



M E M O R A N D U M

May 24, 2020

TO: NHL BOARD OF GOVERNORS
NHL GENERAL MANAGERS
NHL TEAM PRESIDENTS
NHL CLUB MEDICAL DIRECTORS
NHL CLUB HEAD ATHLETIC TRAINERS
NHL CLUB HEAD EQUIPMENT MANAGERS
NHL PLAYERS

FROM: BILL DALY
JULIE GRAND
DR. WILLEM MEEUWISSE – NHL CHIEF MEDICAL OFFICER

RE: **NHL PHASED RETURN TO SPORT PROTOCOL – MAY 24, 2020**

This memorandum, and the accompanying Protocol, sets forth the framework that will govern Players and Clubs in “Phase 2,” the transition period following “self-quarantine,” as Players are permitted to return to NHL Club training facilities for voluntary small-group individualized training activities (on-ice and off-ice).

Based on the current information available, we are now targeting a date in early June for a transition to Phase 2. However, it has not yet been determined when precisely Phase 2 will start or how long it may last. We are continuing to monitor developments in each of the Club’s markets, and may adjust the overall timing if appropriate, following discussion with all relevant parties. To better inform our decision-making, after reviewing the attached Protocol, we would like to hear from Clubs with respect to your ability to implement the required procedures and the estimated timing for your Club to be in a position to open up your training facility.

As we have stated repeatedly, the health of the Players and Club personnel is our top priority, and that will dictate how Phase 2, and any progression thereafter, may evolve. We again emphasize that Player participation in Phase 2 is strictly voluntary. In addition, Clubs are not permitted to require Players to return to the Club’s home city so they can complete a quarantine requirement in time to participate in Phase 2.

Please do not hesitate to contact Bill Daly or Julie Grand if you have any questions regarding Phase 2.

cc: Gary Bettman
Colin Campbell
David Zimmerman
Gary Meagher
Dr. Gary Dorshimer – Chair, NHL Infection Control Subcommittee
Jamie Hacker
Club Counsel
NHLPA – Don Zavelo



PHASED RETURN TO SPORT PROTOCOL

The health of Player and Club personnel is the League's top priority, as it relates to adoption of preventative measures to help protect against contraction of COVID-19, as well as procedures regarding detection of infection and transmission of COVID-19. It is also important that Players have an appropriate opportunity for proper conditioning prior to any resumption of game play. The NHL has worked closely with the NHLPA and the Players on the Resumption of Play Committee in establishing the framework for this phased approach, and has also developed this approach with the input of NHL medical, epidemiology and infectious disease experts as well as Club medical personnel. This Protocol, while very comprehensive, cannot mitigate all risk. A range of clinical scenarios exist, from very mild to fatal outcome. COVID-19 generally affects older age groups and those with previously existing medical conditions, more so than younger, and otherwise healthy, individuals, and we recognize that Players and personnel have family and household members who may fall into these vulnerable categories.

A. GENERAL DESCRIPTION

In Phase 2, the first step in resumption of League activities will be to allow Clubs to reopen each of their training facilities in the Club's home city, to permit gatherings of small groups of Players (i.e., maximum of six (6) Players at any one time, plus a limited number of Club staff), to engage in individualized training activities on a voluntary basis, as set forth in detail below. This activity will be permitted only in those jurisdictions where the applicable health authorities have sufficiently relaxed local restrictions to permit such gatherings. Clubs whose local health authorities would allow for the reopening of Club facilities will be required to consult with and seek approval from the League prior to any reopening of Club facilities. In those jurisdictions which continue to restrict or prohibit such activity from occurring, and in order to address potential competitive concerns, the League will work with those Clubs to facilitate alternative arrangements, if desired. Further, Clubs are required to comply with the public health mandates and recommended best practices of the CDC and/or Public Health Agency of Canada ("Health Canada") applicable to them and the facility in which Phase 2 activities are to take place, including any changes to such recommendations that may take place after the commencement of Phase 2. Clubs who are unable to allow access to Players in your facility as contemplated by Phase 2 or who are concerned that their operations do not satisfy public health recommendations shall notify Bill Daly or Julie Grand, so that we can work with your Club to determine whether alternative arrangements are appropriate or necessary.

B. TRAVEL TO THE CLUB'S HOME CITY

It is recognized that relaxation of travel and shelter in place requirements may differ between countries and regions where Players are currently living, and where they would be returning to, for their home Club activities. Clubs should help to shall facilitate Player travel arrangements, to the extent permitted, to enable

Players who are not in the Club's home city, to return to the Club's home city as each Player may deem appropriate, in order to facilitate their ability to engage in Phase 2 activities. To the extent travel and shelter in place restrictions impede or delay the ability of your Players to return to your Club's home city, please notify one of us so that the League stays informed on the challenges each Club may be facing in this regard.

Players who do not maintain permanent residences in the Club city (or near an alternate location referred to in Paragraph A), including AHL Players, shall be provided separate hotel accommodations for the duration of their participation in the Club's Phase 2 activities (as well as any Phase 3 Training Camp activities), including family-appropriate accommodation if their families are accompanying the Player. Players without permanent residences in the Club city (or near a chosen alternate location) shall also be provided with, or reimbursed for the cost of, a rental car for the duration of Phase 2. The accommodations must be of the same high quality provided to Players during the Regular Season. The hotel or other accommodations shall satisfy the hygiene, distancing, cleaning and disinfecting requirements recommended by the Club's medical professionals, including its infectious disease consultant.

Players who are returning to their Club city (or chosen alternate location) from the location where they were self-quarantining during Phase 1 will be reimbursed for reasonable travel expenses incurred in so doing to a maximum of \$1,500 USD. AHL Players will be reimbursed for all reasonable expenses incurred in travelling to the Club city (or chosen alternate location).

Prior to resumption of small group activities, some individuals (Players and "Permitted Personnel" – see I (1-3)) traveling back to their Club's home city may be required to serve a 14-day self-quarantine imposed by the local health authorities, regardless of their mode of travel (private or charter travel). Even if not imposed by the local health authorities, such individuals returning to the Club's home city by *public* transportation, including commercial air or rail travel, *must* serve a 14-day self-quarantine period post-travel before engaging in training activities at their Club's facility. In addition, Club Medical personnel may impose a 14-day quarantine on Players and Permitted Personnel returning to the Club's home city from a high-risk environment, even if they are not travelling via public transportation. Guidelines for the designation of high-risk environments will be provided to Clubs by the NHL in consultation with the NHLPA as soon as practicable.

