



## PHASED RETURN TO SPORT PROTOCOL

### PHASE 3

In Phase 3 of the NHL's Return to Sport the Players of the 24 NHL Clubs participating in the resumption of the 2019/20 NHL Season will transition from voluntary, individual and small group training in Club facilities ("Phase 2") to organized Training Camp activities ("Phase 3") in preparation for the resumption of competition ("Phase 4"). As in Phase 2, the health of Player and Club personnel remains the League's top priority, and this Protocol sets out the various preventative measures and mitigations that will serve to protect against contraction of COVID-19, as well as procedures for detection of infection and transmission of COVID-19. It is intended to provide the Players of each NHL Club an opportunity to participate in team-based conditioning prior to the resumption of play in a safe and secure environment. The NHL and the NHLPA, working closely with their respective medical, epidemiological and infectious diseases experts, have worked together closely in establishing this Protocol for Phase 3. While comprehensive, the measures outlined in this Protocol cannot mitigate all risk. A range of clinical scenarios exists, 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 3, Players will remain in Club cities, where they will be permitted to engage in full team activities, on and off the ice. Coaches, General Managers and Hockey Operations personnel will be permitted to have direct in-person interactions with Players and conduct activities in a typical pre-season Training Camp fashion while adhering to preventive and other measures described below. As the increased levels of exposure between the participants in Phase 3 may result in greater opportunity for transmission and spread of infection, strict adherence by all participants to preventative measures, diligent hygiene practices and enhanced testing will be key components of Phase 3.

Participation in Phase 3 will be limited to no more than 30 skaters (i.e., forwards or defensemen) per Club and an unlimited number of goaltenders. All Players who attend the Training Camp at the Club facility for Phase 3 must be eligible to play in the 2019/20 Stanley Cup Playoffs. Each Player will be required to adhere to various requirements as set forth in this Protocol, and should participate in Phase 3 only if he is committed to doing so. It is anticipated that Players on NHL Clubs taking part in the resumption of the 2019/20 Season, other than those with health concerns related to a risk of infection or complications from infection or those with family members who are similarly at risk, will participate in the resumption of the 2019/20 Season (Phases 3 and 4). Any Player, however, may individually choose not to participate in Phases 3 and 4 without discipline or penalty, in which event he shall notify his Club in writing (with a copy to NHL CR and the NHLPA pursuant to Exhibit 3 of the CBA) of his decision within 72 hours of the completion of the ratification process, if choosing not to participate in Phases 3 and 4.

## B. TRAVEL TO THE CLUB'S HOME CITY

### 1. CLUB FACILITATION OF PLAYER TRAVEL

Players who have not yet traveled to their Club city should make travel arrangements that will accommodate the necessary period of any required quarantine, the administration of COVID-19 PCR testing, and for conducting their PPME, such that their testing and medical clearance is completed prior to the start of Phase 3 Training Camp. Clubs should help to facilitate Player travel arrangements, and the Club's Physician or infectious diseases expert will provide each Player travelling to the home city guidance on the Player's potential quarantine requirements (described below), as well as suggestions on methods of travel that may minimize or relieve the Player's quarantine obligations.

Players who are returning to their Club city from the location where they were self-quarantining during Phase 2 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.

The procedures and guidelines outlined in the NHL Infectious Disease News – June 2020 Infection Control Education for Major Sports, LLC (ICS) Volume 1, Number 1, "Precautions for Travel in Era of COVID-19 – Charter Travel" and the NHL Infectious Disease News – June 2020 Infection Control Education for Major Sports, LLC (ICS) Volume 1, Number 2, "Precautions for Travel in Era of COVID-19 – Commercial Travel" are adopted and incorporated into and attached to this Phase 3 Protocol. (See Attachment 1)

### 2. QUARANTINE REQUIREMENTS

Prior to Training Camp, Players and "Permitted Personnel" (see Section 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 or federal 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, will normally be required to 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 have been provided to Clubs by the NHL in consultation with the NHLPA (see Attachment 2).

