Chief Medical Officer and its Infectious Diseases Consultants on any recommended enhancements to these protocols and the expected timeframe during which such enhanced measures will be operational. Such measures may include:

- Use of FDA or PHAC approved rapid Point-of Care Testing prior to any group training, practice, or scheduled game;
- Implementing more frequent RT-PCR testing for some or all of the persons in the facility;
- Restrictions on the number of individuals who may occupy, at any one time, the Club's training rooms, practice facilities, weight or conditioning rooms, locker rooms, showers, or treatment areas, and the amount of time that an individual may be permitted to access these areas of the Club's facilities;
- Restrictions on the size and duration of any group in-person meetings between Players and/or Club Staff;
- Restrictions on the provision of meals to be consumed at the Club's Facilities or elsewhere as designated under the Travel Protocol;
- Restrictions on Players/Club Personnel behavior outside of the Club Facilities, on the condition that any such restrictions have received the prior consent of the NHLPA's physician consultants. In circumstances where a Club needs to take immediate and unilateral steps to address a significant health and safety concern, and on that basis obtaining the prior consent of the NHLPA would be reasonably impracticable in the circumstances, the Club and/or League may proceed with implementation of the enhanced protocol requirement without obtaining the aforementioned consent for a period not to exceed 24 hours; and/or
- Implementing a temporary closure of any Club Facilities, including the Club's training rooms, practice facilities, weight or conditioning rooms, locker rooms, showers, treatment areas, or arenas. Such closures should be of sufficient duration to mitigate COVID-19 transmission risk and also allow for remediation of any factors which may have increased the risk of COVID-19 transmission. In such cases, and at the time any decision to close is made, a structured plan shall be developed to determine appropriate re-opening strategy and timing.

Clubs shall notify the League [REDACTED] and the NHLPA [REDACTED] of the introduction of any of the enhanced health and safety measures contemplated above. Further, the NHL Chief Medical Officer and the NHLPA's physician consultants shall have an opportunity to consult with the Club's Physician and infectious disease expert prior to the implementation of the enhanced health and safety measures recommended by the Club.

POSITIVE TEST PROTOCOL FOR GROUP 1 & 2A INDIVIDUALS



11. FUTURE TESTING FOLLOWING A POSITIVE TEST

In the event that a Player or other member of Club Personnel has a confirmed positive finding for COVID-19 and thereafter has been cleared to return to play/work, ongoing screening with PCR testing is unnecessary for the next 90 days, as PCR-based testing results may remain positive for a prolonged period of time after resolution of symptoms, with unknown significance. Notwithstanding the foregoing, if such Player/Club Personnel subsequently exhibits symptoms of COVID-19 or has been exposed to potential infection through close contact with an infected individual, their COVID-19 status shall be determined on the basis of a clinical assessment by the Club medical staff and the infectious disease expert, which assessment may, in their discretion, include PCR testing as one element. In the event that subsequent data are published demonstrating value in different testing modalities (e.g., antigen or antibody), the above strategy may be altered. For Players/Club Personnel who continue to test positive 90 days or more after a confirmed positive finding for COVID-19, the Club's Infectious Disease specialist and the lab microbiologist shall review such results to determine the clinical relevance.