However, Clubs are not permitted to require that Players who are currently sheltering in place outside of the Club's home city return to the Club's home city so that they can complete a quarantine in time to participate in Phase 2.

Players shall avoid carpooling together from one location to the Club's home city. To the extent such carpooling occurs, post-travel quarantine for individuals involved shall be considered at the Club's discretion.

C. TESTING FOR INFECTION AND ANTIBODIES

As an over-riding principle, testing of asymptomatic Players and Club personnel must be done in the context of excess testing capacity, so as to not deprive health care workers, vulnerable populations and symptomatic individuals from necessary diagnostic tests ("Publicly Necessary Testing"). Secondly, testing by its nature is for the early detection of infection and is not a replacement for the hygiene, distancing, and cleaning and disinfecting methods outlined in this framework that can help prevent infection in the first instance.

Laboratory-based RT-PCR testing shall be administered to all Players and Club personnel designated to have "Player Access" (see Paragraph I (2) below) forty-eight (48) hours prior to any person returning to Club training facilities in order to detect active or recent infection (with results to be available within twenty-four (24) hours). For individuals whose results are not received within twenty-four (24) hours, such persons shall not utilize Club training facilities until results are available and indicate a negative testing result.

- To determine if this will be feasible in each Club’s local market, Clubs shall engage with your local health authorit(ies) (as well as any other applicable health authorities such as state, provincial or federal) to determine whether asymptomatic Players and other Club personnel are eligible under applicable regulations and local conditions to receive PCR tests, either publicly or privately, provided that doing so does not take testing resources away from Publicly Necessary Testing.

If such testing is available, Clubs shall make arrangements for, and shall administer, PCR testing to all Players and Club personnel with “Player Access” prior to the resumption of Phase 2 training activities, and if possible, on an ongoing basis (at least twice weekly and consistent with medically recommended intervals) throughout Phase 2. Please note that the League is continuing to explore the feasibility of offering Clubs a League-wide PCR testing solution and will keep Clubs apprised in this regard. In the interim, please continue to explore your Club’s ability to obtain such testing, as described above.

If testing is not available at the start of Phase 2, Players who wish to participate in Phase 2 activities and “Player Access” Club personnel must self-quarantine for 14 days prior to entering the facility (or, certify that they have already served a self-quarantine for the prior 14 days in the Club’s home market, in which event they will be eligible to enter the facility when Phase 2 begins).

Clubs shall provide to the League and to the NHLPA, on an ongoing basis, details of the arrangements that have been made in respect of the availability of testing and the provision of exemptions or exclusions to local stay at home guidelines or orders.

Should Clubs elect (or Players request) to do serology testing, such testing should be an FDA, NIH or Health Canada approved serology test. For clarity, FDA should be at the level of approval, not only emergency use authorization (EUA). It is not known to what extent a positive antibody test confers immunity and, as such, all Players and Club personnel shall practice the same prevention measures outlined in this document regardless of their antibody status.

D. TEMPERATURE/SYMPTOM CHECKS

Each Club shall establish a process to record symptoms and conduct temperature checks on a daily basis, and not more than two (2) hours prior to each Player’s and Club personnel with “Player Access’s” entry to the Club facility. These checks shall be self-administered at the homes of Player and Club personnel with “Player Access” prior to their departure for the Club’s facility. A standardized self-screening checklist set out in a “app” (programmed to maintain information security) for use by Players and “Player Access” Club personnel will be provided prior to the commencement of Phase 2. Clubs shall obtain any necessary equipment, including digital oral thermometers, for use by Players and such Club personnel. See Paragraph G (Symptomatic Persons During Phase 2), below, which sets forth processes if Players and/or “Player Access” Club personnel develop symptoms, report a temperature >99.5°F or > 37.5°C, or are otherwise directed by the standardized self-screening checklist to follow the symptom-reporting procedure.

Additionally, each Club must administer a separate temperature and symptom check at the entrance of the Club facility before any Player or Club personnel with “Player Access” shall be allowed to enter. Temperature checks shall be done by the Club Facility Hygiene Officer (see Section O) or a comparably qualified individual using a non-contact infrared thermometer. Any abnormal result using the non-contact infrared thermometer should be followed up with a confirmatory check using a tympanic membrane or hospital-grade oral thermometer. The Club’s Facility Hygiene Officer (see Paragraph O, below) shall oversee implementation of this procedure, and the guidance of the Club’s local infectious disease expert shall also be sought in connection with such implementation. The Clubs shall take appropriate measures to protect the privacy of the information collected and to maintain the security of the information collected. The information collected shall not be entered into the Player’s AHMS records and shall be kept separately.

Similar symptom and temperature checks shall be done on site for all other “No Player Access” Club personnel (see Paragraph I (3) below) at the time of their entry into the building. The Club Facility Hygiene Officer (see Paragraph O below) shall designate personnel who will be responsible for maintaining a daily log of the Players and Club personnel who were permitted into the building and for recording these symptom and temperature checks in accordance with applicable regulations. Temperature checks for “Player Access” and “No-Player Access” Club Personnel shall be conducted in a way that protects employee privacy to the extent possible. Any information collected shall be kept separate from a “personnel file” for the individual involved. Other local restrictions and regulations may be applicable so consultation with local counsel may be appropriate.

E. EDUCATION SESSION

Prior to the start of Phase 2, the Club’s Medical Director and Head Athletic Trainer shall conduct a remote educational meeting for Players, “Player Access” personnel and “No Player Access” Club personnel to provide education regarding COVID-19, including the Phase 2 protocol, the potential risks associated with involvement in Phase 2 or subsequent Phases, and the obligations of Players and Club personnel to comply with the provisions of this Protocol, and to provide an opportunity for Players and “Player Access” Club personnel to ask questions regarding the current situation.

The League will provide Clubs with a template PowerPoint to be used during these education sessions, as well as other educational materials such as posters to be displayed throughout Club facilities.

The above educational content shall be developed in consultation with the NHLPA.

