

Return to Play – COVID-19 Protocol LVSHL 2020-2021

GENERAL UNDERSTANDING

- ❖ LVSHL 2020/21 games and events are voluntary, and you should feel comfortable determining for yourself if you would like to resume any activities.
 - ❖ No player, parent, coach, or participant should attend games if showing symptoms of COVID-19. For a comprehensive list of symptoms see **cdc.gov**.
 - ❖ The State of Pennsylvania and Governor allow for games to be played in the Green Phase only. (<https://www.governor.pa.gov/covid-19/sports-guidance/>)
 - ❖ LVSHL will follow all recommendations from the CDC, PA DOH, WHO, USA Hockey, and AAHA.
 - ❖ All participants in the LVSHL will sign the LVSHL Participant Release of Liability and Assumption of Risk Form (attached).
 - ❖ The primary COVID-19 Contact for the LVSHL is **lvshlsecretary@gmail.com**
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PRE-ARRIVAL PHASE

Coaches

- ❖ Coaching staff have read the LVSHL Return to Play Protocol.
- ❖ Coaching staff have met with their teams to prepare them for the return to games/practice.
- ❖ Coaching staff reviews social distancing guidelines with players.
- ❖ Coaching staff have cleaned and prepared all equipment needed.

LVSHL Board

- ❖ Provide COVID-19 Return to Play Protocol to all teams in the LVSHL.
- ❖ Maintain the COVID-19 Return to Play Protocol and update as needed.
- ❖ Individual rink protocols have been provided to all parents/players/coaches.

Players

- ❖ Players/Parents or Guardian should complete the individual teams COVID screening forms prior to any game.
- ❖ Players should arrive with hockey equipment on
- ❖ Players will inform their coach if they feel ill or have symptoms that are associated with COVID-19.

ARRIVAL PHASE

Coaches

- ❖ Coaching staff should arrive minimally 15 minutes prior to the start of the game/practice and take all players temperatures before going on the ice.
- ❖ Coaching staff have answered their own COVID screening, and have made sure all players entering the ice have reviewed their players COVID screening and temperatures and are confident the player may be on the ice.
- ❖ Coaching staff will provide the players with the rink's playing protocol.
- ❖ Coaches will inform all players no locker rooms are to be used per the AAHA guidelines (Oct 23, 2020).
- ❖ Coaches will wear their mask during the entire interaction with the players.

LVSHL Board

- ❖ Will be sure the Administrators/Owners of the individual rinks will monitor the building and make sure all requirements for play are met.
- ❖ Individual rink owners are responsible for providing cleaning of the building after each game.

Players

- ❖ Players should report to the Coach for final permission to attend the game/practice.
- ❖ Players will arrive with gear on. No hockey bags will be allowed in the rink.
- ❖ Players should keep themselves and their belongings socially distanced (minimum 6') from other players.
- ❖ Players will wear their mask at all times until the last possible moment before entering the ice.

GAME/PRACTICE PHASE

Coaches

- ❖ Coaches are to facilitate games/practices within the parameters pre-set by the club and rink.
- ❖ Coaches will wear masks the entire time before, during and after the game.
- ❖ Should a player demonstrate any health symptoms Coaches should immediately remove that player from the game/practice.

LVSHL Board

- ❖ A designated person should remain on site during every game.

Players

- ❖ Parents wishing to remain on site will adhere to the requirements as designated by each individual rink, AAHA, USA Hockey and LVSHL.
- ❖ No spitting, high-fives, handshakes, or close contact.
- ❖ Players may not share equipment such as water bottles.
- ❖ If a player experiences any health issues, they should alert the Coach immediately. The player should be isolated from the team, sent home, and follow procedures for illness.

- ❖ Players on the bench/ice will not wear a mask due to hockey being an exertional activity. They will adhere to the social distancing guidelines.

DEPARTURE PHASE

Coaches

- ❖ Coaches should monitor the departure/staging area to ensure guidelines and protocols continue to be met until all participants leave.

