

Patterson, Catherine M HLTH:EX

From: Moulton, Holly HLTH:EX
Sent: December 23, 2020 5:17 PM
To: Patterson, Catherine M HLTH:EX
Subject: Fwd: MO Request: Letter to the NHL today?

Ignore Catherine we have found.

Thanks
Holly

Sent from my iPhone

Begin forwarded message:

From: "Moulton, Holly HLTH:EX"
Date: December 23, 2020 at 5:11:55 PM PST
To: "Patterson, Catherine M HLTH:EX"
Subject: Fwd: MO Request: Letter to the NHL today?

Catherine are you aware of the below!

Thanks
Holly

Sent from my iPhone

Begin forwarded message:

From: "Youngs, Kirsten R GCPE:EX"
Date: December 23, 2020 at 5:10:54 PM PST
To: "Brown, Stephen R HLTH:EX" , "Moulton, Holly HLTH:EX" , "Henry, Bonnie HLTH:EX"
Cc: "van Baarsen, Amanda HLTH:EX"
Subject: MO Request: Letter to the NHL today?

Hi folks, apologies for the after 5 email (but congrats on a successful modelling presentation day!)

MO thinks that a letter has been sent to the NHL, potentially from us or the PO, today. Can you confirm that you haven't heard anything on your end?

I've done a quick scan and nothing comes up on my end.

Sullivan, Michelle A HLTH:EX

From: Lysyshyn, Mark [VCH] <Mark.Lysyshyn@vch.ca>
Sent: December 8, 2020 12:44 PM
To: Henry, Bonnie HLTH:EX
Cc: Daly, Patty [VCH]
Subject: FW: Canucks plans for your review
Attachments: Canucks COVID Quarantine Letter Dec 8 2020.pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Bonnie

See attached letter of support from VCH for an exemption to the Quarantine Act for Vancouver Canucks so that players and staff returning to Canada can participate in training camp activities during their quarantine period. Your office will also be receiving a request for a letter of support.

Mark

Mark Lysyshyn MD MPH FRCPC

Deputy Chief Medical Health Officer
Vancouver Coastal Health

mobile 604 506 3769
office 604 675 3878
e-mail mark.lysyshyn@vch.ca

I acknowledge that my place of work lies on the unceded traditional homelands of the Musqueam, Squamish and Tsleil-Waututh Nations.
The content of this e-mail is confidential and may be privileged. If you receive this e-mail in error, please contact the sender and delete it immediately.

December 8, 2020

Iain Stewart
President, Public Health Agency of Canada
130 Colonnade Road, A.L. 6501H, Ottawa, ON K1A 0K9

Dear Mr. Stewart,

Re: Vancouver Canucks and National Hockey League Request for Exemption to the Quarantine Act

I have reviewed the Vancouver Canucks Training Camp at Rogers Arena Plan (Dec 2020) and the National Hockey League (NHL) Training Camp and Regular Season COVID-19 Protocols and NHL 2020/21 Season Club Travel Protocol which outline the protocols that Vancouver Canucks and NHL plan to implement to control COVID-19 transmission among players and staff during training camp in Vancouver, BC scheduled for December 2020. Vancouver Canucks are requesting an exemption to the Quarantine Act so that players and staff returning to Canada can participate in training camp activities during their quarantine period.

Vancouver Canucks propose using a "working quarantine" as was approved by the federal government, the Provincial Health Officer, the Ministry of Health and Vancouver Coastal Health and successfully executed by the organization in July 2020. The plan would allow players and staff returning to Canada to participate in training camp activities along with other players and staff during their quarantine period.

According to the protocols, for 14 days following return to Canada each player or staff member who has not been diagnosed with COVID-19, does not have COVID-19 symptoms and has not been in contact with a confirmed case of COVID-19, would be permitted to leave their residence or hotel to engage in training camp activities only.

Vancouver Canucks will regularly test all players and staff according to NHL protocols. Each positive test result will be reported to the local health authority. Each person with a positive test result must isolate for at least 10 days at the direction of the local health authority. Obtaining negative results does not modify this requirement.

Vancouver Coastal Health (VCH) has been happy to work with Vancouver Canucks and NHL as they move through their return to training and return to play protocols and is in support of their request for an exemption to the Quarantine Act so that players and staff may return to Canada and participate in training camp during their quarantine period as we believe the risk to players, staff and the community as a result of these protocols is low.

Sincerely,



Mark Lysyshyn MD MPH FRCPC
Deputy Chief Medical Health Officer
Vancouver Coastal Health

cc: Dr. Bonnie Henry, Provincial Health Officer

Sullivan, Michelle A HLTH:EX

From: Bill Daly <bdaly@nhl.com>
Sent: December 18, 2020 2:19 PM
To: deena.hinshaw@gov.ab.ca; dean.blue@gov.ab.ca; Henry, Bonnie HLTH:EX; brent.roussin@gov.mb.ca; dr.david.williams@ontario.ca; Warshafsky, Daniel (MOH); richard.masse@msss.gouv.gc.ca; howard.njoo@canada.ca; Evans, Cindy (PHAC/ASPC); Evans, Sarah (PHAC/ASPC)
Cc: Bob Nicholson;s.22 ; TShipton_edmontonoilers.com; btreliving_calgaryflames.com; Ian Auld; Kent Kobelka; Mbergevin17_canadiens.com; jsedgwick_canadiens.com; David Mulder | Club de hockey Canadien; Anthony LeBlanc; dorionp_ottawasenators.com; Brendan Shanahan; kbubas_torontomapeleafe.com; Nick Eaves; jeb_canucks.com; Chris.Gear_canucks.com; chris.brumwell_canucks.com; Mark Chipman; Gary Bettman; Julie Grand; Jamie Hacker; Willem Meeuwisse; Daniel Ages; David Zimmerman; Don Zavalo (dzavalo@nhlpa.com); Roman Stoykewych (rstoykewych@nhlpa.com)
Subject: FW: NHL Return to Play

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Ladies and Gentlemen –

With apologies for the lateness of the afternoon, I wanted to take the opportunity on behalf of the National Hockey League to invite you (or other appropriate representatives from your organizations) to a Zoom conference call tomorrow afternoon at 1:00 pm ET to discuss the status of the NHL's Return to Play Plan for the 2020-21 NHL Season.

On the call, we would plan to provide an overview of what we are hoping to accomplish from a scheduling and season design perspective; we would provide an overview of the health and safety protocols we are developing with the NHLPA, and which will govern our preparations and execution of the 2020-21 Season, particularly as they relate to the ongoing COVID-19 pandemic; and we would open the floor to questions and comments relating to same. We have also invited NHLPA representatives to join the call and they will be available to provide a point of view from the perspective of our Players as well. Also attending will be representatives from each of our seven (7) Canadian Clubs who will also be available to answer whatever questions you might have.

Obviously, we are approaching a point where we (jointly with the NHLPA) need to begin making final decisions regarding our upcoming season, which we hope to commence in mid-January. We hope that by convening this call we will be able to achieve and have more certainty with respect to what is (or what is not) possible with respect to playing hockey in Canada and in each of your provinces, so that we can proceed to make those decisions.

Please let me know if your organization can attend and be represented on tomorrow's call and, if so, who will be attending. Thank you in advance.

Respectfully,

Bill Daly

From: Daniel Ages
Sent: Friday, December 18, 2020 1:32 PM
To: Bill Daly
Subject: NHL Return to Pla

Join Zoom Meeting
s.15; s.17

Meeting ID: s.15; s.17

One tap mobile

s.15; s.17 US (Philadelphia) s.15; s.17

+US (Washington D.C)

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US (New York)
US (Minnesota)
US (San Jose)
US (San Jose)
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US (Tacoma)
Canada
Canada
Canada
Canada
Canada

Meeting ID:s.15; s.17

Find your local number: s.15; s.17

Sullivan, Michelle A HLTH:EX

From: Greer, Shannon GCPE:EX
Sent: December 18, 2020 2:55 PM
To: Henry, Bonnie HLTH:EX
Cc: Emerson, Brian P HLTH:EX
Subject: RE: HLTH Media Request: COVID-19 - NHL/Vancouver Canucks

Hi Dr. Henry,

I am hoping for your feedback on two media requests about the NHL. Apologies if you have addressed this already and I missed it. I looked through the transcripts, but you last spoke about it on the 10th and said a call was set up. Let me know if there are any updates I should make to the highlighted response below.

Thank you.

Reporter

Patrick Johnston, Reporter
Vancouver Sun
pjohnston@postmedia.com
s.22

Deadline ASAP

Request

What is the official stance of the ministry of health on plans to return to game action as proposed by the Canucks/NHL?
(I know that practices are currently approved.)

s.13

Reporter

Dominic Sramaty, Other
Sportsnet 650
s.22

Deadline Friday, December 18, 2020 3:00 PM

Request

Dominic here from Sportsnet 650 here in Vancouver. I produce our 1-4 show. I am currently looking for anyone within the BC Health Ministry who can comment on a report stating:

"The NHL could move games involving Canadian teams to the United States in 2021 if its unable to reach agreement with provincial health authorities."

Whether that is a through a prepared statement or a short 5 minute radio interview.

Sullivan, Michelle A HLTH:EX

From: Chris Brumwell <Chris.Brumwell@canucks.com>
Sent: December 18, 2020 6:28 PM
To: Henry, Bonnie HLTH:EX
Cc: Trent Carroll
Subject: RE: NHL Return to Play
Attachments: Dr Henry NHL Letter June 19 2020_ (002).pdf; Canucks COVID Quarantine Letter Dec 8 2020.pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Dr. Henry - thanks so much for your time. Here is your letter from last June. I've also included Mark's letter if it is a helpful reference.

Thanks so much. Have a good night.

Chris

-----Original Message-----

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Sent: December 18, 2020 4:57 PM
To: Chris Brumwell <Chris.Brumwell@canucks.com>
Subject: Re: NHL Return to Play

I would appreciate having a quick call with you either later this evening or tomorrow am. I am on a call until 6 pm but could talk after that if you are free. I believe there has been some misunderstanding of my support or not for the plans.

My best,
Bonnie

Dr Bonnie Henry
Provincial Health Officer
Ministry of Health
Bonnie.henry@gov.bc.ca
s.17; s.19

On Dec 18, 2020, at 4:33 PM, Chris Brumwell <Chris.Brumwell@canucks.com> wrote:

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hi Dr. Henry – thank you for all of your support. If you would like any additional background from a Canucks perspective before the call, or after, just let us know.

If Bill doesn't send an invite, I'll forward one for your calendar. Here are the zoom details:

Join Zoom Meeting

s.15; s.17

Meeting ID: s.15; s.17

Thanks,
Chris

Chris Brumwell

VP, Communications, Fan & Community Engagement Canucks Sports & Entertainment

89 W. Georgia, Vancouver BC

|<https://maps.google.com/?q=89+West+Georgia,+Vancouver+BC%C2%A0*%7C*%C2%A0Canada%C2%A0*%7C*%C2%A0V6B&entry=gmail&source=g> Canada

|<https://maps.google.com/?q=89+West+Georgia,+Vancouver+BC%C2%A0*%7C*%C2%A0Canada%C2%A0*%7C*%C2%A0V6B&entry=gmail&source=g> V6B ON8 T 604.899.4623 E

chris.brumwell@canucks.com<mailto:chris.brumwell@canucks.com>

[A close up of a logo Description automatically generated]

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Sent: December 18, 2020 4:06 PM

To: 'Bill Daly' <bdaly@nhl.com>; deena.hinshaw@gov.ab.ca; dean.blue@gov.ab.ca; brent.roussin@gov.mb.ca; dr.david.williams@ontario.ca; Warshafsky, Daniel (MOH) <Daniel.Warshafsky@ontario.ca>; richard.masse@msss.gouv.gc.ca; howard.njoo@canada.ca; Evans, Cindy (PHAC/ASPC) <cindy.evans@canada.ca>; Evans, Sarah (PHAC/ASPC) <sarah.evans@canada.ca>

Cc: Bob Nicholson <bnicholson@edmontonoilers.com>; s.22

TShipton_edmontonoilers.com <TShipton@edmontonoilers.com>; btreliving_calgaryflames.com <btreliving@calgaryflames.com>; Ian Auld <iauld@CalgaryFlames.com>; Kent Kobelka <KKobelka@CalgaryFlames.com>; Mbergevin17_canadiens.com <Mbergevin17@canadiens.com>; jsedgwick_canadiens.com <jsedgwick@canadiens.com>; David Mulder | Club de hockey Canadien <dmulder@canadiens.com>; Anthony LeBlanc <leblanca@ottawasenators.com>; dorionp_ottawasenators.com <dorionp@ottawasenators.com>; Brendan Shanahan <bfsanahan@torontomapleleafs.com>; kbubas_torontomapleleafs.com <kbubas@torontomapleleafs.com>; Nick Eaves <Nick.Eaves@MLSE.com>; Jim Benning <jeb@canucks.com>; Chris Gear <Chris.Gear@canucks.com>; Chris Brumwell <Chris.Brumwell@canucks.com>; Mark Chipman <mjc@mscl.ca>; Gary Bettman <gbb602@nhl.com>; Julie Grand <JGrand@nhl.com>; Jamie Hacker <jhacker@nhl.com>; Willem Meeuwisse <wmeeuwisse@nhl.com>; Daniel Ages <DAges@nhl.com>; David Zimmerman <DZimmerman@nhl.com>; Don Zavelo (dzavelo@nhlpa.com) <dzavelo@nhlpa.com>; Roman Stoykewych (rstoykewych@nhlpa.com) <rstoykewych@nhlpa.com>

Subject: RE: NHL Return to Play

I am happy to be part of that if you forward an invite.

My best,
Bonnie

Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
Ministry of Health

4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN PROV GOVT Victoria, BC V8W 9P4
Bonnie.henry@gov.bc.ca<mailto:Bonnie.henry@gov.bc.ca>

Phone: s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

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From: Bill Daly <bdaly@nhl.com<mailto:bdaly@nhl.com>>
Sent: December 18, 2020 2:19 PM
To: deena.hinshaw@gov.ab.ca<mailto:deena.hinshaw@gov.ab.ca>;
dean.blue@gov.ab.ca<mailto:dean.blue@gov.ab.ca>; Henry, Bonnie HLTH:EX
<Bonnie.Henry@gov.bc.ca<mailto:Bonnie.Henry@gov.bc.ca>>;
brent.roussin@gov.mb.ca<mailto:brent.roussin@gov.mb.ca>;
dr.david.williams@ontario.ca<mailto:dr.david.williams@ontario.ca>; Warshafsky, Daniel (MOH)
<Daniel.Warshafsky@ontario.ca<mailto:Daniel.Warshafsky@ontario.ca>>;
richard.masse@msss.gouv.gc.ca<mailto:richard.masse@msss.gouv.gc.ca>;
howard.njoo@canada.ca<mailto:howard.njoo@canada.ca>; Evans, Cindy (PHAC/ASPC)
<cindy.evans@canada.ca<mailto:cindy.evans@canada.ca>>; Evans, Sarah (PHAC/ASPC)
<sarah.evans@canada.ca<mailto:sarah.evans@canada.ca>>
Cc: Bob Nicholson <bnicholson@edmontonoilers.com<mailto:bnicholson@edmontonoilers.com>>;
s.22 <s.22<mailto:s.22>>;
TShipton_edmontonoilers.com <TShipton@edmontonoilers.com<mailto:TShipton@edmontonoilers.com>>;
btreliving_calgaryflames.com <btreliving@calgaryflames.com<mailto:btreliving@calgaryflames.com>>; Ian Auld
<iauld@CalgaryFlames.com<mailto:iauld@CalgaryFlames.com>>; Kent Kobelka
<KKobelka@CalgaryFlames.com<mailto:KKobelka@CalgaryFlames.com>>; Mbergevin17_canadiens.com
<Mbergevin17@canadiens.com<mailto:Mbergevin17@canadiens.com>>; jsedgwick_canadiens.com
<jsedgwick@canadiens.com<mailto:jsedgwick@canadiens.com>>; David Mulder | Club de hockey Canadien
<dmulder@canadiens.com<mailto:dmulder@canadiens.com>>; Anthony LeBlanc
<leblanca@ottawasenators.com<mailto:leblanca@ottawasenators.com>>; dorionp_ottawasenators.com
<dorionp@ottawasenators.com<mailto:dorionp@ottawasenators.com>>; Brendan Shanahan
<bfshanahan@torontomapeleleaves.com<mailto:bfshanahan@torontomapeleleaves.com>>;
kdbubas_torontomapeleleaves.com <kdbubas@torontomapeleleaves.com<mailto:kdbubas@torontomapeleleaves.com>>; Nick
Eaves <Nick.Eaves@MLSE.com<mailto:Nick.Eaves@MLSE.com>>; jeb_canucks.com
<jeb@canucks.com<mailto:jeb@canucks.com>>; Chris.Gear_canucks.com
<Chris.Gear@canucks.com<mailto:Chris.Gear@canucks.com>>; chris.brumwell_canucks.com
<chris.brumwell@canucks.com<mailto:chris.brumwell@canucks.com>>; Mark Chipman
<mjc@mscl.ca<mailto:mjc@mscl.ca>>; Gary Bettman <gbb602@nhl.com<mailto:gbb602@nhl.com>>; Julie Grand
<JGrand@nhl.com<mailto:JGrand@nhl.com>>; Jamie Hacker <jhacker@nhl.com<mailto:jhacker@nhl.com>>; Willem
Meeuwisse <wmeeuwisse@nhl.com<mailto:wmeeuwisse@nhl.com>>; Daniel Ages
<DAges@nhl.com<mailto:DAges@nhl.com>>; David Zimmerman
<DZimmerman@nhl.com<mailto:DZimmerman@nhl.com>>; Don Zavelo
(dzavelo@nhlpa.com<mailto:dzavelo@nhlpa.com>) <dzavelo@nhlpa.com<mailto:dzavelo@nhlpa.com>>; Roman
Stoykewych (rstoykewych@nhlpa.com<mailto:rstoykewych@nhlpa.com>)
<rstoykewych@nhlpa.com<mailto:rstoykewych@nhlpa.com>>
Subject: FW: NHL Return to Play

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Ladies and Gentlemen –

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Please let me know if your organization can attend and be represented on tomorrow's call and, if so, who will be attending. Thank you in advance.

Respectfully,

Bill Daly

From: Daniel Ages <DAges@nhl.com<mailto:DAges@nhl.com>>
Sent: Friday, December 18, 2020 1:32 PM
To: Bill Daly <bdaly@nhl.com<mailto:bdaly@nhl.com>>
Subject: NHL Return to Pla

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US (New York)

US (Minnesota)

US (San Jose)

US (San Jose)

US (Denver)

US (Miami)

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June 19, 2020

Ms. Tina Namiesniowski
President, Public Health Agency of Canada
130 Colonnade Road A.L. 6501H
Ottawa, Ontario K1A 0K9 Email: tina.namiesniowski@canada.ca

Dear Ms. Namiesniowski,

As mentioned in my June 10th letter to you, the Vancouver Canucks are currently in discussion with the National Hockey League (NHL) for Vancouver to be a host city for the 2020 NHL playoffs and this is very exciting news for B.C. and Canada as a whole.

In addition to their bid to be a host city, I am aware the Vancouver Canucks are in the process of scheduling a training camp. My team and I have reviewed the Canucks Vancouver Training Camp plan, which proposes a modified quarantine along with the NHL's Return to Sport Protocol, which outlines the detailed medical and testing protocols. We also had the opportunity for direct discussion with the Canucks medical team this week. Given this opportunity for review and discussion I am comfortable indicating my support for this initiative as long as a very strict modified team quarantine and testing protocol as outlined in the plans is followed.

Please feel free to contact me, if you require any further information.

Yours sincerely,

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

cc: Dr. Theresa Tam, Chief Public Health Officer of Canada
Shauna Brouwer, Deputy Minister, Tourism, Arts and Culture
Bobbi Plecas, Deputy Minister, Intergovernmental Relations Secretariat

December 8, 2020

Iain Stewart
President, Public Health Agency of Canada
130 Colonnade Road, A.L. 6501H, Ottawa, ON K1A 0K9

Dear Mr. Stewart,

Re: Vancouver Canucks and National Hockey League Request for Exemption to the Quarantine Act

I have reviewed the Vancouver Canucks Training Camp at Rogers Arena Plan (Dec 2020) and the National Hockey League (NHL) Training Camp and Regular Season COVID-19 Protocols and NHL 2020/21 Season Club Travel Protocol which outline the protocols that Vancouver Canucks and NHL plan to implement to control COVID-19 transmission among players and staff during training camp in Vancouver, BC scheduled for December 2020. Vancouver Canucks are requesting an exemption to the Quarantine Act so that players and staff returning to Canada can participate in training camp activities during their quarantine period.

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According to the protocols, for 14 days following return to Canada each player or staff member who has not been diagnosed with COVID-19, does not have COVID-19 symptoms and has not been in contact with a confirmed case of COVID-19, would be permitted to leave their residence or hotel to engage in training camp activities only.

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Vancouver Coastal Health (VCH) has been happy to work with Vancouver Canucks and NHL as they move through their return to training and return to play protocols and is in support of their request for an exemption to the Quarantine Act so that players and staff may return to Canada and participate in training camp during their quarantine period as we believe the risk to players, staff and the community as a result of these protocols is low.

Sincerely,



Mark Lysyshyn MD MPH FRCPC
Deputy Chief Medical Health Officer
Vancouver Coastal Health

cc: Dr. Bonnie Henry, Provincial Health Officer

Sullivan, Michelle A HLTH:EX

From: Daniel Ages <DAges@nhl.com>
Sent: December 19, 2020 8:51 AM
To: Henry, Bonnie HLTH:EX; XT:Lysyshyn, Mark Dr. HLTH:IN; jeb_canucks.com; Chris.Gear_canucks.com; chris.brumwell_canucks.com
Cc: howard.njoo@canada.ca; Evans, Cindy (PHAC/ASPC; Evans, Sarah (PHAC/ASPC; Bill Daly; David Zimmerman; Julie Grand; Jamie Hacker; Willem Meeuwisse
Subject: NHL Return to Play -- British Columbia
Attachments: 2020.12.19 NHL Season COVID-19 Protocol.pdf; 2020.12.19 Attachment 1 Team Travel Protocol .pdf; 2020.12.19 Attachment 6 Positive Test Protocol .pdf; BLACKLINE -- 2020.12.19 NHL Season COVID-19 Protocol.pdf; BLACKLINE -- 2020.12.19 Attachment 1 Team Travel Protocol.pdf; BLACKLINE -- 2020.12.19 Attachment 6 Positive Test Protocol.pdf

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In connection with today's NHL Return to Play call, attached are the following updated draft documents (with blacklines marked against the December 15th version you previously received):

1. 2020/21 NHL Season Covid-19 Protocol
2. 2020/21 Club Travel Protocol
3. 2020/21 NHL Season Positive Test Protocol

Please be advised that these documents are not final, remain subject to further review, revision and approval, including from the NHL Board of Governors and National Hockey League Players' Association, and should be considered business confidential.

Best regards,
Daniel Ages
NHL Senior Counsel

NHL Draft 12.19.2020



2020/21 NHL SEASON COVID-19 PROTOCOL

This Protocol sets out the preventative measures applicable to the 2020/21 NHL Season (including Training Camp) which are intended to help protect against the contraction and spread of COVID-19, as well as procedures relating to the detection of infection and transmission of COVID-19. The measures set forth to detect COVID-19 are an important part of this Protocol. Strict adherence to preventative measures by all participants, including diligent hygiene and distancing practices, however, will be **crucial** to reduce the likelihood of the contraction and spread of infection in the first instance. The health of all individuals involved in the NHL's 2020/21 Season remains the League's top priority. The NHL and the NHLPA, working closely with their respective medical, epidemiological and infectious diseases experts, have agreed to the measures set forth in this Protocol, and the provisions of the Protocol have the force and effect of the parties' Collective Bargaining Agreement.

While comprehensive, the measures outlined in this Protocol cannot mitigate all risk. A range of clinical scenarios exists for those who contract COVID-19, from very mild to fatal outcome. COVID-19 generally adversely 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 Club personnel have family and household members who may fall into these vulnerable categories.

All individuals and Clubs involved in the NHL's 2020/21 Season are required to comply with this Protocol (and appended documents), as well as all applicable regulations, including additional restrictions (if any) that may be imposed by local, provincial/state, and federal health authorities. If the applicable local, provincial/state or federal regulations impose less stringent standards than are set forth in this Protocol, this Protocol will govern, unless expressly stated herein. As set out herein, established violations of, and/or lack of compliance with, this Protocol, will result in significant Club and individual sanctions, including potential forfeiture of games, fines and reimbursements of expenses, loss of draft choices, and/or ineligibility for participation in Training Activities (as defined herein).

NOTE: Anyone who has had a confirmed case of COVID-19 shall still adhere to all preventive measures in this protocol, including quarantine, distancing, masking, handwashing, etc. Since there are different strains of COVID-19, the specificity and duration of immunity is unknown. It is also unknown if those with immunity can transiently shed (and potentially infect others) if exposed, even if they do not develop infection/symptoms. As such, there is no "immunity passport" that will exempt anyone who has had COVID-19 from these measures. As described in further detail in the Positive Test Protocol (Attachment --), individuals in Groups 1 and 2A who have had a confirmed case of COVID-19 shall not be subject to the PCR testing requested herein for 90 days after initially testing positive.

Individuals who receive COVID-19 vaccination shall continue with the testing requirements and other preventative measures required in this Protocol.

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A. TRAINING CAMP MODIFICATIONS

During Training Camp, Players are permitted to engage in full team activities when on the ice. With respect to off-ice training activities, the Clubs shall schedule the Players to participate in workouts in the weight room in small groups of up to a maximum of ten (10) Players, for the purpose of preventing the spread of any infection or exposure that might occur outside that group and in order to facilitate contact tracing.

For the duration of Training Camp, Players shall remain in the same small group for off-ice training. The schedule must allow for sufficient time between sessions to allow for proper disinfection of training facilities and equipment. To the extent possible, and in connection with on-ice practices, Players should only access the locker room with their small group.

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 the preventative and other measures described below. All participants in the 2020/21 NHL Season will be assigned to a specific "Group" number based on their roles and responsibilities, on the one hand, and their need for access to "Restricted Areas", as detailed in Section C of this Protocol, on the other.

Fitness testing of Players by Clubs, whether on ice or off ice, during the 2020/21 NHL Season (including Training Camp) shall be conducted in accordance with the Fitness Testing standards issued by the NHL/NHLPA Fitness Testing Working Group (Attachment--). Special attention shall be paid to physical distancing of a minimum distance of 9 feet (3 meters) during all activities entailing physical exertion.

Clubs that are unable to allow access to Players in their facility as contemplated by this Protocol due to public health regulations shall notify the League at s.15 so we can work with your Club to determine whether alternative arrangements are appropriate or necessary. The League shall notify the NHLPA immediately upon receipt of such notice.

The provisions governing on-ice and off-ice activities in Training Camp similarly apply for Club/Player training activities during the NHL Season, and are hereafter referred to collectively as "Training Activities." The NHL and NHLPA agree to review these provisions before the conclusion of the Regular Season, and shall endeavor to reach agreement on provisions of the Protocol that are applicable to the Playoffs.

B. CLUB TRAVELLING PARTY

Each Club will be permitted to bring a maximum of 50 persons (Players and other Club staff in Groups 1 and 2A only) on team-related travel to NHL Season Games, inclusive of Players, Coaches, and all other Club personnel permitted to travel on the Club charter (the Club's "Travelling Party"). All Club travel shall be in accordance with the provisions of this Protocol and the 2020/21 Season Club Travel Protocol (see Attachment --).

C. PRACTICES FOR HOME AND VISITING TEAMS

Home teams must make available the game arena or their practice facility to visiting teams for practice. Visiting teams may not practice in other facilities owned or operated by third-parties.

Team practices are not permitted to be open to the public.

D. PREVENTATIVE MEASURES TO ADOPT AT THE CLUB AND WITHIN YOUR COMMUNITY

The situations that pose the greatest risk of infection are social gatherings and in-person interactions. It is critical for all individuals participating in the NHL's 2020/21 Season to adopt key preventative measures during their time away from the Club's facilities, in addition to the measures adopted while in the more controlled environment of the Club facility. Medical evidence suggests that participants in team sports have experienced significant transmission of COVID-19 arising out of in-person interactions in the workplace in the context of prolonged and not suitably distanced Club meetings in indoor spaces involving unmasked participants. Transmission of COVID-19 has also occurred during unmasked social interactions that have occurred outside of the workplace, including interactions involving teammates, family, and friends within the person's community, and most notably, while dining. It is, therefore, strongly recommended that all participants in the NHL's 2020-21 Season conduct themselves as follows while they are outside the facility and in the community:

- Stay at home to the greatest extent possible and do not engage in unnecessary interactions with non-family members. This includes:
 - Diligently wearing face coverings and physically distancing both inside and outside of the Club Facilities.
 - Avoiding social interactions where you are in close contact with non-family members; to the extent these gatherings are necessary, limit the size of the gathering, maintain distancing, try to stay outdoors, and all individuals must wear face coverings.
 - When in your home market, you shall avoid going to restaurants, bars, and clubs. COVID-19 transmission is suspected to occur in community interactions at restaurants and in bars, where patrons – including your own guests – are unmasked for extended periods of time to dine and consume beverages. Sitting outside at a restaurant is less risky but does not eliminate the possible person-to-person transmission of COVID-19.
 - Not engaging in dining, even if in a home, with others that are not in your household.
 - Do not participate in crowded situations, including parties or larger gatherings, and environments where significant numbers of individuals from the community may gather, including schools and shopping malls.
 - Avoiding the use of public transportation.
 - s.13
- All promotional activities involving Players (including Player and Club sponsorships) shall be permitted only to the extent approved by the local health authorities, and in the case they are approved, limited to those with strict precautionary measures in place, including but not limited to, the following:
 - Strict adherence to physical distancing of more than six feet (2m) from any third party individuals;
 - All participants shall wear face coverings at all times, with the limited exception of short duration (1-2 minute) segments where the Player is speaking or skating;
 - Remote cameras and boom or remote microphones shall be utilized to the greatest extent possible;
 - All health screening measures as set for in this Protocol shall be adhered to; and
 - The Club Compliance Officer shall be present at all times to ensure compliance with the above preventative measures.
- As much as possible, those in closest contact with Players and Club personnel, such as a spouse, partner, children or other household members should also attempt to minimize their contact with individuals outside of their residence, so as to limit secondary exposure to Group 1 and 2A personnel (see Section E below).

- Adhere to any other personal precautions recommended by the CDC, Health Canada and/or the Public Health Agency of Canada ("PHAC"), as well as any additional direction that may be issued by your local health authority and/or Club Medical staff.

E. PARTICIPANT GROUPS

In this Protocol, all participants are assigned to "Groups" based on their roles and responsibilities, on the one hand, and, on the other hand, the level of their required access to: (a) Player areas (hereafter, "Restricted Areas"), which include without limitation, locker rooms, team benches, penalty benches, on-ice, training rooms, rehabilitation areas, exam/procedure rooms, weight rooms, hydrotherapy rooms, equipment rooms, coaches rooms, strength and conditioning areas, laundry rooms, dressing rooms, areas of ingress and egress into the Club Facilities (including to and from the parking area), General Managers' work spaces and seating areas, On-Ice Official rooms, Off-Ice Officials work spaces and seating areas, and the corridors and paths of travel connecting each of the foregoing (to the greatest extent practicable); and (b) other areas (hereafter "Non-Restricted Areas").

As a guiding principle, the greater the number of persons involved in each Club's Training Activities, the greater the risk of possible infection. In order to limit the possible exposure and risk of transmission, staff should be limited to the minimum number of people who are necessary and essential to carrying out the planned activities, and to have in-person interactions with Players. No other Club personnel should be involved in any Training Activities.

1. GROUP 1

Group 1 individuals include: (a) Players; and (b) other personnel whose job function requires them to have access to Restricted Areas, be in close proximity to Players on a frequent and extended basis, and who may be unable to maintain the use of face coverings and/or physical distancing at all times, as specified in the limited exceptions set forth in this Protocol (see Section J1 and J2). Efforts should be made to limit the number of individuals in Group 1 to essential personnel only.

Group 1 individuals include:

- Players
- Coaches, including Video Coaches
- Athletic Trainers (at least 2)
- Strength and Conditioning Coach(es)
- Equipment Managers (at least 2)
- Massage, chiropractic and other performance personnel
- Club Neuropsychologists (Training Camp and initial/follow-up evaluations only)
- Club's Physicians and dentists

In addition, the On-Ice Officials assigned to work NHL games will also be deemed Group 1 individuals and will have corresponding access to Restricted Areas in Game Facilities and will be similarly required to observe Protocol responsibilities and safeguards required for Group 1 individuals.

Absent extenuating circumstances, Group 1 individuals are prohibited from accessing Non-Restricted Areas.

2. GROUP 2

Group 2 consists of additional personnel whose job function requires them to have access to Restricted Areas, and further: (a) be in close proximity to Players and other Group 1 personnel, but on a less frequent and for

shorter duration-basis than Group 1 personnel; and (b) who always maintain the use of face coverings and physical distancing. Group 2 personnel should also be limited to essential personnel only. Individuals in Group 2 will be tested (if applicable) in accordance with the Testing strategy outlined in Section L2.

Group 2A (Club) personnel may include:

- General Managers and Assistant General Managers
 - Other necessary Hockey Operations Personnel
 - Club Public Relations/Communications/Social Media Personnel (limit of 4 individuals at any one time)
 - Club Transportation Personnel
 - Club Travel Coordinators/Club Services Coordinator
 - Club IT Support requiring access to Restricted Areas (e.g., during interviews, etc.)
 - X-Ray Technician(s)
 - Locker Room Attendants (if different from Club-engaged cleaning crews) (limit of 2 individuals per Club)¹
 - Security assigned to Restricted Areas
 - COVID-19 Collection and Testing Personnel
 - NHLPA personnel designated as "Player Contact Representatives"
- Group 2B (League) personnel may include:
 - Off-Ice Officials and IT support (Arena Technical Managers and Coordinators)
 - PESF Collection and Testing Personnel
 - Certain Essential League personnel (e.g., League Executives, Events, Security, etc.)
 - Officiating Managers
 - Group 2C (Arena) personnel may include:
 - Limited number of representatives of national and local rightsholders
 - Security assigned to Restricted Areas
 - Ice maintenance personnel (ice shovellers and ice resurface crew)
 - Arena Staff whose essential duties require transient interaction with Group 1 individuals
 - Ambulance crew for Players
 - Facility Compliance Officer

Individuals in Group 2 should limit close contacts with Group 1 individuals to essential interactions only.