F. PPME

At the outset of Phase 2, all Players must undergo a pre-participation medical evaluation (PPME) and Exhibit 25A clearance prior to participating in any Phase 2 activities. The PPME shall include a focus on existing injuries (including any injuries requiring rehabilitation), medical conditions, and on cardiac screening as set out in the addendum to the PPME (to be sent separately). An evaluation of Players and “Player Access” Club personnel shall also be conducted (and at each Club’s discretion, this may also be conducted on “No-Player Access” Club personnel) for any co-morbidities that may carry increased risk with COVID-19 infection. The CDC instructs that certain individuals are at high-risk for severe illness from COVID-19, including, without limitation, people 65 years and older and people of all ages with underlying medical conditions, particularly if not well controlled. (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>)

Specifically, the PPME shall include, at a minimum:

- Medical history review and focused examination
- Orthopedic history review and focused examination
- ECG¹
- Post-COVID cardiac questionnaire and investigation based on a checklist that will be provided.

During the PPME it shall also be determined whether persons sharing a home with the person being evaluated currently have symptoms or have tested positive for COVID-19 or are otherwise at high-risk for severe illness from COVID-19.

¹ Anyone confirmed or suspected of having had COVID-19 shall have further investigation with echocardiography and high sensitivity troponin (nsTn) and, at the discretion of the Club physician(s), consultation with a cardiologist.

The following are not required, but may be done on a case-by-case basis, as appropriate:

- Eye examination
- Concussion testing
- Lab and other investigations

Due to the close contact required, routine dental examination is not recommended.

As of the start of the 2019/20 season, medical and orthopedic histories could be submitted by Players electronically via AHMS, ahead of the PPME in-person evaluation. Utilizing this feature prior to the Phase 2 in-person evaluations will reduce the in-person time needed during a PPME with Players. Furthermore, use of telemedicine may provide an ability to further reduce contact time where appropriate and locally permissible and, if deemed appropriate by Club Team Physician(s) may replace an in-person examination for purposes of medical clearance and completion of Exhibit 25A. However, please note that administration of an ECG must be provided in person.

Where PCR testing is available, the timing of the PPME shall coincide with the availability of PCR test results such that only those Players testing negative shall attend their PPME examination. Where PCR testing is not available, the PPME must be conducted at the end of the 14-day quarantine period. All Players and "Player Access" Club personnel present in the building during PPME examinations, including Team Physicians performing the examinations, must perform a self-temperature and symptom check two (2) hours prior to arriving at the Club facility, as described above.

Clubs shall arrange PPME appointment times for each Player so as to limit the number of individuals in the Club facility at any one time and, whenever possible, Player appointments shall coincide with the same small groups described below in Paragraph I (1).

Players shall also be reminded of the SABH and other mental health resources available to them.

G. SYMPTOMATIC PERSONS DURING PHASE 2

During Phase 2, anyone who develops symptoms (or if persons sharing a home develop symptoms or tests positive for COVID-19) shall immediately notify Club medical staff of such, shall self-isolate, and shall be medically evaluated by the Club's physician(s), who shall consult with the Club's infectious disease specialist to determine next steps, and administer PCR testing, if appropriate. In the event a Player is diagnosed positive 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.

All Players and Club personnel shall immediately notify Club medical staff if he or she suspects coming into contact with someone that has COVID-19. The following are common symptoms of COVID-19:

- Cough
- Shortness of breath
- Chest pain
- Feeling feverish, chills
- Muscle pain (not exercise-related)
- New loss of smell or taste
- Gastrointestinal symptoms (nausea, vomiting and/or diarrhea)

- Sinus or cold-like symptoms (headache, congestion/runny nose, sore throat).
- Fever (temperature > 99.5°F or > 37.5°C)

Club medical staff, in consultation with the Club’s infectious disease specialist, shall direct the care of anyone who tests positive. For reference, a link to CDC guidance on discontinuation of isolation following positive COVID-19 in symptomatic and asymptomatic patients is provided. (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>) Players, however, shall remain entitled to consult with their personal physicians during their participation in Phase 2.

Contact tracing shall be conducted by the Club immediately upon a positive test result, and shall be in conjunction with, and pursuant to, regulations from local health authorities to identify other people who have been in contact with the person who tests positive. Clubs should proceed with contact tracing even if the response of local health authorities is delayed. If there are no such applicable local regulations, the Club infectious disease expert shall develop a process for contact tracing.

In the Phase 2 environment of strict monitoring, testing (if applicable), regular cleaning and disinfecting, and adherence to the measures in this protocol, subject to any applicable local health regulations, it is not anticipated that an isolated case(s) of COVID-19 would necessitate widescale quarantine of a Club; however, testing of Players in the same Player’s training session and “Player Access” Club personnel may be appropriate, as determined by Club medical staff in consultation with the Club’s infectious disease consultant and local health authorities.

Club personnel are asked to notify Bill Daly if they become aware of Players or other Club or arena personnel who test positive for COVID-19 during Phase 2. The League thereafter shall promptly notify the NHLPA of the positive test result(s).

H. PHASE 2 – PERMITTED ACTIVITIES

Permitted activities must allow for appropriate social distancing (as described below) to be followed and are limited to only the following:

- “Player-only” non-contact skates. No coaches, skating coaches, other Club employees or Club contracted representatives may participate in any on-ice sessions;
 - On-ice time shall be divided equally between the skaters within each small group (goaltenders may be provided additional ice time). When Players are not participating in on-ice activities they will be permitted to utilize the Club’s exercise and weight room equipment, or receive individual treatment from the Club’s Medical / Training staff (see Paragraph I (2) below).
- Weight training that does not include the need for a spotter;
- Circuit-based activities such as resistance training;
- Cardiovascular exercises and endurance training; and
- Rehabilitation and treatment for Players with on-going disabling injuries and for Players with non-disabling injuries, may be provided as directed by Club Medical / Training staff.

Players who participate in Phase 2 are not permitted to work out or skate at any public facility or other location, and may not organize any Player skates or group skates outside of the training sessions organized by the Club.