If a 14-day quarantine is not required by the local health authority or federal law, the 14-day quarantine requirement after returning to the Club's home city by public transportation (including commercial air or rail travel), or returning from a high risk environment, can be replaced by a shorter time frame with a testing regimen as follows: (a) 7-day quarantine with PCR testing on days 1, 3, 5 and 7, with results available on day 8; and (b) provided all such tests are negative, the Player remains asymptomatic and afebrile, and the local infectious disease expert agrees, the Player can report on day 8 for his medical evaluation and, pending medical clearance, can start training.

Moreover, certain jurisdictions have given their permission for Players to serve a shortened quarantine period when substantial testing for COVID-19 is performed and/or in a manner that permits Players to attend at the Club facility under restricted conditions during the quarantine itself. We recommend that Clubs communicate with their local health authorities to discuss if accommodations of this nature are acceptable.

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.

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### 3. ACCOMODATIONS AND PER DIEM

Players who do not maintain permanent residences in the Club city, including AHL Players, shall be provided separate hotel accommodations for the duration of their participation in Phase 3, including family-appropriate accommodation if their families are accompanying the Player. Players without permanent residences in the Club city shall also be provided with, or reimbursed for, the cost of a rental car for the duration of Phase 3. 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 expert.

All Players attending Phase 3 shall be paid the same per diem allowances provided in Section 15.2 of the CBA.

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### 4. CLUB SERVICES FAMILY ASSISTANCE

Each Club's Club Services personnel will make best efforts during Phase 3 in providing grocery delivery and errand delivery services to Players' family members, as needed. In addition, each Club will make best efforts to assist Player families with accessing medical services in the Club city, including RT-PCR testing.

## C. TESTING FOR INFECTION AND ANTIBODIES

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### 1. RT-PCR TESTING

As an over-riding principle of the NHL's testing program, testing of asymptomatic Players and Club personnel must be done in the context of excess testing capacity so as not to deprive health care workers, vulnerable populations and symptomatic individuals from necessary diagnostic tests. Further, 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.

In order to detect active or recent infection, laboratory-based RT-PCR testing shall be administered to: (i) all Players; (ii) all Club personnel designated to have "Player Access"; and (iii) ice maintenance personnel, building maintenance, and security personnel who will be in the vicinity of Players while working (see Section I (3) below):

- Forty-eight (48) hours prior to any person returning to Club training facilities, and
- On an every other day basis
- Results on testing must 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.
- Each Club shall engage with its local health authorit(ies) (as well as any other applicable health authorities such as state, provincial or federal) to ensure that asymptomatic Players and other Club personnel are eligible under applicable regulations and local conditions to receive PCR tests, either publicly or privately, and to further ensure that doing so does not take testing resources away from publicly necessary testing. Before the commencement of Phase 3, Club medical personnel shall notify the League and the NHLPA) that they have obtained such assurances and shall also provide a description of the PCR testing that they intend to implement, including a description of the assay and the identity of the service provider and/or testing service. Thereafter, each Club shall report to the League) on a weekly basis the type of tests used, the number of tests performed for Players, Player Access, and No Player Access personnel, as well as the number of positive tests for Players, Player Access, and No Player Access personnel. The

League will provide a form to be used for these purposes. The League will subsequently report on the statistics related to Players to the NHLPA on a weekly basis.

## 2. SEROLOGY TESTING

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). Currently, the extent a positive antibody test confers immunity is not known, and we therefore strongly recommend against relying in any way on the outcome of such test. At a minimum, all Players and Club personnel should continue to practice the same prevention measures outlined in this document regardless of the results of antibody testing.