Absent extenuating circumstances, Group 2 individuals are strongly encouraged to avoid accessing any other areas within Club facilities, such as the Non-Restricted Areas frequented by Group 3 and 4 individuals. NHLPA Player Contact Representatives will be provided a dedicated suite (if possible; and if not, another dedicated space) for the purpose of viewing any games, practices, or training sessions, when inside the Club's facilities.

3. GROUP 3

Group 3 individuals must avoid contact with Group 1 and 2 individuals at all times. Group 3 consists of personnel whose job function requires them to have access to Non-Restricted Areas, and/or Restricted Areas –

¹ Rules regarding locker room attendants and personnel involved in equipment transfers are set forth in Attachment --.

but as to Restricted Areas, only when Group 1 or 2 individuals are not present, except in emergency situations for "Emergency Service" personnel. Group 3 individuals shall always maintain the use of face coverings and physical distancing.

Group 3 personnel include, but are not limited to, the following individuals:

- Club Governors
- Club Business Executives such as Club Presidents
- Club Business staff not needing access to Players or those with access to close contact to the Players
- Game presentation personnel (not including ice maintenance shovelers referenced in Group 2(C)²)
- National, Local, and Club Broadcast Personnel (tv and radio)³
- Other Club Public Relations/Communications/Social Media Personnel
- Club Scouting Personnel
- NHLPA personnel not designated as Player Contact Representatives
- Fire marshall/police
- First Aid Services/Medical personnel for Non-Restricted Area individuals (e.g., Ambulance crew for fans)
- Food and Beverage Personnel (for Groups 1-3 individuals)
- Cleaning Staff for Restricted Areas, including benches

4. GROUP 4

Group 4 includes personnel who are never permitted in a Restricted Area or at Team practices, and are only permitted in Non-Restricted Areas. Group 4 individuals shall always maintain the use of face coverings and physical distancing.

- Retail Staff (fan store; kiosks)
- F&B Staff (concessions)
- Guest Services
- Equipment and product vendors
- Ticket Takers/Ushers
- Cleaning Staff for Non-Restricted Areas
- Security Staff for Non-Restricted Areas
- Other Arena Staff
- Club Mascot
- Media*
- National and Local Photographers⁴
- Building maintenance
- Suite and Club Attendants
- Loading Dock Personnel; shipping and receiving
- Tech and IT Support Personnel not requiring access to Restricted Areas

² Rules regarding the 2020/21 Game Presentation Policy are set forth in Attachment --.

³ Rules regarding Club broadcast personnel and national and local rightsholder representatives are set forth in Attachment --.

⁴ Rules regarding Images Personnel are set forth in Attachment --.

*Subject to any local, provincial/state, and/or federal restrictions, Media shall be permitted to attend games and Club practices, but shall be subject to the restrictions listed in the 2020/21 Media Regulations (Attachment ___)

5. GROUP 5

Group 5 includes individuals who are only permitted in public access areas of the Arena for the purpose of attending Games, to the extent such public attendance is permitted by the local health authority. Group 5 individuals shall always maintain the use of face coverings and physical distancing.

- Fans
- Player Agents
- Player's Family Members and Guests

Group 5 individuals shall have no interactions with any individuals in Groups 1-3 while at the Club facility.

6. CREDENTIALS AND GROUP LISTS

Credentials shall be produced for all individuals in Groups 1-4. The League will provide a standardized credential for all individuals in Groups 1 and 2. Additional information will be provided in a separate communication regarding this process, and the requirements, and criteria for credentials for Groups 3 and 4.

The credentials must be worn around the neck, and exposed, at all times when in the Club facility (and for Club personnel, during travel for away games) other than when individuals are in their own hotel room or in game/practice play.

No one in Groups 1-4 shall be permitted into the Club facility without a credential.

7. CLUB INFECTIOUS DISEASE CONSULTANT

Each Club is required to retain an Infectious Disease Consultant ("Club ID Consultant"), defined as a medical doctor with specialty training and certification in infectious diseases. The Club ID Consultant shall be available to the Club on short notice to fulfill the responsibilities set out in this Protocol.

8. FACILITY COMPLIANCE OFFICER

Each Club is responsible for ensuring that a Facility Compliance Officer, who has management responsibility at the facility, who is familiar with and has authority to enforce policy, and who can oversee a team of facility personnel to ensure the responsibilities herein are accomplished, is appointed for each of: (i) the Club's practice facility (the "Practice Facility Compliance Officer"), and (ii) the Club's Game Arena (the "Game Arena Compliance Officer").⁵ The Facility Compliance Officers are responsible for ensuring compliance with all aspects of this Protocol at their respective facility. The Practice Facility Compliance Officer shall maintain a regular, full-time presence at the Club's facility when the Club is

⁵ One individual may serve in this role for both the Practice Facility and the Club's Game Arena, to the extent the individual has sufficient time to serve in both roles, as well as the appropriate access and enforcement capabilities at both locations.

practicing and must be an individual who has management responsibility at the facility, who is familiar with and has authority to enforce policy. The Club's Game Arena Compliance Officer shall maintain a regular full-time presence at the Club's Game arena on days the Club is playing games, in addition to non-game days as necessary in order to fulfil the below responsibilities and must be an individual who has management responsibility at the arena, who is familiar with and has authority to enforce policy. The responsibilities of the Facility Compliance Officers include the following:

- **Credentials:** Ensure that credentials are issued, and assign necessary personnel to ensure that access restrictions are enforced in accordance with this Protocol. Establish processes to ensure that no one in Groups 1-4 is permitted access to the Club facility without a credential. Establish processes to ensure that Group Credentials are worn at all times (other than for Players, who will not be required to wear credentials during Games/Practice, or while in the locker room).
- **Signage Regarding Zones:** Ensure that there is sufficient and proper signage (including, but not limited to, floor and wall decals) showing delineation of access zones and which groups are permitted (or not permitted) access to each zone.
- **Access Restrictions:** Establish processes and assign necessary personnel to ensure that access restrictions to each Restricted Area and Non-Restricted Area is enforced by Security personnel who are physically present, and who check all individuals' credentials before allowing access. No individual shall be admitted access to a Restricted Area without the approval of Security personnel, who shall remain present at all times that any individuals are in, or require access to, such Restricted Areas.
- **Signage Regarding Hygiene:** Ensure there is sufficient and proper signage in all Restricted and Non-Restricted areas of the Club facilities to communicate information and Protocol requirements related to physical distancing, face coverings, and hand washing/sanitizing.
- **Proper Cleaning and Disinfecting:** Oversee administration of the cleaning and disinfecting requirements in this Protocol, including frequent communication with, and the provision of education to, facility cleaning personnel in respect of such requirements.
- **Cleaning Supplies:** Oversee procurement and distribution of hand sanitizer stations and disinfectant wipes throughout the Club Facilities (and ensuring that all relevant parties have such supplies in their working areas), and refilling such stations on an as needed basis.
- **Education:** Provide (or designate an appropriate designee to provide) education to all practice facility and arena personnel and contractors on the applicable provisions of this Protocol.
- **Circulation Paths:** Set up processes and assign necessary personnel to establish, and enforce compliance with, separate areas and circulation paths at the Club facility for each Group, to the extent possible, for:
 - ingress and egress
 - security screenings
 - medical and health screening

Examples include, but are not limited to: one-way directional walking paths; use of physical barriers to provide separation of (and buffers between) Restricted and Non-Restricted Areas and paths of travel that are shared between Restricted Area individuals and Non-Restricted Area individuals; provide distancing markers along pathways; limit capacity and use capacity signage in

elevators; and place hand sanitizer stands (touchless if possible) throughout the circulation paths.

- **Shared Facilities:** Establishing processes to ensure compliance with the obligations imposed on facilities that share their space with the public and/or other organizations (if applicable), as set forth in Section F of this Protocol.
- **Screening:** Establish and execute processes to screen Groups 2B (non-Club staff) individuals via electronic means or otherwise (and secondary screening and isolation area, as well as exit pathways, if needed) for individuals providing services at the arena, or otherwise entering the Club Practice Facility or Game Arena, as set forth in Section L. The FCO shall ensure compliance with the requirement that any individuals who answer in the affirmative to the exposure questions as set forth in Section L(2) are not permitted entry to the Club Facilities.

Regularly check compliance with all of these requirements. It is recommended that each Facility Compliance Officer utilize a team of personnel to help ensure compliance with the above aspects of the Protocol.

Each Facility Compliance Officer shall, on a weekly basis, prepare a report certifying if each of the foregoing requirements has been satisfied. Additional reports shall be provided detailing the circumstances of any non-compliance with these requirements immediately. A copy of the reports shall be provided to the League s.15 and to the NHLPA s.15. All reports must be signed by the Facility Compliance Officer. The forms to be used for these submissions are in Attachment --.

The Facility Compliance Officer(s) shall receive Group 2(c) status.

9. CLUB COMPLIANCE OFFICER

Each Club shall appoint a Club Compliance Officer, who will be responsible for monitoring and enforcing the Club's compliance with the following aspects of the Protocol:

- Players and all other Club Personnel received the required PCR testing;
- Players and all other Club Personnel completed their daily symptom screening and temperature checks;
- Players and all other Club Personnel wore face coverings properly and at all times required, and were physically distanced in all required situations;
- Personnel in Groups 1 and 2A did not have in-person interactions while in the Club facilities with personnel in Groups 3, 4 or 5, while at home or on the road; and
- Overseeing and approving potential dining excursions as described in the Travel Protocol.

The Club Compliance Officer must be a senior member of the Club's Traveling Party (the individual is required to accompany the Club during Club travel) with compliance experience. This role can be filled by a full-time employee of the Club who has the authority and scope of responsibilities to enforce these requirements, including but not limited to an Athletic Trainer or Team Services personnel. This role is similar to the role the Club Compliance Officer served during Phase 4 of the NHL's Return to Play in 2019/20.

Each Club's Compliance Officer shall certify, in writing, on a weekly basis that all members of the Club have remained compliant with all necessary aspects of the Protocol. In the event that any member of the Club's Traveling Party is not compliant with one or more aspects of the Protocol, the Club's Compliance Officer shall report such noncompliance and provide details on how and by when the noncompliance will be remedied. A copy of the reports shall be provided to the League s.15 and to the NHLPA s.15. The forms in Attachment -- shall be used for these purposes.

10. CLUB CONTACT TRACING OFFICER

A member of each Club shall be designated as the Club Contact Tracing Officer, responsible for managing the Club's contact tracing process (further described in the Positive Test Protocol for Club Personnel, Attachment --). The Club Contact Tracing Officer will require dedicated and possibly extensive time commitment in the case of single or multiple positive COVID-19 tests within a Club. This role requires a variety of interpersonal skills and may be best suited for an individual with prior investigative experience, attention to detail, and discretion with respect to potentially confidential information, such as a member of the Club's legal staff.

- This role shall include:
 - Designating and training a team of personnel to conduct contact tracing at the Club;
 - Coordinating with any third party contact tracing service providers retained to assist the Club;
 - Communicating with the League office regarding Club contact tracing and follow-up; and
 - Coordinating the Club's relationship with and reporting to local health authorities in respect of contact tracing.
- Club Contact Tracing Officers shall complete an online contact tracing course resulting in certification of competency with contact tracing (e.g., [Association of State and Territorial Health Officials](#) or [Johns Hopkins University](#), and [review relevant CDC resources, which also provide information on available courses as well as additional information](#)).
 - This course must be completed prior to the opening of the Club's Training Camp in order for the Club Contact Tracing Officer to serve in this role.
 - All other individuals at the Club tasked with contact tracing shall complete such a course as well.

F. SHARED FACILITIES

Facilities that Clubs share with either the public and/or other organizations must comply with certain requirements as set out in this Protocol.

Group 1 and 2 individuals shall not occupy the same areas of Club Facilities at the same time as members of the public and/or any other organizations (youth teams, college teams, etc.).

The NHL's Cleaning & Disinfecting Requirements shall be complied with prior to a Club's use of any such areas.

G. TRAVEL, QUARANTINE, AND TRAINING CAMP REQUIREMENTS

1. TRAVEL

All travel in connection with the 2020/21 NHL Season, including returning to the Club's home market ahead of Training Camp shall be pursuant to, and in accordance with, the provisions of this Protocol and the 2020/21 Season Travel Protocol (Attachment --).

When on the road, individuals in the Club's Travelling Party shall adhere to the local public health regulations of the market being visited, which may be more stringent.

2. QUARANTINE REQUIREMENTS

All Players (and other members of Groups 1 and 2A) reporting to the Club's home market for Training Camp and the Regular Season, including Players on the Club's Reserve List throughout the Season. For clarity, this includes Player recalls, trades, and/or Player signings, or other permitted categories of Players as agreed to in the Transition Rules.

A quarantine requires the following:

- Staying at home (or in place on the road);
 - The individual may not leave their home or hotel room for any purpose, including, if at a hotel, to use common amenities such as the hotel gym, bar, or restaurants; no visitors are permitted; and meals and medications must be delivered to the individual's home or hotel room in a contactless manner.
- Monitoring yourself for symptoms (see Section M);
- Avoiding contact with other people;
- Arranging access to needed supplies such as groceries; and
- Avoid using fever-reducing medications (e.g., acetaminophen, ibuprofen) as much as possible

LOCAL HEALTH AUTHORITY/FEDERAL QUARANTINE

Prior to Training Camp, Players and other members of Groups 1 and 2A (see Section E) traveling back to their Club's home city may be required to serve up to a 14-day self-quarantine if imposed by the local or federal health authorities, regardless of their mode of travel (private or charter travel) and whether or not they travelled from a high-risk environment⁶.

NHL s.13 QUARANTINE

Under this Protocol, even if not imposed by the local or federal health authorities, if individuals report to the Club's home city from outside of the state or province (regardless of method of travel), **they are required to serve a 7-day self-quarantine period** with a PCR testing regimen on days 1, 3, 5 and 7, with results available on day 8.

⁶ This risk assessment does not apply to situations where an individual is traveling into Canada or another jurisdiction (state/provincial/local) where a mandatory quarantine is already in place (See, e.g., Local Health Authority/Federal Quarantine).

A Player can report on day 8 for his medical evaluation if:

- all such tests are negative;
- the Player remains asymptomatic and afebrile; and
- the Club ID Consultant agrees with the determination.

Pending medical clearance, the Player can then start training in Club Facilities.

If Clubs can demonstrate that travel has been under s.13 hours, in an individual's own vehicle with no stops, Clubs may seek a limited exception to the above stated mandatory quarantine by seeking approval from the NHL Chief Medical Officer, Dr. Willem Meeuwisse s.15, who will consult with the NHLPA. Consideration shall be given to whether the individual may separately meet the standard for a High-Risk Environment Quarantine.

The 7-day quarantine and testing regimen is the minimum requirement if an individual is subject to this NHL-imposed quarantine (even if the local or federal jurisdiction would allow for a shorter quarantine).

s.13

In addition, Club Physicians have discretion to impose a 7-day quarantine on individuals reporting or returning to the Club's home city from a "high-risk environment". During this assessment, Club Physicians must evaluate certain key considerations based on a discussion regarding the individual's exposure and travel history. Key factors in this consideration include rates and trends of community transmission, preventative measures taken by the individual and the individual's household members (or lack thereof), as well as whether individuals left the Club market for personal travel and are then returning to the Club market. In making this determination, Club Physicians must consider whether the individual's circumstances place them at a substantially greater risk of exposure to COVID-19 than other individuals.

OPTIONAL "WORK QUARANTINE" POTENTIALLY AFTER DAY 7

Certain jurisdictions have allowed a "work quarantine" where the local or federal authorities have given permission for Players to serve a mandated 14-day quarantine period in a manner that permits Players to attend at the Club facility under restricted conditions during the quarantine itself. For example, if a local community requires a 14-day quarantine, the Club could propose to the local health authorities the NHL's **mandatory** 7-day testing regimen as noted above, followed by 7 days of Players being able to utilize the Club facilities on a restricted basis, in order to complete the jurisdiction's required 14-day quarantine. To the extent they have not already done so, Clubs should consult with their local health authorities to discuss if accommodations of this nature are acceptable and exercise best efforts to obtain authorization from the authorities to implement a work quarantine. If Clubs utilize this approach, Players who are using the facility and still in the midst of their quarantine shall not interact with any other individuals (Group 1 or 2 individuals) who are not in a similar cohort and shall comply with any other conditions that may be set out by the local authorities.

3. ACCOMMODATIONS, TRAVEL AND PER DIEM DURING TRAINING CAMP

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 Training Camp. 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 Training Camp. The accommodations must be of the same high quality provided to Players

during the NHL Season and shall satisfy the hygiene, distancing, cleaning and disinfecting requirements set forth in the Travel Protocol.

All Players attending Training Camp shall be paid the same per diem allowances provided in Section 15.2 of the CBA as modified by the Transition Rules, including for the period of any required quarantine.

Players' travel expenses relating to their travel to the Club City to attend training camp shall be reimbursed pursuant to the provisions of Article 15 of the CBA as modified by the Transition Rules, including Players who may travel (or, may have already travelled) to the Club City for the purpose of participating in Off Season Training at the Club Facility.

H. EDUCATION AND SAFETY INFORMATION

1. EDUCATIONAL MEETING

Prior to the start of Training Camp, the Club's Medical Director and Head Athletic Trainer shall conduct a remote educational meeting for all members of the Club who are in Groups 1-2A (and with respect to Players, all Players who are under contract to the Club) in order to provide education on

- the 2020/21 NHL Season COVID-19 Protocol,
- the potential risks associated with involvement in Training Camp and the 2020/21 NHL Season,
- the obligations of Players and Club personnel to comply with the provisions of this Protocol, and

to provide an opportunity for everyone to ask questions regarding the current situation.

The Facility Compliance Officer(s) are responsible for providing educational training similar to the above prior to the start of the 2020/21 season to: practice facility staff, arena staff, and local rightsholders, and shall certify to the League s.15) and to the NHLPA s.15) that such education has been provided to all relevant groups.

The League shall provide such education to all League Staff, On-ice Officials, Off-Ice Officials and national rightsholders.

Individuals in Groups 3 and 4 shall be provided with this Protocol and other such related documents to inform and educate them on their access restrictions and allowances.

The League will provide a template PowerPoint to be used during these education sessions. The above educational content will be developed in consultation with the NHLPA.

The Clubs shall use the attached certification form (see Attachment --), which shall be signed by all members of Groups 1-2A at the Club certifying that they have each participated in the educational session.

2. SIGNAGE

Signs providing reminders of health and safety protocols shall be posted throughout the Club facilities (practice facility and game arena), such as signage related to face coverings, physical distancing, best practices for hand and respiratory hygiene, and identification of COVID-19 symptoms.

In addition, teams must post warnings at all entrances to Club facilities and throughout the facilities regarding the risks of COVID-19. (See sample signage, Attachment --).

I. MEDICAL STAFF AND EVALUATIONS FOR CLUBS

1. PRE-PARTICIPATION MEDICAL EVALUATION (PPME)

All Players must undergo a Pre-Participation Medical Examination (PPME) prior to participating in any Training Camp activities, after which the Club doctor will issue an Exhibit 25A medical clearance if the Player is "fit to play". Medical histories may be submitted by Players electronically via AHMS, in advance of the PPME in-person evaluation in order to reduce the in-person time needed during a PPME with Players. Further, a Club Physician may determine it unnecessary to conduct an in-person examination for the purposes of a medical clearance and for the issuance of the form Exhibit 25-A, and may instead conduct the examination virtually/electronically. The administration of an ECG, however, must be conducted in person.

Players who have tested positive for COVID-19 and have not yet had their post-COVID cardiac screen with ECG, echo and high-sensitivity troponin (see footnote 6), should endeavor to have such testing prior to coming to Training Camp. The provision of these materials, however, does not replace the requirement for Players to undergo a PPME (including ECG) at the start of Training Camp.

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), if applicable. Members of Groups 1 and 2A 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 may conduct early pre-season medical testing on Players who are available on a voluntary basis beginning seven (7) days prior to the first day of their Training Camp start date (after they have served any applicable quarantine period). 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. PPME examinations may be conducted on the first and second day of Training Camp, to accommodate limitations on the number of individuals at the facility at any one time. However, no Player shall engage in on-ice or off-ice training activity until he has undergone a PPME.

An evaluation of Group 1 and 2A personnel shall also be conducted (and at each Club's discretion, this may also be conducted on Group 3 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
- ECG⁷
- Post-COVID cardiac questionnaire and investigation based on checklist

⁷ Anyone confirmed or suspected of having had COVID-19 shall have further investigation with echocardiography and high sensitivity troponin (hsTn) and, at the discretion of the Club physician(s), consultation with a cardiologist.

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.

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

- Eye examination
- Dental examination
- Lab and other investigations

Players who, after consultation with the Club doctor who conducted the PPME, and the Club ID Consultant, 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 due to a hockey related injury and shall not be permitted to participate until the risk of contracting COVID-19 is substantially reduced (*e.g.*, widespread vaccination availability and effectiveness). A Player may initiate a Second Opinion concerning his fitness to play status pursuant to Paragraph 5 of his Standard Player's Contract.

2. NEUROPSYCHOLOGICAL BASELINE TESTING

Concussion baseline testing shall be performed in accordance with the NHL/NHLPA Concussion Evaluation and Management Protocol (Medical Handbook 3.1) (Attachment --), as modified below:

- SCAT5 App and ImPACT: New Players, and any Players who have suffered a concussion after their most recent baseline prior to the start of the 2019/20 season, shall be administered these baseline tests. For all other Players, to reduce potential COVID-19 exposure and to support distancing and facility capacity limitations, these baseline tests shall not be administered (unless the prior baseline was deemed invalid).
- Paper and Pencil Testing: Consistent with the NHL/NHLPA Concussion Evaluation and Management Protocol applicable for 2020/21, Players who have been diagnosed with a concussion following the start of the 2019/20 season shall have paper and pencil testing administered by the Club's consulting neuropsychologist.

PPE:

All Players, neuropsychologists, athletic trainers, and technicians are required to wear face coverings properly during neuropsychological test administration.

PHYSICAL DISTANCING

Special consideration must be given to provide proper physical distancing during neuropsychological testing. Group testing can be conducted with a maximum of 5 players at a time while keeping a minimum of 6 feet separation (or preferably more).

CLEANING/DISINFECTING OF EQUIPMENT

Computers, tablets, chairs, tables, pencils and other equipment must be disinfected with an approved cleaning agent after each Player has been tested.

HAND HYGIENE

Players, neuropsychologists, athletic trainers, and technicians must wash their hands or use an approved alcohol-based disinfectant prior to and following neuropsychological testing.

DESIGNATE AND COORDINATE WITH YOUR BACK-UP NEUROPSYCHOLOGIST

Clubs must provide education to the back-up neuropsychologists about all relevant aspects of this COVID-19 Protocol, including, but not limited to, specific considerations related to neuropsychological testing procedures.

3. MENTAL HEALTH AND WELLNESS

Given recognition of the mental health stresses associated with the COVID-19 pandemic, Players and Club staff shall also be reminded of, and encouraged to access, the SABH and other mental health and wellness resources available to them.

4. ADDITIONAL MEDICAL CARE AND TREATMENT FOR PLAYERS

Players are only permitted to utilize third-party wellness services providers (physiotherapists, athletic therapists, chiropractors, massage therapists, acupuncturists and ART/MAT therapists, hereinafter, collectively, the "therapists") who:

1. are licensed/regulated professionals in good standing with their regulatory body,
2. have infection control measure requirements set by their professional body, including, but not limited to, appropriately cleaning and disinfecting therapy space before use by any Player, and wearing, at all times, personal protective equipment by the therapist and the Player (specifically, face coverings).
3. receive a negative COVID-19 test result within twenty-four (24) hours of treatment for the Players.
 - a. The Club may help to facilitate any such testing; however, all costs for testing shall be borne by the Player or the third party provider.

All other third party provider services, whether paid for by the Club or the Player, are prohibited.

J. PHYSICAL DISTANCING, FACE COVERINGS, AND OTHER SAFETY MEASURES IN THE PRACTICE FACILITY AND GAME ARENA

The following measures have been adopted to limit possible exposure to persons who are infected by COVID-19. These measures will be in effect throughout the 2020/21 NHL Season (including Training Camp). Please note that the following requirements denote the minimum standard Clubs must abide by. A Club, or any Player or member of the Club's staff, may follow more stringent safety precautions while in the Club facilities should they choose to do so. Such Clubs shall notify the League §.15 and the NHLPA s.15 of the introduction of policies that exceed the standards set forth herein.

The following measures apply to all individuals at the Club's practice and game facilities, including individuals in Groups 1-5.

1. PHYSICAL DISTANCING

All individuals shall maintain 6-foot physical distance ("physical distancing") from each other at all times while in, and outside of, the Clubs' facilities. For Club individuals, this includes, but is not limited to:

- While exercising (except on the ice) – during indoor exercise a minimum distance of 9 feet (3 meters) is recommended.
- Meetings shall be conducted virtually, to the greatest extent possible.
 - When in person meetings are necessary, including coaches meetings, staff-only meetings, and meetings with Players, they shall be conducted with strict physical distancing in place.
- Club personnel (including Players) are discouraged from socializing with one another in close contact while at (and outside of) the Club's facilities
 - Any socializing that does occur shall be done in a distanced manner, while wearing face coverings.
- During Club travel, including while eating Club meals, as set forth in the Travel Protocol.

Exceptions to physical distancing restrictions for Club personnel (including Players) while in the Club facilities are limited to the following:

- 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). It is emphasized that both the player/patient and the medical provider must comply with the other requirements for use of personal protective equipment, and specifically must wear a face covering, for the entire encounter.
- 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 during practice unless it is an essential part of the practice or drill.
- Game play.

2. USE OF FACE COVERINGS

In addition to maintaining physical distancing from one another, and except where expressly permitted in this Protocol, **face coverings (cloth or surgical type mask) shall be properly worn at all times that individuals are in the Club facility or otherwise interacting with one another.** Any Club individuals who have difficulty breathing while wearing a mask or who otherwise believe they cannot comply with this requirement should contact their Club Medical Director so that alternate arrangements can be made; similarly, arena staff who have difficulty breathing while wearing a mask or who otherwise believes they cannot comply with this requirement shall promptly contact the Human Resources personnel at the Arena. Other individuals in Groups 1-5 shall contact the Facility Compliance Officer ("FCO"), who shall coordinate with appropriate Human Resources personnel, to respond to individual scenarios. Contact information for the FCO and relevant Human Resources personnel shall be appropriately posted in key areas throughout the venue (e.g., break rooms, venue entryways, etc.).

- Face coverings shall completely cover the mouth and nose, fit snugly against the sides of the face, and shall be secured under the chin.
- Acceptable face coverings include medical grade masks or 3-layer cloth coverings (or at least two cloth layers with a filter).
- Gaiters are not permitted to function as face coverings.

- Bandanas are not permitted to function as face coverings.
- Use of a face shield does not eliminate the requirement to wear a face covering underneath.
- Face coverings with exhalation valves or vents are prohibited.

With respect to Club individuals, all participants at any Club meeting held in-person, including coaches meetings or staff-only meetings, shall wear a face covering.

Except as may be required by applicable law, the only exceptions to this requirement are as set forth below (to the extent not otherwise required by local health authorities):

- Players are not required to wear face coverings when they are exercising or while on the ice. They are not required to wear face coverings during interviews with permitted Group 2 media, communications and/or social media personnel, provided such interviews are performed with appropriate physical distancing;
- Coaches are required to wear a face covering at all times (including on the bench) except when engaging in physical exertion on the ice; and
- When eating and/or drinking (so long as appropriate physical distancing is maintained at all times). However, even if face coverings may be removed, Club personnel remain subject to the distancing provisions in the Food, Beverage and Supplement Policy, below, and the Travel Protocol.

3. SAFETY PRECAUTIONS

All individuals shall follow the following safety precautions:

- Wash hands frequently with soap and water for at least 20 seconds (sing "Happy Birthday" twice), or, if soap and water are not readily available, use an alcohol-based hand sanitizer, as follows:
 - Wash or disinfect hands before and after eating or drinking.
 - Wash or disinfect hands and face after touching possibly contaminated surfaces (such as high-touch areas like elevator buttons, countertops, door handles, water coolers, etc.).
- Use disinfectant wipes on items that may have been touched by others (such as pieces of luggage, chairs, office equipment, menus, etc.).
- Avoid touching your eyes, nose, and mouth, including adjusting your mask/face covering while wearing it.
- Avoid close contact with people who are sick or appear symptomatic.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands with soap or use alcohol-based sanitizer. If you do not have a tissue, cough or sneeze into your elbow, not your hands, and then wash your hands with soap or use alcohol-based sanitizer.
- Minimize handshakes, high fives and fist bumps.

Additional safety precautions can be found on the CDC and PHAC websites.

- [PHAC Awareness Resource](#)
- [CDC COVID-19 Resources](#)

Hand sanitizer and disinfectant must be procured and made readily available throughout the Club practice and arena facility, as well as in connection with Club travel.

4. USE OF GLOVES BY CLUB PERSONNEL AND OTHER GAME-RELATED STAFF

Glove use is not a replacement for hand hygiene practices such as hand washing, use of approved alcohol-based sanitizer and avoiding touching of one's face.

Gloves should be discarded after each use, and after your face is touched. Hands and face should be washed when changing gloves.

Glove use is required in the following circumstances:

- All Club game staff and Club 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.
- Off-Ice Officials while working in the penalty box during games shall wear gloves (and a face covering) when handling Player Aquafina or Gatorade bottles and towels.
- Glove use by training staff for other purposes, such as prevention of blood borne pathogens through universal precautions, shall continue.
- Cleaning and disinfecting staffs, including staff designated for between period bench cleanings and locker room cleaning and disinfecting.
- CDT testing personnel during drug testing collections.
- Test collection personnel during COVID-19 testing.
- Dressing room attendants at all times when handling laundry, equipment or doing cleaning.

Glove use by other facility/arena personnel, including, but not limited to, retail operations and food & beverage shall follow local health authority regulations.

5. PLAYER USE OF TUBS/SAUNAS/STEAM ROOMS

- Use of hot and cold tubs is permitted, but the following conditions apply:
 - They must be well maintained to keep bleach/bromine concentration at appropriate levels; and
 - Physical distancing of 6 feet must be maintained at all times, whether by spacing of the tubs, or the Players within larger tubs.
- Saunas and steam rooms remain prohibited.

6. WORKOUT GEAR AND LAUNDRY

- See Cleaning and Disinfecting Requirements (Attachment --).

7. RELIEF GELS/BALMS/CREAMS/STICKS

- Use of common (i.e. shared) creams, gels, balms, and sticks are prohibited.
- Players shall be provided with individual cream/gel/balm/stick products for use at the Club Facilities.

8. SHOWERING

- Given the importance of personal hygiene in infection control, Players are encouraged to shower in the Club Facilities after workouts and games, provided that distancing can be maintained. If they prefer, Players can choose to shower at home.

- Players shall not share towels, toiletries, or any personal items.
- Players must wear their own footwear at all times, including in the shower stalls.

9. PARKING

- Group 1 and 2 individuals may not valet park their cars at the Clubs' facilities. Each individual shall park their own cars in parking areas designated for Restricted Area personnel.

10. FAMILY LOUNGES AND SEATING

- To the extent permitted by local regulations, Clubs shall arrange for arena seating areas for Players' families which are separate from other patron seating areas.
- Player families may sit together in a "pod" of seats. Each Player's guests shall be physically distanced from each other.
- Family lounges or other areas where Players' guests could or would otherwise congregate in groups are not permitted.
- Players' guests are subject to the same Monitoring Requirements as other individuals at the Club facilities.
- Pre- and post-game interactions between Players and their guests at the Club facilities is not permitted, given their disparate access restrictions.

K. FOOD, BEVERAGES, AND SUPPLEMENTS AT THE CLUB FACILITY

The following rules are in place regarding food, beverage, and supplement consumption at Club facilities for Club personnel in Restricted Areas:

- Home Clubs may provide recovery meals or post-game nutrition to Group 1 individuals, in accordance with the following:
 - Such meals must be provided within the Restricted Areas, in rooms that shall be dedicated to such individuals only.
 - During team meals, individuals may remove face coverings only while eating or drinking (and must put them back on as soon as eating or drinking is concluded) so long as distancing is maintained (i.e., there is at least one empty seat between every two individuals). Meal rooms shall be large enough to enable proper physical distancing, and such individuals must comply with these distancing requirements.
 - 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 be consumed at the Club's facility, or may be taken home and consumed at the Player's residence.
 - All beverages shall be provided in individual bottles, whenever possible.
 - Kitchen staff preparing the food and staff delivering the meals shall wear masks, gloves, hair and beard covers, aprons, etc.

- Automatic hand sanitizer stations shall be set up at the entrance of the meal room, as well as stationed at various locations throughout the meal room. Individuals should sanitize their hands before and after eating or drinking in the designated meal room.
- Use of water bottles during practice and game play shall remain covered by the requirements set forth in the Cleaning and Disinfecting Requirements.
- Procedures relating to the provision of food and beverages during Club travel are set forth in the Travel Protocol, including that during team meals, individuals may remove face coverings while eating so long as social distancing is maintained.
- Supplements may not be provided in common containers; scoops shared by individuals are prohibited. Supplements can be provided as follows:
 - In single-dispense packs.
 - Use of a common "tub" or container to be permitted when one individual accesses and dispenses from the tub/container, such as a strength & conditioning coach or other member of the Club's training staff.
 - Larger tubs may also be assigned to individual Players, labeled by name and number, and each such Player shall access and dispense from his own tub.
- For specific guidance on food and beverage for fans, please see the Guest Experience attachment (Attachment --).

L. MONITORING REQUIREMENTS

Monitoring and testing by their nature are for the purpose of early detection of infection and are not replacements for the hygiene, distancing and cleaning methods outlined in this Protocol that can help prevent infection in the first instance.

The below provisions regarding screening and testing are applicable to all Club personnel, including Players, in Groups 1 and 2(A).

1. SYMPTOM AND TEMPERATURE CHECKS

CLUB PERSONNEL IN GROUPS 1 AND 2A

Each Club is required to use the EDGE 10 symptom and temperature monitoring application to record symptoms and conduct temperature self-checks on a daily basis for all Group 1 and 2(A) Club individuals (including Players), and shall provide access to the centralized dashboard of responses only to Club Medical Personnel.