Coaches and Hockey Operations Personnel will be permitted to observe, but not participate in, the Player-only non-contact skates commencing on the later of the date on which the commencement of Training Camp is announced by the League or two weeks after the Club’s commencement of Phase 2 activities. They shall be seated in an area of the facility separate from the Players and “Player Access” personnel and may not have in-

person contact or interactions with Players and “Player Access” Club personnel or touch surfaces or objects that Players or “Player Access” personnel are likely to touch. Unintentional or incidental observations of Player non-contact skates, because of physical location in the building or otherwise, are not prohibited.

Fitness testing of Players by Clubs will not be permitted during Phase 2.

I. PHASE 2 – PERMITTED PERSONNEL

As a guiding principle, the greater the number of persons involved in each Club’s Phase 2 activities, the greater the risk of possible infection. In order to limit the possible exposure and risk of transmission during Phase 2, activities must be limited to essential staff on site.

1. PLAYERS:

As indicated above, Clubs shall schedule Players, on a voluntary basis, to participate in sessions, with a maximum of six (6) Players permitted inside the Club facility per session -- so long as the facility can accommodate six (6) Players at a time with proper social distancing, and having a group of six (6) Players is in compliance with local health regulations. If six (6) Players cannot safely be accommodated with proper social distancing, the maximum number of Players who can attend at the Club’s training facilities at one time shall be reduced accordingly.

- For the duration of Phase 2, Players shall remain in the same small group, so that any infection or exposure that might occur will be contained within that group and in order to facilitate contact tracing.
- If your facilities’ weight room cannot accommodate six (6) Players with the appropriate social distancing at all times, then the number of Players who engage in weight training at any one time shall be reduced to an appropriate number to ensure such distancing can occur, and the remaining Players from the small group may engage in an on-ice session at the same time, during which they shall refrain from body contact and shall be required to maintain appropriate distancing from the nearest Player. (See Paragraph H, above). (Beginning seven (7) days following a goaltender’s initial access to the Club’s facility for individualized training activities, such goaltender may also invite the participation of an independent goalie coach to work with him on a one-on-one basis.) Players can also be seen by the Athletic Trainer while the weight room and/or on ice sessions are occurring.
- Each group of Players shall be provided with a particular “shift” start time and session duration. Players are not permitted to access to the facilities outside of their designated group shift. Player “shifts” or sessions shall not overlap with one another.
- The schedule must allow for sufficient time between sessions to allow proper disinfecting of training facilities and equipment, and to ensure that there is no overlap between Players departing and the next group arriving.
- If Players are present in the locker room at the same time, they must appropriately socially distance at all times (i.e., be at least 6 feet apart). Clubs shall coordinate small group sessions that will allow for appropriate spacing between players’ designated stalls in the locker room.
- Players shall be encouraged to shower at home wherever possible. Players must leave all workout clothing and equipment that is worn during their session at the facility for cleaning/laundry by the Club. If showering at the Club facility is considered necessary for hygiene purposes, Players shall not be permitted to share towels, toiletries, or any personal items. Players must wear their own footwear at all times, including in the shower stalls.

- Clubs shall devise a schedule for Player sessions which reflects the needs and circumstances of: (i) Club Medical / Training staff, (ii) the number of Players participating, and (iii) that allows for proper cleaning and disinfecting between group sessions (see Paragraph L, below).

Each Club shall provide the League with their Player group lists by a date certain (to be determined at a later time) prior to our transition to Phase 2. Updated lists can be sent to Bill Daly or Julie Grand as additional Players travel to your Club's home city and become eligible to participate in the group activities following the completion of testing and/or any required quarantine period.

The Club's Facility Hygiene Officer (see Paragraph O below) shall designate an individual who will be responsible for observing compliance with the provisions in this Paragraph I (1).

2. CLUB MEDICAL/TRAINING STAFF:

The minimum number of essential staff shall be on-site to carry out the planned activities and have in-person interactions with Players. No other personnel shall be involved in any individual Player activities. Each Club will be permitted to have the same maximum number of personnel per small group session, which shall include any number of personnel from the following list, and no other personnel, per session:

- One Athletic Trainer
- One Strength and Conditioning Coach
- One Equipment Manager
- One or two dressing room attendants (if different from Club-engaged cleaning crews)
- Club's Physician(s) on an as-needed basis
- One goalie coach (who the Player hires, and who is not a Club employee, but who must be subject to all the required safety and precautionary measures as "Player Access" Club personnel, including, but not limited to, testing, quarantine, daily temperature/symptom screenings, etc.)

During Phase 2, Clubs must, to the extent possible, assign a unique Athletic Trainer, Strength and Conditioning Coach, and Equipment Manager, respectively, to each group of six (6) Players, so as to limit cross-exposure among groups. To accomplish this, it may be desirable to involve additional personnel, such as those from the Club's AHL affiliate.

As described herein, Club Medical /Training staff will be designated as "Player Access" Club personnel. At the Club's facility, "Player Access" Club personnel will be permitted to have in-person interactions and close contact with Players and other "Player Access Personnel", but shall not have in-person interactions or close contact with "No Player Access" Club personnel (see Paragraph I (3) below).

Club Medical/Training staff may remain at the Club facility outside of their designated Player session(s), subject to continued compliance with all other social distancing measures and safety precautions as required by this document, to accommodate additional duties such as individualized work in a designated office. Club Medical/Training staff must not be assigned or engage in other duties while at the Club facility that would expose them to contact with equipment or materials that have been handled by "No Player Access Personnel".

A certified Athletic Trainer/Therapist who holds current certification in Basic Life Support (BLS) and is licensed by their state or provincial authority in the jurisdiction of the Club shall attend each group session.

3. CLUB HOCKEY OPERATIONS PERSONNEL AND CLUB BUSINESS STAFF:

If the local health restrictions allow for it, and a Club allows staff members not involved in the in-person interactions with Players to also resume working at the Club facility (e.g., staff such as Club Hockey Operations personnel, Club business staff), the Club shall establish processes to ensure that such personnel:

- (i) Do not have close contact or in-person interactions with Players or touch surfaces or objects that a Player is likely to touch;
- (ii) Do not have close contact or in-person interactions with “Player Access” Club personnel or touch surfaces or objects that “Player Access” Club personnel are likely to touch;
- (iii) Take all other applicable social distancing and safety precautions outlined in this memorandum; and
- (iv) If Club business staff are able to continue to work remotely, it is strongly recommended that such individuals do not enter the Club facilities during Phase 2.