### D. TEMPERATURE/SYMPTOM CHECKS

Each Club is required to continue to use the EDGE10 App to record symptoms and conduct temperature self-checks on a daily basis. Players and Club personnel with Player Access shall self-administer such checks at their homes not more than two (2) hours prior to their entry to the Club facility. Clubs shall obtain any necessary equipment, including digital oral thermometers, for use by Players and such Club personnel. See Section G (Symptomatic Persons During Phase 3), 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 continue to 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 conducted by the Club Facility Hygiene Officer (see Section P) 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 Facility Hygiene Officer 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. Clubs shall take appropriate measures to protect the privacy and maintain the security of the information collected. The information collected shall not be entered into the Player’s AHMS records and shall be kept in a separate subfile, but shall be made available to the Player and the Club doctor in the event that he becomes symptomatic and/or tests positive for COVID-19.

Similar symptom and temperature checks shall be done on site for all other “No Player Access” Club personnel (see Section I (3) below) at the time of their entry into the building. The Club Facility Hygiene Officer (see Section P 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 3, the Club’s Medical Director and Head Athletic Trainer shall conduct a remote educational meeting for all Players, “Player Access” personnel and “No Player Access” Club personnel who did not receive such education prior to Phase 2, in order to provide education regarding COVID-19, including the Phase 3 Protocol, the potential risks associated with involvement in Phase 3 or Phase 4, 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. The above educational content shall be developed in consultation with the NHLPA.

## F. PRE-PARTICIPATION MEDICAL EXAMINATION

All Players who have not previously undergone a Pre-Participation Medical Examination (PPME) at the outset of Phase 2 must undergo a PPME prior to participating in any Phase 3 activities, after which the Club doctor will issue an Exhibit 25A medical clearance if the Player is “fit to play”. 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 3 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.

Only those Players who have been subject to testing and whose test results return negative shall attend their PPME examination. The PPME must be conducted at the end of the 14-day quarantine period (or the substitute 7-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.

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-morbidity 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>)

The PPME shall include, at a minimum:

- Medical history review and focused examination
- Orthopedic history review and focused examination
- ECG<sup>1</sup>
- Post-COVID cardiac questionnaire and investigation based on checklist

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.

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<sup>1</sup> 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.

Players who, after consultation with the Club doctor who conducted the PPME, and the Club's infectious disease expert, are determined to be at substantial risk of developing a serious illness as a result of exposure to the novel coronavirus shall be deemed to be unfit to play and shall not be permitted to participate either in Phase 3 or Phase 4. A Player may initiate a Second Opinion concerning his fitness to play status pursuant to Paragraph 5 of his Standard Player's Contract.

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

## G. SYMPTOMATIC PERSONS/PERSONS WHO TEST POSITIVE DURING PHASE 3

During Phase 3, anyone who develops symptoms (or if persons sharing a home develop symptoms or test 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 expert to determine next steps, and administer PCR testing, if appropriate.

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 or fatigue (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)

If a Player or any other person that has had access to the training facility tests positive in the course of PCR testing and/or develops symptoms of COVID-19, the following steps shall be taken by the Club physician(s)<sup>2</sup> working in concert with the Club's infectious diseases expert:

### 1. IMMEDIATE ISOLATION PENDING CONFIRMATION

If the person is at the training facility and medically stable, they shall be:

- removed immediately and shall be directed to isolate and to refrain from contact with other persons until the confirmation of COVID-19 positive/negative status is established.

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<sup>2</sup> Throughout this document, references to "Club Physician" and "Club medical staff" will also include other physicians and medical personnel, where applicable.

- If the person is at their residence and medically stable, they will be instructed to remain in place and not to come to the training facility pending confirmation of their COVID-19 positive/negative status.

In the event the person 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.

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## 2. CONFIRMATORY TESTING FOR ASYMPTOMATIC PERSONS

For asymptomatic persons who test positive, the Club Physician shall:

- immediately direct the administration of a confirmatory FDA Emergency Use or Health Canada Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA ("RT-PCR test").
- The confirmatory test will use a nasopharyngeal RT-PCR test performed by an independent health care provider to verify the initial test result.
- Persons who are isolating while awaiting confirmation of their COVID-19 positive status shall be in communication with Club medical staff on a regular basis and will receive such medical treatment as is appropriate to their condition.