Club individuals in Groups 1 and 2(A), including Players, shall self-administer such checks at their homes (or hotel) 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 other Club personnel that are subject to these requirements. See Attachment -- and Section M (Symptomatic Individuals and Positive Test Handling), below, which sets forth processes if Players or Club personnel develop symptoms, report a temperature $>100.4^{\circ}\text{F}$ or $>38^{\circ}\text{C}$, 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 each Club Facilities before any members of Groups 1 and 2(A) shall be allowed to enter. No

one shall be permitted to enter the Club Facilities who has any COVID-19 symptoms, or a temperature >100.4°F or > 38°C, without first being examined by Club Medical Staff, who may ultimately determine that such symptoms are attributable to other causes. Temperature checks shall be conducted using a non-contact infrared thermometer. Any abnormal result using the non-contact infrared thermometer must be followed up with a confirmatory check using a tympanic membrane or hospital-grade oral thermometer. 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.

OTHER INDIVIDUALS IN GROUPS 2(B)-5

A process shall be implemented, via electronic means or otherwise, with respect to the screening (and secondary screening and isolation area, as well as exit pathways, if needed) of the other individuals in Groups 2(B)-5 who will be providing services at, or otherwise entering, the Club Practice Facility or the Club Game Arena. Such screening shall comply with applicable local and federal regulations, including, at a minimum, certification that each such individual, and their household members and close contacts:

- Are not newly experiencing any symptoms associated with COVID-19;
- Have not been diagnosed with COVID-19 in the past 14 days; and
- To their knowledge, have not been exposed to COVID-19 in the past 14 days.

Individuals answering yes to any of the above questions shall not be permitted to enter the Club Facilities. Depending on local restrictions (such as a travel quarantine in place), Clubs may seek to include additional screening questions related to recent travel to other States and/or Countries. The Club is responsible for establishing and executing such processes for all Club staff; the Facility Compliance Officer is responsible for establishing and executing such processes for all other individuals. To the extent the screening occurs on site (as opposed to prior to arrival via an app or other certification process), this process shall ensure for appropriate distancing between individuals in the queue for screening, including proper signage and security to facilitate education and compliance.

2. TESTING

CLUB PERSONNEL (GROUP 1 AND GROUP 2A)

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 Protocol that can help prevent infection in the first instance.

The below provisions set forth the testing requirements applicable to Club personnel, including Players, in Groups 1 and 2A.

RT-PCR TESTING

In order to detect active or recent infection, laboratory-based RT-PCR testing⁸ shall be administered to all Players and Club personnel in Groups 1 and 2A (see Section E). The testing shall be administered:

- Forty-eight (48) hours prior to any person's initial return to Club Facilities, and, thereafter, on a daily basis. Daily testing shall be in effect for the duration of Training Camp and for the first four (4) weeks of the NHL Regular Season. s.13

s.13

- In the event that a Club is unable to obtain testing or lab resources sufficient to implement daily testing as described above, a Club will be permitted to administer laboratory-based RT-PCR testing on an every-other-day basis and, on days on which such testing is not administered, it shall administer Rapid Point-of-Care PCR testing to persons entering Club Facilities.
- **Note:** Individuals in Groups 1 and 2A who do not regularly access the Restricted Areas of the Club facilities shall receive a negative result 24 hours before each such occasion of access.
- Each Club shall report to the League s.15 on an occurrence basis any positive tests for Group 1 and Group 2A personnel.
- **NOTE:** as per the Symptomatic Individuals and Positive Test Protocol for Club Personnel (including Players), persons who have received a confirmed positive for COVID-19 shall not be re-tested for 90 days after their first positive test. Upon completion of this 90-day window, individuals shall be tested as part of the testing program again.

POC MOLECULAR TESTING

There are many forms of point of care (POC) testing. More recently, POC Molecular (PCR) testing in the form of the MESA ACCULA test has been developed and has been found to be highly sensitive. As this testing becomes more prevalent and available to Clubs, it will be incorporated into this Protocol as stated above in the RT-PCR Section.

ANTIGEN TESTING

⁸ This RT-PCR testing can be done with one patient's swab per test, or can employ "pooling" if approved by the laboratory doing the testing. Pooled testing is a diagnostic strategy wherein a laboratory will combine respiratory specimens from multiple people and conduct one microbiological test on the combined pool of samples to identify SARS-CoV-2. This strategy is used to decrease the use of materials and costs. Pooled testing can only be performed in CLIA-certified laboratories using a testing platform that has received FDA EUA specifically for pooling. To date, 10 test strategies have been approved for pooled testing (<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>).

Antigens are proteins present on the outside of a virus. Antigen tests look for these proteins in a clinical sample to determine if the virus is present. Antigen tests do not amplify the sample, so the sensitivity of antigen tests is significantly less than that of PCR tests.

Antigen tests are most useful when individuals are symptomatic with COVID-19, as they are usually shedding high volumes of virus when symptoms are present. Unfortunately, antigen tests do not perform well when individuals are shedding lower volumes of virus. Recent medical findings call into question the utility of antigen testing in the asymptomatic population.

Therefore, we believe currently existing antigen tests are inadequate for surveillance or screening purposes.

In the event that no PCR testing is available due to lack of, or prioritization of, laboratory resources, FDA or Health Canada approved antigen testing will be considered as an alternative.

SEROLOGY (ANTIBODY) TESTING

Antibody testing looks for antibodies specific to COVID-19 in a blood sample, and is therefore referred to as a serology test. At this point, we cannot say with certainty that a positive antibody test means you cannot contract COVID-19. We also cannot say whether or not you may be transiently contagious if you're re-exposed to COVID-19. As such, there are no "immunity passports" arising out of antibody 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, the FDA process must have progressed through approval, not only emergency use authorization (EUA). Currently, the extent to which a positive antibody test signifies 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.

GROUP 2B

Refer to League Personnel Protocol – Attachment --

OTHER INDIVIDUALS IN GROUPS 2C-5

Clubs shall determine, in conjunction with local health authorities, if they will administer a testing program for Groups 2C-5.

PCR TESTING FOR PLAYERS' FAMILIES

Each Club's Services personnel will make best efforts to provide Player families and all household members with logistical support for and access to PCR testing, when requested, in the Club's city. Such testing will be at the Players' cost.

3. NONCOMPLIANCE WITH MONITORING AND TESTING REQUIREMENTS

Individuals, including Players, who fail or refuse to follow their testing and monitoring requirements shall be prohibited by the Club or League, as applicable, from continuing to participate in their job functions or in any Club Training Activities.

4. COLLECTION, STORAGE, AND USE OF HEALTH INFORMATION

The League and the Clubs shall take appropriate measures to protect the privacy and to maintain the security of the individuals' health information collected in accordance with applicable laws.

M. SYMPTOMATIC INDIVIDUALS AND POSITIVE TEST HANDLING

The following are common symptoms of COVID-19:

- New or worsening cough
- Shortness of breath or difficulty breathing
- Feeling feverish, chills
- Muscle or body aches 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 > 100.4° F or >38° C)

1. PLAYERS AND CLUB PERSONNEL

Any Players or Club Personnel who develop symptoms should immediately self-isolate and contact their Club Doctor or Trainer. They should promptly be evaluated medically by the Club's physician(s), who shall consult with the Club ID Consultant to determine next steps, and to administer PCR testing, if appropriate. Further, all Players and Club personnel must also immediately notify Club medical staff if they suspect that they have come into contact with someone who has COVID-19.

Provisions governing Club Group 1 and 2A individuals who develop COVID-19 related symptoms, and/or who test positive, are described in detail in the Positive Test Protocol at Appendix 8.

2. LEAGUE STAFF AND OTHER VENDORS & SERVICE PROVIDERS

Any League employee, other League vendor and/or service provider (including arena and practice facility employees and contractors) who:

- Develop symptoms;
- Suspect they have come into contact with someone who has COVID-19) and/or
- Has a positive test

should immediately self-isolate (go home or stay home), and contact their medical provider and their employer.

These persons should be evaluated medically by their own physician to determine next steps, and to administer additional PCR testing, if appropriate. Staff members may return to work when medically cleared

to return to work by their physician, in accordance with local public health authorities. Such individuals shall not be permitted to return until they have received and can present written medical clearance.

Contact tracing in non-Club individuals should be coordinated by the person's employer, physician and/or local health authority. If contact tracing reveals close contacts occurred between a non-Club individual and a Group 1 or 2A individual, Human Resources personnel at the Club, League or Arena, as applicable, shall be notified immediately.

3. GROUP 5 INDIVIDUALS

Any individuals in Group 5 who develop symptoms and/or have a positive test should immediately self-isolate (go home or stay home), and contact their medical provider. They shall not be permitted to enter the facility until consistent with entry screening procedures, and local health care and the CDC, Health Canada and/or the PHAC regulations.

N. CLEANING AND DISINFECTING OF PRACTICE AND GAME-SPECIFIC AREAS

Each Club shall continue to adhere to the requirements for regularly cleaning its facilities (i.e., practice and game arenas, as set forth in the attached 2020 NHL/NHLPA Medical Handbook 4.2 "Cleaning and Disinfecting Requirements," (revised, November, 2020) (Attachment --)). ***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, and a recommendation for the use of electrostatic sprayers.*** 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 s.15

At a minimum, 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 Groups 1 or 2A access (e.g., washrooms, training equipment, kitchen, etc.) is accessed by any Group 3 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 Group 1 and 2A individuals.

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.

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 also refer to the recommendations and considerations in the 2020/21 Season Mechanical HVAC-R Policy in Attachment --. Clubs shall ensure that the correct venue operations individuals receive and review Attachment --.

O. PESP TESTING

CDT will perform no-notice urine collections for prohibited substances during the 2020/21 NHL Season, with appropriate precautions as necessitated by COVID-19. CDT collectors are subject to a variety of precautionary measures, including mandatory daily symptom and temperature monitoring as well as routine COVID-19 testing. Additionally, CDT collectors will implement COVID-19 protocols at the Club facility including setting up socially distanced collection and waiting areas, frequent disinfection of all collection site areas, and use of PPE (nitrile gloves, gown/lab coat, face mask, and face shield). All Clubs should review and familiarize themselves with the CDT Collection Preparation & Procedures to understand certain procedures Clubs shall implement in order to provide a safe collection site within the facility for CDT collectors and Players. (See Attachment --)

The CBA provides for every Player who has participated in an education session to be subject to team-wide no-notice testing once during Training Camp. The PESP training sessions provided by Drs. Lewis, Shaw, and Dan Cronin, which in the past have been provided in-person for each Club at the start of each season, will be provided virtually for the 2020/21 NHL Season. It is therefore recommended that Clubs include in this educational session all Players on the Club's Reserve List, who are under contract to the Club. As usual, all Players shall sign a form acknowledging they have received the educational session. Players are not eligible for PESP testing until they have received the educational session.

Details and sign-in sheets for the virtual education session will be provided to Clubs in a separate communication.

P. COMPLIANCE AND GOVERNANCE

Adherence to the provisions in this Protocol and a level playing field will be important both during Training Camp and throughout the NHL Season for the purpose, most importantly, of maintaining the health and safety of Players and Club personnel, as well as 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 COVID-19 Protocol will result in significant Club and individual sanctions, including potential forfeiture of games, fines and reimbursements of expenses, loss of draft choices, and/or ineligibility for participation in Training Activities.

Concerns regarding compliance with the COVID-19 Protocol requirements shall be reported to the Club's Facility Compliance Officer, and may also be reported directly 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 Training Camp and/or the NHL Season

If, at any time either before the commencement of, or during, the 2020/21 NHL Season (including Training Camp), either the NHL or the NHLPA believes that conditions, in which the commencement or continuation of Training Camp or the NHL Season would likely create or exacerbate a material risk to Players' or others' health and safety and/or jeopardize the integrity of the competition anticipated during the 2020/21 Season, are imminent or may have emerged, which conditions may include an uncontrolled outbreak of COVID-19 in the Players of one or more Clubs, 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 Training Camp or the NHL Season. The basis upon which the Commissioner is to make his determination, to postpone, delay, move, or cancel Training Camp or the NHL Season, shall be whether the commencement or

continuation of Training Activities or the playing of League Games would likely create or exacerbate a material risk to Players' or others' health and safety and/or jeopardize the integrity of the League's competition. 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.

DRAFT

Positive Test Protocol

for Group 1 and 2A Individuals

1. PROTOCOL FOR **SYMPTOMATIC** CLUB PERSONNEL (INCLUDING PLAYERS)

Any Players or Club Personnel who develop symptoms should immediately self-isolate and contact their Club Doctor or Trainer. They should be promptly evaluated medically by the Club's physician(s), who shall consult with the Club's infectious disease specialist to determine next steps, and to administer PCR testing, if symptoms are consistent with COVID-19. Further, all Players and Club personnel must also immediately notify Club medical staff and the Club Contact Tracing Officer if they suspect that have come into contact with someone who has COVID-19¹.

1.1 IMMEDIATE ISOLATION PENDING TESTING

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

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

1.2 POSITIVE TESTS IN A SYMPTOMATIC INDIVIDUAL

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

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

1.3 NEGATIVE TESTS IN A SYMPTOMATIC INDIVIDUAL

Individuals who develop infectious respiratory symptoms, but who test negative for COVID-19, shall have their clinical care and clearance managed by the Club Physician in consultation with the Club's infectious disease expert.

¹ NOTE: if a family or household member is infected, consider moving the Group 1 or 2A individual out of the house (e.g., to a hotel or other lodging) until that family or household member is no longer considered infectious.

2. CONFIRMATORY TESTING FOR ASYMPTOMATIC INDIVIDUALS WHO INITIALLY TEST POSITIVE

If an initial RT-PCR is positive, Club Medical staff should be notified and the individual isolated immediately, while the lab conducts a "second run" confirmatory test on the same respiratory sample. Contact tracing shall also be started at this time (see Section 8 below). *Figure 1 provides a flow chart* for confirmatory testing, described below.

2.1 CONFIRMATORY POSITIVE

Individuals whose confirmatory test results return positive will be considered a confirmed positive, and they shall be required to isolate until medical clearance is obtained. In addition, the Club Physician shall immediately coordinate contact tracing with their infectious disease consultant and local health authority (as per Section 8 below). Labs conducting testing will notify the appropriate health authorities of positive tests.

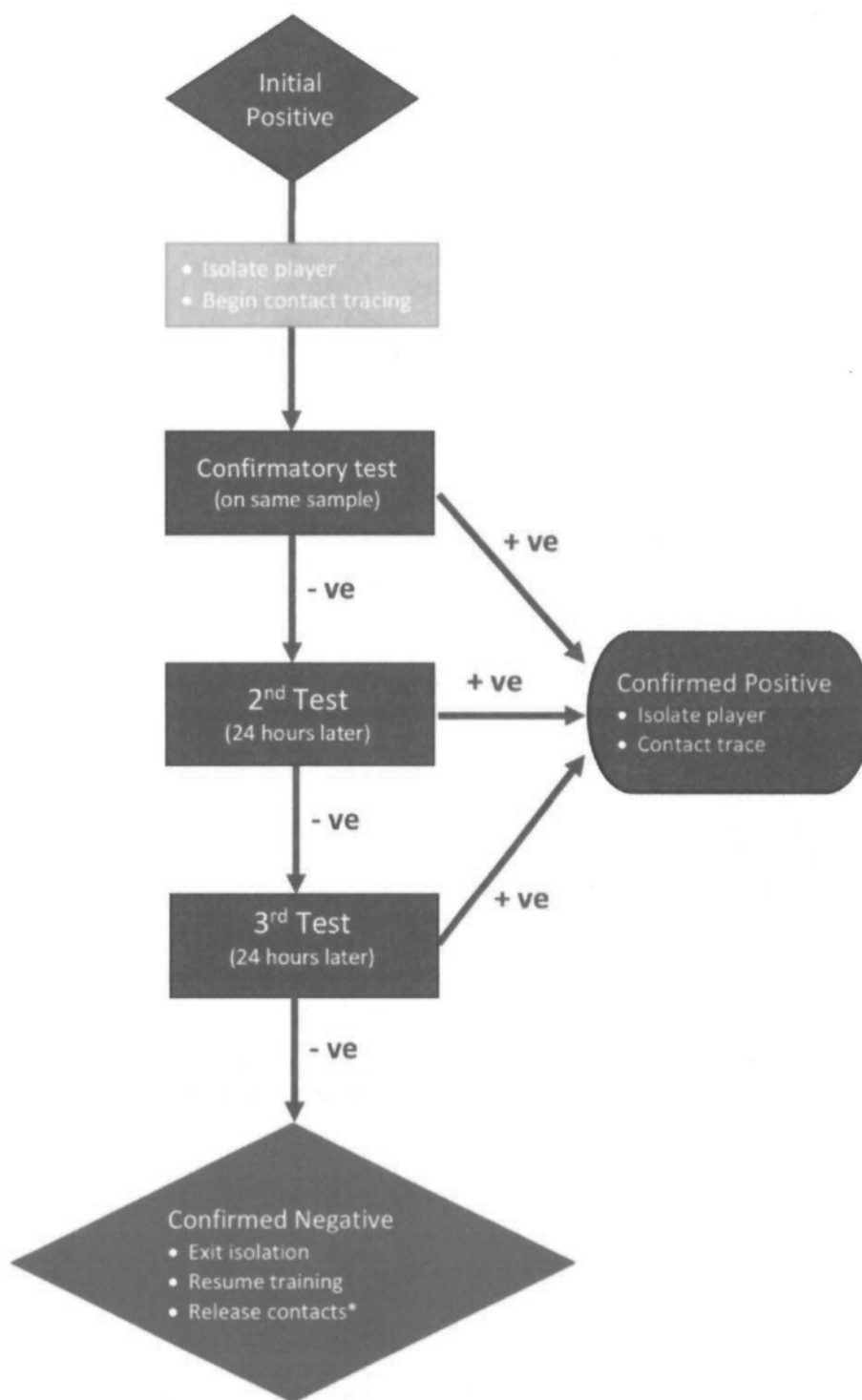
2.2 CONFIRMATORY NEGATIVE

If the confirmatory test is negative, the individual shall remain in isolation until a second respiratory sample is collected, 24 hours after the first sample was collected.

- Individuals whose second sample test results return positive will be considered a confirmed positive. They shall be required to isolate until medical clearance is obtained and the Club Physician shall immediately coordinate contact tracing with their infectious disease consultant and/or local health authority (as per Section 8 below).
- Individuals whose second sample test results return negative will remain in isolation until a third respiratory sample is collected 24 hours later (i.e., 48 hours from the initial sample).
 - If the third sample is negative, the individual may exit isolation.
 - If the third sample test results return positive, they will be considered a confirmed positive. They shall be required to isolate until medical clearance is obtained and the Club Physician shall immediately coordinate contact tracing with their infectious disease consultant and local health authority (as per Section 8 below).

Individuals 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.

Figure 1: Positive Test Protocol Flow Chart - Asymptomatic



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

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

How to Isolate:

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

If Players or Club Personnel are away from their home when notified of a positive test, they should use additional protective measures for accommodation and transportation to their location for isolation, including:

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

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

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

Further details regarding self-isolation are available at these links from the [CDC](#) and [Government of Canada](#). Individuals may also visit provincial/state and local health authority websites for further guidance.

4. ENDING ISOLATION

Players or Club personnel whose test has been confirmed positive shall remain in isolation until the following conditions have been satisfied:

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

Time-Based Strategy:

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

4.2 FOR AN INDIVIDUAL WHO WAS SYMPTOMATIC AT THE TIME OF TESTING, OR WHO DEVELOPED SYMPTOMS DURING THE PERIOD OF ISOLATION:
Symptoms-Based Strategy:

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

Test-Based Strategy:

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

4.3 ADDITIONAL CRITERIA

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

5. CARDIAC SCREENING

Although Players may exit isolation as per the above, a Player whose COVID-19 positive status has been confirmed must continue to refrain from exercise for a total of 14 days from the time of the first positive test (or such shorter period as set out below). Upon completion of the period of isolation, Players shall receive cardiac testing as follows ²

- ECG,
- Echocardiogram, and
- high sensitivity troponin.

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

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

² A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection, JAMA Cardiol. 2020; 5(10):1085-1086. doi: 10.1001/jamacardio.2020.2136

6. EXHIBIT 25-A

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

7. DISCLOSURE

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

8. INDIVIDUALS WITH CLOSE CONTACT

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

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

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

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

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

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

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

- be subject to daily symptom and temperature monitoring and daily PCR testing for 14 days; and
- shall not be subject to quarantine provided that the following conditions are satisfied for such 14-day period:
 - i. The individual remains asymptomatic and afebrile (free of fever), and
 - ii. Daily PCR testing is done and results are negative on each occasion.
- During this 14-day period, the Close Contact in Group 1 or 2A shall be reminded of their obligations to observe the requirements regarding social distancing and face coverings. Such Close Contacts shall not leave their households except as to fulfill their work duties with the Club, including, but not limited to, participating in training, practices, and competition.
- Upon developing any symptoms consistent with COVID-19 or if any PCR test results return positive, the Close Contact shall be required to immediately end their participation in any Club activity, shall self-isolate, shall contact the Club Physician(s) and, thereafter, shall be subject to the applicable provisions of this Protocol.

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

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

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

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

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

Further guidance on case management and contact tracing is available from the [CDC](#) and [Government of Canada](#).

9. CONTACT TRACING NOTIFICATION

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

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

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

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

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

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

Clubs shall notify the League §.15 and the NHLPA §.15 of the introduction of any of the enhanced health and safety measures contemplated above. Further, the NHL Chief Medical Officer and the NHLPA's physician consultants shall have an opportunity to consult with the Club's Physician and infectious disease expert prior to the implementation of the enhanced health and safety measures recommended by the Club.

11. FUTURE TESTING FOLLOWING A POSITIVE TEST

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



2020/21 SEASON CLUB TRAVEL PROTOCOL

This document ("Club Travel Protocol" or "Travel Protocol") governs travel for all members of the Club's Travelling Party (or other Club Personnel, as applicable) during the 2020/21 NHL Season, including Training Camp, the Regular Season, and Playoffs.

Introduction

- When on the road, individuals in the Club's Travelling Party shall adhere to the local public health regulations of the market being visited, which may be more stringent.
- Members of the Club's Travelling Party are required to comply with these requirements, including for travel to the Club city, when using hotels and/or Club travel partners (transportation companies such as car services, buses, charter flights, etc.) in the Club's home city (to the extent applicable), and in connection with travel for away games.
- The parties will continue to update this Club Travel Protocol as circumstances warrant and as the science and world events continue to evolve.
- Clubs shall establish operational processes for all Club travel to facilitate safe, clean, and hygienic travel, and to reduce interactions and maintain appropriate distancing between members of the Club Travelling Party, as much as possible.
- In an effort to maintain the safety of all members of the Club Travelling Party, and to mitigate the incremental risk associated with the introduction of persons not essential to the Club's business, while on Club travel, all members of the Travelling Party are prohibited from utilizing transportation, dining destinations, and/or going into shops or receiving services that are not provided for directly by the Club or as set out in this Protocol.

Third Party Staff (e.g., Hotels, Airlines, Buses)

- Clubs shall require that all travel partners (hotels, airlines, buses, etc.) follow the below protocols with their staffs:
 - Appropriate symptom and COVID-19 exposure screening and temperature checks of all staff that will have any direct contact with members of the Travelling Party (e.g., in-flight crews, gate area staff, bus drivers, luggage handlers, hotel workers, hotel security, hotel food servers, etc.).
 - COVID-19 testing for any travel partner staff who would be classified as a Close Contact of anyone in the Club Travelling Party under the CDC definition (15 minutes or more of cumulative contact within six (6) feet over a twenty-four (24) hour period), to the extent permissible by the relevant staff's labor and other contracts, which shall be provided to the Club Compliance Officer for review.
 - Testing results shall be available within twenty-four (24) hours prior to each day when any such Close Contact would occur (e.g., if a bus driver drives the Club bus for three days, such driver shall be tested and have negative results available, three times).
 - For clarity, the results of screening, temperature checks, and testing of travel partner staffs will not be shared with the Club and the Club's testing/screening mechanisms are not to be utilized for this purpose, but the Club is responsible for reviewing third-party screening protocols.
 - Mandatory use of masks and gloves by travel partner staff having direct contact with members of the Travelling Party.
 - Notification if any third-party staff member tests positive or is symptomatic for COVID-19 within 48 hours prior to Club arrival (e.g., arrival at hotel, arrival at airport, use of buses), or after Club departure (to allow for proper contact tracing to be completed). No third-party staff member who has tested positive for COVID-19 or was symptomatic within the previous 14 days shall be permitted to participate in any NHL Club travel-related activities. The Club shall immediately notify the NHL §.15 of any such COVID-19 positive travel partner staff.
 - Whenever possible, Clubs should work with airline partners using fixed crews, with limited commercial flight exposure and who are subject to frequent testing for Club flights.

Travel – General

Pre-Departure/Post-Arrival Monitoring

When reporting back to the Club market, Members of the Travelling Party remain subject to NHL quarantine requirements, as well as any restrictions, including but not limited to, monitoring requirements, set forth by the federal/state/provincial/local health authorities both prior to departure and upon arrival.

In Canada, Members of the Travelling Party shall download and utilize the [ArriveCAN app](#) upon arrival, which is federally mandated.

- It is also strongly recommended that all Players and Club Staff download the CovidAlert app to their phones. Any positive test results should be uploaded to the app. Note that the app requires that the Bluetooth function be turned on, and is entirely anonymized. People using the app are alerted only if they have been in close contact with someone within the past 2 weeks that has tested positive for COVID-19. More information can be found at : <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/covid-alert.html>
- If a traveller that has entered Canada within the past 14 days start to exhibit signs or symptoms of COVID-19 or test positive for COVID-19, Public Health Agency of Canada shall be notified at phac.quarantine-quarantaine.aspc@canada.ca immediately. Note that travellers who have signs or symptoms or test positive cannot board commercial flights until their 14 day isolation (from the onset of symptoms) is completed and they are not showing signs or symptoms of COVID-19.

Please note that all individuals travelling into Canada could be subject to a review of COVID-19 symptoms and temperature screening (anyone with a temperature over 38°C will result in immediate isolation) while arriving at Canadian airports.

All individuals shall stay informed and follow local public health advice during their stay in Canada.

While on the road during the Season, Members of the Club Travelling Party remain subject to the daily Monitoring Requirements set forth in Section L of the Protocol. No members of the Travelling Party shall travel if they have any of the symptoms noted in Section M of the Protocol, or have returned a positive or inconclusive test result immediately prior to travel.

Reporting to the Club:

Players who have not yet traveled to their Club city should make travel arrangements that will accommodate the necessary period of any required quarantine, and the administration of COVID-19 PCR testing, such that the Player's testing is completed prior to the start of 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.

When members of the Club Travelling Party (or other Club personnel, as applicable) travel by commercial airline to report to the Club, they shall endeavor to book flights on air carriers that employ state-of-the-art precautionary practices to mitigate the risk of COVID-19 transmissions, including, for example:

- Requiring all passengers to wear a mask except when eating or drinking;
- Limiting food and beverage services to reduce interactions with staff;
- Employing thorough and frequent cleaning and disinfecting practices with EPA or Health Canada approved hospital-grade disinfectants; and
- Utilizing distanced seating practices to block off booking of middle seats or in premium cabins, one person is booked per every two seats.

Other precautionary steps to consider include booking early morning flights; bringing sanitization wipes for contact surfaces; and minimizing getting in and out of your seat throughout the flight. Most airlines have made their COVID-19 protocols public and such protocols should be referenced prior to booking commercial travel.

Anyone reporting back to the Club's home market shall avoid carpooling together from one location to the Club's home city. To the extent carpooling occurs, post-travel quarantine for individuals involved shall be considered by the Club's medical staff.

Commuting:

Carpooling or taking public transportation to/from the Club facility (including ride shares and taxis) shall be avoided when commuting. For Players, if no alternative is feasible, the Club shall make arrangements to pick up and drop off the Player at their residence. Private car service is recommended. The driver shall wear a face covering at all times.

Particular consideration shall be paid to the following additional precautionary measures:

- Encouraging hand hygiene before and after entry/exit of the vehicle and avoiding contact with surfaces frequently touched by passengers or other drivers;
- Having members of the Club's Travelling Party handle their own personal bags and belongings during pick-up and drop-off;
- Avoiding, if possible, using the recirculated air option for the car's ventilation during passenger transport;
- Using the car's vents to bring in fresh outside air and/or open the vehicle windows; and
- Having members of the Club Travelling Party sit in the back seat.

Club Travel on the Road:

- Only Groups 1 and 2A personnel are permitted to travel with the Club.
- All members of the Club Travelling Party are expected to observe and to strictly comply with all applicable state/provincial and local travel restrictions where they are located, while en route, and at the planned destination.
- Clubs shall endeavor to travel in a controlled environment at all times.
- No internal or outside marketing, sponsorship, or other third parties are permitted to travel with the Clubs; only individuals in Groups 1 and 2A are permitted on the Club charter.
- Absent extenuating circumstances and permission from the League, members of the Travelling Party shall travel on Club-provided transportation between the Club's home city and other Club cities. In situations where members of the Club's Travelling Party require separate transportation from the group transportation, such travel shall be limited to private travel.
- Clubs shall ensure that members of the Travelling Party minimize time in crowded settings.
- Clubs shall provide masks, hand sanitizer and disinfectant wipes to all members of the Travelling Party, shall travel with additional supplies while on the road, and shall have on hand an adequate overall supply of these products prior to their first Club travel.
- All members of the Travelling Party are required to wear face coverings whenever travelling with the Club.
- All members of the Travelling Party shall frequently clean and/or disinfect their hands and high-touch surfaces they encounter in connection with Club Travel (e.g., when entering the Club hotel, Club facilities, planes and buses; luggage handles; hotel key cards; remote controls; phones; airplane seatbelts; trays on airplanes; etc.).
- Clubs shall ensure that all travel partners (hotels, airlines, buses) have adopted enhanced cleaning and disinfecting protocols, consistent with industry standard and best practices, which include, without limitation, frequent disinfecting of "high touch" facilities, rooms, surfaces, etc., with hospital-grade EPA List N disinfectants or Health Canada approved products, and regular disinfecting of non-

“high touch” areas with hospital grade EPA List N or Health Canada approved disinfectants. Disinfection shall occur before and after each usage by the Club.

- In addition to the requirements set forth in this Protocol, Clubs shall follow, and ensure their travel partners follow, applicable guidelines and regulations delineated by the PHAC, CDC and local/state health departments.

Air Travel

- Planes shall be configured to provide as much free space between passengers as possible so that members of the Travelling Party are staggered to maximize distance between individuals.
- Each member of the Travelling Party shall be assigned a specific seat on the Club flights, to be used for the duration of each road trip.
- Except to use lavatories, members of the Travelling Party shall remain seated for the duration of the flight.
- Whenever possible, Clubs should depart from or arrive into smaller private airports. If travelling through a public airport is unavoidable, Clubs should avoid using main terminal gates.
- Clubs should make every effort to screen for TSA compliance at the Club facility or arena, where possible, or planeside, as opposed to in a public terminal. Such screening shall be conducted in a manner that meets disinfection and physical distancing requirements.
- Members of the Club’s Travelling Party should hold their own documents and scan their own boarding pass or mobile device whenever possible.
- Flight attendants shall wear masks and gloves at all times and shall be the sole distributors of food items, which shall be individually wrapped and prepared.
- If possible, prior to the Travelling Party boarding the flight, flight attendants should place food items (snacks, prepackaged items, etc.), hand sanitizer, masks, gloves, etc. in each seat.
- In-flight catering, including distribution and clean-up of food and beverage, shall be as limited as possible (or eliminated altogether on short flights) to avoid touchpoints and interactions between flight attendants and members of the Travelling Party. Single-use utensils, napkins, plates, condiments, and hand wipes shall be provided for and disposed of after each meal.
 - As an alternative, Visiting Clubs can coordinate with Home Clubs grab and go post-game meals at the Home Club Facility, if suitable space exists at the Home Club Facility to allow for appropriate physical distancing and hygiene measures.
- Individuals on the flight should avoid eating and drinking at the same time as others in the row.

Hotels

- In each Club city, a single hotel will be designated for all visiting Clubs to use during road trips so that League standards for COVID-19 prevention can be consistently applied.

- While on Club travel, and except as permitted in this Protocol, the Club's Travelling Party shall not patronize or enter internal venues **other than** the designated hotel, the practice facility or the game arena. Individuals may walk around or exercise in outdoor space, so long as they are properly masked and distanced and not in a crowded environment. While outside, members of the Club Travelling Party shall not engage in close contact or interactions with individuals from the general public. In communities where COVID-19 rates are high or increasing, extra cautionary measures should be used and/or may be imposed.
- Whenever possible, windows shall be opened to increase fresh air flow in hotel rooms.
- Traveling teams must hold at least two (2) additional hotel rooms (with a checkout date later than the date upon which the Club is scheduled to depart the game city) in the game city until after they have boarded transportation for their home city and confirmed that no member of their Traveling Party has tested positive for or developed symptoms of COVID-19.
 - Anyone who receives a positive test result on the road and is subject to an in-hotel quarantine cannot leave their hotel room for any purpose, including to use common amenities such as the hotel gym, bar, or restaurants; no visitors are permitted; and meals and medications must be delivered to the room in a contactless manner.
 - If these situations arise, the visiting Club Medical staff shall direct the care of any such Member of the Club Travelling Party, in conjunction with the home Club's Medical staff and the local health authorities.
 - Clubs shall identify a designee of the Club Travelling Party who can stay in the visiting Team city to provide services to (e.g., deliver meals and medication to) an individual who tests positive, for the duration of their time in the visiting team city.

Distancing:

- Each member of the Club's Travelling Party will be required to stay in a single occupancy room, and no individual shall permit guests or other personnel in their room (with the exception of housekeeping or engineering staff, as needed, which services shall be provided while individuals are not present in the room).
- All members of the Club Travelling Party are required to stay at the Club hotel.
- Hotel meeting rooms shall be large enough to enable proper physical distancing.
- Clubs shall endeavor to arrange for rooming blocks within the hotel to ensure that the Travelling Party is isolated from other hotel guests to the greatest extent possible.
- Clubs shall also endeavor to arrange for access to a dedicated elevator to ensure that the Travelling Party is isolated from other hotel guests to the greatest extent possible.
- Use of the hotel fitness center, pool, sauna or other shared hotel facilities is prohibited during the Club's stay at the hotel.