To emphasize, in-person interactions and all close contacts between Players and “Player Access” Club personnel, on the one hand, and “No-Player Access” Club Personnel, and in particular the Club’s Hockey Operations staff, on the other hand, are strictly prohibited, during Phase 2. If it is necessary for Hockey Operations and Club business personnel to be present at the Club facility during Phase 2, Clubs shall, to the extent possible, prohibit their access to areas of the facility utilized by Players and “Player Access” personnel.

As described herein, Club Hockey Operations Personnel and Club business staff will be designated as “No Player Access” Club personnel.

4. NON-PERMITTED STAFF: DURING PHASE 2

The following individuals are prohibited from entering the Club facilities during Phase 2:

- a. Media
- b. Player agents
- c. Massage therapists
- d. Chiropractors
- e. Player Performance Personnel
- f. Player’s family members
- g. Any other person(s)

Notwithstanding the foregoing, during Phase 2 Clubs may facilitate Player access to massage and chiropractic services outside of the Club facilities, but only to the extent that personal protective equipment (“PPE”) and other appropriate safety measures are maintained by both the Player and such service provider(s).

5. USE OF FACILITY BY PLAYERS FROM OTHER CLUBS DURING PHASE 2

Players from other Clubs who are sheltering in place in proximity to the Club facility may request access to such Club’s facility for the purpose of skating and the use of the weight room. Clubs shall take all reasonable measures to accommodate such requests, and shall be permitted to refuse access

based on the following considerations: (i) the unavailability of Medical / Training staff, (ii) the inability to schedule such other Clubs' Players to skate and work out; and (iii) the requirements for proper cleaning and disinfecting between Players' group sessions (see Paragraph L, below). In the event a Club is unable to accommodate such a Player's request, it shall immediately notify the NHL and the NHLPA for their review.

Any such other Club's Players would be subject to the same conditions and restrictions on access and use as are Players from the "host" Club except that, subject to the approval by the Player's Club Doctor, PPMs may be conducted by the Player's Club's Doctor on a "telemedicine" basis as set out in Section F, with ECG testing conducted in person at the "host" facility. In the circumstances where another Club's Players are granted access to a Club's facility, the host Club is responsible for ensuring that the Player follows all requisite safety and precautionary measures, including, but not limited to, testing, quarantine, daily symptom/temperature screening, etc.

J. PHASE 2 - SOCIAL DISTANCING, PPE AND OTHER SAFETY MEASURES

Please note that the following requirements denote the minimum standard Clubs must abide by during Phase 2. A Club, or any Player or member of the Club's staff may follow more stringent safety precautions while in the Club facilities should he/she choose to do so.

1. SOCIAL DISTANCING:

- Players and "Player Access" Club personnel shall maintain 6-foot physical distance ("social distancing") from each other at all times while in, and outside of, the Club facilities.
- Players shall be discouraged from socializing with one another in close contact while at (or outside of) the Club's facilities.
- The only exception to social distancing restrictions while in the Club facility would be medical encounters (e.g., one-on-one treatment sessions with an Athletic Therapist or physician examinations of a Player where physical distancing cannot be employed).

2. USE OF PPE:

In addition to maintaining social distancing from one another at all times, the following measures shall also be adopted regarding the use of PPE, such as a surgical mask or cloth face covering, and nitrile gloves. (NOTE: We recognize the priority use of PPE in your local communities by health care personnel and it is not our intention to take away access to PPE from such personnel by imposing these requirements.)

2.1 PLAYERS:

- Face coverings (cloth or surgical-type mask) shall be worn at all times – other than while exercising -- when entering or leaving the Club facility and while inside the Club facility where social distancing cannot be maintained.
- Players are not required to wear face coverings when they are exercising or on the ice.
- If local health regulations would require Players to wear PPE while exercising in Phase 2, Clubs shall inquire whether an exemption can be attained or contact the League to evaluate alternative options for Player activities during Phase 2.

2.2 CLUB ATHLETIC TRAINERS, STRENGTH AND CONDITIONING COACHES AND PHYSICIANS:

- PPE must be worn while in close contact with the Players (surgical mask and nitrile gloves) and at all other times when inside the Club facility where social distancing cannot be maintained or when they are in areas of the facility that are commonly frequented by Players and other Club personnel. The gloves shall be discarded and not reused after each small group session, or if working with Players in a one on one capacity, after each interaction. If an individual touches his or her face while wearing gloves, the gloves shall be discarded and replaced and the individual's hands and face must be thoroughly washed with soap and water.
- Face coverings (cloth or surgical-type masks) shall also be worn when entering or leaving the Club facility.

2.3 EQUIPMENT MANAGERS & DRESSING ROOM ATTENDANTS/CLEANING STAFF:

- Shall always wear PPE (surgical mask and nitrile gloves). The gloves shall be discarded and not reused after direct contact with Players or Player equipment. If an individual touches his or her face while wearing gloves, the gloves shall be discarded and replaced. After gloves are removed and discarded, the individual's hands and face must be thoroughly washed with soap and water.
- All reasonable efforts shall be made to minimize Equipment Manager interactions with Players (*e.g.*, have Players discard their jerseys and other laundry such as workout clothes directly into laundry machines rather than being collected by Equipment Managers; have Players drop off equipment for cleaning in one designated area).

2.4 "NO PLAYER ACCESS CLUB PERSONNEL":

- Shall be in compliance with local health regulations regarding the wearing of PPE.

3. OTHER SAFETY MEASURES:

3.1 COMMUTING:

- Players shall avoid car-pooling or taking public transportation to the Club's facility (including rideshares and taxis). If no other alternative is feasible, the Club shall make arrangements to pick up and drop off the Player at his residence and all such drivers must wear gloves and a mask/face covering.

3.2 TUBS/SAUNAS/STEAM ROOMS:

- Use of hot and cold tubs, as well as saunas and steam rooms are prohibited during Phase 2.

3.3 WORKOUT GEAR:

- Any team that provides practice gear for its Players shall establish a process that promotes safe, secure distribution of clean gear and the collection of used gear for prompt cleaning before the Player's next session.

3.4 SUPPLEMENTS:

- Supplements must be made available in single-dispense packs. Common containers and scoops shared by individuals are prohibited in Phase 2.