Persons whose confirmatory test results return **positive** will be considered a confirmed positive, and shall be required to isolate until medical clearance is obtained.

If the confirmatory test results return **negative**, the person shall remain in isolation and shall be retested after 24 hours with a nasopharyngeal RT-PCR test performed by an independent health care provider. If such test results remain negative, the person shall be permitted to exit isolation and may return to full participation in Club activities, once cleared by the team physician in consultation with the Club's infectious disease expert after review of the specific circumstances surrounding the initial positive test.

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## 3. STEPS FOR SYMPTOMATIC PERSONS

For persons who develop symptoms of COVID-19, the Club Physician shall direct immediate RT-PCR testing to confirm the person's status.

A positive test of a person who exhibits symptoms of COVID-19 shall not be subject to further confirmatory testing under this Protocol and such person's COVID-19 positive status will be considered confirmed if, in the opinion of the Club Physician and the Club's infectious diseases expert, there is no basis to doubt the person's COVID-19 positive status.

Persons 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.

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## 4. SELF-ISOLATION UPON CONFIRMATION OF COVID-19 POSITIVE STATUS

A person whose COVID-19 positive status has been confirmed shall remain in isolation, shall not exercise, and shall not participate in any Club activity or have any contact (other than remotely) with any other personnel for the duration of their isolation.

During such period, the person shall be in daily contact with and receive remote care from Club medical staff or such other physicians as considered appropriate. A person whose initial test has been confirmed positive shall remain in isolation until the following conditions have been satisfied:

a) For a person who was asymptomatic during the entire period of their isolation:

Test-Based Strategy:

- The person has tested negative after the administration of a RT-PCR test from at least two consecutive, respiratory specimens, nasopharyngeal where feasible, collected  $\geq 24$  hours apart for a total of two negative specimens (the “CDC Test-Based Strategy”); or

Time-Based Strategy:

- Alternatively, upon the passage of 10 days since the first positive test, providing the person has remained asymptomatic during the entire period of their self-isolation,

b) For a person who was symptomatic at the time of testing, or who developed symptoms during the period of isolation:

Test-Based Strategy:

- The person 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 respiratory symptoms (e.g., cough, shortness of breath); or

Symptoms-Based Strategy:

- Alternatively, if the person has had no fever (without the use of fever-reducing medication) and no respiratory symptoms for over 72 hours provided, however, that the person has been in self-isolation for a minimum of 10 days since the onset of the symptoms,

c) In addition, the Club Physician, its infectious disease expert, and any treating physician providing care to the person conclude that the person 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

d) Finally, the termination of the isolation requirement must be consistent with applicable local public health regulations or other requirements.

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## 5. CARDIAC SCREENING

Although Players may exit isolation as per Section G(4) (above), the Player must continue to refrain from exercise for a total of a 14-day period 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 set out in the provisions regarding Pre-Participation Medical Examination in the Phase 3 Protocol, including, at a minimum,

- 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 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.

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## 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.

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## 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 positive test result or to a person developing COVID-19 symptoms during Phase 3.

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## 8. PERSONS WITH CLOSE CONTACT

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

- Club Medical, with their ID expert, shall conduct a contact tracing immediately upon receiving the Index Person’s first positive test, which shall done in conjunction with, and pursuant to, regulations from local health authorities (if any), to determine whether other Players or any other person that had access to the training facility had “close contact” with the Index Person.
  - The team physician or infectious disease expert may also seek to identify other people, not covered by this Protocol, who have been in contact with the Index Person, including family and other household members, as appropriate and consistent with, regulations of local health authorities.
- Any such person shall be considered to be a “Close Contact” if they have been in contact **for 15 minutes or longer at 6 feet or less** with the Index Person (regardless of whether facial protection is worn) in the 48 hour period leading up to the time the Index Person’s test was taken (if asymptomatic), or 48 hours prior to the onset of symptoms in the Index Person.