- As a limited exception to this rule, the Club Travelling Party may use the hotel fitness center only in the following circumstances:
 - a. The Club Travelling Party's use is exclusive during a designated window of time;
 - b. The space shall be cleaned and disinfected immediately prior to use by the Club Travelling Team;
 - c. The Club Travelling Party shall adhere to face covering requirements, if imposed by the hotel due to local health authority regulations; and
 - d. The Club Travelling Party shall maintain the group size restrictions and distancing requirements as referenced in the Protocol (groups of no more than 10 individuals permitted at any one time).
 - Members of the Travelling Party shall avoid congregating in public areas of the hotel, including the lobby area and bar or restaurant space, if occupied by other guests.
 - Clubs shall make best efforts to arrange for a dedicated common area or lounge in the hotel for the exclusive use by Players. The common area or lounge should be in the vicinity of the Players' rooms and must be of sufficient size and equipped with seating so as to permit for social distancing by Players when present in the area. The Club shall ensure that the common area or lounge shall be equipped with a refrigerator and that it is stocked with single use snacks and beverages for consumption by the Players. Such space must adhere to local restrictions regarding capacity limits in the space, s.13
- s.13 All members of the Club's Travelling Party are reminded that face coverings are mandatory in this communal space.
- Check-in and Departure: Prior to arrival, Clubs shall arrange for check-in which eliminates in-person interaction between members of the Travelling Party and hotel personnel, to the extent possible. No member of the Travelling Party should visit the front desk upon departure. Check-out procedures, including key returns and the payment of incidentals shall be handled remotely (e.g., provide credit card number to pay incidentals, leave key in room or drop box).

Housekeeping:

- Housekeeping, room maintenance personnel, and other hotel staff are prohibited from entering Travelling Party members' individual rooms while occupied.
- Hotels shall ensure appropriate cleaning of individual rooms prior to the arrival of the Travelling Party, and thereafter, housekeeping in guest rooms will be provided every third day (if the Club's stay at the hotel is shorter than three days, housekeeping will not be provided).
- Hotels shall ensure that all staff who interact with the Travelling Party wear appropriate PPE during such interactions.¹

¹ <https://www.cdc.gov/niosh/docs/2012-151/pdfs/2012-151.pdf>

Equipment and Luggage:

- Members of the Travelling Party shall be responsible for their own luggage to avoid additional individuals handling the luggage.
- To the extent Club equipment or luggage must be stored on-site at the hotel, it shall be stored in a clean, secure location, and shall be disinfected prior to returning it to the Club.

Food and Beverage Service:

- Clubs shall arrange for a private meal room at each hotel, which shall be dedicated to members of the Travelling Party only, and which meal room shall be large enough to enable proper distancing (i.e., there is at least one empty seat between every two individuals). All individuals must comply with these requirements.
 - Modified buffet service shall be utilized, with food service by an attendant maintaining appropriate distancing, barriers, and using appropriate PPE shall be permitted when necessary. Self-serve buffet style dining is prohibited.
 - If Clubs provide meals on Game days, the reduction in per diem by one-half set forth in Section 19(b) shall apply; Club-supplied meals are only required to be provided on Game days.
- Members of the Club Travelling Party are not obligated to participate in the Club-organized dinners, and may also order hotel room service or other food directly to their individual rooms, or to the shared Club meal room, and may also use third-party food delivery services with contactless delivery, to a drop-off location in the lobby or entryway to the hotel s.13
 - To the extent possible, Clubs shall work with hotels to provide for physical barriers at the food drop off stations, such as plexiglass or gating.
- Provided that it is consistent with local health restrictions and that hotel policies permit, on trips exceeding three nights' duration Clubs shall arrange for one dinner to be catered externally by a local restaurant chosen after consultation with the Players. For trips exceeding six days' duration, the Club shall arrange for two such dinners during the trip.
 - If Clubs provide these meals on Game days, the reduction in per diem by one-half set forth in Section 19(b) shall apply; Club-supplied meals are only required to be provided on Game days.
- Except as otherwise provided for in this Protocol, Members of the Club Travelling Party are not permitted to leave the hotel to eat (or to purchase food) or otherwise to use any restaurants or bars (in hotel or otherwise) open to the public. Club Travelling Party members additionally are not permitted to pick up food from restaurants. These restrictions shall be reviewed and may be modified if the risk of exposure to COVID-19 in restaurants, bars or other establishments that are open to the public substantially decreases over the course of the Regular Season, as determined by the Parties and to the extent permitted by local governmental and/or health authority regulations.

- Each member of the Travelling Party shall be assigned a specific seat in Club meal rooms, and such seating/table assignments shall be used for the duration of each road trip.
- All beverages shall be provided in individual bottles, when possible.
- Automatic hand sanitizer stations shall be set up at the entrance of the meal room, as well as at various locations throughout the meal room.
- Kitchen and serving staff shall wear masks, gloves, hair and beard covers, aprons, etc.
- The Club shall ensure that menu offerings provided in Club-organized dinners can accommodate any dietary special requirements or restrictions of the members of the Club Travelling Party.
- The following provision shall come into effect no sooner than February 15, 2021 but, in any event, only upon the agreement of the Medical Consultant of the NHLPA and the Medical Director of the NHL after consulting with a Club's Infectious Diseases expert that the prevailing conditions in the applicable Club city are appropriate for its implementation:

Provided that it is consistent with any local regulations concerning dining indoors, Clubs will make arrangements with at least three local restaurants to host dinners for individual members of the Club Travelling Party. The restaurants shall be chosen after consultation with the Players and shall, to the extent practicable, include restaurants with outdoor dining facilities. If the restaurant does not have outdoor dining facilities, it must provide a separate dining room, or arrange for an area securely cordoned off from access to the general public. To the extent that it is feasible, all restaurants should offer wait and service staff dedicated solely to the members of the Club Travelling Party. The Club shall ensure that the facilities and service offered by the restaurant allows for appropriate social distancing and that the restaurant is otherwise compliant with the hygiene requirements set out elsewhere in this Protocol. Subject to availability, individual Members of the Club Travelling Party may choose to eat at these restaurants, and shall notify the Club of their intention to do so by no later than noon of the day of the dinner. No persons other than members of the Club Travelling Party may participate in such a dinner. The costs of such dinners shall be borne by the participating members of the Club Travelling Party. The Club shall ensure that touchless methods of payment are available so as make the handling of credit cards and payment devices unnecessary.

Elevator Usage

- As noted above, Clubs shall endeavor to arrange access to a designated elevator to the greatest extent possible.
- Elevators may be subject to specific capacity and distancing protocols, identified with floor markers. Use of stairs are preferred where possible to avoid close contacts.
- Other best practices should be adhered to when using elevators, including:
 - Not using fingers to press elevator buttons. Instead use knuckles or elbows.
 - Not entering crowded elevators (even if capacity limits are not mandated).
 - Not lingering or standing in a crowded elevator bank.

- Not talking to others while in the elevator.

Travel by Bus:

- Clubs shall provide at least two buses (each filled at no more than 50% capacity) for transfers from the airport to the hotel, the hotel to the arena and back, and the arena (or hotel) to the airport, so that members of the Travelling Party can adhere to physical distancing protocols.
- Each member of the Travelling Party shall be assigned a two-person seat on the Club buses, to be used for the duration of each road trip, to the extent the configuration of the buses allows for such consistency. Clubs shall work with bus companies in each market to block off seats not in use, to the extent possible.
- If the bus driver is not segregated by a physical barrier (e.g., plexiglass), seating for members of the Club Travelling Party shall begin at least six (6) feet behind the bus driver.
- Buses shall be configured to provide as many seats, rows and free space between passengers as possible.
- Members of the Travelling Party shall not eat or drink while on Club buses.
- Whenever possible, open windows to increase fresh air flow on the bus.
- Only members of the Travelling Party are permitted to travel on Club buses, and the buses shall be treated as Restricted Areas.
- The buses shall be cleaned and disinfected ahead of each time the Club Travelling Party re-boards the bus during trips.
- To the extent drivers park on-site and stay during the game, drivers shall follow strict physical distancing guidelines, and remain in private areas without interacting with other people, and shall adhere to the NHL/NHLPA Cleaning, Disinfecting and Hygiene Requirements and this Team Travel Protocol before the Travelling Party re-boards the bus.

NHL Draft 12.15.19.2020



2020/21 NHL SEASON COVID-19 PROTOCOL

This Protocol sets out the preventative measures applicable to the 2020/21 NHL Season (including Training Camp) which are intended to help protect against the contraction and spread of COVID-19, as well as procedures relating to the detection of infection and transmission of COVID-19. The measures set forth to detect COVID-19 are an important part of this Protocol. Strict adherence to preventative measures by all participants, including diligent hygiene and distancing practices, however, will be **crucial** to reduce the likelihood of the contraction and spread of infection in the first instance. The health of all individuals involved in the NHL's 2020/21 Season remains the League's top priority. The NHL and the NHLPA, working closely with their respective medical, epidemiological and infectious diseases experts, have agreed to the measures set forth in this Protocol, and the provisions of the Protocol have the force and effect of the parties' Collective Bargaining Agreement.

While comprehensive, the measures outlined in this Protocol cannot mitigate all risk. A range of clinical scenarios exists for those who contract COVID-19, from very mild to fatal outcome. COVID-19 generally adversely 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 Club personnel have family and household members who may fall into these vulnerable categories.

All individuals and Clubs involved in the NHL's 2020/21 Season are required to comply with this Protocol (and appended documents), as well as all applicable regulations, including additional restrictions (if any) that may be imposed by local, provincial/state, and federal health authorities. If the applicable local, provincial/state or federal regulations impose less stringent standards than are set forth in this Protocol, this Protocol will govern, unless expressly stated herein. As set out herein, established violations of, and/or lack of compliance with, this Protocol, will result in significant Club and individual sanctions, including potential forfeiture of games, fines and reimbursements of expenses, loss of draft choices, and/or ineligibility for participation in Training Activities (as defined herein).

NOTE: Anyone who has had a confirmed case of COVID-19 shall still adhere to all preventive measures in this protocol, including quarantine, distancing, masking, handwashing, etc. Since there are different strains of COVID-19, the specificity and duration of immunity is unknown. It is also unknown if those with immunity can transiently shed (and potentially infect others) if exposed, even if they do not develop infection/symptoms. As such, there is no "immunity passport" that will exempt anyone who has had COVID-19 from these measures. As described in further detail in the Positive Test Protocol (Attachment --), individuals in Groups 1 and 2A who have had a confirmed case of COVID-19 shall not be subject to the PCR testing requested herein for 90 days after initially testing positive.

Individuals who receive COVID-19 vaccination shall continue with the testing requirements and other preventative measures required in this Protocol.

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A. TRAINING CAMP MODIFICATIONS

During Training Camp, Players are permitted to engage in full team activities when on the ice. With respect to off-ice training activities, the Clubs shall schedule the Players to participate in workouts in the weight room in small groups of up to a maximum of ten (10) Players, for the purpose of preventing the spread of any infection or exposure that might occur outside that group and in order to facilitate contact tracing.

For the duration of Training Camp, Players shall remain in the same small group for off-ice training. The schedule must allow for sufficient time between sessions to allow for proper disinfection of training facilities and equipment. To the extent possible, and in connection with on-ice practices, Players should only access the locker room with their small group.

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 the preventative and other measures described below. All participants in the 2020/21 NHL Season will be assigned to a specific "Group" number based on their roles and responsibilities, on the one hand, and their need for access to "Restricted Areas", as detailed in Section C of this Protocol, on the other.

Fitness testing of Players by Clubs, whether on ice or off ice, during the 2020/21 NHL Season (including Training Camp) shall be conducted in accordance with the Fitness Testing standards issued by the NHL/NHLPA Fitness Testing Working Group (Attachment--). Special attention shall be paid to physical distancing of s.13 a minimum distance of 9 feet (3 meters) during all activities entailing physical exertion.

Clubs that are unable to allow access to Players in their facility as contemplated by this Protocol due to public health regulations shall notify the League at s.15 so we can work with your Club to determine whether alternative arrangements are appropriate or necessary. The League shall notify the NHLPA immediately upon receipt of such notice.

The provisions governing on-ice and off-ice activities in Training Camp similarly apply for Club/Player training activities during the NHL Season, and are hereafter referred to collectively as "Training Activities." The NHL and NHLPA agree to review these provisions before the conclusion of the Regular Season, and shall endeavor to reach agreement on provisions of the Protocol that are applicable to the Playoffs.

B. CLUB TRAVELLING PARTY

Each Club will be permitted to bring a maximum of 50 persons (Players and other Club staff in Groups 1 and 2A only) on team-related travel to NHL Season Games, inclusive of Players, Coaches, and all other Club personnel permitted to travel on the Club charter (the Club's "Travelling Party"). All Club travel shall be in accordance with the provisions of this Protocol and the 2020/21 Season Club Travel Protocol (see Attachment --).

C. PRACTICES FOR HOME AND VISITING TEAMS

Home teams must make available the game arena or their practice facility to visiting teams for practice. Visiting teams may not practice in other facilities owned or operated by third-parties.

Team practices are not permitted to be open to the public.

D. PREVENTATIVE MEASURES TO ADOPT AT THE CLUB AND WITHIN YOUR COMMUNITY

The situations that pose the greatest risk of infection are social gatherings and in-person interactions. It is critical for all individuals participating in the NHL's 2020/21 Season to adopt key preventative measures during their time away from the Club's facilities, in addition to the measures adopted while in the more controlled environment of the Club facility. Medical evidence suggests that participants in team sports have experienced significant transmission of COVID-19 arising out of in-person interactions in the workplace in the context of prolonged and not suitably distanced Club meetings in indoor spaces involving unmasked participants. Transmission of COVID-19 has also occurred during unmasked social interactions that have occurred outside of the workplace, including interactions involving teammates, family, and friends within the person's community, and most notably, while dining. It is, therefore, strongly recommended that all participants in the NHL's 2020-21 Season conduct themselves as follows while they are outside the facility and in the community:

- Stay at home s.13 to the greatest extent possible and s.13 do not engage in unnecessary interactions with non-family members. This includes:
 - Diligently wearing face coverings and physically distancing both inside and outside of the Club Facilities.
 - Avoiding social interactions where you are in close contact with non-family members; to the extent these gatherings are necessary, limit the size of the gathering, maintain distancing, try to stay outdoors, and all individuals must wear face coverings.
 - When in your home market, you s.13 avoid s.13 going to restaurants, bars, and clubs. COVID-19 transmission is suspected to occur in community interactions at restaurants and in bars, where patrons – including your own guests – are unmasked for extended periods of time to dine and consume beverages. Sitting outside at a restaurant is less risky but does not eliminate the possible person-to-person transmission of COVID-19.
- s.13
- s.13 Not engaging in dining, even if in a home, with others that are not in your household.
 - s.13 crowded situations, including parties or larger gatherings, and environments where significant numbers of individuals from the community may gather, including schools and shopping malls.
 - Avoiding the use of public transportation.
- s.13
- All promotional activities involving Players (including Player and Club sponsorships) shall be permitted only to the extent approved by the local health authorities, and in the case they are approved, limited to those with strict precautionary measures in place, including but not limited to, the following:
 - Strict adherence to physical distancing of more than six feet (2m) from any third party individuals;
 - All participants shall wear face coverings at all times, with the limited exception of short duration (1-2 minute) segments where the Player is speaking or skating;
 - Remote cameras and boom or remote microphones shall be utilized to the greatest extent possible;
 - All health screening measures as set for in this Protocol shall be adhered to; and
 - The Club Compliance Officer shall be present at all times to ensure compliance with the above preventative measures.

- As much as possible, those in closest contact with Players and Club personnel, such as a spouse, partner, children or other household members should also attempt to minimize their contact with individuals outside of their residence, so as to limit secondary exposure to Group 1 and 2A personnel (see Section E below).
- Adhere to any other personal precautions recommended by the CDC, Health Canada and/or the Public Health Agency of Canada ("PHAC"), as well as any additional direction that may be issued by your local health authority and/or Club Medical staff.

E. PARTICIPANT GROUPS

In this Protocol, all participants are assigned to "Groups" based on their roles and responsibilities, on the one hand, and, on the other hand, the level of their required access to: (a) Player areas (hereafter, "Restricted Areas"), which include without limitation, locker rooms, team benches, penalty benches, on-ice, training rooms, rehabilitation areas, exam/procedure rooms, weight rooms, hydrotherapy rooms, equipment rooms, coaches rooms, strength and conditioning areas, laundry rooms, dressing rooms, areas of ingress and egress into the Club Facilities (including to and from the parking area), General Managers' work spaces and seating areas, On-Ice Official rooms, Off-Ice Officials work spaces and seating areas, and the corridors and paths of travel connecting each of the foregoing (to the greatest extent practicable); and (b) other areas (hereafter "Non-Restricted Areas").

As a guiding principle, the greater the number of persons involved in each Club's Training Activities, the greater the risk of possible infection. In order to limit the possible exposure and risk of transmission, staff should be limited to the minimum number of people who are necessary and essential to carrying out the planned activities, and to have in-person interactions with Players. No other Club personnel should be involved in any Training Activities.

1. GROUP 1

Group 1 individuals include: (a) Players; and (b) other personnel whose job function requires them to have access to Restricted Areas, be in close proximity to Players on a frequent and extended basis, and who may be unable to maintain the use of face coverings and/or physical distancing at all times, as specified in the limited exceptions set forth in this Protocol (see Section J1 and J2). Efforts should be made to limit the number of individuals in Group 1 to essential personnel only.

Group 1 individuals include:

- Players
- Coaches, including Video Coaches
- Athletic Trainers (at least 2)
- Strength and Conditioning Coach(es)
- Equipment Managers (at least 2)
- Massage, chiropractic and other performance personnel
- Club Neuropsychologists (Training Camp and initial/follow-up evaluations only)
- Club's Physicians and dentists

In addition, the On-Ice Officials assigned to work NHL games will also be deemed Group 1 individuals and will have corresponding access to Restricted Areas in Game Facilities and will be similarly required to observe Protocol responsibilities and safeguards required for Group 1 individuals.

Absent extenuating circumstances, Group 1 individuals are prohibited from accessing Non-Restricted Areas.

2. GROUP 2

Group 2 consists of additional personnel whose job function requires them to have access to Restricted Areas, and further: (a) be in close proximity to Players and other Group 1 personnel, but on a less frequent and for shorter duration-basis than Group 1 personnel; and (b) who always maintain the use of face coverings and physical distancing. Group 2 personnel should also be limited to essential personnel only. Individuals in Group 2 will be tested (if applicable) in accordance with the Testing strategy outlined in Section L2.

Group 2A (Club) personnel may include:

- General Managers and Assistant General Managers
- Other necessary Hockey Operations Personnel
- Club Public Relations/Communications/Social Media Personnel (limit of 4 individuals at any one time)

s.13

- Club Transportation Personnel
- Club Travel Coordinators/Club Services Coordinator
- Club IT Support requiring access to Restricted Areas (e.g., during interviews, etc.)
- X-Ray Technician(s)
- Locker Room Attendants (if different from Club-engaged cleaning crews) (limit of 2 individuals per Club)²
- Security assigned to Restricted Areas
- COVID-19 Collection and Testing Personnel
- NHLPA personnel designated as "Player Contact Representatives"

• Group 2B (League) personnel may include:

- Off-Ice Officials and IT support (Arena Technical Managers and Coordinators)
- PESP Collection and Testing Personnel
- Certain Essential League personnel (e.g., League Executives, Events, Security, etc.)
- Officiating Managers

• Group 2C (Arena) personnel may include:

- Limited number of representatives of national and local rightsholders
- Security assigned to Restricted Areas
- Ice maintenance personnel (ice shovellers and ice resurface crew)
- Arena Staff whose essential duties require transient interaction with Group 1 individuals
- Ambulance crew for Players
- Facility Compliance Officer

Individuals in Group 2 should limit close contacts with Group 1 individuals to essential interactions only.

¹ Rules regarding Club broadcast personnel and national and local rightsholder representatives are set forth in Attachment --.

² Rules regarding locker room attendants and personnel involved in equipment transfers are set forth in Attachment --.

Absent extenuating circumstances, Group 2 individuals are strongly encouraged to avoid accessing any other areas within Club facilities, such as the Non-Restricted Areas frequented by Group 3 and 4 individuals. NHLPA Player Contact Representatives will be provided a dedicated suite s.13 (if possible; and if not, another dedicated space) for the purpose of viewing any games, practices, or training sessions, when inside the Club's facilities.

3. GROUP 3

Group 3 individuals must avoid contact with Group 1 and 2 individuals at all times. Group 3 consists of personnel whose job function requires them to have access to Non-Restricted Areas, and/or Restricted Areas – but as to Restricted Areas, only when Group 1 or 2 individuals are not present, except in emergency situations for “Emergency Service” personnel. Group 3 individuals shall always maintain the use of face coverings and physical distancing.

Group 3 personnel include, but are not limited to, the following individuals:

- Club Governors
- Club Business Executives such as Club Presidents
- Club Business staff not needing access to Players or those with access to close contact to the Players
- Game presentation personnel (not including ice maintenance shovelers referenced in Group 2(C)³)
- National, Local, and Club Broadcast Personnel (tv and radio)⁴
- Other Club Public Relations/Communications/Social Media Personnel
- Club Scouting Personnel
- NHLPA personnel not designated as Player Contact Representatives
- Fire marshall/police
- First Aid Services/Medical personnel for Non-Restricted Area individuals (e.g., Ambulance crew for fans)
- Food and Beverage Personnel (for Groups 1-3 individuals)
- Cleaning Staff for Restricted Areas, including benches

4. GROUP 4

Group 4 includes personnel who are never permitted in a Restricted Area or at Team practices, and are only permitted in Non-Restricted Areas. Group 4 individuals shall always maintain the use of face coverings and physical distancing.

- Retail Staff (fan store; kiosks)
- F&B Staff (concessions)
- Guest Services
- Equipment and product vendors
- Ticket Takers/Ushers
- Cleaning Staff for Non-Restricted Areas
- Security Staff for Non-Restricted Areas

³ Rules regarding the 2020/21 Game Presentation Policy are set forth in Attachment --.

⁴ Rules regarding Club broadcast personnel and national and local rightsholder representatives are set forth in Attachment --.

- Other Arena Staff
- Club Mascot
- Media*

s.13

- National and Local Photographers⁵
- Building maintenance
- Suite and Club Attendants
- Loading Dock Personnel; shipping and receiving
- Tech and IT Support Personnel not requiring access to Restricted Areas

*Subject to any local, provincial/state, and/or federal restrictions, Media shall be permitted to attend games and Club practices, but shall be subject to the restrictions listed in the 2020/21 Media Regulations (Attachment)

5. GROUP 5

Group 5 includes individuals who are only permitted in public access areas of the Arena for the purpose of attending Games, to the extent such public attendance is permitted by the local health authority. Group 5 individuals shall always maintain the use of face coverings and physical distancing.

- Fans
- Player Agents
- Player's Family Members and Guests

Group 5 individuals shall have no interactions with any individuals in Groups 1-3 while at the Club facility.

6. CREDENTIALS AND GROUP LISTS

Credentials shall be produced for all individuals in Groups 1-4. The League will provide a standardized credential for all individuals in Groups 1 and 2. Additional information will be provided in a separate communication regarding this process, and the requirements, and criteria for credentials for Groups 3 and 4.

The credentials must be worn around the neck, and exposed, at all times when in the Club facility (and for Club personnel, during travel for away games) other than when individuals are in their own hotel room or in game/practice play.

No one in Groups 1-4 shall be permitted into the Club facility without a credential.

7. CLUB INFECTIOUS DISEASE CONSULTANT

Each Club is required to retain an Infectious Disease Consultant ("Club ID Consultant"), defined as a medical doctor with specialty training and certification in infectious diseases. The Club ID Consultant shall be available to the Club on short notice to fulfill the responsibilities set out in this Protocol.

⁵ Rules regarding Images Personnel are set forth in Attachment --.

8. FACILITY COMPLIANCE OFFICER

Each Club is responsible for ensuring that a Facility Compliance Officer, who has management responsibility at the facility, who is familiar with and has authority to enforce policy, and who can oversee a team of facility personnel to ensure the responsibilities herein are accomplished, is appointed for each of: (i) the Club's practice facility (the "Practice Facility Compliance Officer"), and (ii) the Club's Game Arena (the "Game Arena Compliance Officer").⁶ The Facility Compliance Officers are responsible for ensuring compliance with all aspects of this Protocol at their respective facility. The Practice Facility Compliance Officer shall maintain a regular, full-time presence at the Club's facility when the Club is practicing and must be an individual who has management responsibility at the facility, who is familiar with and has authority to enforce policy. The Club's Game Arena Compliance Officer shall maintain a regular full-time presence at the Club's Game arena on days the Club is playing games, in addition to non-game days as necessary in order to fulfil the below responsibilities and must be an individual who has management responsibility at the arena, who is familiar with and has authority to enforce policy. The responsibilities of the Facility Compliance Officers include the following:

- **Credentials:** Ensure that credentials are issued, and assign necessary personnel to ensure that access restrictions are enforced in accordance with this Protocol. Establish processes to ensure that no one in Groups 1-4 is permitted access to the Club facility without a credential. Establish processes to ensure that Group Credentials are worn at all times (other than for Players, who will not be required to wear credentials during Games/Practice, or while in the locker room).
- **Signage Regarding Zones:** Ensure that there is sufficient and proper signage (including, but not limited to, floor and wall decals) showing delineation of access zones and which groups are permitted (or not permitted) access to each zone.
- **Access Restrictions:** Establish processes and assign necessary personnel to ensure that access restrictions to each Restricted Area and Non-Restricted Area is enforced by Security personnel who are physically present, and who check all individuals' credentials before allowing access. No individual shall be admitted access to a Restricted Area without the approval of Security personnel, who shall remain present at all times that any individuals are in, or require access to, such Restricted Areas.
- **Signage Regarding Hygiene:** Ensure there is sufficient and proper signage in all Restricted and Non-Restricted areas of the Club facilities to communicate information and Protocol requirements related to physical distancing, face coverings, and hand washing/sanitizing.
- **Proper Cleaning and Disinfecting:** Oversee administration of the cleaning and disinfecting requirements in this Protocol, including frequent communication with, and the provision of education to, facility cleaning personnel in respect of such requirements.
- **Cleaning Supplies:** Oversee procurement and distribution of hand sanitizer stations and disinfectant wipes throughout the Club Facilities (and ensuring that all relevant parties have such supplies in their working areas), and refilling such stations on an as needed basis.

⁶ One individual may serve in this role for both the Practice Facility and the Club's Game Arena, to the extent the individual has sufficient time to serve in both roles, as well as the appropriate access and enforcement capabilities at both locations.

- **Education:** Provide (or designate an appropriate designee to provide) education to all practice facility and arena personnel and contractors on the applicable provisions of this Protocol.
- **Circulation Paths:** Set up processes and assign necessary personnel to establish, and enforce compliance with, separate areas and circulation paths at the Club facility for each Group, to the extent possible, for:
 - ingress and egress
 - security screenings
 - medical and health screening

Examples include, but are not limited to: one-way directional walking paths; use of physical barriers to provide separation of (and buffers between) Restricted and Non-Restricted Areas and paths of travel that are shared between Restricted Area individuals and Non-Restricted Area individuals; provide distancing markers along pathways; limit capacity and use capacity signage in elevators; and place hand sanitizer stands (touchless if possible) throughout the circulation paths.

- **Shared Facilities:** Establishing processes to ensure compliance with the obligations imposed on facilities that share their space with the public and/or other organizations (if applicable), as set forth in Section F of this Protocol.
- **Screening:** Establish and execute processes to screen Groups 2B (non-Club staff) individuals via electronic means or otherwise (and secondary screening and isolation area, as well as exit pathways, if needed) for individuals providing services at the arena, or otherwise entering the Club Practice Facility or Game Arena, as set forth in Section L. The FCO shall ensure compliance with the requirement that any individuals who answer in the affirmative to the exposure questions as set forth in Section L(2) are not permitted entry to the Club Facilities.

Regularly check compliance with all of these requirements. It is recommended that each Facility Compliance Officer utilize a team of personnel to help ensure compliance with the above aspects of the Protocol.

Each Facility Compliance Officer shall, on a weekly basis, prepare a report certifying if each of the foregoing requirements has been satisfied. Additional reports shall be provided detailing the circumstances of any non-compliance with these requirements immediately. A copy of the reports shall be provided to the League §.15 and to the NHLPA §.15. All reports must be signed by the Facility Compliance Officer. The forms to be used for these submissions are in Attachment --.

The Facility Compliance Officer(s) shall receive Group 2(c) status.

9. CLUB COMPLIANCE OFFICER

Each Club shall appoint a Club Compliance Officer, who will be responsible for monitoring and enforcing the Club's compliance with the following aspects of the Protocol:

- Players and all other Club Personnel received the required PCR testing;
- Players and all other Club Personnel completed their daily symptom screening and temperature checks;

- Players and all other Club Personnel wore face coverings properly and at all times required, and were physically distanced in all required situations;
- Personnel in Groups 1 and 2A did not have in-person interactions while in the Club facilities with personnel in Groups 3, 4 or 5, while at home or on the road; and
- Overseeing and approving potential dining excursions as described in the Travel Protocol.

The Club Compliance Officer must be a senior member of the Club's Traveling Party (the individual is required to accompany the Club during Club travel) with compliance experience. This role can be filled by a full-time employee of the Club who has the authority and scope of responsibilities to enforce these requirements, including but not limited to an Athletic Trainer or Team Services personnel. This role is similar to the role the Club Compliance Officer served during Phase 4 of the NHL's Return to Play in 2019/20.

Each Club's Compliance Officer shall certify, in writing, on a weekly basis that all members of the Club have remained compliant with all necessary aspects of the Protocol. In the event that any member of the Club's Traveling Party is not compliant with one or more aspects of the Protocol, the Club's Compliance Officer shall report such noncompliance and provide details on how and by when the noncompliance will be remedied. A copy of the reports shall be provided to the League ^{s.15} and to the NHLPA ^{s.15}. The forms in Attachment -- shall be used for these purposes.

10. CLUB CONTACT TRACING OFFICER

A member of each Club shall be designated as the Club Contact Tracing Officer, responsible for managing the Club's contact tracing process (further described in the Positive Test Protocol for Club Personnel, Attachment --). The Club Contact Tracing Officer will require dedicated and possibly extensive time commitment in the case of single or multiple positive COVID-19 tests within a Club. This role requires a variety of interpersonal skills and may be best suited for an individual with prior investigative experience, attention to detail, and discretion with respect to potentially confidential information, such as a member of the Club's legal staff.

- This role shall include:
 - Designating and training a team of personnel to conduct contact tracing at the Club;
 - Coordinating with any third party contact tracing service providers retained to assist the Club;
 - Communicating with the League office regarding Club contact tracing and follow-up; and
 - Coordinating the Club's relationship with and reporting to local health authorities in respect of contact tracing.
- Club Contact Tracing Officers shall complete an online contact tracing course resulting in certification of competency with contact tracing (e.g., Association of State and Territorial Health Officials or Johns Hopkins University, and review relevant CDC resources, which also provide information on available courses as well as additional information).
 - This course must be completed prior to the opening of the Club's Training Camp in order for the Club Contact Tracing Officer to serve in this role.

- All other individuals at the Club tasked with contact tracing shall complete such a course as well.

F. SHARED FACILITIES

Facilities that Clubs share with either the public and/or other organizations must comply with certain requirements as set out in this Protocol.

Group 1 and 2 individuals shall not occupy the same areas of Club Facilities at the same time as members of the public and/or any other organizations (youth teams, college teams, etc.).

The NHL's Cleaning & Disinfecting Requirements shall be complied with prior to a Club's use of any such areas.

G. TRAVEL, QUARANTINE, AND TRAINING CAMP REQUIREMENTS

1. TRAVEL

All travel in connection with the 2020/21 NHL Season, including returning to the Club's home market ahead of Training Camp, shall be pursuant to, and in accordance with, the provisions of this Protocol and the 2020/21 Season Travel Protocol (Attachment --).

When on the road, individuals in the Club's Travelling Party shall adhere to the local public health regulations of the market being visited, which may be more stringent.

2. QUARANTINE REQUIREMENTS

All Players (and other members of Groups 1 and 2A) reporting to the Club's home market for Training Camp and the Regular Season, including Players on the Club's Reserve List throughout the Season. For clarity, this includes Player recalls, trades, and/or Player signings, or other permitted categories of Players as agreed to in the Transition Rules.

A quarantine requires the following:

- Staying at home (or in place on the road);
 - The individual may not leave their home or hotel room for any purpose, including, if at a hotel, to use common amenities such as the hotel gym, bar, or restaurants; no visitors are permitted; and meals and medications must be delivered to the individual's home or hotel room in a contactless manner.
- Monitoring yourself for symptoms (see Section M);
- Avoiding contact with other people;
- Arranging access to needed supplies such as groceries; and
- Avoid using fever-reducing medications (e.g., acetaminophen, ibuprofen) as much as possible

LOCAL HEALTH AUTHORITY/FEDERAL QUARANTINE

Prior to Training Camp, Players and other members of Groups 1 and 2A (see Section E) traveling back to their Club's home city may be required to serve up to a 14-day self-quarantine if imposed by the local or federal

health authorities, regardless of their mode of travel (private or charter travel) and whether or not they travelled from a high-risk environment⁷.

NHL s.13

QUARANTINE

Under this Protocol, even if not imposed by the local or federal health authorities, if individuals ~~return~~ report to the Club's home city s.13 from outside of the s.13 province (regardless of method of travel), they are required to serve a 7-day self-quarantine period with a PCR testing regimen on days 1, 3, 5 and 7, with results available on day 8.

A Player can report on day 8 for his medical evaluation if:

- all such tests are negative;
- the Player remains asymptomatic and afebrile; and
- the Club ID Consultant agrees with the determination.

Pending medical clearance, the Player can then start training in Club Facilities.

If Clubs can demonstrate that travel has been under three (3) hours, in an individual's own vehicle with no stops, Clubs may seek a limited exception to the above stated mandatory quarantine by seeking approval from the NHL Chief Medical Officer, Dr. Willem Meeuwisse s.15 who will consult with the NHLPA. Consideration shall be given to whether the individual may separately meet the standard for a High-Risk Environment Quarantine.