3.5 RELIEF GELS/BALMS/CREAMS/STICKS:

- Use of common (i.e. shared) creams, gels, balms, and sticks is prohibited during Phase 2.

3.6 FOOD/BEVERAGES:

- Players must use water bottles and lids that are permanently marked with their Player number or other means of identification.
- Clubs shall not provide meals for shared consumption at the Club facility.
- The Club's catering staff may provide pre-packaged meals in individual containers for each Player to be picked up while the Player is at the facility. Pre-packaged meals may not be consumed at the Club's facility, and shall be taken home and consumed at the Player's residence.
- Only single use beverages or snacks (i.e. granola or power bars) may be provided and consumed at the Club's facility.

K. PHASE 2 – PERSONAL SAFETY PRECAUTIONS

As a general matter, the following safety precautions shall continue to be followed:

- Wash hands frequently with soap and water for at least 20 seconds (sing "Happy Birthday" twice).
- If soap and water are not readily available, use an alcohol-based hand sanitizer.
- Hand sanitizer must be made readily available to all Players and Club personnel throughout the facility, and at a minimum, in the following locations:
 - Medical/Trainer Room
 - Equipment Room
 - Main entry to player bench
 - Coaches Room
 - Strength and Conditioning Area
 - Laundry Rooms
 - Dressing Rooms
- Wash or sanitize hands before eating and after touching possibly contaminated surfaces (such as high-touch areas).
 - Avoid touching your eyes, nose, and mouth.
 - Avoid close contact with people who are sick.
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.
 - Continue to avoid handshakes, high fives and fist bumps, even with individuals and teammates you know well.

L. CLEANING AND DISINFECTING

Each Club shall adhere to the requirements for regularly cleaning its facilities, as set forth in the attached 2019 NHL/NHLPA Medical Handbook 4.2 “Cleaning and Disinfecting Requirements,” (revised, May, 2020). **Please note that these Requirements have been updated to include specific guidance regarding the maintenance and use of water bottles, towels, hand cleaners, tissues, anti-bacterial wipes and gloves.** These standards are consistent with CDC recommendations on actions to help prevent the spread of respiratory diseases, including the coronavirus. (See <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>).

Clubs who have concerns about their ability to obtain sufficient amounts of cleaning and disinfecting solutions shall contact the League promptly.

At a minimum, during Phase 2, this cleaning must be completed:

1. prior to re-opening any Club facility;
2. on shared circuit-based training equipment between each Player usage (e.g., disinfectant wipe-down);
3. between small group training sessions on all areas and equipment that are touched; and
4. at the end of each day.

Further, if any area of the Club facility that the Players, or “Player Access” Club personnel, access (e.g., washrooms, training equipment, kitchen) is accessed by any “No Player Access” Club personnel during hours when the Players are not in the Club facility, each such area must be thoroughly and completely cleaned and disinfected prior to the next usage of such area(s) by the Players or “Player Access” Club personnel.

Clubs must ensure qualified professional cleaning personnel are retained to implement these requirements, and that all cleaning staff are provided, and understand the requirements of the Medical Handbook as it pertains to the cleaning and disinfection of the Club’s facility.

M. ACTIVITIES OUTSIDE OF CLUB FACILITIES

Outside of the individual training to take place at Club Facilities, it is important that all Club personnel, including Players, continue to adhere to the personal precautions recommended by the CDC, as well as any additional direction that may be issued by your local health authority and Club Medical staff. As such, Players are strongly recommended to continue to exercise “distancing” behavior, practicing the same social/physical distancing measures as observed during Phase 1 of the League’s “pause” in the 2019/20 Season. Specifically:

1. Players and Club personnel shall continue to stay at home as much as possible and practicable and must avoid unnecessary interactions with non-family members.
2. Players shall not physically spend social time together in close contact.
3. As noted above, Players participating in Phase 2 are not permitted to work out or skate at any public facility or other location, except as may be permitted by the Club, and may not organize any Player skates or group skates outside of the small group sessions organized by the Club.

N. CLUB FACILITIES

To the extent possible, and as resources allow, Club facilities shall be automated or made as “no-touch” as practicable, to reduce or remove the use of high touch areas (push-bar entrances, key-fob entry, etc.)

Clubs shall post signage throughout the Club facility with appropriate precautions (e.g., best practices for hand and respiratory hygiene) and identification of COVID-19 symptoms. (See attached.)

O. CLUB FACILITY HYGIENE OFFICER/COMPLIANCE

Each Club must appoint a Club Facility Hygiene Officer, who will be responsible for overseeing, implementing and ensuring compliance with all aspects of this Phase 2 Protocol. The Club Facility Hygiene Officer must be a nurse, occupational health and safety professional or infection prevention and control (IPAC) professional. The Club Facility Hygiene Officer shall consult with all necessary persons in handling these responsibilities, including, without limitation, the Club's Medical Director, Athletic Trainer(s), Equipment Manager(s), the Club's infectious disease consultant, arena cleaning personnel and security personnel.

The responsibilities of the Hygiene Officer include, but are not limited to, the following:

- The Facility Hygiene Officer will conduct a facility tour with a Club Athletic Trainer, Team Physician and Club infectious disease consultant to review implementation of the Protocol prior to opening of Club facilities.
- Consulting with the Club's locally-retained infectious disease expert to discuss and resolve issues pertaining to the implementation of the Phase 2 protocol at the Club's facilities, such consultation to include a walk-through of the facilities.
- Communicating basic hygiene measures (hand washing and/or hand sanitizing, coughing and sneezing hygiene, social distancing) in accordance with the guidance established by the CDC, Health Canada and the local health authorities in the Club's home city.
- Ensuring compliance with the cleaning and disinfecting requirements set forth in this document and the attachments hereto including instruction of facility cleaning personnel in respect of such requirements.

The Club Facility Hygiene Officer shall provide all Club personnel with a color-coded badge, to be worn at all times while at the Club facility, which identifies, either:

- "Player Access": for persons who are permitted to interact in close contact with the Players or others with a "Player Access" badge; or
- "No Player Access": for persons who are not permitted to interact in close contact with Players or others wearing a "Player Access" badge.