Close Contacts shall be tested immediately through the administration of a RT-PCR test.

Close Contacts whose test results are **positive** for COVID-19 shall:

- be subject to the provisions of Section G(1) of this Protocol regarding test confirmation and isolation.

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:
  - i. The person remains asymptomatic and afebrile (free of fever), and
  - ii. The results of PCR testing are negative on each occasion.

NOTE: In the event that the Index Person is subsequently found to be negative on confirmatory testing, the Close Contact measures no longer apply.

During the 14-day period described above, the Close Contact shall be reminded of their obligations to observe the requirements regarding social distancing and use of PPE.

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 and, thereafter, shall be subject to the applicable provisions of this Protocol.

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## 9. FUTURE TESTING FOLLOWING A POSITIVE TEST

In the event that a Player (or essential personnel) has a confirmed positive finding for COVID-19 and thereafter has been cleared to return to play, ongoing screening with PCR testing is unnecessary, 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 subsequently exhibits symptoms of COVID-19 or has been exposed to potential infection through close contact with an infected person, his 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.

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 3. The League thereafter shall promptly notify the NHLPA of Players' positive test result(s).

### H. PHASE 3 – PERMITTED ACTIVITIES

Permitted activities include all on and off-ice sessions with participation by coaches, and other traditional Training Camp activities.

As much as possible and practicable, activities should allow for appropriate social distancing, as outlined below in Section J (below).

Players who participate in Phase 3 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.

Fitness testing of Players by Clubs will not be permitted during Phase 3.

### I. PHASE 3 – PERMITTED PERSONNEL

As a guiding principle, the greater the number of persons involved in each Club's Phase 3 activities, the greater the risk of possible infection. In order to limit the possible exposure and risk of transmission during Phase 3, activities must be limited to essential staff on site.

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#### 1. PLAYERS:

Each Club shall provide the League) with their list of participating Players by no later than Thursday, **July 9**.

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

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## 2. CLUB MEDICAL/TRAINING STAFF:

The minimum number of essential staff should be on-site to carry out the planned activities and have in-person interactions with Players. No other personnel should be involved in any Phase 3 activity.

Permitted Phase 3 Training Camp personnel include:

- Athletic Trainers
- Strength and Conditioning Coach(es)
- Equipment Managers
- Massage, chiropractic and other performance personnel
- One or two dressing room attendants (if different from Club-engaged cleaning crews)
- Club's Physician(s) on an as-needed basis
- Coaches
- Video Coaches
- General & Assistant General Managers
- Hockey Operations Staff

These Phase 3 Training Camp personnel will be designated as "Player Access" Club personnel, and will be limited to a maximum of 20 persons.

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.

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## 3. CLUB BUSINESS STAFF:

If Club business staff are currently working remotely, such individuals shall continue to do so and shall not enter the Club facilities during Phase 3. If the local health restrictions allow for it, and a Club allows staff members who are unable to work remotely and who are not involved in the in-person interactions with Players to also resume working at the Club facility (e.g., 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.

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 business staff, on the other hand, are strictly prohibited, during Phase 3. If it is necessary for Club business staff to be present at the Club facility during Phase 3, 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 business staff will be designated as "No Player Access" Club personnel.

- Ice maintenance personnel, building maintenance, and security personnel shall be included on the list of "No Player Access" Club personnel, and shall also be subject to the testing program set forth in Section C of the Phase 3 Protocol, if they will be in the vicinity of Players while working.

- Chefs who work on-site at the Club facility shall be designated as “No Player Access” Club personnel.