The 7-day quarantine and testing regimen is the minimum requirement if an individual is subject to this NHL-imposed quarantine (even if the local or federal jurisdiction would allow for a shorter quarantine).

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In addition, Club Physicians have discretion to impose a 7-day quarantine on individuals s.13

s.13

s.13 reporting or returning to the Club's home city from a "high-risk environment". During this assessment, Club Physicians must evaluate certain key considerations based on a discussion regarding the individual's exposure and travel history. Key factors in this consideration include rates and trends of community transmission, preventative measures taken by the individual and the individual's household members (or lack thereof), as well as whether individuals left the Club market for personal travel and are then returning to the Club market. In making this determination, Club Physicians must consider whether the individual's circumstances place them at a substantially greater risk of exposure to COVID-19 than other individuals.

OPTIONAL "WORK QUARANTINE" POTENTIALLY AFTER DAY 7

Certain jurisdictions have allowed a "work quarantine" where the local or federal authorities have given permission for Players to serve a mandated 14-day quarantine period in a manner that permits Players to

⁷ This risk assessment does not apply to situations where an individual is traveling into Canada or another jurisdiction (state/provincial/local) where a mandatory quarantine is already in place (See, e.g., Local Health Authority/Federal Quarantine).

attend at the Club facility under restricted conditions during the quarantine itself. For example, if a local community requires a 14-day quarantine, the Club could propose to the local health authorities the NHL's mandatory 7-day testing regimen as noted above, followed by 7 days of Players being able to utilize the Club facilities on a restricted basis, in order to complete the jurisdiction's required 14-day quarantine. To the extent they have not already done so, Clubs should consult with their local health authorities to discuss if accommodations of this nature are acceptable and exercise best efforts to obtain authorization from the authorities to implement a work quarantine. If Clubs utilize this approach, Players who are using the facility and still in the midst of their quarantine shall not interact with any other individuals (Group 1 or 2 individuals) who are not in a similar cohort and shall comply with any other conditions that may be set out by the local authorities.

3. ACCOMMODATIONS, TRAVEL AND PER DIEM DURING TRAINING CAMP

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 Training Camp. 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 Training Camp. The accommodations must be of the same high quality provided to Players during the NHL Season and shall satisfy the hygiene, distancing, cleaning and disinfecting requirements set forth in the Travel Protocol.

All Players attending Training Camp shall be paid the same per diem allowances provided in Section 15.2 of the CBA as modified by the Transition Rules, including for the period of any required quarantine.

Players' travel expenses relating to their travel to the Club City to attend training camp shall be reimbursed pursuant to the provisions of Article 15 of the §.13 :CBA as modified by the Transition Rules, including Players who may travel (or, may have already travelled) to the Club City for the purpose of participating in Off Season Training at the Club Facility.

H. EDUCATION AND SAFETY INFORMATION

1. EDUCATIONAL MEETING

Prior to the start of Training Camp, the Club's Medical Director and Head Athletic Trainer shall conduct a remote educational meeting for all members of the Club who are in Groups 1-2A (and with respect to Players, all Players who are under contract to the Club) in order to provide education on

- the 2020/21 NHL Season COVID-19 Protocol,
- the potential risks associated with involvement in Training Camp and the 2020/21 NHL Season,
- the obligations of Players and Club personnel to comply with the provisions of this Protocol, and

to provide an opportunity for everyone to ask questions regarding the current situation.

The Facility Compliance Officer(s) are responsible for providing educational training similar to the above prior to the start of the 2020/21 season to: practice facility staff, arena staff, and local rightsholders, and shall certify to the League s.15 and to the NHLPA §.15 that such education has been provided to all relevant groups.

The League shall provide such education to all League Staff, On-ice Officials, Off-Ice Officials and national rightsholders.

Individuals in Groups 3 and 4 shall be provided with this Protocol and other such related documents to inform and educate them on their access restrictions and allowances.

The League will provide a template PowerPoint to be used during these education sessions. The above educational content will be developed in consultation with the NHLPA.

The Clubs shall use the attached certification form (see Attachment --), which shall be signed by all members of Groups 1-2A at the Club certifying that they have each participated in the educational session.

2. SIGNAGE

Signs providing reminders of health and safety protocols shall be posted throughout the Club facilities (practice facility and game arena), such as signage related to face coverings, physical distancing, best practices for hand and respiratory hygiene, and identification of COVID-19 symptoms.

In addition, teams must post warnings at all entrances to Club facilities and throughout the facilities regarding the risks of COVID-19. (See sample signage, Attachment --).

I. MEDICAL STAFF AND EVALUATIONS FOR CLUBS

1. PRE-PARTICIPATION MEDICAL EVALUATION (PPME)

All Players must undergo a Pre-Participation Medical Examination (PPME) prior to participating in any Training Camp activities, after which the Club doctor will issue an Exhibit 25A medical clearance if the Player is "fit to play". Medical histories may be submitted by Players electronically via AHMS, in advance of the PPME in-person evaluation in order to reduce the in-person time needed during a PPME with Players. Further, a Club Physician may determine it unnecessary to conduct an in-person examination for the purposes of a medical clearance and for the issuance of the form Exhibit 25-A, and may instead conduct the examination virtually/electronically. The administration of an ECG, however, must be conducted in person.

Players who have tested positive for COVID-19 and have not yet had their post-COVID cardiac screen with ECG, echo and high-sensitivity troponin (see footnote 6), should endeavor to have such testing prior to coming to Training Camp. The provision of these materials, however, does not replace the requirement for Players to undergo a PPME (including ECG) at the start of Training Camp.

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), if applicable. Members of Groups 1 and 2A 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 may conduct early pre-season medical testing on Players who are available on a voluntary basis beginning seven (7) days prior to the first day of their Training Camp start date (after they have served any applicable quarantine period). 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. PPME examinations may be conducted on the first and second day of Training Camp, to accommodate limitations on the number of individuals at the facility at any one time. However, no Player shall engage in on-ice or off-ice training activity until he has undergone a PPME.

An evaluation of Group 1 and 2A personnel shall also be conducted (and at each Club's discretion, this may also be conducted on Group 3 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
- ECG⁸
- 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.

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

- Eye examination
- Dental examination
- Lab and other investigations

Players who, after consultation with the Club doctor who conducted the PPME, and the Club ID Consultant, 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 due to a hockey related injury and shall not be permitted to participate until the risk of contracting COVID-19 is substantially reduced (e.g., widespread vaccination availability and effectiveness). A Player may initiate a Second Opinion concerning his fitness to play status pursuant to Paragraph 5 of his Standard Player's Contract.

2. NEUROPSYCHOLOGICAL BASELINE TESTING

Concussion baseline testing shall be performed in accordance with the NHL/NHLPA Concussion Evaluation and Management Protocol (Medical Handbook 3.1) (Attachment --), as modified below:

- SCAT5 App and ImPACT: New Players, and any Players who have suffered a concussion after their most recent baseline prior to the start of the 2019/20 season, shall be administered these baseline tests. For all other Players, to reduce potential COVID-19 exposure and to support distancing and facility capacity limitations, these baseline tests shall not be administered (unless the prior baseline was deemed invalid).
- Paper and Pencil Testing: Consistent with the NHL/NHLPA Concussion Evaluation and Management Protocol applicable for 2020/21, Players who have been diagnosed with a concussion following the start of the 2019/20 season shall have paper and pencil testing administered by the Club's consulting neuropsychologist.

PPE:

⁸ Anyone confirmed or suspected of having had COVID-19 shall have further investigation with echocardiography and high sensitivity troponin (hsTn) and, at the discretion of the Club physician(s), consultation with a cardiologist.

All Players, neuropsychologists, athletic trainers, and technicians are required to wear face coverings properly during neuropsychological test administration.

PHYSICAL DISTANCING

Special consideration must be given to provide proper physical distancing during neuropsychological testing. Group testing can be conducted with a maximum of 5 players at a time while keeping a minimum of 6 feet separation (or preferably more).

CLEANING/DISINFECTING OF EQUIPMENT

Computers, tablets, chairs, tables, pencils and other equipment must be disinfected with an approved cleaning agent after each Player has been tested.

HAND HYGIENE

Players, neuropsychologists, athletic trainers, and technicians must wash their hands or use an approved alcohol-based disinfectant prior to and following neuropsychological testing.

DESIGNATE AND COORDINATE WITH YOUR BACK-UP NEUROPSYCHOLOGIST

Clubs must provide education to the back-up neuropsychologists about all relevant aspects of this COVID-19 Protocol, including, but not limited to, specific considerations related to neuropsychological testing procedures.

3. MENTAL HEALTH AND WELLNESS

Given recognition of the mental health stresses associated with the COVID-19 pandemic, Players and Club staff shall also be reminded of, and encouraged to access, the SABH and other mental health and wellness resources available to them.

4. ADDITIONAL MEDICAL CARE AND TREATMENT FOR PLAYERS

s.13 Players are only permitted to s.13 -utilize third-party wellness services providers s.13 [physiotherapists, athletic therapists, chiropractors, massage therapists, acupuncturists and ART/MAT therapists, hereinafter, collectively, the "therapists") s.13

1. are licensed/regulated professionals in good standing with their regulatory body,
2. have infection control measure requirements set by their professional body, including, but not limited to, appropriately cleaning and disinfecting therapy space before use by any Player, and wearing, at all times, personal protective equipment by the therapist and the Player (specifically, face coverings).
3. receive a negative COVID-19 test result within twenty-four (24) hours of treatment for the Players.

- a. The Club may help to facilitate any such testing; however, all costs for testing shall be borne by the Player or the third party provider.

All other third party provider services s.13, whether paid for by s.13 the Club or the Player, are prohibited s.13

J. PHYSICAL DISTANCING, FACE COVERINGS, AND OTHER SAFETY MEASURES IN THE PRACTICE FACILITY AND GAME ARENA

The following measures have been adopted to limit possible exposure to persons who are infected by COVID-19. These measures will be in effect throughout the 2020/21 NHL Season (including Training Camp). Please note that the following requirements denote the minimum standard Clubs must abide by. A Club, or any Player or member of the Club's staff, may follow more stringent safety precautions while in the Club facilities should they choose to do so. Such Clubs shall notify the League (s.15) and the NHLPA (s.15) of the introduction of policies that exceed the standards set forth herein.

The following measures apply to all individuals at the Club's practice and game facilities, including individuals in Groups 1-5.

1. PHYSICAL DISTANCING

All individuals shall maintain 6-foot physical distance ("physical distancing") from each other at all times while in, and outside of, the Clubs' facilities. For Club individuals, this includes, but is not limited to:

- While exercising (except on the ice) – during indoor exercise a minimum distance of 9 feet (3 meters) is recommended.
- s.13 Meetings shall be conducted virtually, to the greatest extent possible.
 - When in-person meetings are necessary, including coaches meetings, staff-only meetings, and meetings with Players, they shall be conducted with strict physical distancing in place.
- Club personnel (including Players) are discouraged from socializing with one another in close contact while at (and outside of) the Club's facilities
 - Any socializing that does occur shall be done in a distanced manner, while wearing face coverings.
- During Club travel, including while eating Club meals, as set forth in the Travel Protocol.

Exceptions to physical distancing restrictions for Club personnel (including Players) while in the Club facilities are limited to the following:

- 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). It is emphasized that both the player/patient and the medical provider must comply with the other requirements for use of personal protective equipment, and specifically must wear a face covering, for the entire encounter.
- 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 during practice unless it is an essential part of the practice or drill.
- Game play.

2. USE OF FACE COVERINGS

In addition to maintaining physical distancing from one another, and except where expressly permitted in this Protocol, **face coverings (cloth or surgical type mask) shall be properly worn at all times that individuals are in the Club facility or otherwise interacting with one another.** Any Club individuals who have difficulty breathing while wearing a mask or who otherwise believe they cannot comply with this requirement should contact their Club Medical Director so that alternate arrangements can be made; similarly, arena staff who have difficulty breathing while wearing a mask or who otherwise believes they cannot comply with this requirement shall promptly contact the Human Resources personnel at the Arena. Other individuals in Groups 1-5 shall contact the Facility Compliance Officer ("FCO"), who shall coordinate with appropriate Human Resources personnel, to respond to individual scenarios. Contact information for the FCO and relevant Human Resources personnel shall be appropriately posted in key areas throughout the venue (e.g., break rooms, venue entryways, etc.).

- Face coverings shall completely cover the mouth and nose, fit snugly against the sides of the face, and shall be secured under the chin.

s.13

- Acceptable face coverings include medical grade masks or 3-layer cloth coverings (or at least two cloth layers with a filter).
- Gaiters are not permitted to function as face coverings.
- Bandanas are not permitted to function as face coverings.
- Use of a face shield does not eliminate the requirement to wear a face covering underneath.
- Face coverings with exhalation valves or vents are prohibited.

With respect to Club individuals, all participants at any Club meeting held in-person, including coaches meetings or staff-only meetings, shall wear a face covering.

Except as may be required by applicable law, the only exceptions to this requirement are as set forth below (to the extent not otherwise required by local health authorities):

- Players are not required to wear face coverings when they are exercising or while on the ice. They are not required to wear face coverings during interviews with permitted Group 2 media, communications and/or social media personnel, provided such interviews are performed with appropriate physical distancing;
- Coaches are not required to wear a face s.13 covering at all times (including on the bench) except when s.13 engaging ins.13 physical exertion on the ice s.13 s.13 and
- When eating and/or drinking (so long as appropriate physical distancing is maintained at all times). However, even if face coverings may be removed, Club personnel remain subject to the distancing provisions in the Food, Beverage and Supplement Policy, below, and the Travel Protocol.

3. SAFETY PRECAUTIONS

All individuals shall follow the following safety precautions:

- Wash hands frequently with soap and water for at least 20 seconds (sing "Happy Birthday" twice), or, if soap and water are not readily available, use an alcohol-based hand sanitizer, as follows:

- Wash or disinfect hands before and after eating or drinking.
- Wash or disinfect hands and face after touching possibly contaminated surfaces (such as high-touch areas like elevator buttons, countertops, door handles, water coolers, etc.).
- Use disinfectant wipes on items that may have been touched by others (such as pieces of luggage, chairs, office equipment, menus, etc.).
- Avoid touching your eyes, nose, and mouth, including adjusting your mask/face covering while wearing it.
- Avoid close contact with people who are sick or appear symptomatic.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands with soap or use alcohol-based sanitizer. If you do not have a tissue, cough or sneeze into your elbow, not your hands, and then wash your hands with soap or use alcohol-based sanitizer.
- Minimize handshakes, high fives and fist bumps.

Additional safety precautions can be found on the CDC and PHAC websites.

- [PHAC Awareness Resource](#)
- [CDC COVID-19 Resources](#)

Hand sanitizer and disinfectant must be procured and made readily available throughout the Club practice and arena facility, as well as in connection with Club travel.

4. USE OF GLOVES BY CLUB PERSONNEL AND OTHER GAME-RELATED STAFF

Glove use is not a replacement for hand hygiene practices such as hand washing, use of approved alcohol-based sanitizer and avoiding touching of one's face.

Gloves should be discarded after each use, and after your face is touched. Hands and face should be washed when changing gloves.

Glove use is required in the following circumstances:

- All Club game staff and Club 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.
- Off-Ice Officials while working in the penalty box during games shall wear gloves (and a face covering) when handling Player Aquafina or Gatorade bottles and towels.
- Glove use by training staff for other purposes, such as prevention of blood borne pathogens through universal precautions, shall continue.
- Cleaning and disinfecting staffs, including staff designated for between period bench cleanings and locker room cleaning and disinfecting.
- CDT testing personnel during drug testing collections.
- Test collection personnel during COVID-19 testing.
- Dressing room attendants at all times when handling laundry, equipment or doing cleaning.

Glove use by other facility/arena personnel, including, but not limited to, retail operations and food & beverage shall follow local health authority regulations.

5. PLAYER USE OF TUBS/SAUNAS/STEAM ROOMS

- Use of hot and cold tubs **is permitted**, but the following conditions apply:

- They must be well maintained to keep bleach/bromine concentration at appropriate levels; and
- Physical distancing of 6 feet must be maintained at all times, whether by spacing of the tubs, or the Players within larger tubs.
- Saunas and steam rooms remain **prohibited**.

6. WORKOUT GEAR AND LAUNDRY

- See Cleaning and Disinfecting Requirements (Attachment --).

7. RELIEF GELS/BALMS/CREAMS/STICKS

- Use of common (i.e. shared) creams, gels, balms, and sticks are prohibited.
- Players shall be provided with individual cream/gel/balm/stick products for use at the Club Facilities.

8. SHOWERING

- Given the importance of personal hygiene in infection control, Players are encouraged to shower in the Club Facilities after workouts and games, provided that distancing can be maintained. If they prefer, Players can choose to shower at home.
- Players shall not share towels, toiletries, or any personal items.
- Players must wear their own footwear at all times, including in the shower stalls.

9. PARKING

- Group 1 and 2 individuals may not valet park their cars at the Clubs' facilities. Each individual shall park their own cars in parking areas designated for Restricted Area personnel.

10. FAMILY LOUNGES AND SEATING

- To the extent permitted by local regulations, Clubs shall arrange for arena seating areas for Players' s.13 families) which are separate from other patron seating areas.
- s.13 -Player families may sit together in a "pod" of seats. Each Player's guests shall be physically distanced from s.13 each other-s.13
- Family lounges or other areas where Players' guests could or would otherwise congregate in groups are not permitted.
- Players' guests are subject to the same Monitoring Requirements as other individuals at the Club facilities.
- Pre- and post-game interactions between Players and their guests at the Club facilities is not permitted, given their disparate access restrictions.

K. FOOD, BEVERAGES, AND SUPPLEMENTS AT THE CLUB FACILITY

The following rules are in place regarding food, beverage, and supplement consumption at Club facilities for Club personnel in Restricted Areas:

- Home Clubs may provide recovery meals or post-game nutrition to Group 1 individuals, in accordance with the following:
 - Such meals must be provided within the Restricted Areas, in rooms that shall be dedicated to such individuals only.
 - During team meals, individuals may remove face coverings only while eating or drinking (and must put them back on as soon as eating or drinking is concluded) so long as distancing is maintained (i.e., there is at least one empty seat between every two individuals). Meal rooms shall be large enough to enable proper physical distancing, and such individuals must comply with these distancing requirements.
 - 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 be consumed at the Club's facility, or may be taken home and consumed at the Player's residence.
 - All beverages shall be provided in individual bottles, whenever possible.
 - Kitchen staff preparing the food and staff delivering the meals shall wear masks, gloves, hair and beard covers, aprons, etc.
- Automatic hand sanitizer stations shall be set up at the entrance of the meal room, as well as stationed at various locations throughout the meal room. Individuals should sanitize their hands before and after eating or drinking in the designated meal room.
- Use of water bottles during practice and game play shall remain covered by the requirements set forth in the Cleaning and Disinfecting Requirements.
- Procedures relating to the provision of food and beverages during Club travel are set forth in the Travel Protocol, including that during team meals, individuals may remove face coverings while eating so long as social distancing is maintained.
- Supplements may not be provided in common containers; scoops shared by individuals are prohibited. Supplements can be provided as follows:
 - In single-dispense packs.
 - Use of a common "tub" or container to be permitted when one individual accesses and dispenses from the tub/container, such as a strength & conditioning coach or other member of the Club's training staff.
 - Larger tubs may also be assigned to individual Players, labeled by name and number, and each such Player shall access and dispense from his own tub.
- For specific guidance on food and beverage for fans, please see the Guest Experience attachment (Attachment --).

L. MONITORING REQUIREMENTS

Monitoring and testing by their nature are for the purpose of early detection of infection and are not replacements for the hygiene, distancing and cleaning methods outlined in this Protocol that can help prevent infection in the first instance.

The below provisions regarding screening and testing are applicable to all Club personnel, including Players, in Groups 1 and 2(A).

1. SYMPTOM AND TEMPERATURE CHECKS

CLUB PERSONNEL IN GROUPS 1 AND 2A

Each Club is required to use the EDGE 10 symptom and temperature monitoring application to record symptoms and conduct temperature self-checks on a daily basis for all Group 1 and 2(A) Club individuals (including Players), and shall provide access to the centralized dashboard of responses only to Club Medical Personnel.

Club individuals in Groups 1 and 2(A), including Players, shall self-administer such checks at their homes (or hotel) 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 other Club personnel that are subject to these requirements. See Attachment -- and Section M (Symptomatic Individuals and Positive Test Handling), below, which sets forth processes if Players or Club personnel develop symptoms, report a temperature $>100.4^{\circ}\text{F}$ or $>38^{\circ}\text{C}$, 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 each Club Facilities before any members of Groups 1 and 2(A) shall be allowed to enter. No one shall be permitted to enter the Club Facilities who has any COVID-19 symptoms, or a temperature $>100.4^{\circ}\text{F}$ or $>38^{\circ}\text{C}$, without first being examined by Club Medical Staff, who may ultimately determine that such symptoms are attributable to other causes. Temperature checks shall be conducted using a non-contact infrared thermometer. Any abnormal result using the non-contact infrared thermometer must be followed up with a confirmatory check using a tympanic membrane or hospital-grade oral thermometer. 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.

OTHER INDIVIDUALS IN GROUPS 2(B)-5

A process shall be implemented, via electronic means or otherwise, with respect to the screening (and secondary screening and isolation area, as well as exit pathways, if needed) of the other individuals in Groups 2(B)-5 who will be providing services at, or otherwise entering, the Club Practice Facility or the Club Game Arena. Such screening shall comply with applicable local and federal regulations, including, at a minimum, certification that each such individual, and their household members and close contacts:

- Are not newly experiencing any symptoms associated with COVID-19;
- Have not been diagnosed with COVID-19 in the past 14 days; and
- To their knowledge, have not been exposed to COVID-19 in the past 14 days.

Individuals answering yes to any of the above questions shall not be permitted to enter the Club Facilities. Depending on local restrictions (such as a travel quarantine in place), Clubs may seek to include additional screening questions related to recent travel to other States and/or Countries. The Club is responsible for establishing and executing such processes for all Club staff; the Facility Compliance Officer is responsible for establishing and executing such processes for all other individuals. To the extent the screening occurs

on site (as opposed to prior to arrival via an app or other certification process), this process shall ensure for appropriate distancing between individuals in the queue for screening, including proper signage and security to facilitate education and compliance.

2. TESTING

CLUB PERSONNEL (GROUP 1 AND GROUP 2A)

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 Protocol that can help prevent infection in the first instance.

The below provisions set forth the testing requirements applicable to Club personnel, including Players, in Groups 1 and 2A.

RT-PCR TESTING

In order to detect active or recent infection, laboratory-based RT-PCR testing⁹ shall be administered to all Players and Club personnel in Groups 1 and 2A (see Section E). The testing shall be administered:

- Forty-eight (48) hours prior to any person's initial return to Club s.13 Facilities, and, thereafter, s.13 on a daily basis, s.13 s.13 Daily testing shall be s.13 in effect for s.13 s.13 s.13 duration of s.13 s.13 Training Camp and for the first four (4) weeks of the NHL Regular Season. s.13 s.13

⁹ This RT-PCR testing can be done with one patient's swab per test, or can employ "pooling" if approved by the laboratory doing the testing. Pooled testing is a diagnostic strategy wherein a laboratory will combine respiratory specimens from multiple people and conduct one microbiological test on the combined pool of samples to identify SARS-CoV-2. This strategy is used to decrease the use of materials and costs. Pooled testing can only be performed in CLIA-certified laboratories using a testing platform that has received FDA EUA specifically for pooling. To date, 10 test strategies have been approved for pooled testing (<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>).

s.13

Parties can re-evaluate and determine whether to reinstate daily testing. The Parties shall consult with their respective medical personnel and their infectious diseases specialists in making this decision. s.13

- o In the event that a Club is unable to obtain testing or lab resources sufficient to implement daily testing as described above, a Club will be permitted to administer laboratory-based RT-PCR testing on an every-other-day basis and, on days on which such testing is not administered, it shall administer Rapid Point-of-Care PCR testing to persons entering Club Facilities.
- **Note:** Individuals in Groups 1 and 2A who do not regularly access the Restricted Areas of the Club facilities shall receive a negative result 24 hours before each such occasion of access.

s.13

- Each Club shall report to the League s.15 on an occurrence basis any positive tests for Group 1 and Group 2A personnel.
- **NOTE:** as per the Symptomatic Individuals and Positive Test Protocol for Club Personnel (including Players), persons who have received a confirmed positive for COVID-19 shall not be re-tested for 90 days after their first positive test. Upon completion of this 90-day window, individuals shall be tested as part of the testing program again.

POC MOLECULAR TESTING

There are many forms of point of care (POC) testing. More recently, POC Molecular (PCR) testing in the form of the MESA ACCULA test has been developed and has been found to be highly sensitive. As this testing becomes more prevalent and available to Clubs, it will be incorporated into this Protocol as stated above in the RT-PCR Section.

ANTIGEN TESTING

Antigens are proteins present on the outside of a virus. Antigen tests look for these proteins in a clinical sample to determine if the virus is present. Antigen tests do not amplify the sample, so the sensitivity of antigen tests is significantly less than that of PCR tests.

Antigen tests are most useful when individuals are symptomatic with COVID-19, as they are usually shedding high volumes of virus when symptoms are present. Unfortunately, antigen tests do not perform well when individuals are shedding lower volumes of virus. Recent medical findings call into question the utility of antigen testing in the asymptomatic population.

Therefore, we believe currently existing antigen tests are inadequate for surveillance or screening purposes.

In the event that no PCR testing is available due to lack of, or prioritization of, laboratory resources, FDA or Health Canada approved antigen testing will be considered as an alternative.

SEROLOGY (ANTIBODY) TESTING

Antibody testing looks for antibodies specific to COVID-19 in a blood sample, and is therefore referred to as a serology test. At this point, we cannot say with certainty that a positive antibody test means you cannot contract COVID-19. We also cannot say whether or not you may be transiently contagious if you're re-exposed to COVID-19. As such, there are no "immunity passports" arising out of antibody 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, the FDA process must have progressed through approval, not only emergency use authorization (EUA). Currently, the extent to which a positive antibody test signifies 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.

GROUP 2B

Refer to League Personnel Protocol – Attachment --

OTHER INDIVIDUALS IN GROUPS 2C-5

Clubs shall determine, in conjunction with local health authorities, if they will administer a testing program for Groups 2C-5.

PCR TESTING FOR PLAYERS' FAMILIES

Each Club's Services personnel will make best efforts to provide Player families and all household members with logistical support for and access to PCR testing, when requested, in the Club's city. Such testing will be at the Players' cost.

3. NONCOMPLIANCE WITH MONITORING AND TESTING REQUIREMENTS

Individuals, including Players, who fail or refuse to follow their testing and monitoring requirements shall be prohibited by the Club or League, as applicable, from continuing to participate in their job functions or in any Club Training Activities.

4. COLLECTION, STORAGE, AND USE OF HEALTH INFORMATION

The League and the Clubs shall take appropriate measures to protect the privacy and to maintain the security of the individuals' health information collected in accordance with applicable laws.

M. SYMPTOMATIC INDIVIDUALS AND POSITIVE TEST HANDLING

The following are common symptoms of COVID-19:

- New or worsening cough
- Shortness of breath or difficulty breathing
- Feeling feverish, chills

- Muscle or body aches 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 > 100.4° F or >38° C)

1. PLAYERS AND CLUB PERSONNEL

Any Players or Club Personnel who develop symptoms should immediately self-isolate and contact their Club Doctor or Trainer. They should promptly be evaluated medically by the Club's physician(s), who shall consult with the Club ID Consultant to determine next steps, and to administer PCR testing, if appropriate. Further, all Players and Club personnel must also immediately notify Club medical staff if they suspect that they have come into contact with someone who has COVID-19.

Provisions governing Club Group 1 and 2A individuals who develop COVID-19 related symptoms, and/or who test positive, are described in detail in the Positive Test Protocol at Appendix 8.

2. LEAGUE STAFF AND OTHER VENDORS & SERVICE PROVIDERS

Any League employee, other League vendor and/or service provider (including arena and practice facility employees and contractors) who:

- Develop symptoms;
- Suspect they have come into contact with someone who has COVID-19) and/or
- Has a positive test

should immediately self-isolate (go home or stay home), and contact their medical provider and their employer.

These persons should be evaluated medically by their own physician to determine next steps, and to administer additional PCR testing, if appropriate. Staff members may return to work when medically cleared to return to work by their physician, in accordance with local public health authorities. Such individuals shall not be permitted to return until they have received and can present written medical clearance.

Contact tracing in non-Club individuals should be coordinated by the person's employer, physician and/or local health authority. If contact tracing reveals close contacts occurred between a non-Club individual and a Group 1 or 2A individual, Human Resources personnel at the Club, League or Arena, as applicable, shall be notified immediately.

3. GROUP 5 INDIVIDUALS

Any individuals in Group 5 who develop symptoms and/or have a positive test should immediately self-isolate (go home or stay home), and contact their medical provider. They shall not be permitted to enter the facility until consistent with entry screening procedures, and local health care and the CDC, Health Canada and/or the PHAC regulations.

N. CLEANING AND DISINFECTING OF PRACTICE AND GAME-SPECIFIC AREAS

Each Club shall continue to adhere to the requirements for regularly cleaning its facilities (i.e., practice and game arenas, as set forth in the attached 2020 NHL/NHLPA Medical Handbook 4.2 "Cleaning and Disinfecting Requirements," (revised, November, 2020) (Attachment --)). ***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, and a recommendation for the use of electrostatic sprayers.*** 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 ^{s.15}

At a minimum, 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 Groups 1 or 2A access (e.g., washrooms, training equipment, kitchen, etc.) is accessed by any Group 3 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 Group 1 and 2A individuals.

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.

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 also refer to the recommendations and considerations in the 2020/21 Season Mechanical HVAC-R Policy in Attachment --. Clubs shall ensure that the correct venue operations individuals receive and review Attachment --.

O. PESP TESTING

CDT will perform no-notice urine collections for prohibited substances during the 2020/21 NHL Season, with appropriate precautions as necessitated by COVID-19. CDT collectors are subject to a variety of precautionary measures, including mandatory daily symptom and temperature monitoring as well as routine COVID-19 testing. Additionally, CDT collectors will implement COVID-19 protocols at the Club facility including setting up socially distanced collection and waiting areas, frequent disinfection of all collection site areas, and use of PPE (nitrile gloves, gown/lab coat, face mask, and face shield). All Clubs should review and familiarize themselves with the CDT Collection Preparation & Procedures to understand certain procedures Clubs shall implement in order to provide a safe collection site within the facility for CDT collectors and Players. (See Attachment --)

The CBA provides for every Player who has participated in an education session to be subject to team-wide no-notice testing once during Training Camp. The PESP training sessions provided by Drs. Lewis, Shaw, and Dan Cronin, which in the past have been provided in-person for each Club at the start of each season, **will be provided virtually** for the 2020/21 NHL Season. It is therefore recommended that Clubs include in this educational session all Players on the Club's Reserve List, who are under contract to the Club. As usual, all

Players shall sign a form acknowledging they have received the educational session. Players are not eligible for PESP testing until they have received the educational session.

Details and sign-in sheets for the virtual education session will be provided to Clubs in a separate communication.

P. COMPLIANCE AND GOVERNANCE

Adherence to the provisions in this Protocol and a level playing field will be important both during Training Camp and throughout the NHL Season for the purpose, most importantly, of maintaining the health and safety of Players and Club personnel, as well as 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 COVID-19 Protocol will result in significant Club and individual sanctions, including potential forfeiture of games, fines and reimbursements of expenses, loss of draft choices, and/or ineligibility for participation in Training Activities.

Concerns regarding compliance with the COVID-19 Protocol requirements shall be reported to the Club's Facility Compliance Officer, and may also be reported directly 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 Training Camp and/or the NHL Season

If, at any time either before the commencement of, or during, the 2020/21 NHL Season (including Training Camp), either the NHL or the NHLPA believes that conditions, in which the commencement or continuation of Training Camp or the NHL Season would likely create or exacerbate a material risk to Players' or others' health and safety and/or jeopardize the integrity of the competition anticipated during the 2020/21 Season, are imminent or may have emerged, which conditions may include an uncontrolled outbreak of COVID-19 in the Players of one or more Clubs, 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 Training Camp or the NHL Season. The basis upon which the Commissioner is to make his determination, to postpone, delay, move, or cancel Training Camp or the NHL Season, shall be whether the commencement or continuation of Training Activities or the playing of League Games would likely create or exacerbate a material risk to Players' or others' health and safety and/or jeopardize the integrity of the League's competition. 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.



2020/21 SEASON CLUB TRAVEL PROTOCOL

This document ("Club Travel Protocol" or "Travel Protocol") governs travel for all members of the Club's Travelling Party (or other Club Personnel, as applicable) during the 2020/21 NHL Season, including Training Camp, the Regular Season, and Playoffs.

Introduction

- When on the road, individuals in the Club's Travelling Party shall adhere to the local public health regulations of the market being visited, which may be more stringent.
- Members of the Club's Travelling Party are required to comply with these requirements, including for travel to the Club city, when using hotels and/or Club travel partners (transportation companies such as car services, buses, charter flights, etc.) in the Club's home city (to the extent applicable), and in connection with travel for away games.
- The parties will continue to update this Club Travel Protocol as circumstances warrant and as the science and world events continue to evolve.
- Clubs shall establish operational processes for all Club travel to facilitate safe, clean, and hygienic travel, and to reduce interactions and maintain appropriate distancing between members of the Club Travelling Party, as much as possible.
- In an effort to maintain the safety of all members of the Club Travelling Party, and to mitigate the incremental risk associated with the introduction of persons not essential to the Club's business, while on Club travel, all members of the Travelling Party are prohibited from utilizing transportation, dining destinations, and/or going into shops or receiving services that are not provided for directly by the Club or as set out in this Protocol.