Each Club shall provide us and its designated Club personnel with a categorized list of Club Staff Permitted Personnel setting forth the names, roles and whether they are "Player Access" or "No Player Access," no later than Friday, May 22, 2020. Each Club must develop a security protocol to ensure that only people on this list can be granted access to the Club facility, and that no other persons be permitted access.

Each Club shall notify the NHL and the NHLPA by Friday, May 29, 2020, of the identity and contact information for its Club Facility Hygiene Officer and its infectious disease expert.

The Club Facility Hygiene Officer shall, by no later than the first day of the commencement of Phase 2 and, thereafter, on a weekly basis, prepare a report certifying that each of the requirements set out in this Protocol has been satisfied and that the Club is in compliance with such requirements. A form will be prepared by the League for this purpose. The Club Facility Hygiene Officer shall provide additional reports detailing the circumstances of any non-compliance with these requirements immediately. A copy of the reports shall be provided to the League and to the NHLPA. All reports must be signed by the Club Facility Hygiene Office.

Adherence to the provisions in this Protocol and a level playing field will be important during Phase 2, most importantly, as the health and safety of Players and Club personnel is the League's top priority, and also, to maintain the integrity of competition among the Clubs. This Protocol sets forth a layered approach: no one aspect can stand on its own. Established violations of, and/or lack of compliance with, the Phase 2 Protocol, will result in significant Club penalties, including fines, loss of draft choices, and/or ineligibility for participation in Phase 2 activities.

Concerns regarding compliance with the Phase 2 requirements shall be reported to the Club's Facility Hygiene Officer, and may also be reported to Bill Daly or Julie Grand.

It is recognized that a "one size fits all" solution may not be practical in all situations. If you believe that you can meet the goals and functions of this Protocol in a different manner, you may contact Bill Daly or Julie Grand at the League, who will consult with the NHLPA and medical consultants to consider whether an exception for a specific item herein, and approval of an alternative, is appropriate or permitted under the circumstances. Requests for an exemption to, or variation from, any provisions in this Protocol that you believe are unreasonable or impracticable shall be directed to Bill Daly or Julie Grand at the League, who will consult with the NHLPA. In the absence of prior approval from the League, Clubs shall not deviate from the requirements from this Protocol.



CLEANING AND DISINFECTING REQUIREMENTS

This document sets forth the requirements for the cleaning and disinfecting of facilities to help prevent the spread of infections among Players and team personnel. **Prior to the start of Training Camp, each Club's Head Equipment Manager shall review these requirements with the Club's General Manager, arena cleaning crew and dressing room attendants (and shall provide the Disinfectant Checklist Requirements and Form to the arena cleaning crew and review those materials with them).**

**** Please note that these requirements apply at all times during the playing season and the off-season, when Players are in the Club facilities – not only during periods of outbreaks of an infectious disease or virus.**

CLEANERS AND DISINFECTANTS:

Clubs are required to thoroughly clean and disinfect all areas addressed throughout this document, with a particular focus on “high touch, high risk” surfaces.

To clean these areas, Clubs shall use detergent-based cleaners or EPA registered detergent/disinfectants that will remove bacteria like MRSA from surfaces and kill common viruses like mumps, measles, cold, coronavirus, and influenza viruses.

Effective agents are listed on the EPA website for Clubs as a reference:

<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants> .
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

More information is also available on the CDC website:

<https://www.cdc.gov/mrsa/community/environment/index.html>

All cleaners and disinfectants must be used in accordance with their label instructions (e.g., Does surface need to be cleaned before using the disinfectant? What is the contact time? Does the product need to be diluted with water?). The additional benefit of specialized disinfection systems or products remains to be established.

HYGIENE:

Water Bottles

- There shall be no sharing of water bottles.
- Clubs are required to supply Player-specific water bottles for both home and visiting teams.
 - Water bottles, and corresponding water bottle tops (Gatorade Squeeze bottles), should be labeled for each individual Player with the Player's name or number (or both) on both the top and bottle for identification purposes.
 - These Player specific bottles should be available for Player use for all team on-ice activities (including all practices, morning skates, and games).
- All Gatorade ready to drink bottles (Edge bottles) must be labelled for the individual Players and marked properly with each Player's name or number (or both) prior to use. Please note these bottles, once used, may not be re-used by other Players.

- The penalty boxes shall be void of Gatorade squeeze bottles and Edge bottles for consumption. All penalty boxes shall contain 12oz Aquafina bottles of water and 12oz bottles of Gatorade product for Players (and off-ice officials) to consume while in the penalty box. Once a Player has vacated the penalty box the penalty box attendant must dispose of the used bottled product into a trash receptacle.

Towels

- There shall be no sharing of towels. All towels shall be treated as single use and shall not be re-used by another Player.
- Once a towel is used, each towel shall be washed before being used again.
- Each visiting team shall be provided a minimum of one hundred (100) clean towels for use on the bench during each game.
- These principles apply to all uses of towels, including, for example, in the training room, in the washroom, on the bench, and in the penalty box. These locations must be equipped with a bin for used towels.

Hand Cleaner:

- All locker rooms shall have a hands-free dispenser of antiseptic hand cleaner in each of the following locations (at a minimum):
 - Medical/Trainer Room
 - Equipment Room
 - Main entry to Player bench
 - Coaches Room
 - Strength and Conditioning Area
 - Laundry Rooms
 - Dressing Rooms

Tissues

- All Player benches shall have two (2) boxes of tissues on each bench affixed at each end.

Antiseptic Wipes

- 2 containers of antiseptic hand wipes (with alcohol) shall be placed on/or in proximity to;
 - Equipment tools and stick tools.
 - The visiting room weight cart.

Gloves

- All Club game staff and team staff interacting with the Player gloves, equipment, jerseys, water bottles, and towels are required to wear latex (or similar material) gloves when tending to the benches/penalty boxes/locker-room.
- Off-ice officials shall wear gloves while interacting with Player Aquafina or Gatorade bottles and towels.

HOME & VISITING GAME & PRACTICE DRESSING ROOMS (INCLUDING EQUIPMENT ROOMS):

Clubs shall ensure that the home and visiting game and practice facilities, including equipment rooms, are properly disinfected by arena cleaning crews on a daily basis. Specifically, to help reduce the spread of infectious diseases and viruses, Club management is responsible for ensuring that their arena cleaning crews properly clean and disinfect **all surfaces and areas which come into contact with Players within the confines of the locker room on a daily basis, as well as after each ice session (should multiple ice sessions occur on a given day), in addition to after a visiting team vacates an arena,** in order to properly remove athletes' sweat and bodily fluids.