Clubs can exclude from the “No Player Access” list any Club employee who has **no possibility** of coming into contact with, or having any interaction with, Players or Player Access Club personnel while on-site at the Club practice facility or game arena in Phase 3, during any of the following circumstances:

- When entering the Club facility (i.e., separate entrances into the Club facility are required for Players and Player Access Club personnel, on the one hand, and anyone proposed for exclusion from this list, on the other hand);
- When exiting the Club facility (i.e., same as above); and
- While at the Club facility. In this regard, personnel proposed for exclusion from the list may not share common areas, hallways, lunchrooms, restrooms, or any other areas with Players or Player Access Club personnel.

Persons who are eligible for exclusion from the list are not subject to the other provisions in the Protocol applicable to the No Player Access Club personnel group, including, for example, Section E of the Protocol (Education Session). Such persons, however, will continue to be subject to the daily symptom and temperature checks described in Section D.

Anyone who cannot satisfy all of the criteria for exclusion must be included on the list of No Player Access Club personnel that must be provided to the League.

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#### 4. MEDIA PERSONNEL:

Media access (external media individuals) during Phase 3 shall be permitted only if the Club can establish processes to ensure that:

- No direct in-person interactions will occur between any media members and anyone on the Club’s playing, coaching and support staffs. In addition, no one who has direct in-person contact with any media members (e.g., public relations staff assigned to service media) can have direct in-person contact with any of the Club’s Players, coaches or staff members.
- Media must enter the Club’s training facility through a separate entrance from the one used by the Club’s Players, coaches and staff. At that entrance, each media member must sign in and undergo a temperature test and attest that they are free of COVID-19 symptoms. If they have a symptom, have had exposure to someone with symptoms or COVID-19, or if they have a temperature, they shall not be admitted entry to the facility and: (a) will need to follow up with their own physician for care, and (b) shall require a letter from their physician providing written medical clearance before they may be admitted entry to the club facility. The medical clearance must detail the steps that were taken to effect such clearance, and must be satisfactory to the Club doctor and to the Club’s infectious diseases specialist. Media must wear face coverings at all times for the duration of the time they are in a Club facility (the Club shall provide face coverings for those who do not have them).
- Media must view practices from a safe and secure location which satisfies distance, barrier and airflow guidelines, as follows:
  - Distance: Media must social distance from one another (minimum 6 feet) and be kept at a more significant distance from Club staff.

- Barrier: Unless they are significantly distanced from Players and Club staff (e.g., not on the same level of your facility), there should be a physical barrier between media and Players and Club staff.
- Airflow: Media shall not be staged in a place such as the entrance to a seating section where airflow would transmit any droplets toward the ice or Club staff.
- All interviews following practices shall be conducted via Zoom or some virtual equivalent. There are to be no mixed zones or in-person press conferences, regardless of how far the Players and coaches are distanced from the media.

Each Club shall submit to the NHL a detailed description (including photos and/or labelled diagrams) of its proposed media set-up (and the number of media it might expect to accommodate on a given day) for League review and approval, prior to Phase 3.

The Club’s social and digital media staff will be subject to the same guidelines as in Phase 2.

All media (Club and external) shall be designated as “No Player Access” Personnel.

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## 5. NON-PERMITTED STAFF: DURING PHASE 3

The following individuals are prohibited from entering the Club facilities during Phase 3:

- a. Player agents
- b. Player’s family members
- c. Any other person(s)

## J. PHASE 3 - SOCIAL DISTANCING, PPE AND OTHER SAFETY MEASURES

Please note that the following requirements denote the minimum standard Clubs must abide by during Phase 3. 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.

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### 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 exceptions to social distancing restrictions while in the Club facility are:
  - 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).
  - On-ice practices and scrimmages that involve body contact. Players and coaches shall, to the extent possible, refrain from contact with others on the ice unless it is an essential part of the practice or drill.
  - While in the Club’s weight room(s), training room(s) and locker room(s), to the extent possible. Clubs shall consult with the Club’s infectious disease expert for guidance, and to determine the maximum number of persons that should occupy these areas of the Club facilities at any one time, taking into consideration the Club’s facilities, the physical distancing, hygiene, cleaning and

disinfecting requirements set-out in this Protocol, and any applicable CDC or Health Canada guidelines.