Third Party Staff (e.g., Hotels, Airlines, Buses)

- Clubs shall require that all travel partners (hotels, airlines, buses, etc.) follow the below protocols with their staffs:
 - Appropriate symptom and COVID-19 exposure screening and temperature checks of all staff that will have any direct contact with members of the Travelling Party (e.g., in-flight crews, gate area staff, bus drivers, luggage handlers, hotel workers, hotel security, hotel food servers, etc.).
 - COVID-19 testing for any travel partner staff who would be classified as a Close Contact of anyone in the Club Travelling Party under the CDC definition (15 minutes or more of cumulative contact within six (6) feet over a twenty-four (24) hour period), to the extent permissible by the relevant staff's labor and other contracts, which shall be provided to the Club Compliance Officer for review.
 - Testing results shall be available within twenty-four (24) hours prior to each day when any such Close Contact would occur (e.g., if a bus driver drives the Club bus for three days, such driver shall be tested and have negative results available, three times).
 - For clarity, the results of screening, temperature checks, and testing of travel partner staffs will not be shared with the Club and the Club's testing/screening mechanisms are not to be utilized for this purpose, but the Club is responsible for reviewing third-party screening protocols.
 - Mandatory use of masks and gloves by travel partner staff having direct contact with members of the Travelling Party.
 - Notification if any third-party staff member tests positive or is symptomatic for COVID-19 within 48 hours prior to Club arrival (e.g., arrival at hotel, arrival at airport, use of buses), or after Club departure (to allow for proper contact tracing to be completed). No third-party staff member who has tested positive for COVID-19 or was symptomatic within the previous 14 days shall be permitted to participate in any NHL Club travel-related activities. The Club shall immediately notify the NHL §.15 of any such COVID-19 positive travel partner staff.
 - Whenever possible, Clubs should work with airline partners using fixed crews, with limited commercial flight exposure and who are subject to frequent testing for Club flights.

Travel – General

Pre-Departure/Post-Arrival Monitoring

When reporting back to the Club market, Members of the Travelling Party remain subject to NHL quarantine requirements, as well as any restrictions, including but not limited to, monitoring requirements, set forth by the federal/state/provincial/local health authorities both prior to departure and upon arrival.

In Canada, Members of the Travelling Party shall download and utilize the [ArriveCAN app](#) upon arrival, which is federally mandated.

- It is also strongly recommended that all Players and Club Staff download the CovidAlert app to their phones. Any positive test results should be uploaded to the app. Note that the app requires that the Bluetooth function be turned on, and is entirely anonymized. People using the app are alerted only if they have been in close contact with someone within the past 2 weeks that has tested positive for COVID-19. More information can be found at : <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/covid-alert.html>
- If a traveller that has entered Canada within the past 14 days start to exhibit signs or symptoms of COVID-19 or test positive for COVID-19, Public Health Agency of Canada shall be notified at phac.quarantine-quarantaine.aspc@canada.ca immediately. Note that travellers who have signs or symptoms or test positive cannot board commercial flights until their 14 day isolation (from the onset of symptoms) is completed and they are not showing signs or symptoms of COVID-19.

Please note that all individuals travelling into Canada could be subject to a review of COVID-19 symptoms and temperature screening (anyone with a temperature over 38°C will result in immediate isolation) while arriving at Canadian airports.

All individuals shall stay informed and follow local public health advice during their stay in Canada.

While on the road during the Season, Members of the Club Travelling Party remain subject to the daily Monitoring Requirements set forth in Section L of the Protocol. No members of the Travelling Party shall travel if they have any of the symptoms noted in Section M of the Protocol, or have returned a positive or inconclusive test result immediately prior to travel.

Reporting to the Club:

Players who have not yet traveled to their Club city should make travel arrangements that will accommodate the necessary period of any required quarantine, and the administration of COVID-19 PCR testing, such that the Player's testing is completed prior to the start of 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.

When members of the Club Travelling Party (or other Club personnel, as applicable) travel by commercial airline to report to the Club, they shall endeavor to book flights on air carriers that employ state-of-the-art precautionary practices to mitigate the risk of COVID-19 transmissions, including, for example:

- Requiring all passengers to wear a mask except when eating or drinking;
- Limiting food and beverage services to reduce interactions with staff;
- Employing thorough and frequent cleaning and disinfecting practices with EPA or Health Canada approved hospital-grade disinfectants; and
- Utilizing distanced seating practices to block off booking of middle seats or in premium cabins, one person is booked per every two seats.

Other precautionary steps to consider include booking early morning flights; bringing sanitization wipes for contact surfaces; and minimizing getting in and out of your seat throughout the flight. Most airlines have made their COVID-19 protocols public and such protocols should be referenced prior to booking commercial travel.

Anyone reporting back to the Club's home market shall avoid carpooling together from one location to the Club's home city. To the extent carpooling occurs, post-travel quarantine for individuals involved shall be considered by the Club's medical staff.

Commuting:

Carpooling or taking public transportation to/from the Club facility (including ride shares and taxis) shall be avoided when commuting. For Players, if no alternative is feasible, the Club shall make arrangements to pick up and drop off the Player at their residence. Private car service is recommended. The driver shall wear a face covering at all times.

Particular consideration shall be paid to the following additional precautionary measures:

- Encouraging hand hygiene before and after entry/exit of the vehicle and avoiding contact with surfaces frequently touched by passengers or other drivers;
- Having members of the Club's Travelling Party handle their own personal bags and belongings during pick-up and drop-off;
- Avoiding, if possible, using the recirculated air option for the car's ventilation during passenger transport;
- Using the car's vents to bring in fresh outside air and/or open the vehicle windows; and
- Having members of the Club Travelling Party sit in the back seat.

Club Travel on the Road:

- Only Groups 1 and 2A personnel are permitted to travel with the Club.
- All members of the Club Travelling Party are expected to observe and to strictly comply with all applicable state/provincial and local travel restrictions where they are located, while en route, and at the planned destination.
- Clubs shall endeavor to travel in a controlled environment at all times.
- No internal or outside marketing, sponsorship, or other third parties are permitted to travel with the Clubs; only individuals in Groups 1 and 2A are permitted on the Club charter.
- Absent extenuating circumstances and permission from the League, members of the Travelling Party shall travel on Club-provided transportation between the Club's home city and other Club cities. In situations where members of the Club's Travelling Party require separate transportation from the group transportation, such travel shall be limited to private travel.
- Clubs shall ensure that members of the Travelling Party minimize time in crowded settings.
- Clubs shall provide masks, hand sanitizer and disinfectant wipes to all members of the Travelling Party, shall travel with additional supplies while on the road, and shall have on hand an adequate overall supply of these products prior to their first Club travel.
- All members of the Travelling Party are required to wear face coverings whenever travelling with the Club.
- All members of the Travelling Party shall frequently clean and/or disinfect their hands and high-touch surfaces they encounter in connection with Club Travel (e.g., when entering the Club hotel, Club facilities, planes and buses; luggage handles; hotel key cards; remote controls; phones; airplane seatbelts; trays on airplanes; etc.).
- Clubs shall ensure that all travel partners (hotels, airlines, buses) have adopted enhanced cleaning and disinfecting protocols, consistent with industry standard and best practices, which include, without limitation, frequent disinfecting of "high touch" facilities, rooms, surfaces, etc., with hospital-grade EPA List N disinfectants or Health Canada approved products, and regular disinfecting of non-

“high touch” areas with hospital grade EPA List N or Health Canada approved disinfectants. Disinfection shall occur before and after each usage by the Club.

- In addition to the requirements set forth in this Protocol, Clubs shall follow, and ensure their travel partners follow, applicable guidelines and regulations delineated by the PHAC, CDC and local/state health departments.

Air Travel

- Planes shall be configured to provide as much free space between passengers as possible so that members of the Travelling Party are staggered to maximize distance between individuals.
- Each member of the Travelling Party shall be assigned a specific seat on the Club flights, to be used for the duration of each road trip.
- Except to use lavatories, members of the Travelling Party shall remain seated for the duration of the flight.
- Whenever possible, Clubs should depart from or arrive into smaller private airports. If travelling through a public airport is unavoidable, Clubs should avoid using main terminal gates.
- Clubs should make every effort to screen for TSA compliance at the Club facility or arena, where possible, or planeside, as opposed to in a public terminal. Such screening shall be conducted in a manner that meets disinfection and physical distancing requirements.
- Members of the Club’s Travelling Party should hold their own documents and scan their own boarding pass or mobile device whenever possible.
- Flight attendants shall wear masks and gloves at all times and shall be the sole distributors of food items, which shall be individually wrapped and prepared.
- If possible, prior to the Travelling Party boarding the flight, flight attendants should place food items (snacks, prepackaged items, etc.), hand sanitizer, masks, gloves, etc. in each seat.
- In-flight catering, including distribution and clean-up of food and beverage, shall be as limited as possible (or eliminated altogether on short flights) to avoid touchpoints and interactions between flight attendants and members of the Travelling Party. Single-use utensils, napkins, plates, condiments, and hand wipes shall be provided for and disposed of after each meal.
 - As an alternative, Visiting Clubs can coordinate with Home Clubs grab and go post-game meals at the Home Club Facility, if suitable space exists at the Home Club Facility to allow for appropriate physical distancing and hygiene measures.
- Individuals on the flight should avoid eating and drinking at the same time as others in the row.

Hotels

- In each Club city, a single hotel will be designated for all visiting Clubs to use during road trips so that League standards for COVID-19 prevention can be consistently applied.

- While on Club travel, and except as permitted in this Protocol, the Club's Travelling Party shall not patronize or enter internal venues *other than* the designated hotel, the practice facility or the game arena. Individuals may walk around or exercise in outdoor space, so long as they are properly masked and distanced and not in a crowded environment. While outside, members of the Club Travelling Party shall not engage in close contact or interactions with individuals from the general public. In communities where COVID-19 rates are high or increasing, extra cautionary measures should be used and/or may be imposed.
- Whenever possible, windows shall be opened to increase fresh air flow in hotel rooms.
- Traveling teams must hold at least two (2) additional hotel rooms (with a checkout date later than the date upon which the Club is scheduled to depart the game city) in the game city until after they have boarded transportation for their home city and confirmed that no member of their Traveling Party has tested positive for or developed symptoms of COVID-19.
 - Anyone who receives a positive test result on the road and is subject to an in-hotel quarantine cannot leave their hotel room for any purpose, including to use common amenities such as the hotel gym, bar, or restaurants; no visitors are permitted; and meals and medications must be delivered to the room in a contactless manner.
 - If these situations arise, the visiting Club Medical staff shall direct the care of any such Member of the Club Travelling Party, in conjunction with the home Club's Medical staff and the local health authorities.
 - Clubs shall identify a designee of the Club Travelling Party who can stay in the visiting Team city to provide services to (e.g., deliver meals and medication to) an individual who tests positive, for the duration of their time in the visiting team city.

Distancing:

- Each member of the Club's Travelling Party will be required to stay in a single occupancy room, and no individual shall permit guests or other personnel in their room (with the exception of housekeeping or engineering staff, as needed, which services shall be provided while individuals are not present in the room).
- All members of the Club Travelling Party are required to stay at the Club hotel.
- Hotel meeting rooms shall be large enough to enable proper physical distancing.
- Clubs shall endeavor to arrange for rooming blocks within the hotel to ensure that the Travelling Party is isolated from other hotel guests to the greatest extent possible.
- Clubs shall also endeavor to arrange for access to a dedicated elevator to ensure that the Travelling Party is isolated from other hotel guests to the greatest extent possible.
- Use of the hotel fitness center, pool, sauna or other shared hotel facilities is prohibited during the Club's stay at the hotel.

- As a limited exception to this rule, the Club Travelling Party may use the hotel fitness center only in the following circumstances:
 - a. The Club Travelling Party's use is exclusive during a designated window of time;
 - b. The space shall be cleaned and disinfected immediately prior to use by the Club Travelling Team;
 - c. The Club Travelling Party shall adhere to face covering requirements, if imposed by the hotel due to local health authority regulations; and
 - d. The Club Travelling Party shall maintain the group size restrictions and distancing requirements as referenced in the Protocol (groups of no more than 10 individuals permitted at any one time).
- Members of the Travelling Party shall avoid congregating in public areas of the hotel, including the lobby area and bar or restaurant space, if occupied by other guests.
- Clubs shall make best efforts to arrange for a dedicated common area or lounge in the hotel for the exclusive use by Players. The common area or lounge should be in the vicinity of the Players' rooms and must be of sufficient size and equipped with seating so as to permit for social distancing by Players when present in the area. The Club shall ensure that the common area or lounge shall be equipped with a refrigerator and that it is stocked with single use snacks and beverages for consumption by the Players. Such space must adhere to local restrictions regarding capacity limits in the space, and should allow for appropriate physical distancing and other hygiene measures to be adhered to. All members of the Club's Travelling Party are reminded that face coverings are mandatory in this communal space.
- Check-in and Departure: Prior to arrival, Clubs shall arrange for check-in which eliminates in-person interaction between members of the Travelling Party and hotel personnel, to the extent possible. No member of the Travelling Party should visit the front desk upon departure. Check-out procedures, including key returns and the payment of incidentals shall be handled remotely (e.g., provide credit card number to pay incidentals, leave key in room or drop box).

Housekeeping:

- Housekeeping, room maintenance personnel, and other hotel staff are prohibited from entering Travelling Party members' individual rooms while occupied.
- Hotels shall ensure appropriate cleaning of individual rooms prior to the arrival of the Travelling Party, and thereafter, housekeeping in guest rooms will be provided every third day (if the Club's stay at the hotel is shorter than three days, housekeeping will not be provided).
- Hotels shall ensure that all staff who interact with the Travelling Party wear appropriate PPE during such interactions.¹

¹ <https://www.cdc.gov/niosh/docs/2012-151/pdfs/2012-151.pdf>

Equipment and Luggage:

- Members of the Travelling Party shall be responsible for their own luggage to avoid additional individuals handling the luggage.
- To the extent Club equipment or luggage must be stored on-site at the hotel, it shall be stored in a clean, secure location, and shall be disinfected prior to returning it to the Club.

Food and Beverage Service:

- Clubs shall arrange for a private meal room at each hotel, which shall be dedicated to members of the Travelling Party only, and which meal room shall be large enough to enable proper distancing (i.e., there is at least one empty seat between every two individuals). All individuals must comply with these requirements.
 - Modified buffet service shall be utilized, with food service by an attendant maintaining appropriate distancing, barriers, and using appropriate PPE shall be permitted when necessary. Self-serve buffet style dining is prohibited.
 - If Clubs provide meals on Game days, the reduction in per diem by one-half set forth in Section 19(b) shall apply; Club-supplied meals are only required to be provided on Game days.
- Members of the Club Travelling Party are not obligated to participate in the Club-organized dinners, and may also order hotel room service or other food directly to their individual rooms, or to the shared Club meal room, and may also use third-party food delivery services with contactless delivery, to a drop-off location in the lobby or entryway to the hotel (s.13 s.13
 - To the extent possible, Clubs shall work with hotels to provide for physical barriers at the food drop off stations, such as plexiglass or gating.
- Provided that it is consistent with local health restrictions and that hotel policies permit, on trips exceeding three nights' duration Clubs shall arrange for one dinner to be catered externally by a local restaurant chosen after consultation with the Players. For trips exceeding six days' duration, the Club shall arrange for two such dinners during the trip.
 - If Clubs provide these meals on Game days, the reduction in per diem by one-half set forth in Section 19(b) shall apply; Club-supplied meals are only required to be provided on Game days.
- Except as otherwise provided for in this Protocol, Members of the Club Travelling Party are not permitted to leave the hotel to eat (or to purchase food) or otherwise to use any restaurants or bars (in hotel or otherwise) open to the public. Club Travelling Party members additionally are not permitted to pick up food from restaurants. These restrictions shall be reviewed and may be modified if the risk of exposure to COVID-19 in restaurants, bars or other establishments that are open to the public substantially decreases over the course of the Regular Season, as determined by the Parties and to the extent permitted by local governmental and/or health authority regulations.

- Each member of the Travelling Party shall be assigned a specific seat in Club meal rooms, and such seating/table assignments shall be used for the duration of each road trip.
- All beverages shall be provided in individual bottles, when possible.
- Automatic hand sanitizer stations shall be set up at the entrance of the meal room, as well as at various locations throughout the meal room.
- Kitchen and serving staff shall wear masks, gloves, hair and beard covers, aprons, etc.
- The Club shall ensure that menu offerings provided in Club-organized dinners can accommodate any dietary special requirements or restrictions of the members of the Club Travelling Party.
- The following provision shall come into effect no sooner than February 15, 2021 but, in any event, only upon the agreement of the Medical Consultant of the NHLPA and the Medical Director of the NHL after consulting with a Club's Infectious Diseases expert that the prevailing conditions in the applicable Club city are appropriate for its implementation:

Provided that it is consistent with any local regulations concerning dining indoors, Clubs will make arrangements with at least three local restaurants to host dinners for individual members of the Club Travelling Party. The restaurants shall be chosen after consultation with the Players and shall, to the extent practicable, include restaurants with outdoor dining facilities. If the restaurant does not have outdoor dining facilities, it must provide a separate dining room, or arrange for an area securely cordoned off from access to the general public. To the extent that it is feasible, all restaurants should offer wait and service staff dedicated solely to the members of the Club Travelling Party. The Club shall ensure that the facilities and service offered by the restaurant allows for appropriate social distancing and that the restaurant is otherwise compliant with the hygiene requirements set out elsewhere in this Protocol. Subject to availability, individual Members of the Club Travelling Party may choose to eat at these restaurants, and shall notify the Club of their intention to do so by no later than noon of the day of the dinner. No persons other than members of the Club Travelling Party may participate in such a dinner. The costs of such dinners shall be borne by the participating members of the Club Travelling Party. The Club shall ensure that touchless methods of payment are available so as make the handling of credit cards and payment devices unnecessary.

Elevator Usage

- As noted above, Clubs shall endeavor to arrange access to a designated elevator to the greatest extent possible.
- Elevators may be subject to specific capacity and distancing protocols, identified with floor markers. Use of stairs are preferred where possible to avoid close contacts.
- Other best practices should be adhered to when using elevators, including:
 - Not using fingers to press elevator buttons. Instead use knuckles or elbows.
 - Not entering crowded elevators (even if capacity limits are not mandated).
 - Not lingering or standing in a crowded elevator bank.

- Not talking to others while in the elevator.

Travel by Bus:

- Clubs shall provide at least two buses (each filled at no more than 50% capacity) for transfers from the airport to the hotel, the hotel to the arena and back, and the arena (or hotel) to the airport, so that members of the Travelling Party can adhere to physical distancing protocols.
- Each member of the Travelling Party shall be assigned a two-person seat on the Club buses, to be used for the duration of each road trip, to the extent the configuration of the buses allows for such consistency. Clubs shall work with bus companies in each market to block off seats not in use, to the extent possible.
- If the bus driver is not segregated by a physical barrier (e.g., plexiglass), seating for members of the Club Travelling Party shall begin at least six (6) feet behind the bus driver.
- Buses shall be configured to provide as many seats, rows and free space between passengers as possible.
- Members of the Travelling Party shall not eat or drink while on Club buses.
- Whenever possible, open windows to increase fresh air flow on the bus.
- Only members of the Travelling Party are permitted to travel on Club buses, and the buses shall be treated as Restricted Areas.
- The buses shall be cleaned and disinfected ahead of each time the Club Travelling Party re-boards the bus during trips.
- To the extent drivers park on-site and stay during the game, drivers shall follow strict physical distancing guidelines, and remain in private areas without interacting with other people, and shall adhere to the NHL/NHLPA Cleaning, Disinfecting and Hygiene Requirements and this Team Travel Protocol before the Travelling Party re-boards the bus.

Sullivan, Michelle A HLTH:EX

From: Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>
Sent: December 20, 2020 10:10 AM
To: Henry, Bonnie HLTH:EX; 'Deena Hinshaw'; 'Roussin, Brent (HSAL)'; 'Williams, Dr. David (MOH)'; 'Warshafsky, Daniel (MOH)'; Richard Massé
Cc: Evans, Cindy (PHAC/ASPC); Evans, Sarah (PHAC/ASPC); Gaudreau, Marc-Andre (PHAC/ASPC); MacDonald2, Tammy (PHAC/ASPC); Archibald, Chris (PHAC/ASPC); Arruda, Horacio (Ext.); Tam, Dr Theresa (PHAC/ASPC)
Subject: RE: NHL Protocols

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hello colleagues

In follow up to our rounds today, my office will set up another call as soon as possible, hopefully tomorrow.

As discussed, the purpose of the call would be to develop a joint statement from the CMOHs from the five provinces with NHL teams that would be transmitted to the NHL.

Kind regards
Howard

Howard Njoo MD, MHSc, FRCPC
Deputy Chief Public Health Officer and
Interim Vice-President
Infectious Disease Prevention and Control Branch
Public Health Agency of Canada
Sous-administrateur en chef de la santé publique et vice-président par intérim
Direction générale de la prévention et du contrôle des maladies infectieuses
Agence de la santé publique du Canada
howard.njoo@canada.ca
tel: 613-960-1940
Sent from my Bell Samsung device over Canada's largest network.

----- Original message -----

From: "Njoo, Howard (PHAC/ASPC)"
Date: 2020-12-16 20:36 (GMT-05:00)
To: "Henry, Bonnie (Ext.)", "Deena Hinshaw", "Roussin, Brent (HSAL)", "Williams, Dr. David (MOH)", "Warshafsky, Daniel (MOH)", "Nadine Sicard", Richard Massé
Cc: "Evans, Cindy (PHAC/ASPC)", "Evans, Sarah (PHAC/ASPC)", "Gaudreau, Marc-Andre (PHAC/ASPC)", "MacDonald2, Tammy (PHAC/ASPC)", "Archibald, Chris (PHAC/ASPC)"
Subject: RE: NHL Protocols

Good evening colleagues

In follow up to our teleconference, Cindy Evans has had a subsequent discussion with the NHL to inform them of our discussion, including the collective view of the provinces and territories that the current proposal for the regular season to start in January is problematic, from a public health perspective, given the current epidemiological situation across the country.

The NHL was invited to develop new protocols for consideration by the provinces and territories, taking into account considerations such as interprovincial travel.

I anticipate that the NHL may be reaching out to each of you on a bilateral basis for discussion regarding revised protocols regarding the regular season.

If you are receiving new proposals from the NHL and would like to have another group teleconference to discuss further, let me know and we can proceed accordingly.

Kind regards

Howard

Howard Njoo MD, MHSc, FRCPC
Deputy Chief Public Health Officer and
Interim Vice-President
Infectious Disease Prevention and Control Branch
Public Health Agency of Canada
Sous-administrateur en chef de la santé publique et vice-président par intérim
Direction générale de la prévention et du contrôle des maladies infectieuses
Agence de la santé publique du Canada
howard.njoo@canada.ca
tel: 613-960-1940

From: Njoo, Howard (PHAC/ASPC)

Sent: 2020-12-10 4:43 PM

To: Henry, Bonnie (Ext.) ; Deena Hinshaw ; 'Roussin, Brent (HSAL)' ; Williams, Dr. David (MOH) ; Warshafsky, Daniel (MOH) ; 'Nadine Sicard'

Cc: Evans, Cindy (PHAC/ASPC) ; Evans, Sarah (PHAC/ASPC) ; Gaudreau, Marc-Andre (PHAC/ASPC) ; MacDonald2, Tammy (PHAC/ASPC) ; Archibald, Chris (PHAC/ASPC)

Subject: NHL Protocols

Good afternoon colleagues,

Following our call last week on the NHL and our commitment to serve as a convenor regarding the Canadian Division for the upcoming NHL season, I am writing to share with you the NHL's three protocol documents, the regular season schedule (current as of Dec. 8) and an overview with initial observations, which may be a helpful in your own analyses (noting that some of you may have already received the protocols through your NHL team contacts).

The documents attached are:

- 1) 2020 Protocol for Off-Season Training
- 2) 2020/21 Training Camp and Regular Season Protocol
- 3) 2020/21 Season Club Travel Protocol
- 4) Regular Season Schedule
- 5) PHAC Overview of the NHL 2020-21 COVID-19 Protocols

The protocols have been developed based on the previously shared Phase 2, 3, 4 protocols that were developed in support of return-to-play and the 2020 NHL bubble season. This is referenced in the overview.

At this time, the NHL has confirmed that training camp will begin Dec. 31 for Ottawa Senators and January 3 for the remainder of the teams. Regular season play will begin January 13.

A second meeting is being arranged for next week so we can discuss further.

Thank you,

Howard

Howard Njoo MD, MHSc, FRCPC
Deputy Chief Public Health Officer and
Interim Vice-President
Infectious Disease Prevention and Control Branch
Public Health Agency of Canada
Sous-administrateur en chef de la santé publique et vice-président par intérim
Direction générale de la prévention et du contrôle des maladies infectieuses
Agence de la santé publique du Canada
howard.njoo@canada.ca
tel: 613-960-1940

Sullivan, Michelle A HLTH:EX

From: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>
Sent: December 22, 2020 8:54 AM
To: Henry, Bonnie HLTH:EX; Brent Roussin; Dr. Barb Yaffe; 'Warshafsky, Daniel (MOH)'; Richard Massé
Cc: Njoo, Howard (PHAC/ASPC); Bart Johnson; Andy Ridge; Graham Statt; Fiona Cavanagh; Dean Blue; Keely McBride
Subject: Draft NHL letter
Attachments: NHL Return to Play all Prov v2.doc
Importance: High

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Colleagues,

I know that we are all dealing with many urgent things, but I wanted to follow up from our call yesterday with a draft letter that I hope encompasses the discussion. I am wondering if you would be able to have a look, let me know if you can live with this approach, and if not, what would it take for you to be able to live with it?

If possible, would you be able to provide any feedback by first thing tomorrow?

Thank you for taking time out of the many other demands on your time to look at this.

Deena

Dr. Deena Hinshaw
Chief Medical Officer of Health, Alberta Health
Associate Clinical Professor, Department of Medicine, University of Alberta
Clinical Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary
24th Floor, ATB Place North Tower
10025 Jasper Avenue | Edmonton, Alberta T5J 1S6

Classification: Protected A

Date

AR {Action_Request_Number}

Iain Stewart
President
Public Health Agency of Canada
130 Colonnade Road, A.L. 6501H
Ottawa, ON K1A 0K9

Dear Iain Stewart:

Along with my colleagues in British Columbia, Manitoba, Ontario and Quebec, we would like to convey our collective support to allow the National Hockey League (NHL) to resume play with the appropriate risk mitigation in place. We believe that the Canadian NHL teams will be able to safely return to their regular season using these measures.

We recognize that the NHL is proposing a comprehensive approach to their season, including the use of testing, private travel, symptom checking, isolation/quarantine, and cleaning/disinfection protocols. While these proposed protocols for the Return to Play Season for staff, coaches and players enable risk mitigation for game play and practices, we would recommend enhanced protocols to ensure transmission that may occur in the home or community is minimized to the greatest extent possible. These recommendations include:

- Considerations for a regular testing schedule for player, staff, coaches and close contacts, with close household contact testing required if players are living at home between travel episodes; and
- Reinstating a "bubble" model for the beginning of the season, similar to what was used in the Hub City Series in Edmonton and Toronto. We would support the NHL in assessing if a phased bubble model (full bubble for 4-6 weeks and then a modified bubble following, if conditions allow) or a full bubble model would be most appropriate. Should any iteration of the bubble model not be achievable for the NHL, we would recommend that the start of the season be delayed for a few weeks to allow for disease rates to drop and our health systems to recover.
- We support the scheduling the NHL has undertaken to group games into blocks to limit inter-jurisdictional travel between provinces. Specifically in the early part of the season, it will be important to make these considerations wherever possible.

We are committed to working towards a collective approach to reviewing the final protocols from the NHL and providing recommendations to support their safe Return to Play.

Additionally, there is potential for the NHL to leverage the Return to Play season as a means to re-engage Canadians in the importance of taking the appropriate steps to mitigate transmission. The NHL is well positioned to take on a strong role in promoting health and safety measures, critical to reducing the spread of COVID in our provinces. We would be greatly appreciative of visible leadership the NHL could provide over the first few months of 2021 in a time when our collective efforts to contain the virus will be critical to sustaining our health systems across the country. This could range from teams publicly promoting and demonstrating acquiescence to public health measures to having public messaging as part of their media buy. The recommendations above would send a strong signal to all Canadians that COVID-19 prevention must continue to be a top priority.

We provinces are supportive of efforts to ensure all Canadians are able to enjoy their teams returning to play on home ice. NHL hockey has been a bright spot for many Canadians during the pandemic, and has demonstrated both that public health measures can be implemented in a sports setting, and that safety is achievable where there is desire to succeed. The NHL Return to Play represents the hopes, dreams, and passion that Canadians have embodied throughout this response, as it weaves in elements of our pre-pandemic lives, as well as showcasing our fortitude as we move to the next stage of our future.

Yours sincerely,

Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health

Enclosure

cc: Dr. Bonnie Henry, Provincial Health Officer, British Columbia
Dr. Brent Roussin, Chief Provincial Public Health Officer, Manitoba
Dr. David Williams, Chief Medical Officer of Health, Ontario
Dr. Dr. Horacio Arruda, National Director Public Health, Quebec

Sullivan, Michelle A HLTH:EX

From: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>
Sent: December 23, 2020 7:51 AM
To: Roussin, Brent (HSAL); Henry, Bonnie HLTH:EX; Dr. Barb Yaffe; 'Warshafsky, Daniel (MOH)'; Richard Massé
Cc: Njoo, Howard (PHAC/ASPC); Bart Johnson; Andy Ridge; Graham Statt; Fiona Cavanagh; Dean Blue; Keely McBride
Subject: RE: Draft NHL letter
Attachments: NHL Return to Play all Prov v3.doc

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Thanks, Brent.

Attached is a final draft with the NHL as the recipient and Howard cc'd. I have added "strongly recommended" to the preamble above the options.

Just needing to hear if BC and ON are ok with this, and then I would send today if that works.

Thanks,

Deena

Dr. Deena Hinshaw
Chief Medical Officer of Health, Alberta Health
Associate Clinical Professor, Department of Medicine, University of Alberta
Clinical Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary
24th Floor, ATB Place North Tower
10025 Jasper Avenue | Edmonton, Alberta T5J 1S6

Classification: Protected A

From: Roussin, Brent (HSAL)
Sent: Wednesday, December 23, 2020 8:45 AM
To: Deena Hinshaw ; Henry, Bonnie HLTH:EX ; Dr. Barb Yaffe ; 'Warshafsky, Daniel (MOH)' ; Richard Massé
Cc: Njoo, Howard (PHAC/ASPC) ; Bart Johnson ; Andy Ridge ; Graham Statt ; Fiona Cavanagh ; Dean Blue ; Keely McBride
Subject: RE: Draft NHL letter

CAUTION: This email has been sent from an external source. Treat hyperlinks and attachments in this email with care.

Thanks again Deena. I support this approach.

B

From: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>

Sent: December 22, 2020 8:25 PM

To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>; Roussin, Brent (HSAL) <Brent.Roussin@gov.mb.ca>; Dr. Barb Yaffe <barbara.yaffe@ontario.ca>; 'Warshafsky, Daniel (MOH)' <Daniel.Warshafsky@ontario.ca>; Richard Massé <richard.masse@msss.gouv.qc.ca>

Cc: Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Bart Johnson <bart.johnson@gov.ab.ca>; Andy Ridge <Andy.Ridge@gov.ab.ca>; Graham Statt <graham.statt@gov.ab.ca>; Fiona Cavanagh <Fiona.Cavanagh@gov.ab.ca>; Dean Blue <dean.blue@gov.ab.ca>; Keely McBride <Keely.McBride@gov.ab.ca>

Subject: RE: Draft NHL letter

Thanks, Bonnie and Brent. I have reworded the recommendations as an either-or frame.

Would the attached be something that everyone could live with?

Thanks,

Deena

Dr. Deena Hinshaw

Chief Medical Officer of Health, Alberta Health

Associate Clinical Professor, Department of Medicine, University of Alberta

Clinical Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary

24th Floor, ATB Place North Tower

10025 Jasper Avenue | Edmonton, Alberta T5J 1S6

Classification: Protected A

From: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Sent: Tuesday, December 22, 2020 6:41 PM

To: 'Roussin, Brent (HSAL)' <Brent.Roussin@gov.mb.ca>; Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>; Dr. Barb Yaffe <barbara.yaffe@ontario.ca>; 'Warshafsky, Daniel (MOH)' <Daniel.Warshafsky@ontario.ca>; Richard Massé <richard.masse@msss.gouv.qc.ca>

Cc: Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Bart Johnson <bart.johnson@gov.ab.ca>; Andy Ridge <Andy.Ridge@gov.ab.ca>; Graham Statt <graham.statt@gov.ab.ca>; Fiona Cavanagh <Fiona.Cavanagh@gov.ab.ca>; Dean Blue <dean.blue@gov.ab.ca>; Keely McBride <Keely.McBride@gov.ab.ca>

Subject: RE: Draft NHL letter

CAUTION: This email has been sent from an external source. Treat hyperlinks and attachments in this email with care.

Acceptable in terms of protecting the players but could have impact on public health and health resources if clusters/OB occur. I have added some suggestions for consideration in the attached.

I would be happy to sign the letter as well and agree with the sentiment of the letter, but will go with what the rest of you prefer.

My best,

Bonnie

Dr Bonnie Henry

Provincial Health Officer

Office of the PHO

Ministry of Health
4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
V8W 9P4
Bonnie.henry@gov.bc.ca

Phone: s.17; s.19

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

s.16

From: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>
Sent: December 22, 2020 10:54 AM
To: Henry, Bonnie (Ext.) <bonnie.henry@gov.bc.ca>; Roussin, Brent (HSAL) <Brent.Roussin@gov.mb.ca>; Dr. Barb Yaffe <barbara.yaffe@ontario.ca>; 'Warshafsky, Daniel (MOH)' <Daniel.Warshafsky@ontario.ca>; Richard Massé <richard.masse@msss.gouv.qc.ca>
Cc: Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Bart Johnson <bart.johnson@gov.ab.ca>; Andy Ridge <Andy.Ridge@gov.ab.ca>; Graham Statt <graham.statt@gov.ab.ca>; Fiona Cavanagh <Fiona.Cavanagh@gov.ab.ca>; Dean Blue <dean.blue@gov.ab.ca>; Keely McBride <Keely.McBride@gov.ab.ca>
Subject: Draft NHL letter
Importance: High

Colleagues,

I know that we are all dealing with many urgent things, but I wanted to follow up from our call yesterday with a draft letter that I hope encompasses the discussion. I am wondering if you would be able to have a look, let me know if you can live with this approach, and if not, what would it take for you to be able to live with it?

If possible, would you be able to provide any feedback by first thing tomorrow?

Thank you for taking time out of the many other demands on your time to look at this.