Arena cleaning crews are responsible for all aspects of cleaning and disinfecting, including trash disposal, the vacuuming of rugs, mopping the floor and, specifically:

- Exercise bikes (specifically handles and seats);
- Workout equipment and weights;
- Locker stalls (including seats, all areas of the stall, and the tops of the stall);
- Change room stalls;
- Bathrooms, including washroom stalls, toilets and urinals;
- Showers;
- Medical/training tables (perhaps the most important area);
- Floor fans utilized to circulate air and dry equipment;
- Doorknobs, tables, counters and other “frequently touched” surfaces;
- Bench areas (see below); and
- Whirlpools, hot tubs

Arena cleaning crews are required to fill out the Disinfectant Checklist Form, which shall be permanently posted in a visible location inside the home and visiting teams’ dressing rooms at the game arena and practice facilities.

BENCH AREAS:

Both home and visiting team benches must have vertical dividers in the water bottle tray at sufficient intervals to keep bottles from falling over.

Both home and visiting team benches must be properly cleaned and disinfected before each use and **between periods during games**. At a minimum, this includes:

- flooring
- bench surface
- top of dasher boards
- water bottle storage area
- glass (back and sides)

COACHES ROOM; ON-ICE OFFICIALS STALLS

In addition, arena cleaning personnel will need to disinfect the On-Ice Officials and Coaches’ room(s) including, but not limited to, all seating areas, floors, exercise bikes/equipment, showers and all surfaces within the room.

Two (2) bottles of hand sanitizer and one (1) container of antiseptic wipes shall be placed in the On-Ice Officials locker room.

The On-Ice Officials (Referees and Linesmen) shall utilize their own water bottle or Aquafina bottle, which they shall bring to the penalty box at the start of the game. The penalty box will have specific towels to be utilized by the On-Ice Officials during the game. These towels shall also be treated as single use and shall be placed in the used towel bin after being used.

TRANSPORTATION

Charter Airlines

- Each Club shall require its respective airline charter company to properly clean and disinfect all areas of the team plane prior to each use of the plane by the Club, using EPA approved disinfectants and to provide a written record of cleaning and disinfection of all areas of the team plane to the Club on a monthly basis.

Buses

- Each Club should require its respective local bus company utilized by the team to properly clean and disinfect all areas of the team bus prior to each usage of the bus by the Club, using EPA approved disinfectants and to provide a written record of cleaning and disinfection of all areas of the charter bus to the Club on a monthly basis.

Equipment Trucks

- All seating areas within the equipment trucks utilized by visiting teams must be cleaned and properly sanitized in advance of a new team entering the vehicle. This includes all seats and handles (interior and exterior).

ADDITIONAL DISINFECTANT MEASURES

Clubs are also responsible for ensuring that the following are disinfected as follows:

- Glove dryers (specifically the metal holders which come in contact with the Player equipment) shall be disinfected on a daily basis. To the extent possible, personalize each location on the dryer with each Player’s name or number (or both).
- **All Clubs shall provide dishwashers at practice sites and arenas, available for use by home and visiting teams. Wash cycles with detergents and water shall be used after each use of water bottles.**

COMPLIANCE

If visiting or home teams have any concerns about compliance with the Cleaning and Disinfecting Requirements, they shall report concerns to the League or the home Club’s General Manager.

* * * * *

Please contact Julie Grand if you have any questions regarding the foregoing.

Issued by the Infection Control Subcommittee:

- Dr. Gary Dorshimer, Chair (Team Physician, Philadelphia Flyers)
- Dr. Michael Farber (Team Physician, New Jersey Devils)
- Dr. Brad Changstrom (Team Physician, Colorado Avalanche)
- Ray Tufts (Team Athletic Trainer, San Jose Sharks)
- Joe Huff (Team Athletic Trainer, Anaheim Ducks)
- Julie Grand (NHL Legal)
- Jamie Hacker (NHL Legal)
- Maria Dennis (NHLPA Legal)
- Dr. John Rizos (NHLPA Co-Chair, Joint Health & Safety Committee)
- Dr. Winne Meeuwisse (NHL Co-Chair, Joint Health & Safety Committee)



DISINFECTANT CHECKLIST REQUIREMENTS AND FORM

- **Process:** Arena staff who clean the home and visiting teams' locker room at the game arena and practice facility, the Officials' room, and the Coaches' room shall fill out the attached form on a daily basis, and also prior to each new team using such facilities. Executed forms shall be provided to the Visiting Locker Room Attendant, who shall ensure that the home and visiting team's NHL Equipment Manager receives such form on a daily basis and, with respect to the visiting team, prior to the Club's initial use of the facilities
- **Requirements:** All surfaces and areas of the locker room which come into contact with a home or visiting team's Players ***must be properly disinfected on a daily basis***, and with respect to any visiting team, after such team vacates an arena or practice facility. This includes:
 - Exercise bikes (specifically handles and seats);
 - Workout equipment and visiting room weights;
 - Locker stalls (including seats, all areas of the stall, and the tops of the stall);
 - Change room stalls;
 - Bathrooms, including washroom stalls, toilets and urinals;
 - Showers;
 - Medical/training tables (perhaps the most important area);
 - Floor fans utilized to circulate air and dry equipment;
 - Doorknobs, tables, counters and other "frequently touched" surfaces;
 - Bench areas; and
 - Whirlpools, hot tubs

In addition the NHL On-Ice Officials' stalls, showers, urinals and washroom areas, and the Coaches' room, shall be disinfected daily.

- **Cleaning Agents:** Clubs are required to thoroughly clean and disinfect all areas addressed throughout the Cleaning and Disinfecting Requirements, with a particular focus on "high touch, high risk" surfaces.

To clean these areas, Clubs shall use detergent-based cleaners or EPA registered detergent/disinfectants that will remove bacteria like MRSA from surfaces and kill common viruses like mumps, measles, cold, coronavirus, and influenza viruses.

Effective agents against MRSA are listed on the EPA website for Clubs as a reference:

<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants> .
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