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## 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.)

Glove use is not a replacement for hand hygiene practices such as hand washing, use of alcohol-based sanitizer and avoiding touching of one's face. Whenever gloves are used, they shall be discarded after each use, and after your face is touched, and hands and face should be washed when changing gloves.

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### 2.1 PLAYERS:

- Face coverings (cloth or surgical-type mask) shall be worn when entering or leaving the Club facility and, while inside the Club facility, and where social distancing cannot be maintained, such as in one on one sessions with an athletic trainer or massage therapist.
- Players are not required to wear face coverings when they are exercising or on the ice.

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

- Face coverings must be worn while in close contact with the Players 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.
- Face coverings (cloth or surgical-type masks) shall also be worn when entering or leaving the Club facility.
- Glove use by training staff for other purposes, such as prevention of blood borne pathogens through universal precautions, shall continue. 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.

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### 2.3 EQUIPMENT MANAGERS & DRESSING ROOM ATTENDANTS/CLEANING STAFF:

- Equipment Managers and 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 and the individual's hands and face must be thoroughly washed with soap and water.
- All Club 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 areas.

- 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 continue to 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, remains prohibited during Phase 3.

#### 3.3 WORKOUT GEAR:

- Any team that provides practice gear for its Players shall continue utilizing 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 remain prohibited in Phase 3.

#### 3.5 RELIEF GELS/BALMS/CREAMS/STICKS:

- Use of common (*i.e.* shared) creams, gels, balms, and sticks remains prohibited during Phase 3.

#### 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.

### 3.7 SHOWERING:

- Given the importance of personal hygiene in infection control, Players are encouraged to shower in the facilities after workouts, providing distancing can be maintained. If they prefer, Players can choose to shower at home.
- Players should 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.

## K. PHASE 3 – 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 continue to 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) (Attachment 4). ***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 3, 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 Training Camp activities at the Club Facility, 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 Phases 1 & 2 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 3 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 small group sessions organized by the Club.
4. As much as possible, those in closest contact with Players, such as his spouse, partner, children or any other household members should have limited contact with individuals outside of the Player’s residence , so as to limit secondary exposure to Players and “Player Access” personnel.

## N. PREPARATION REQUIREMENTS FOR TRAVEL TO THE PHASE 4 SECURE ZONE

It is expected that for any Player or Club personnel traveling to the Phase 4 Secure Zone, there will be strict adherence to the testing and pre-travel physical distancing protocols described in the table below.

Family members who intend to travel to the “hub city” in Phase 4 will be also be subject to these requirements. Clubs will provide family members with access to testing (and will require access to the results of such testing), in the period before their departure for the hub city and entry to the Phase 4 Secure Zone.

Individuals who will be traveling to the Phase 4 Secure Zone by car must contact the NHL Event Medical Director or its designee (see Phase 4 Protocol) to review travel plans, including precautionary measures and possible quarantine requirements at least fourteen (14) days ahead of scheduled arrival.

Failure to adhere to these requirements may restrict or delay eligibility for travel.

PREPARATION GUIDELINES TABLE FOR PARTICIPANTS TRAVELLING TO PHASE 4 HUB CITIES

Mode of Transportation	Physical Distancing 14 days Pre-Travel	Physical distancing 7 days Pre-Travel	Testing 7 days Pre-Travel
<b>TRAVEL VIA CHARTER</b>	Adhere to diligent preventative measures (e.g., strict physical distancing, use of masks, frequent hand washing)	Stay at home as much as possible and avoid unnecessary interactions with non-family members*.	Laboratory-based RT-PCR testing three (3) times (48 hours apart) over the seven (7) day period prior to departure.
<b>TRAVEL VIA COMMERCIAL AIRLINE</b>	Adhere to diligent preventative measures (e.g., strict physical distancing, use of masks, frequent hand washing)	Stay at home as much as possible and avoid unnecessary interactions with non-family members*.	Laboratory-based RT-PCR testing three (3) times (48 hours apart) over the seven (7) day period prior to departure.