Deena

Dr. Deena Hinshaw

Chief Medical Officer of Health, Alberta Health

Associate Clinical Professor, Department of Medicine, University of Alberta

Clinical Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary

24th Floor, ATB Place North Tower

10025 Jasper Avenue | Edmonton, Alberta T5J 1S6

Classification: Protected A

Date

AR {Action_Request_Number}

Gary Bettman
Commissioner
National Hockey League
1185 Avenue of the Americas
New York, NY 10036

Dear Gary Bettman:

Along with my colleagues in British Columbia, Manitoba, Ontario and Quebec, we would like to convey our collective support to allow the National Hockey League (NHL) to resume play with the appropriate risk mitigation in place. We believe that the Canadian NHL teams will be able to safely return to their regular season using these measures.

We recognize that the NHL is proposing a comprehensive approach to their season, including the use of testing, private travel, symptom checking, isolation/quarantine, and cleaning/disinfection protocols. While these proposed protocols for the Return to Play Season for staff, coaches and players enable risk mitigation for game play and practices, we also recognize that all our provinces are currently dealing with peaks of COVID-19 transmission and have strained health systems and broad community restrictions to reduce transmission. These restrictions are likely to be in place in mid January but we expect will be lessened by early February. Given this, we would strongly recommend enhanced protocols to ensure transmission that may occur in the home or community is minimized to the greatest extent possible, particularly early in the proposed season. These recommendations include either:

1. Considerations for a regular testing schedule for players, staff, coaches and close contacts, with close household contact testing required if players are living at home between travel episodes and enhancing the scheduling the NHL has undertaken to group games into blocks to limit inter-jurisdictional travel between provinces. Specifically in the early part of the season, it will be important to make these considerations wherever possible.

Or

2. Reinstating a "bubble" model for the beginning of the season, similar to what was used in the Hub City Series in Edmonton and Toronto. We would support the NHL in assessing if a phased bubble model (full bubble for 4-6 weeks and then a

modified bubble following, if conditions allow) or a full bubble model would be most appropriate. Should any iteration of the bubble model not be achievable for the NHL, we would recommend that the start of the season be delayed for a few weeks to allow for disease rates to drop and our health systems to recover.

We are committed to working towards a collective approach to reviewing the final protocols from the NHL and providing recommendations to support their safe Return to Play.

Additionally, we request the support of the NHL to leverage the Return to Play season as a means to re-engage Canadians in the importance of taking the appropriate steps to mitigate transmission. The NHL is well positioned to take on a strong role in promoting health and safety measures, critical to reducing the spread of COVID in our provinces. We would be greatly appreciative of visible leadership the NHL could provide over the first few months of 2021 in a time when our collective efforts to contain the virus will be critical to sustaining our health systems across the country. This could range from teams publicly promoting and demonstrating acquiescence to public health measures to having public messaging as part of their media buy. Adopting one of the two recommended options above would send a strong signal to all Canadians that COVID-19 prevention must continue to be a top priority.

We Chief Medical Officers of Health are supportive of efforts to ensure all Canadians are able to enjoy their teams returning to play on home ice. NHL hockey has been a bright spot for many Canadians during the pandemic, and has demonstrated both that public health measures can be implemented in a sports setting, and that safety is achievable where there is desire to succeed. The NHL Return to Play represents the hopes, dreams, and passion that Canadians have embodied throughout this response, as it weaves in elements of our pre-pandemic lives, as well as showcasing our fortitude as we move to the next stage of our future.

Yours sincerely,

Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health

Enclosure

cc: Dr. Bonnie Henry, Provincial Health Officer, British Columbia
Dr. Brent Roussin, Chief Provincial Public Health Officer, Manitoba
Dr. David Williams, Chief Medical Officer of Health, Ontario
Dr. Horacio Arruda, National Director Public Health, Quebec
Dr. Howard Njoo, Deputy Chief Public Health Officer, Public Health Agency of Canada

Sullivan, Michelle A HLTH:EX

From: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>
Sent: December 23, 2020 3:43 PM
To: gbb602@nhl.com
Cc: Henry, Bonnie HLTH:EX; Roussin, Brent (HSAL); Horacio Arruda; Williams, Dr. David (MOH); Njoo, Howard (PHAC/ASPC)
Subject: CMOH letter re: NHL return to play
Attachments: CMOH NHL Letter signed.pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Mr. Bettman,

Please see attached a letter on behalf of the CMOHs from Québec, Ontario, Manitoba, Alberta, and British Columbia.

If you have questions or comments, please reply to all on this email.

Thank you for your consideration.

Deena Hinshaw

Dr. Deena Hinshaw
Chief Medical Officer of Health, Alberta Health
Associate Clinical Professor, Department of Medicine, University of Alberta
Clinical Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary
24th Floor, ATB Place North Tower
10025 Jasper Avenue | Edmonton, Alberta T5J 1S6

Classification: Protected A

December 23, 2020

Gary Bettman
Commissioner
National Hockey League
1185 Avenue of the Americas
New York, NY 10036

Dear Gary Bettman:

Along with my colleagues in British Columbia, Manitoba, Ontario and Quebec, we would like to convey our collective support to allow the National Hockey League (NHL) to resume play with the appropriate risk mitigations in place. We believe that the Canadian NHL teams will be able to safely return to their regular season using these measures.

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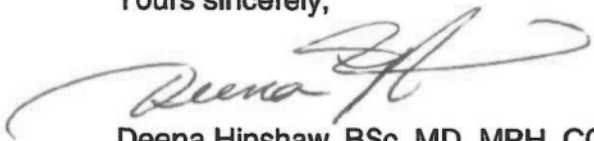
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Yours sincerely,



Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health

Enclosure

cc: Dr. Bonnie Henry, Provincial Health Officer, British Columbia
Dr. Brent Roussin, Chief Provincial Public Health Officer, Manitoba
Dr. David Williams, Chief Medical Officer of Health, Ontario
Dr. Horacio Arruda, National Director Public Health, Quebec
Dr. Howard Njoo, Deputy Chief Public Health Officer, Public Health Agency of Canada

Sullivan, Michelle A HLTH:EX

From: Deena Hinshaw <Deena.Hinshaw@gov.ab.ca>
Sent: December 25, 2020 9:11 AM
To: Gary Bettman
Cc: Henry, Bonnie HLTH:EX; brent.roussin@gov.mb.ca; dr.david.williams@ontario.ca; horacio.arruda@msss.gouv.qc.ca; howard.njoo@canada.ca; Lorna Rosen; Tyler Shandro; Christopher Thresher; Bill Daly
Subject: RE: 2020-21 NHL Return to Play Plan
Attachments: NHL Return to Play all Prov final December 25.pdf

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Mr. Bettman,

Please see attached a response to your letter on behalf of the CMOHs in the 5 provinces with NHL teams.

Happy holidays,

Deena Hinshaw

Dr. Deena Hinshaw
Chief Medical Officer of Health, Alberta Health
Associate Clinical Professor, Department of Medicine, University of Alberta
Clinical Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary
24th Floor, ATB Place North Tower
10025 Jasper Avenue | Edmonton, Alberta T5J 1S6

Classification: Protected A

From: Bill Daly
Sent: Thursday, December 24, 2020 12:33 PM
To: Deena Hinshaw
Cc: Henry, Bonnie (Ext.) ; brent.roussin@gov.mb.ca; dr.david.williams@ontario.ca; horacio.arruda@msss.gouv.qc.ca; howard.njoo@canada.ca; Gary Bettman
Subject: 2020-21 NHL Return to Play Plan

CAUTION: This email has been sent from an external source. Treat hyperlinks and attachments in this email with care.

Dr. Hinshaw – Please see the attached which is sent on behalf of NHL Commissioner Gary Bettman. Happy Holidays.

December 25, 2020

Gary Bettman
Commissioner
National Hockey League
1185 Avenue of the Americas
New York, NY 10036

Dear Gary Bettman:

Thank you for your letter. Your commitment to continued collaboration with public health authorities to ensure the ongoing protection of the public when play resumes and your support in communicating the importance of pandemic response measures are greatly appreciated. Along with my colleagues in British Columbia, Manitoba, Ontario and Quebec, we would like to affirm our support for the NHL to begin season play in Canada starting in January 2021 in accordance with the protocols outlined in the NHL Return to Play Plan and the additions referenced in your letter.

I would like acknowledge the profound investment the league, teams and players are making to bring NHL hockey back to Canada in a safe and balanced way. The pandemic response has resulted in hardships and has required many sacrifices across Canada. I sincerely believe the return of NHL hockey in Alberta, and across Canada, can bring a sense of hope in these tough days.

If you have any questions please feel free to reach out directly.

Yours sincerely,



Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health

Enclosure

cc: Dr. Bonnie Henry, Provincial Health Officer, British Columbia
Dr. Brent Roussin, Chief Provincial Public Health Officer, Manitoba
Dr. David Williams, Chief Medical Officer of Health, Ontario
Dr. Horacio Arruda, National Director Public Health, Quebec
Dr. Howard Njoo, Deputy Chief Public Health Officer, Public Health Agency of
Canada

Sullivan, Michelle A HLTH:EX

From: Emerson, Brian P HLTH:EX
Sent: December 28, 2020 1:44 PM
To: Henry, Bonnie HLTH:EX
Subject: Questions about Provincial Health Officer approvals for NHL games
Attachments: CMOH NHL Letter signed.pdf; Dr. Deena Hinshaw 12 24 20.pdf; NHL Return to Play all Prov final December 25.pdf; Signed - Annex A - National Interest Exemption Letter - For Signature.docx

Hi Bonnie.

Minister Mark (Tourism, Arts and Culture) has a call tomorrow, 9 am with the four Ministers from other NHL PTs so David Currie is wanting to know if there is some clarification to share.

Further to the correspondence with the NHL over the weekend that David Currie with MTAC received (attached and per below) he is asking for confirmation that the NHL will be playing this season in Roger's Arena. He wants to make sure the letter on the Dec 25th was approval for play in B.C. and not just approval for a Canadian division and the NHL's protocols.

My reading of the letter is that it is enabling and allows them to do either option as long as certain measures were in place. I suspect it will be to play games at Rogers Arena and other venues across Canada but would be good to know if you have further details/insights for Minister Mark.

Thanks and talk soon.

Brian

Dr. Brian P. Emerson, Deputy Provincial Health Officer (acting)
BC Ministry of Health, PO Box 9648 Stn Prov Govt, Victoria, BC V8W 9P1
T 250.952.1701 C^{s.17; s.19} F. 250.952. 1713 brian.emerson@gov.bc.ca

From: Currie, David TAC:EX
Sent: December 27, 2020 7:49 PM
To: Emerson, Brian P HLTH:EX ; Miller, Haley HLTH:EX
Cc: XT:Lysyshyn, Mark Dr. HLTH:IN
Subject: Fwd: Provincial health officer approvals for NHL games

Hello,

As you may know, there has been some communication between PHOs and the NHL over the holidays.

s.13

Best,
David

----- Forwarded message -----

From: Chris Brumwell <Chris.Brumwell@canucks.com>

Date: Dec. 27, 2020 6:41 p.m.

Subject: Provincial health officer approvals for NHL games

To: "Harbord, Chris GCPE:EX" <Chris.Harbord@gov.bc.ca>, "Wormald, Carla GCPE:EX" <Carla.Wormald@gov.bc.ca>

Cc: "Currie, David TAC:EX" <David.Currie@gov.bc.ca>, Ben Brown <Ben.Brown@canucks.com>

> [EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

>

> Hi Chris and Carla – Merry Christmas! I hope you had a relaxing few days.

>

>

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> I've shared these with David and want to make sure you have them as well. You will see in the final letter from Dec. 25 that the PHOs have all signed off on the NHL's return to play plan, which includes hosting games in home arenas. I wanted to make sure you had access to these in the event questions come up tomorrow and in the coming days.^{s.13}

s.13

s.13 Keith's tweet and Global news broadcast was on Thursday, and the final letter was sent on Friday. Christmas seemed to swallow up any news coverage on this topic, but there now is official approval.

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> Let's stay in touch in the next few days. I'll let you know if I receive any media requests.

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>

> Hope you have a quiet week.

>

>

>

> Thanks,

>

> Chris

December 23, 2020

Gary Bettman
Commissioner
National Hockey League
1185 Avenue of the Americas
New York, NY 10036

Dear Gary Bettman:

Along with my colleagues in British Columbia, Manitoba, Ontario and Quebec, we would like to convey our collective support to allow the National Hockey League (NHL) to resume play with the appropriate risk mitigations in place. We believe that the Canadian NHL teams will be able to safely return to their regular season using these measures.

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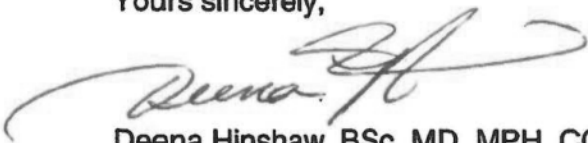
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Yours sincerely,



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Enclosure

cc: Dr. Bonnie Henry, Provincial Health Officer, British Columbia
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Positive Test Protocol

for Group 1 and 2A Individuals

1. PROTOCOL FOR SYMPTOMATIC CLUB PERSONNEL (INCLUDING PLAYERS)

Any Players or Club Personnel who develop symptoms should immediately self-isolate and contact their Club Doctor or Trainer. They should be promptly evaluated medically by the Club's physician(s), who shall consult with the Club's infectious disease specialist to determine next steps, and to administer PCR testing, if symptoms are consistent with COVID-19. Further, all Players and Club personnel must also immediately notify Club medical staff and the Club Contact Tracing Officer if they suspect that have come into contact with someone who has COVID-19¹.

1.1 IMMEDIATE ISOLATION PENDING TESTING

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

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

1.2 POSITIVE TESTS IN A SYMPTOMATIC INDIVIDUAL

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

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

1.3 NEGATIVE TESTS IN A SYMPTOMATIC INDIVIDUAL

Individuals who develop infectious respiratory symptoms, but who test negative for COVID-19, shall have their clinical care and clearance managed by the Club Physician in consultation with the Club's infectious disease expert.

¹ NOTE: if a family or household member is infected, consider moving the Group 1 or 2A individual out of the house (e.g., to a hotel or other lodging) until that family or household member is no longer considered infectious.

2. CONFIRMATORY TESTING FOR ASYMPTOMATIC INDIVIDUALS WHO INITIALLY TEST POSITIVE

If an initial RT-PCR is positive, Club Medical staff should be notified and the individual isolated immediately, while the lab conducts a "second run" confirmatory test on the same respiratory sample. Contact tracing shall also be started at this time (see Section 8 below). Figure 1 provides a flow chart for confirmatory testing, described below.

2.1 CONFIRMATORY POSITIVE

Individuals whose confirmatory test results return positive will be considered a confirmed positive, and they shall be required to isolate until medical clearance is obtained. In addition, the Club Physician shall immediately coordinate contact tracing with their infectious disease consultant and local health authority (as per Section 8 below). Labs conducting testing will notify the appropriate health authorities of positive tests.

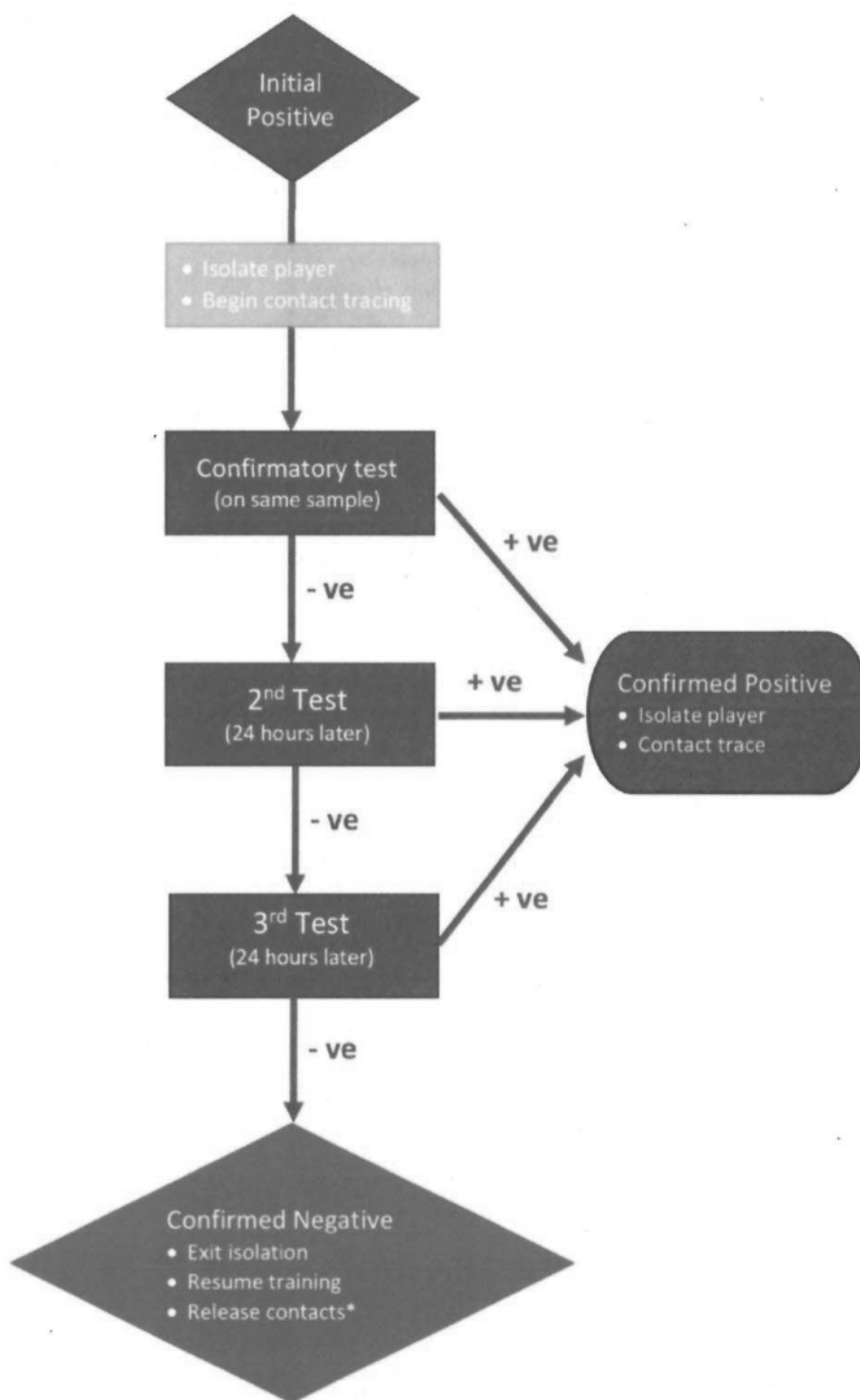
2.2 CONFIRMATORY NEGATIVE

If the confirmatory test is negative, the individual shall remain in isolation until a second respiratory sample is collected, 24 hours after the first sample was collected.

- Individuals whose second sample test results return positive will be considered a confirmed positive. They shall be required to isolate until medical clearance is obtained and the Club Physician shall immediately coordinate contact tracing with their infectious disease consultant and/or local health authority (as per Section 8 below).
- Individuals whose second sample test results return negative will remain in isolation until a third respiratory sample is collected 24 hours later (i.e., 48 hours from the initial sample).
 - If the third sample is negative, the individual may exit isolation.
 - If the third sample test results return positive, they will be considered a confirmed positive. They shall be required to isolate until medical clearance is obtained and the Club Physician shall immediately coordinate contact tracing with their infectious disease consultant and local health authority (as per Section 8 below).

Individuals 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.

Figure 1: Positive Test Protocol Flow Chart - Asymptomatic



s.13

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

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

How to Isolate:

- limit contact with others, frequent hand hygiene, keep surfaces clean, avoid sharing personal items,
- monitor yourself for symptoms,
- arrange to have access to needed supplies,
- If living in a shared accommodation, protect co-living individuals by:
 - limiting contact by using separate bathrooms, if possible
 - not sharing personal items
 - maintaining a 6 ft (2m) distance ^{s.13} (if unable to maintain physical distance, consider alternate accommodation)
 - clean and disinfect frequently touched surfaces often
 - Have others wear personal protective equipment such as a medical mask, disposable gloves and eye protection when within 6 ft (2m) of the ill/positive person.

If Players or Club Personnel are away from their home when notified of a positive test, they should use additional protective measures for accommodation and transportation to their location for isolation, including:

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

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

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

Further details regarding self-isolation are available at these links from the [CDC](#) and [Government of Canada](#). Individuals may also visit provincial/state and local health authority websites for further guidance.

4. ENDING ISOLATION

Players or Club personnel whose test has been confirmed positive shall remain in isolation until the following conditions have been satisfied:

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

Time-Based Strategy:

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

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

Symptoms-Based Strategy:

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

Test-Based Strategy:

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

4.3 ADDITIONAL CRITERIA

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

5. CARDIAC SCREENING

Although Players may exit isolation as per the above, a Player whose COVID-19 positive status has been confirmed must continue to refrain from exercise for a total of 14 days from the time of the first positive test (or such shorter period as set out below). Upon completion of the period of isolation, Players shall receive cardiac testing as follows²

- ECG,
- Echocardiogram, and
- high sensitivity troponin.

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

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

² A Game Plan for the Resumption of Sport and Exercise After Coronavirus Disease 2019 (COVID-19) Infection, JAMA Cardiol. 2020; 5(10):1085-1086. doi: 10.1001/jamacardio.2020.2136

6. EXHIBIT 25-A

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

7. DISCLOSURE

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

8. INDIVIDUALS WITH CLOSE CONTACT

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

- a contact tracing investigation shall be started immediately upon receiving the Index Individual's first positive test, which shall be done by the Club's Contact Tracing Officer with the Club Physician and infectious disease expert, in conjunction with, and pursuant to, regulations from local health authorities, to determine whether other Players or any other individual that had access to the Club Facilities had "close contact" with the Index Individual.
 - The Club Physician and/or infectious disease expert and/or local health authority may also seek to identify other people, not covered by this Protocol, who have been in contact with the Index Individual, as appropriate and consistent with regulations of local health authorities, including arena staff, League employees, and/or other vendors or service providers, family and other household members.
- Persons shall be considered to be a "Close Contact" if they have been within 6 feet of the Index Individual for a cumulative total of 15 minutes or more over a 24-hour period³, starting from 2 days before illness

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

onset (or, for asymptomatic Index Individuals, 2 days prior to test specimen collection), until the time the Index Individual is isolated.

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

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

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

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

- be subject to daily symptom and temperature monitoring and daily PCR testing for 14 days; and
- shall not be subject to quarantine provided that the following conditions are satisfied for such 14-day period:
 - i. The individual remains asymptomatic and afebrile (free of fever), and
 - ii. Daily PCR testing is done and results are negative on each occasion.
- During this 14-day period, the Close Contact in Group 1 or 2A shall be reminded of their obligations to observe the requirements regarding social distancing and face coverings. Such Close Contacts shall not leave their households except as to fulfill their work duties with the Club, including, but not limited to, participating in training, practices, and competition.
- Upon developing any symptoms consistent with COVID-19 or if any PCR test results return positive, the Close Contact shall be required to immediately end their participation in any Club activity, shall self-isolate, shall contact the Club Physician(s) and, thereafter, shall be subject to the applicable provisions of this Protocol.

If the in Group 1 or 2A individual is considered a “high risk close contact” (HRCC), the Club’s Physician, in consultation with the Club’s infectious disease expert, may require them to quarantine, on the basis set forth below, regardless of their PCR testing results. A HRCC s.13 is defined by s.13 meeting the criteria for a Close Contact above, and in addition, the individuals are around each other in non-transient, unmasked interactions, including, but not limited to, the following s.13 situations:

s.13

s.13

:Dining together;

- Living together;
- Extended social interactions, including in-person meetings;
- Small spaces with limited s.13 ventilation;

s.13

- And other measures in direct contravention with the Protocol.

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

The decision whether to impose a quarantine period for a Group 1 or 2A person considered to be a HRCC, and the length and nature of the quarantine period s.13 minimum of 7-day CDC Test-based strategy, 10-day or 14 day quarantine, will take into consideration the likelihood that the person has contracted COVID-19, which assessment will include the non-exhaustive factors identified above, any relevant CDC or PHAC recommendations on the management of close contacts, and any applicable federal, state/provincial, or local health authority law or regulation.

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

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

9. CONTACT TRACING NOTIFICATION

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

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

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

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

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

- Use of FDA or PHAC approved rapid Point-of Care Testing prior to any group training, practice, or scheduled game;
- Implementing more frequent RT-PCR testing for some or all of the persons in the facility;
- Restrictions on the number of individuals who may occupy, at any one time, the Club's training rooms, practice facilities, weight or conditioning rooms, locker rooms, showers, or treatment areas, and the amount of time that an individual may be permitted to access these areas of the Club's facilities;
- Restrictions on the size and duration of any group in-person meetings between Players and/or Club Staff;
- Restrictions on the provision of meals to be consumed at the Club's Facilities or elsewhere as designated under the Travel Protocol;

s.13

- Restrictions on Players/Club Personnel behavior outside of the Club Facilities, on the condition that any such restrictions have received the prior consent of the NHLPA's physician consultants. In circumstances

where a Club needs to take immediate and unilateral steps to address a significant health and safety concern, and on that basis obtaining the prior consent of the NHLPA would be reasonably impracticable in the circumstances, the Club and/or League may proceed with implementation of the enhanced protocol requirement without obtaining the aforementioned consent for a period not to exceed 24 hours; and/or

- Implementing a temporary closure of any Club Facilities, including the Club's training rooms, practice facilities, weight or conditioning rooms, locker rooms, showers, treatment areas, or arenas. Such closures should be of sufficient duration to mitigate COVID-19 transmission risk and also allow for remediation of any factors which may have increased the risk of COVID-19 transmission. In such cases, and at the time any decision to close is made, a structured plan shall be developed to determine appropriate re-opening strategy and timing.

Clubs shall notify the League s.15 and the NHLPA s.15 of the introduction of any of the enhanced health and safety measures contemplated above. Further, the NHL Chief Medical Officer and the NHLPA's physician consultants shall have an opportunity to consult with the Club's Physician and infectious disease expert prior to the implementation of the enhanced health and safety measures recommended by the Club.

11. FUTURE TESTING FOLLOWING A POSITIVE TEST

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

December 25, 2020

Gary Bettman
Commissioner
National Hockey League
1185 Avenue of the Americas
New York, NY 10036

Dear Gary Bettman:

Thank you for your letter. Your commitment to continued collaboration with public health authorities to ensure the ongoing protection of the public when play resumes and your support in communicating the importance of pandemic response measures are greatly appreciated. Along with my colleagues in British Columbia, Manitoba, Ontario and Quebec, we would like to affirm our support for the NHL to begin season play in Canada starting in January 2021 in accordance with the protocols outlined in the NHL Return to Play Plan and the additions referenced in your letter.

I would like acknowledge the profound investment the league, teams and players are making to bring NHL hockey back to Canada in a safe and balanced way. The pandemic response has resulted in hardships and has required many sacrifices across Canada. I sincerely believe the return of NHL hockey in Alberta, and across Canada, can bring a sense of hope in these tough days.

If you have any questions please feel free to reach out directly.

Yours sincerely,



Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health

Enclosure

cc: Dr. Bonnie Henry, Provincial Health Officer, British Columbia
Dr. Brent Roussin, Chief Provincial Public Health Officer, Manitoba
Dr. David Williams, Chief Medical Officer of Health, Ontario
Dr. Horacio Arruda, National Director Public Health, Quebec
Dr. Howard Njoo, Deputy Chief Public Health Officer, Public Health Agency of
Canada



Gary B. Bettman | Commissioner

December 24, 2020

Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP
Chief Medical Officer of Health
Alberta Health
10025 Jasper Avenue NW
P.O. Box 1360, Stn. Main
Edmonton, Alberta T5J 2N3
CANADA

Re: 2020-21 NHL Return to Play Plan

Dear Dr. Hinshaw:

Thank you for your letter of yesterday's date. On behalf of the National Hockey League, our Clubs and our Players, let me express to you our deep appreciation for the diligent work of you and your colleagues in the other Canadian provinces in which our teams play. Your commitment to safeguarding the health and safety of all Canadians is both apparent and greatly respected.

We also appreciate your recognition and acknowledgement that the NHL's Return to Play Plan represents a comprehensive approach to maximizing the health and safety of our Canadian communities, "including the use of testing, private travel, symptom checking, isolation/quarantine, and cleaning/disinfection protocols." As you know, we already have received valuable input, feedback and support from both the Public Health Agency of Canada (PHAC) and various of the provincial and local health agencies where our Clubs play. We have processed that input and feedback into the medical protocols that will govern our Return to Play, and those protocols have become stronger and even more comprehensive and, we believe, more effective as a result.

With respect to the specific recommendations contained in your letter, and as we expressed to your colleagues last weekend, we do not believe that either a "bubble model" for the beginning of the season, nor a multi-week delay before beginning play, are feasible; nor do we think they are necessary. We do believe in our ability to stage a successful Return to Play without employing such measures by ensuring appropriate risk mitigations are in place and that our personnel strictly comply with those mitigations. If our experience reveals a contrary reality, we will not hesitate to immediately employ appropriate remedial measures to ensure the health and safety of our Clubs and our Players. Importantly, given the measures we intend to have in place to limit NHL

National Hockey League

community interaction with the general public, regardless of the model or season timing we employ, we do not believe that our Return to Play Plan poses a material risk to the health and safety of everyday Canadians.

With respect to the other recommendations, it is important to emphasize that our Protocol already requires daily PCR testing of Players, Staff and Coaches. Our Protocol also states that Clubs "will make best efforts to provide Player families and all household members with logistical support for and access to PCR testing, when requested." In addition, we have just revised our Protocol so that the final version contains a provision that, "[i]n the event . . . that a Player tests positive, the Player's family, if deemed to be Close Contacts, shall also be tested daily for a period of 14 days." Given the incubation period with COVID-19, this strategy should provide a great deal of assurance that any family member who might contract COVID-19 from a Player would be detected before infecting others. Having said that, we are certainly open to evaluating the regular testing of close contacts, including by implementing of a regimen that would require close household contact testing when Players are living at home between travel episodes. This is something we have already discussed with the NHL Players' Association and which we see no obstacle in pursuing.

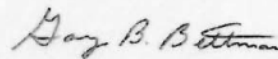
Since last weekend's call, we have also continued to revise and improve the schedule of our Canadian Clubs with the objective of limiting and minimizing inter-jurisdictional travel between provinces (the NHL's actual 2020-21 Regular Season Schedule was issued yesterday afternoon). An analysis of the schedule we prepared for our Canadian Clubs will reveal that, as compared to a regular NHL season, this season's schedule will produce: (i) a significant reduction in the overall number of times an NHL team will be traveling into each province to play games; (ii) a significant reduction in the number of times teams in a particular province will be returning home from road trips; (iii) a significant reduction in the number of different cities any one Canadian team will be traveling to during the season; and (iv) a significant reduction in the aggregate number of Club Staff and personnel who will be entering any one province in relation to NHL play. In addition, and due to the introduction of the "taxi squad" concept, we also expect a significant reduction in the number of different Players who will be recalled to a Canadian Club during this season, and who will be traveling to a Canadian city to participate in NHL play.

In addition, we commit to enthusiastically embracing your request to support efforts to use the platform of our Return to Play season as a means to re-engage Canadians in the importance of taking the appropriate steps to mitigate COVID-19 transmission. The League, our Clubs and our Players will commit to assuming a strong and visible role in promoting the importance of health and safety measures in reducing the spread of COVID-19 in your provinces. Public promotions in our Clubs' communities; public service announcements featuring high-profile Players and Club executives; and consistent messaging on national and local broadcasts can all provide effective platforms in "getting the message out."

Dr. Deena Hinshaw
Re: 2020-21 NHL Return to Play Plan
Page 3
December 24, 2020

In sum, it appears that we are fully aligned with you and your colleagues in the ultimate objective of returning NHL hockey to Canadian cities in a safe and responsible manner. Your support of our efforts to secure that result is (and will continue to be) instrumental in our ability to be successful. We pledge to keep the lines of communication open at all times to assess (and to reassess, as necessary) next steps in our collective path forward.

Sincerely,



Gary B. Bettman

GBB/ac

cc: Dr. Bonnie Henry, Provincial Health Officer, British Columbia
Dr. Brent Roussin, Chief Provincial Public Health Officer, Manitoba
Dr. David Williams, Chief Medical Officer of Health, Ontario
Dr. Horacio Arruda, National Director Public Health, Quebec
Dr. Howard Njoo, Deputy Chief Public Health Officer, Public Health Agency
of Canada



**Re: Authorization for Exemption from Canadian Mandatory Isolation Order for
National Hockey League (NHL)**

This is to advise that pursuant to the following instrument:

*"Minimizing the Risk of COVID-19 in Canada Order (Mandatory Isolation), No. 8,
paragraph 6(f)",*

I have authorized the exemption of the professional athletes and staff members of the Canada-based teams from the National Hockey League (NHL; "members" of the League with teams based in Canada) from the requirement to quarantine set out in paragraph 3(1)(a) and (b), subparagraph 3(1)(c) (ii) and section 4 of the Mandatory Isolation Order on national interest grounds under the conditions specified below.

This exemption applies to professional athletes and staff members of the NHL for the purposes related to the 2020-21 pre-season practice and training camp period. This exemption does **not** apply to any person with COVID-19, or who has signs and symptoms of COVID-19, or who has reasonable grounds to suspect they have such signs and symptoms.

This exemption is granted on the basis of my determination that the presence of these individuals is in the national interest, in particular based on the importance of sports for Canada's society and economy. The conditions that are attached to the exemption are based on public health considerations, and in particular are intended to minimize the introduction or spread of COVID-19.

This exemption follows the review of protocols submitted by the NHL for the 2020-21 season in Canada, which applies to the pre-season practice and training camp period. An assessment of the potential risks to public health was completed by the Public Health Agency of Canada (PHAC) December 21, 2020, wherein it was concluded that the full implementation of the NHL's protocols offers robust measures to mitigate the risk of community spread of COVID-19 in Canada. The exemption applies to players and staff of Canadian NHL teams that fall under an organizational plan that meets a level of rigour in the planning and implementation of robust measures to protect their players, staff, and all Canadians from the importation and spread of COVID-19 in Canada.

In order for players and staff to qualify for this exemption, the following conditions must be met:

(1) The League has in place, and players and staff must comply with, the *2020-21 NHL Season COVID-19 Protocol* and attachments (the Protocol), as approved by the PHAC on December 21, 2020, that follows rigorous public health measures.