Procedures for Illness

General Health

1. If you are sick or have symptoms of an illness:
 - ❖ Stay home.
 - ❖ If you are confirmed or suspected to have COVID-19 practice self-quarantine measures and follow your medical providers' recommendations. Make sure to contact your Coach immediately. Coaches will contact the President of their clubs who will report to the LVSHL Board/COVID contact.
 - ❖ To discontinue quarantine and return to sport, obtain appropriate clearance from your medical provider via the Return to Play Form for PCPs (see attached). Forward your individual club form or complete the LVSHL Return to Play Form located on the website.
2. If you have been in close contact (within 6 feet for 15 minutes or more) with someone who is suspected or confirmed to have COVID 19:
 - ❖ Begin self-quarantine for 14 days and contact your Coach.
3. Procedure for possible outbreak:
 - ❖ Attendance log will be reviewed by the LVSHL league as provided after each game via the LVSHL score sheet for contact tracing.
 - ❖ **LVSHL Secretary** will immediately contact the President of the clubs involved.
 - ❖ **LVSHL President** will contact St. Luke's Sports Medicine with any positive COVID-19 cases.
 - ❖ The individual club President will contact the COVID Representative for their club and the Coaches involved.
 - ❖ A communication will be immediately sent out to the teams involved by the COVID Representative as well as a club wide communication to be transparent for all members of the club.
 - ❖ **The LVSHL President** will communicate with the rink administration and assure a deep-clean sanitation is being completed.
 - ❖ **The LVSHL President** will be designated to speak publicly to members, media, health officials, etc.

Medical Clearance

- ❖ For individuals with a pre-existing medical condition, written clearance from your physician for return to full participation is recommended.

- ❖ For individuals who have tested positive for COVID-19, follow your medical provider's recommendations and obtain clearance before returning to play.
- ❖ Individuals who may be at increased risk of COVID-19 should seek guidance by their medical professional as to their attendance to any game/practice.

COVID - 19 Guidelines

- ❖ Maintain a distance of at least 6 feet from other individuals
- ❖ Wash hands with soap and water for at least 20 seconds as frequently as possible, or use hand sanitizer if soap and water are not available
- ❖ Cover coughs or sneezes with a sleeve or elbow, not hands.
- ❖ Do not shake hands, bump fists, spit, or chew on mouth guards. End of game glove touching will not be allowed. Line-ups at blue lines (>6ft distance) will occur with sticks hitting the ice for the end of game celebration.
- ❖ Regularly clean high-contact surface areas.
- ❖ Make sure to clean all equipment prior to your next game according to CDC guidelines.
- ❖ When sick, stay at home.

When to Return to Play/Practice

All clubs will follow the guidelines by the CDC and the PA Department of Health which can change when new information is presented. If any club member answers YES to any of the COVID Screening questions provided by their club, they must contact the COVID Representative for their individual club and/or their Coach. Always contact your Healthcare Provider if you answer YES to any of the questions. Always keep your club informed and up to date on the progress you are having. If any new information becomes available through contact tracing, make your club aware immediately.

LVSHL PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

**READ BEFORE SIGNING*

Participant Name:

In consideration of being allowed to participate in any way in the program, related events, and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the LVSHL and its officers, all hockey clubs participating in the LVSHL, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, ILLNESS, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Participant's Signature _____ Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ Parent/Guardian Signature _____ Date

_____ Emergency Phone Number(s)

LVSHL Return to Play after COVID-19 Illness

LVSHL's Plan of Action to Illness requires a member that has been determined to have a positive COVID-19 test or being treated as having the symptoms of COVID-19 and restricted from any LVSHL event will be evaluated by a healthcare professional and have written documentation that the member can return to play.

This form is to be used after an athlete has been removed from athletic activity due to a suspected illness and must be signed by their medical provider in order to return without restriction to training, practice or competition.

Player to complete:

Player Name: _____ Date of Birth: _____

Player Level: ___ Youth ___ MS ___ JV ___ V Date Contacted LVSHL: _____

Parent Name: _____ Phone Number: _____

Healthcare Provider to complete:

Healthcare Provider Name: _____ License No: _____

Address: _____ Phone No: _____

I HEREBY AUTHORIZE THE ABOVE-NAMED ATHLETE TO RETURN TO ATHLETIC ACTIVITY FOR FULL PARTICIPATION WITHOUT RESTRICTION.

Signature: _____ Date: _____

I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER IDENTIFIED ON THIS FORM AND I CONSENT TO THEIR RETURN TO ATHLETIC ACTIVITY WITHOUT RESTRICTION.

Parent Name: _____ Signature: _____ Date: _____

I AM A MEMBER OF the LVSHL Board NHC THAT IS AUTHORIZED TO CONFIRM RETURN TO PLAY OF THE PLAYER IDENTIFIED AND I CONFIRM RECEIPT OF THIS CLEARANCE FORM ACKNOWLEDGING THE HEALTH CARE PROVIDER AND PARENT HAVE APPROVED THE ATHLETE'S RETURN TO PARTICIPATION WITHOUT RESTRICTION.

Board Member Name: _____ Signature: _____ Date: _____

*LVSHL Member please email or deliver this form to a member of the LVSHL Board ASAP as soon as received. Thank you.