\* It is strongly recommended that family members limit their exposure to non-family members during this pre-travel 7-day period to the extent possible, and to stay home as much as possible to reduce potential exposure of Club individuals.

**O. 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.)

To the extent feasible, Clubs should utilize multiple dressing rooms/shower facilities in order to minimize the number of Players inside them at any one time.

**P. CLUB FACILITY HYGIENE OFFICER**

Each Club shall continue to maintain a COVID-19 Facility Hygiene Officer who meets the qualifications applicable for Phase 2. While the Facility Hygiene Officer may appoint support personnel to provide assistance, a daily presence by the Facility Hygiene Officer is anticipated. The Facility Hygiene Officer is responsible for ensuring compliance with all aspects of this Phase 3 document.

The Club Facility Hygiene Officer shall receive “Player Access Personnel” status.

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

- Consulting with the Club’s locally-retained infectious disease expert to discuss and resolve issues pertaining to the implementation of the Phase 3 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.
- Initiate a HVAC review, and determine if it would be beneficial to update the HVAC and filtration/circulation systems used in the facilities (e.g., change, clean, or upgrade air filters where necessary and appropriate) to optimize airflow and fresh air within each facility. The Club may consider engaging an industrial hygienist or environmental health consultant to assist in this evaluation and advise the Club regarding any related cleaning or other recommendations.
- Ensuring that facility doors and windows are opened regularly and as often as practicable

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 the NHL and its designated Club personnel with a categorized list of Club Staff Permitted Personnel for Phase 3 setting forth the names, roles and whether they are “Player Access” or “No Player Access,” no later than Thursday, July 9, 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.

The Club Facility Hygiene Officer shall, 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. (See Form A1 and B1, Attachment 5). 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.

## Q. COMPLIANCE AND GOVERNANCE

Adherence to the provisions in this Protocol and a level playing field will be important during Phase 3, 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 3 Protocol, will result in significant Club penalties, including fines, loss of draft choices, and/or ineligibility for participation in Phase 3 activities.

Concerns regarding compliance with the Phase 3 requirements shall be reported to the Club’s Facility Hygiene Officer, and may also be reported to Bill Daly or Julie Grand. Players may also contact their NHLPA Divisional Player Representatives if they have concerns regarding compliance with the provisions of this Protocol.

### *Circumstances for Postponement, Delay, or Cancellation of Phase 3*

At any time either before the commencement of, or during, Phase 3, either the NHL or the NHLPA believes that conditions, in which the commencement or continuation of Phase 3 would likely create a material risk to

Player health and safety and/or jeopardize the integrity of the competition anticipated in Phase 4, are imminent or may have emerged, which conditions may include an uncontrolled outbreak of COVID-19 in the Players of one or more Clubs participating in Phase 3, that party shall immediately notify the other of its belief, following which the parties shall jointly consult with the NHL Chief Medical Officer, the NHLPA Medical Consultant, participating Players, General Managers, and such infectious diseases experts as they may consider advisable. Thereafter the Commissioner (or a person designated by him) shall make a determination after consultation with the Executive Director of the NHLPA (or a person designated by him) whether to postpone, delay, move or cancel Phase 3. The basis upon which the Commissioner is to make his determination to postpone, delay, move, or cancel Phase 3, shall be whether the commencement or continuation of Phase 3 would likely create a material risk to Player health and safety and/or jeopardize the integrity of the competition anticipated in Phase 4. If the NHLPA is dissatisfied with the determination of the Commissioner, it may contest the matter in the form of an expedited arbitration of a Grievance before the Impartial Arbitrator pursuant to Section 17.17 of the Collective Bargaining Agreement.