The Protocol includes specific measures, as follows:

- A robust risk mitigation plan with capacity to test, trace and isolate COVID-19 and prevent its spread;
- Compliance with any requirements by provincial and local public health authorities;
- Teams being grouped into cohorts for the purpose of quarantine (quarantine “bubbles”) to limit the potential importation and spread of COVID-19 between players and non-players; and
- Physical measures being in place at sports facilities to limit human interactions and contact with physical surfaces, as well as rigorous cleaning/disinfection protocols.

(2) The League has provided to the PHAC a written commitment from every province and local public health authority, which host teams that they have given their full approval of the proposed risk mitigation measures proposed by the League for the pre-season practice and training camp period.

Any changes to a League’s Protocol must be approved by the PHAC, in order to confirm that the Protocol still contains all of the public health measures set out above and meets the public health objective of preventing the introduction and spread of COVID-19.

If, at any time during the quarantine exemption period, members of the League fail to comply with the above noted conditions, those members would no longer fall under this exemption and would be required to quarantine themselves in accordance with the requirements set out in paragraph 3(1)(a) and (b), subparagraph 3(1)(c)(ii) section 4 of the Mandatory Isolation Order. For those members who are temporary residents, there may also be consequences under the *Immigration and Refugee Protection Act* for any non-compliance with quarantine requirements under the *Quarantine Act*.

Yours sincerely,



The Honourable Marco E.L. Mendicino, P.C., M.P.
Minister of Immigration, Refugees and Citizenship

c.c.: The Honourable Patty Hajdu, P.C., M.P.
Minister of Health

The Honourable Bill Blair, P.C., M.P.
Minister of Public Safety and Emergency Preparedness

The Honourable François-Philippe Champagne, P.C., M.P.
Minister of Foreign Affairs

Nisbet, Corinna HLTH:EX

From: Brouwer, Shauna TAC:EX
Sent: June 5, 2020 1:29 PM
To: Hrycuik, Lorie HLTH:EX
Subject: Fwd: Attendees on the call today

Sent from my iPhone

Begin forwarded message:

From: Chris Brumwell
Date: June 5, 2020 at 12:38:52 PM PDT
To: "Bhat, Asha TAC:EX" , "Schneider, Amy TAC:EX" , "Currie, David JEDC:EX" , "Brouwer, Shauna TAC:EX"
Subject: Attendees on the call today

Hi everyone – in advance of our call and to keep things efficient so we don't have to go through intros, etc, here is who will be joining on our end.

Trent Carroll – Canucks Chief Operating Officer

Chris Gear – Canucks Assistant General Manager

Dr. Jim Bovard – Canucks Team Doctor

Dr. Josh Douglas – Canucks Infectious Disease Specialist

Jon Sanderson – Canucks Head Athletic Therapist

Don Hardman – VP, Operations, Canucks

Chris Brumwell – VP, Communications, Fan & Community Engagement

Thanks,

Chris

-----Original Appointment-----

From: Bhat, Asha TAC:EX

Sent: June 2, 2020 5:02 PM

To: Bhat, Asha TAC:EX; Chris Brumwell; Schneider, Amy TAC:EX; Currie, David JEDC:EX; Brouwer, Shauna TAC:EX

Subject: Follow Up Call

When: June 5, 2020 3:30 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).

Where: Conference Call# s.15; s.17 / Participant Code s.15; s.17 (Amy Schneider to Moderate)

Conference Call# s.15; s.17 / Participant Code s.15; s.17 (Amy Schneider to Moderate)

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Nisbet, Corinna HLTH:EX

From: Currie, David JEDC:EX
Sent: June 5, 2020 3:36 PM
To: Hrycuik, Lorie HLTH:EX
Subject: FW: Follow Up Call

Lorie – new participant code below.

From: Schneider, Amy TAC:EX
Sent: June 5, 2020 3:35 PM
To: Bhat, Asha TAC:EX ; Chris.Brumwell@canucks.com; Currie, David JEDC:EX ; Brouwer, Shauna TAC:EX
Subject: RE: Follow Up Call

Hi all – confusion on conference call number. Please use this participant # ~~s.15~~; s.17

Amy

-----Original Appointment-----

From: Bhat, Asha TAC:EX <Asha.Bhat@gov.bc.ca>
Sent: June 2, 2020 5:02 PM
To: Bhat, Asha TAC:EX; Chris.Brumwell@canucks.com; Schneider, Amy TAC:EX; Currie, David JEDC:EX; Brouwer, Shauna TAC:EX
Subject: Follow Up Call
When: June 5, 2020 3:30 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).
Where: Conference Call# ~~s.15~~; s.17 / Participant Code ~~s.15~~; s.17 (Amy Schneider to Moderate)

Conference Call# ~~s.15~~; s.17 / Participant Code ~~s.15~~; s.17 (Amy Schneider to Moderate)

Nisbet, Corinna HLTH:EX

From: Currie, David JEDC:EX
Sent: June 5, 2020 12:54 PM
To: Hrycuik, Lorie HLTH:EX
Cc: Brouwer, Shauna TAC:EX
Subject: FW: Attendees on the call today

Hi Lorie,

Below is a list of people attending this afternoon's call w/ the Canucks.

You mentioned Trevor Corneil and Dr. Bovard would be on the call. Let us know if anyone else plans on joining.

I am ready to chat about some feedback TAC has on the proposal when you are. I can send via email or call me. Whatever is easiest for you.

Thanks,
David

From: Chris Brumwell
Sent: June 5, 2020 12:39 PM
To: Bhat, Asha TAC:EX ; Schneider, Amy TAC:EX ; Currie, David JEDC:EX ; Brouwer, Shauna TAC:EX
Subject: Attendees on the call today

Hi everyone – in advance of our call and to keep things efficient so we don't have to go through intros, etc, here is who will be joining on our end.

Trent Carroll – Canucks Chief Operating Officer
Chris Gear – Canucks Assistant General Manager
Dr. Jim Bovard – Canucks Team Doctor
Dr. Josh Douglas – Canucks Infectious Disease Specialist
Jon Sanderson – Canucks Head Athletic Therapist
Don Hardman – VP, Operations, Canucks
Chris Brumwell – VP, Communications, Fan & Community Engagement

Thanks,
Chris

-----Original Appointment-----

From: Bhat, Asha TAC:EX <Asha.Bhat@gov.bc.ca>
Sent: June 2, 2020 5:02 PM
To: Bhat, Asha TAC:EX; Chris Brumwell; Schneider, Amy TAC:EX; Currie, David JEDC:EX; Brouwer, Shauna TAC:EX
Subject: Follow Up Call
When: June 5, 2020 3:30 PM-4:30 PM (UTC-08:00) Pacific Time (US & Canada).
Where: Conference Call# s.15; s.17 / Participant Code s.15; s.17 (Amy Schneider to Moderate)

Conference Call# s.15; s.17 / Participant Code s.15; s.17 (Amy Schneider to Moderate)

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Resumption of Play for the National Hockey League (NHL)

Briefing Note

What:

Phone call with NHL about Vancouver hosting the remainder of the 2019/20 season for the League's Pacific Division.

Who:

Gary Bettman, Commissioner of the National Hockey League.

Executive Summary:

Their criteria to host and B.C.'s capacity to meet those criteria are:

Current COVID context

Note: League may be looking for most recent COVID statistics in B.C. during the call.

- The health and safety of people has been our first priority throughout this pandemic and B.C. would put the same priority on protecting NHL players.
- B.C. is a low risk jurisdiction well suited to host the NHL with:
 - low transmission rates
 - the lowest mortality rate of comparable jurisdictions across North America and Europe
 - a flattening of the curve at a speed on par with Australia, New Zealand and South Korea

Support from province, health authorities and City of Vancouver

- B.C. and City of Vancouver enthusiastically support the Canucks proposal.
- Health authorities are working on the Canucks proposal and are supportive of the current approach to the health of players, staff and British Columbians.

Resumption of Play for the National Hockey League (NHL)

Testing and Monitoring program

- A B.C. public health official would work in collaboration with the NHL medical team to advise and help build the testing, monitoring, and medical protocols needed.
- B.C. has the capacity to provide the approximately 23,500 total daily tests that would be requested and those tests could be completed at one of the 9 labs near Rogers Arena.
- Provincial Ministry of Health Staff have confirmed that daily tests for NHL players, (at the NHL cost) staff and officials could be conducted without compromising the public's access to those tests.
- With proper testing and monitoring protocols for early identification of symptomatic staff, in place, health officials see the risk of infection or transmission as very low for players and their staff.
- Anyone associated with the League's play that became symptomatic after the arrival quarantine would need to self-isolate for an additional 10 days.

Arrival Quarantine protocols

- Anyone associated with the League's play that is crossing the border into Canada would need to quarantine for 14 days.
- Vancouver is one of 4 airports in Canada currently authorized to accept international passengers.
- There are stringent quarantine protocols in place at YVR to ensure the health of the visitor and the safety of the community.

Hosting Infrastructure

Resumption of Play for the National Hockey League (NHL)

- World-class city with Rogers Arena, numerous practice facilities and host to last June's NHL Entry Draft.
- Spectacular summer location for players, families and staff with opportunities on the ocean, golf courses, mountains and city.

Background:

- On March 12, 2020, National Hockey League (NHL) Commissioner Gary Bettman suspended the 2019/20 season indefinitely due to COVID-19.
- The NHL is currently seeking four cities – one for each of the league's divisions – to host play for the remaining 189 regular season games and the playoffs.
- The Canucks have raised the possibility that the NHL may propose moving straight into playoffs.
- The Vancouver Canucks have submitted a proposal to the NHL to host the NHL's Pacific Division, which includes the Calgary Flames, Edmonton Oilers, Los Angeles Kings, Anaheim Ducks, San Jose Sharks, Arizona Coyotes, Las Vegas Golden Knights, Vancouver Canucks.
- The province has written to both NHL Commissioner, Gary Bettman and Donald Fehr, Executive Director of the National Hockey League Players' Association (NHLPA) to show British Columbia's support to host the games.

Recommendations:

B.C. is willing to work with the League and the Players' Association to put in place the testing, health, facility and transportation infrastructure needed to have a safe and successful season.

From: Currie, David JEDC:EX <David.Currie@gov.bc.ca>

Sent: May 11, 2020 2:51 PM

To: Byres, David W HLTH:EX <David.Byres@gov.bc.ca>; Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>

Cc: Brouwer, Shauna TAC:EX <Shauna.Brouwer@gov.bc.ca>

Subject: For approval - BN - NHL Restart

Hi David, hi Lorie,

We have drafted the attached BN for PJH's call with NHL Commissioner Gary Bettman tomorrow.

Can you please review the relevant sections on pages 1 and 2 to make sure we've captured our conversations correctly.

Ideally we could have this back by end of day to get over to the PO today.

Thanks in advance,

David

Nisbet, Corinna HLTH:EX

From: Currie, David JEDC:EX
Sent: May 11, 2020 4:32 PM
To: Hrycuik, Lorie HLTH:EX; Byres, David W HLTH:EX
Cc: Brouwer, Shauna TAC:EX
Subject: RE: For approval - BN - NHL Restart

Those are helpful edits Lorie, thank you.

Confirming, yes the daily tests would be 550. Total tests in the current proposal – 21 day training camp, 21 day regular season – would be 23,500. Will make sure that is clear in the BN.

Will also let you know if the testing plans or duration of play change in our discussion with the League or Canucks.

From: Hrycuik, Lorie HLTH:EX
Sent: May 11, 2020 4:23 PM
To: Currie, David JEDC:EX ; Byres, David W HLTH:EX
Cc: Brouwer, Shauna TAC:EX
Subject: RE: For approval - BN - NHL Restart

David, Some suggested changes in yellow. it is important that the NHL put in a testing and monitoring protocol, and not rely only on testing to identify symptomatic or ill staff. Also wanted to ensure that the 23,500 are total daily tests, not 23,500 daily tests. And yes the province is capable of the 550 daily tests that they are requesting.

Lorie

Lorie Hrycuik
Executive Lead, Population & Public Health Division
Ministry of Health
Phone: (778) 974-3766 | Lorie.Hrycuik@gov.bc.ca

From: Currie, David JEDC:EX <David.Currie@gov.bc.ca>
Sent: May 11, 2020 4:08 PM
To: Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>; Byres, David W HLTH:EX <David.Byres@gov.bc.ca>
Cc: Brouwer, Shauna TAC:EX <Shauna.Brouwer@gov.bc.ca>
Subject: RE: For approval - BN - NHL Restart

Hi Lorie,

There were 11,500 tests for the 21 day regular season. There was also talk of a 21 day training camp, which would also require 11,500 tests.

s.13

Thanks,
David

From: Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>
Sent: May 11, 2020 4:05 PM

To: Currie, David JEDC:EX <David.Currie@gov.bc.ca>; Byres, David W HLTH:EX <David.Byres@gov.bc.ca>
Cc: Brouwer, Shauna TAC:EX <Shauna.Brouwer@gov.bc.ca>
Subject: RE: For approval - BN - NHL Restart

David, just reviewing the proposal now. My recollection from the original proposal was around 11,500 daily tests. This bn identifies 22,500 daily tests. Has there been a revised proposal that has increased the testing numbers?

Lorie
Lorie Hrycuik
Executive Lead, Population & Public Health Division
Ministry of Health
Phone: (778) 974-3766 | Lorie.Hrycuik@gov.bc.ca

From: Currie, David JEDC:EX <David.Currie@gov.bc.ca>
Sent: May 11, 2020 2:51 PM
To: Byres, David W HLTH:EX <David.Byres@gov.bc.ca>; Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>
Cc: Brouwer, Shauna TAC:EX <Shauna.Brouwer@gov.bc.ca>
Subject: For approval - BN - NHL Restart

Hi David, hi Lorie,

We have drafted the attached BN for PJH's call with NHL Commissioner Gary Bettman tomorrow.

Can you please review the relevant sections on pages 1 and 2 to make sure we've captured our conversations correctly.

Ideally we could have this back by end of day to get over to the PO today.

Thanks in advance,
David

Nisbet, Corinna HLTH:EX

From: Chris Brumwell <Chris.Brumwell@canucks.com>
Sent: June 15, 2020 10:07 AM
To: Hrycuik, Lorie HLTH:EX
Cc: Brouwer, Shauna TAC:EX; Chris Gear; Currie, David JEDC:EX; Trent Carroll; Jim Benning; Bhat, Asha TAC:EX; Byres, David W HLTH:EX
Subject: RE: Canucks training camp approval

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Lorie - thank you again for your assistance. A few questions came up over the weekend that we thought would be worth clarifying as well. Let me know if you have any recommendations on the best ways to clarify.

In anticipation of Dr. Henry's potential approval to move ahead with the Canucks training camp in Vancouver, using the Modified Quarantine outlined in our plan:

1) We are presently exploring the idea of bringing our Canucks players together as a singular group earlier than the NHL's official July 10th start date for training camps. Perhaps a week or more early. They would operate in a modified quarantine for the 14 days, exactly as outlined in the plan. We anticipate this would be okay because it's only a change of date, but wanted to make sure.

2) If the Canucks players and personnel complete the 14-day modified quarantine in training camp, and there is a break/gap in days between the end of the quarantine and the beginning of the Hub City phase, would our Canucks players be okay to spend that break at their local homes here in Vancouver? Then, if Vancouver is hosting the Hub City games, the Canucks players would gather back at the hotel, and operate in the strict bubble as the other NHL teams would. If Vancouver isn't a Hub City, the players would travel together and abide by the local health guidelines in whatever city is hosting.

3) If one Canucks player from the USA or Sweden has to join to camp a few days late, does the 14-day modified quarantine for the whole team begin on the day he joins?

Thanks,
Chris

-----Original Message-----

From: Hrycuik, Lorie HLTH:EX <Lorie.Hrycuik@gov.bc.ca>
Sent: June 13, 2020 7:52 PM
To: Chris Brumwell <Chris.Brumwell@canucks.com>
Cc: Brouwer, Shauna TAC:EX <Shauna.Brouwer@gov.bc.ca>; Chris Gear <Chris.Gear@canucks.com>; Currie, David JEDC:EX <David.Currie@gov.bc.ca>; Trent Carroll <Trent.Carroll@canucks.com>; Jim Benning <jeb@canucks.com>; Bhat, Asha TAC:EX <Asha.Bhat@gov.bc.ca>; Byres, David W HLTH:EX <David.Byres@gov.bc.ca>
Subject: Re: Canucks training camp approval

Hi All. I forwarded the request to Dr Henry on Friday for her consideration. Lorie

Lorie Hrycuik | Executive Lead | Population and Public Health Division | 778 974-3766 | Sent from my iPhone

On Jun 13, 2020, at 7:45 PM, Chris Brumwell <Chris.Brumwell@canucks.com> wrote:

Hi Shauna - thank you so much. This is extremely helpful. Hope you have a good weekend and I look forward to connecting next week.

Chris

Sent from my iPhone

On Jun 13, 2020, at 2:44 PM, Brouwer, Shauna TAC:EX <Shauna.Brouwer@gov.bc.ca> wrote:

Hi Chris,

Attached are the letters of support from BC as well as the Federal letter to the NHL. By copy of this email I will ask Lori Hryciuk at the Ministry of Health to arrange for the confirmation of the training camp plans following the modified quarantine protocols proposed in the Hub City Plan. I have had a chance to discuss with Lorie and I believe she is currently following up.

Regards,
Shauna Brouwer

From: Chris Brumwell <Chris.Brumwell@canucks.com>

Sent: June 12, 2020 11:52 AM

To: Brouwer, Shauna TAC:EX <Shauna.Brouwer@gov.bc.ca>

Cc: Chris Gear <Chris.Gear@canucks.com>; Currie, David JEDC:EX <David.Currie@gov.bc.ca>; Trent Carroll <Trent.Carroll@canucks.com>; Jim Benning <jeb@canucks.com>

Subject: Canucks training camp approval

Hi Shauna,

Thanks for the call. As we discussed, we would like to request formal approval that the Canucks can hold training camp in Vancouver next month as long as we follow the modified quarantine protocols outlined in our Hub City plan, and discussed on our call last week. Our players and coaches and small group of supporting personnel would all stay together within a bubble that includes the s.15 No family would be included. There would be no interaction with the community.

We also recognize that some of our players and coaches are traveling from the US and Sweden, which means we need federal clarity on the border.

If you need any other information, please let us know.

Thanks,
Chris

Chris Brumwell

VP, Communications, Fan & Community Engagement Canucks Sports & Entertainment

89 W. Georgia, Vancouver BC

| <https://maps.google.com/?q=89+West+Georgia,+Vancouver+BC%C2%A0*%7C*%C2%A0Canada%C2%A0*%7C*%C2%A0V6B&entry=gmail&source=g> Canada

| <https://maps.google.com/?q=89+West+Georgia,+Vancouver+BC%C2%A0*%7C*%C2%A0Canada%C2%A0*%7C*%C2%A0V6B&entry=gmail&source=g> V6B 0N8 T 604.899.4623 E

chris.brumwell@canucks.com<mailto:chris.brumwell@canucks.com>

<image001.png>

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<NHL-Resumption letter FINAL.pdf>

<2020-06-10 Prime Minister Trudeau.pdf>

<Dr Henry NHL Letter June 10 2020.pdf>

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Nisbet, Corinna HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: June 22, 2020 6:41 PM
To: Corneil, Trevor HLTH:EX
Cc: Henry, Bonnie HLTH:EX
Subject: Fwd: Time Sensitive NHL - Question for Dr. Henry -

Trevor. Apologies for not including you in original email to Bonnie. Lorie

Lorie Hrycuik | Executive Lead | Population and Public Health Division | 778 974-3766 | Sent from my iPhone

Begin forwarded message:

From: "Hrycuik, Lorie HLTH:EX"
Date: June 22, 2020 at 6:23:22 PM PDT
To: "Henry, Bonnie HLTH:EX"
Cc: "Byres, David W HLTH:EX" , "Brouwer, Shauna TAC:EX"
Subject: Fwd: Time Sensitive NHL - Question for Dr. Henry -

Bonnie. There was a question posed to Mark on a potential positive in the tournament and the impact on whether the tournament could continue. The decision on the proposal is within the next 24 hours. The request is for a confirmation on your position or the answer is important to advance the proposal. Please see email below for additional information from Shauna Lorie

Lorie Hrycuik | Executive Lead | Population and Public Health Division | 778 974-3766 | Sent from my iPhone

Begin forwarded message:

From: "Brouwer, Shauna TAC:EX"
Date: June 22, 2020 at 6:13:25 PM PDT
To: "Plecas, Bobbi IGRS:EX" , "Byres, David W HLTH:EX" , "Hrycuik, Lorie HLTH:EX"
Subject: Time Sensitive NHL - Question for Dr. Henry -

Hi there,

I got a call from the Canucks just now – Chris Brummel. He was on a call today between the PHO Mark Lysyshyn and the NHL Medical Officer Dr. Willeum Meeuwisse (cell # s.22

The reasonable question was asked what if there is a positive test during the tournament. The NHL would like to continue with the tournament in the event of a positive test. I understand there was some discussion today that per the plan the player would be quarantined, and then contact tracing would occur (the players are being routinely tested in the NHL model).

Chris felt there was not a strong answer to the question – It was not said, “Yes the tournament can continue under a positive test scenario” and there was concern on his part that this may negatively impact the NHL decision which is being made in the next 24 hours.

Is there any way to have a check in with Mark and Bonnie to ensure we have clear communication back to Dr. Meeuwisse tonight? Or early in the am? Or an email to confirm the PHO or Dr. Henry's position?

Thank you!

Shauna Brouwer



June 10, 2020

The Right Honourable Justin Trudeau, P.C., M.P.
Prime Minister of Canada
House of Commons
Ottawa, ON K1A 0A6

Dear Prime Minister,

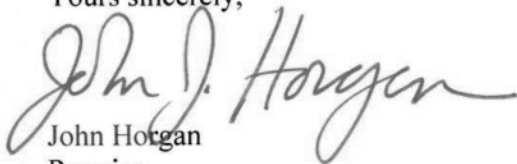
The Vancouver Canucks are currently in discussion with the National Hockey League (NHL) for Vancouver to be a host city for the 2020 NHL playoffs. This letter is to confirm the Government of British Columbia's support for this proposal.

Our shared focus over the last few months has been to contain the COVID-19 pandemic. Through the dedicated efforts of our public health professionals and through British Columbians working together, we have successfully managed to suppress the spread of the novel coronavirus in British Columbia.

As a result, we are now in a position to consider new opportunities that would help revive economic activity and raise the morale of our residents, such as the Vancouver NHL Hub City Plan, prepared by Canucks Sports and Entertainment. British Columbia is strongly committed to the well-being of our residents through enforcement of the 14-day isolation requirement for arrivals to Canada. Our understanding is that the Vancouver Canucks and other NHL teams would be in complete compliance with these requirements through a modified quarantine regime that would involve isolation bubbles in accommodations and arenas, secure transport and testing protocols. This modified quarantine regime would enable NHL teams to resume playing without adverse effects on B.C. residents.

I would, therefore, respectfully request the support of the Government of Canada for the requisite exemptions and modifications to requirements pertaining to the entry of athletes, officials and staff to Canada. Thank you in advance for your consideration of this request.

Yours sincerely,



John Horgan
Premier

Enclosure

cc: The Honourable Chrystia Freeland, Deputy Prime Minister and
Minister of Intergovernmental Affairs

Office of the
Premier

Web Site:
www.gov.bc.ca

Mailing Address:
PO Box 9041 Stn Prov Govt
Victoria BC V8W 9E1

Location:
Parliament Buildings
Victoria



June 10, 2020

Ms. Tina Namiesniowski
President, Public Health Agency of Canada
130 Colonnade Road A.L. 6501H
Ottawa, Ontario K1A 0K9 Email: tina.namiesniowski@canada.ca

Dear Ms. Namiesniowski,

The Vancouver Canucks are currently in discussion with the National Hockey League (NHL) for Vancouver to be a host city for the 2020 NHL playoffs and this is very exciting news for B.C. and Canada as a whole.

My team and I have reviewed the Canucks Vancouver Hub City plan, which proposes a modified quarantine along with the NHL's Return to Sport Protocol, which outlines the detailed medical and testing protocols and we also had the opportunity for direct discussion with the Canucks medical team last week. Given this opportunity for review and discussion I am now comfortable indicating my support for this initiative as long as a very strict modified team quarantine and testing protocol as outlined in the plans is followed. In addition, the players would not be designated as essential workers.

Please feel free to contact me, if you require any further information.

Yours sincerely,

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer



Mr. William L Daly
Deputy Commissioner
National Hockey League
50 Bay St., 11th Floor (Toronto Office)
Toronto, ON M5J 2X8

Fax: 416-981-2779

Dear Deputy Commissioner Daly:

Re: NHL Restart Plan

On behalf of the Government of Canada, I wish to confirm the decision to support the National Hockey League's (NHL) restart plan based on the approach outlined in the NHL Phased Return to Sport Protocol, phases 1 through 4.

The resumption of activities in Canada must be undertaken in adherence to Canada's plan to mitigate the importation and spread of COVID-19. Given the priority to keep Canadians safe and healthy, the Public Health Agency of Canada has assessed the plan against public health criteria and concluded that, if fully implemented, the plan offers robust measures to mitigate the risk of the importation and spread of COVID-19 in Canada.

The Government of Canada's support is based on the NHL implementing the measures as outlined in the restart plan which include testing, screening, cohorting and other restrictions. In addition, the NHL will require the formal support of provincial and local public health authorities in which the NHL intends to operate. Provincial and local public health authorities may require additional measures be put in place based on the local conditions.

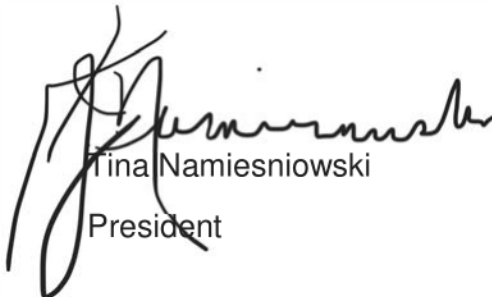
For the full resumption of play in the later phases of the NHL restart plan, the NHL has requested an exemption from Canada's quarantine requirements upon entry to Canada. All travellers to Canada, regardless of citizenship, are subject to border measures which require a 14-day quarantine, with some exceptions. The Government of Canada is prepared to seek modifications to the quarantine requirements for the NHL to allow for a cohort model that meets the same public health objectives.

Family members of Canadian citizens and permanent residents who may be attending with players or staff, will be permitted to enter Canada if they plan on staying for at least 15 days. Anyone else would continue to be prohibited from entering Canada for an optional or discretionary purpose. Family members are not expected to fall under the league's robust measures and therefore if they were to enter Canada, they would be expected to abide by existing federal quarantine/isolation measures.

Should any of the measures outlined in your plan change, we expect that the NHL would notify the Government of Canada as soon as possible so that they may be assessed.

We look forward to the resumption of NHL activities in Canada.

Sincerely,



Tina Namiesniowski
President

c.c.: The Honourable Patty Hajdu, Minister of Health
The Honourable Bill Blair, Minister of Public Safety and Emergency Preparedness
The Honourable Steven Guilbault, Minister of Canadian Heritage
The Honourable Marco Mendicino, Minister of Immigration, Refugees and Citizenship
Stephen Lucas, Deputy Minister, Health Canada
Rob Stewart, Deputy Minister, Public Safety Canada
Helene Laurendeau, Deputy Minister, Canadian Heritage
Catrina Tapley, Deputy Minister, Immigration, Refugees and Citizenship Canada
John Ossowski, President, Canada Border Services Agency
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. Deena Hinshaw, Chief Medical Officer of Health, Alberta
Dr. Bonnie Henry, Provincial Health Officer, British Columbia
Dr. David Williams, Chief Medical Officer of Health, Ontario
Dr. Eileen de Villa, Medical Officer of Health, Toronto

Nisbet, Corinna HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: June 13, 2020 7:52 PM
To: Chris Brumwell
Cc: Brouwer, Shauna TAC:EX; Chris Gear; Currie, David JEDC:EX; Trent Carroll; Jim Benning; Bhat, Asha TAC:EX; Byres, David W HLTH:EX
Subject: Re: Canucks training camp approval

Hi All. I forwarded the request to Dr Henry on Friday for her consideration. Lorie

Lorie Hrycuik | Executive Lead | Population and Public Health Division | 778 974-3766 | Sent from my iPhone

On Jun 13, 2020, at 7:45 PM, Chris Brumwell wrote:

Hi Shauna - thank you so much. This is extremely helpful. Hope you have a good weekend and I look forward to connecting next week.

Chris

Sent from my iPhone

On Jun 13, 2020, at 2:44 PM, Brouwer, Shauna TAC:EX wrote:

Hi Chris,

Attached are the letters of support from BC as well as the Federal letter to the NHL. By copy of this email I will ask Lori Hrycuik at the Ministry of Health to arrange for the confirmation of the training camp plans following the modified quarantine protocols proposed in the Hub City Plan. I have had a chance to discuss with Lorie and I believe she is currently following up.

Regards,

Shauna Brouwer

From: Chris Brumwell

Sent: June 12, 2020 11:52 AM

To: Brouwer, Shauna TAC:EX

Cc: Chris Gear ; Currie, David JEDC:EX ; Trent Carroll ; Jim Benning

Subject: Canucks training camp approval

Hi Shauna,

Thanks for the call. As we discussed, we would like to request formal approval that the Canucks can hold training camp in Vancouver next month as long as we follow the modified quarantine protocols outlined in our Hub City plan, and discussed on our call last week. Our players and coaches and small group of supporting personnel would all stay together within a bubble that includes the ^{s.15}. No family

would be included. There would be no interaction with the community.

We also recognize that some of our players and coaches are traveling from the US and Sweden, which means we need federal clarity on the border.

If you need any other information, please let us know.

Thanks,
Chris
Chris Brumwell
VP, Communications, Fan & Community Engagement
Canucks Sports & Entertainment
89 W. Georgia, Vancouver BC | Canada | V6B 0N8
T 604.899.4623 E chris.brumwell@canucks.com

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Nisbet, Corinna HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: June 14, 2020 8:48 AM
To: Henry, Bonnie HLTH:EX
Subject: Fwd: Canucks training camp approval

Bonnie. Further communication on the request from Canucks timing on camp. Lorie.

Lorie Hrycuik | Executive Lead | Population and Public Health Division | 778 974-3766 | Sent from my iPhone

Begin forwarded message:

From: Chris Brumwell
Date: June 14, 2020 at 8:15:09 AM PDT
To: "Hrycuik, Lorie HLTH:EX"
Subject: Re: Canucks training camp approval

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Thank you Lori.

Chris

Sent from my iPhone

On Jun 13, 2020, at 7:52 PM, Hrycuik, Lorie HLTH:EX wrote:

Hi All. I forwarded the request to Dr Henry on Friday for her consideration. Lorie

Lorie Hrycuik | Executive Lead | Population and Public Health Division | 778 974-3766 |
Sent from my iPhone

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Regards,

Shauna Brouwer

From: Chris Brumwell

Sent: June 12, 2020 11:52 AM

To: Brouwer, Shauna TAC:EX

Cc: Chris Gear ; Currie, David JEDC:EX ; Trent Carroll ; Jim Benning

Subject: Canucks training camp approval

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Thanks,

Chris

Chris Brumwell

VP, Communications, Fan & Community Engagement

Canucks Sports & Entertainment

89 W. Georgia, Vancouver BC | Canada | V6B 0N8

T 604.899.4623 E chris.brumwell@canucks.com

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Nisbet, Corinna HLTH:EX

From: Currie, David JEDC:EX
Sent: May 21, 2020 2:32 PM
To: Byres, David W HLTH:EX; Hrycuik, Lorie HLTH:EX
Cc: Brouwer, Shauna TAC:EX
Subject: Testing for private sector

Hi David, hi Lorie,

As we move through the restart we are getting questions from stakeholders – film, adventure tourism, etc – on if COVID tests will be available to private sector businesses so they can ensure safe operations.

I've heard Dr. Henry say the approach has been to test the right people at the right time. And she has also said that public health will become involved in a private business if anyone tests positive who works at that business.

s.13

, but I understand that had a very specific scope and number.

I was wondering if you can give us any guidance on when public health may be endorsing tests to be bought and used by the private sector. Or if there was a consideration or timelines for having testing available to private businesses?

Thank you,
David

Nisbet, Corinna HLTH:EX

From: Hrycuik, Lorie HLTH:EX
Sent: May 13, 2020 9:05 AM
To: Byres, David W HLTH:EX; Rongve, Ian HLTH:EX
Cc: Murray, Heather HLTH:EX; West, Jenna HLTH:EX
Subject: RE: FOR LORIE/DAVID'S APPROVAL: IN Canucks restart

David, confirming the information aligns with the submission and the additional expectations of monitoring. In discussion with both yourself and Ian, the system is capable of managing the additional 550 daily tests that would be requested by the NHL.

Lorie

Lorie Hrycuik
Executive Lead, Population & Public Health Division
Ministry of Health
Phone: (778) 974-3766 | Lorie.Hrycuik@gov.bc.ca

From: Byres, David W HLTH:EX
Sent: May 13, 2020 8:41 AM
To: Rongve, Ian HLTH:EX ; Hrycuik, Lorie HLTH:EX
Subject: Fw: FOR LORIE/DAVID'S APPROVAL: IN Canucks restart

Can you review and confirm - my understanding of the testing resources / support aligns with this note but want to confirm with you both.

David Byres, DNP, RN, CHE
Associate Deputy Minister, Clinical Leadership
[Ministry of Health](#)
PO Box 9650 Stn Prov Govt
Victoria, BC V8W 9P4
Cellular (778) 678-7264
Assistant: [Jenifer Sheppard](#) **Phone:** 250 952-1266

From: HLTH Health Issues HLTH:EX
Sent: May-13-20 08:07
To: Hrycuik, Lorie HLTH:EX; Byres, David W HLTH:EX
Cc: West, Jenna HLTH:EX; Carnegie, Lynn HLTH:EX; Sheppard, Jenifer A HLTH:EX; Murray, Heather HLTH:EX; HLTH Health Issues HLTH:EX
Subject: FOR LORIE/DAVID'S APPROVAL: IN Canucks restart

Hi Lorie and David,

I understand you are the contacts in Health on this. Please let me know if you have any concerns - in particular, the highlighted info attached re: questions and testing resources.

Thank you,

Leah

Leah Baade
a/Team Lead, Risk and Issues
Corporate Issues & Client Relations Branch
Ministry of Health
236-478-1364 | leah.baade@gov.bc.ca