

Proposal for Return to Hockey with the Safe Reopening of Arenas (Covid-19 – Second Wave).

Submitted by the:

United Hockey Alliance of Alberta.



TABLE OF CONTENTS

1. Purpose / Objective
2. Philosophy / Mission
3. Player Safety / Health
4. Impact of Municipalities
5. Program modifications and risk reduction strategies
 - 5.1 Phase 1 – Small Group Training (Skill Development)
 - 5.2 Phase 2 – Team Practices
 - 5.3 Phase 3 – 2 Line or 3 on 3 Games
 - 5.4 Phase 4 – Full ‘Return to Play’
6. Evaluation

1. Purpose / Objective

The intent of this proposal is to request the Government of Alberta to consider reopening of Ice Arenas as part of their reopening plans for the first quarter of 2021. Ensuring a safe and healthy environment for children, families and arena staff is our priority and with adherence to physical distancing and risk reduction recommendations we believe facilities can be a safe environment for athletes, their fans, and the arena staff alike. Our objective is to commit to safe standards and restrictions associated with the reopening of Ice Arenas so that Dr. Hinshaw and the Alberta Government will support Arena openings in the first quarter of 2021.

2. Philosophy / Mission

To promote and enhance healthy and safe reintegration for children into hockey programs supporting their emotional, social, physical, and mental health during the COVID 19 crisis. The United Hockey Alliance of Alberta is a community-based advocacy group comprised of 80+ Hockey Clubs, Hockey Development Companies, and complimentary services. Our members provide an all-inclusive sport environment that engages young athletes to enhance their skills, knowledge, confidence, and love of our great game. Our model is team centered and coach inspired, integrating, community, and scholastic sport to engage players in fun, fitness, social interaction, and self-fulfillment.

3. Player Safety / Health

Our goal is for the Alberta Government to approve the reopening of Ice Arenas in a safe manner as part of their reopening plans for the first quarter of 2021. The COVID 19 virus has an emotional, social, physical and a developmental impact on our young and impressionable children. They have been restricted from environments that offer positive feedback, skill and knowledge development, and socialization. Extracurricular environments support children in developing diverse skill sets, resilience, and confidence. Many families want their children reengaging in these positive developmental programs and are concerned about the long-term consequences of continued isolation and restrictions.

Positive outcomes for re-engaging children in sports

For enhanced development in early childhood, children need a balanced diet, plenty of sleep and exercise each day. Physical activity promotes; *Stronger muscles, bones & joints, Stronger heart, Controlled body fat, Decreased risk of type 2 diabetes, Improved fitness.* Along with the plethora of physical benefits, the mental benefits are equally as impressive. When we are physically active our body releases serotonin which directly contributes to our feelings of well-being.

Exercise has also been found to relieve stress, depression and anxiety. Although often overlooked, children experience these emotions just as adults do and exercise is a great way to help combat these feelings. Sport increases the likelihood of children staying active, allowing them to sleep better and keeps them mentally sharp. Recent studies have found that increased physical activity levels directly related to school performance, particularly in the areas of math, reading and retention of information. This would also support parents that are struggling to balance work and new homeschooling responsibilities.

Sport can not only help encourage children to be more physically active but also helps teach them valuable skills and life lessons that they can carry with them through to adulthood. Not only does sport increase their individual confidence but it also helps keep children social. Social skills that are learned or enhanced through sport while assisting children in growing into successful adults include, *Teamwork, Fair play, Communication, Respect for others, Ability to follow rules, Independence, Leadership.*

4. Impact on Municipalities

The economic impact of COVID 19 has reached far and wide. Offering modified sports programs that meet risk reduction guidelines would support and maintain future programs for children and families to engage in healthy physical activity and decrease the financial impacts on facilities and municipalities.

5. Modified programming and risk reduction strategies

We are proposing the following phased reopening plan for Ice Arenas. Our plan includes safe standards and risk reduction strategies for a gradual and responsible return to game play.

5.1: Phase 1 – Small Group Training (Skill Development)

- Small Group Sessions consisting of 3-6 skaters using ½ of the ice surface – 1 Coach per ½ of the ice. Total of 6-12 players plus 2 coaches per ice sheet.
- Player MUST be in a 'Cluster' in phase 1. Meaning they must be in the same group each time. Therefore, should one player in that group test positive, the entire group must stay at home until tested or medically approved to return.
- Players to arrive dressed in full hockey gear (with no access to the facility until 10 minutes prior to ice time).
- Based on a facilities ability to implement / accommodate, either a staff member or a third-party security staff person would monitor to ensure only players with ice time are permitted in the facility and distancing measuring are being complied with on-ice. Reporting user group compliance / safety issues to Facility Management.
- Players to put on skates in designated areas of arena (i.e. near ice surface entry; foyer; lobby areas) on designated benches with physical distance indicators.
- All dressing rooms and dressing room washroom facilities would be closed. Unless it is prudent to appropriate distancing. This should be facility specific and approved by AHS.
- On the ice, players must stay in designated end.
- Coaches are tasked with ensuring players maintain appropriate physical distancing measures including in any line-ups. General guideline is to remain at least one hockey stick (with arms extended away from any other player or coach on the ice at all times).
- Focus on ice times is on individual skill development only (no physical or incidental contact and/or battle drills).
- One-on-one (battle scenarios) would come into place in Phase 2.
- On the ice, players have all their equipment on including hockey gloves. They do not share ANYTHING other than a hockey puck that is passed with a stick...NEVER touched by hand.
- Benches would not be used in this phase (unless for medical purposes or in the event of a water bottle falling to the inside of the bench area). In Phase Two, designated distancing areas would be placed on benches (similar to grocery stores).
- Designated water bottle placement areas (stickers) would be placed on top of dashboard edge at benches so that players could place their water bottle in a safe area to ensure effective distancing during water breaks.
- All AHS health and safety recommendations would be followed.
- For older players (who can tie their own skates), parents must drop them off at the front entry of the arena with equipment on. For younger skaters, 1-parent may be permitted to enter lobby / skate tying area to assist their own child only with their skates and helmet straps.
- Full sanitization measures would be conducted during and at the conclusion of each ice time (by designated arena staff and/or an outsourced cleaning provider) to ensure cleaning consistency.
- Specifically, skate tying arena; ice surface door gates; dashboard areas on benches (where water bottles are placed); and bench door handles, and bench surfaces would be sanitized.
- Beyond flood time between ice times, consider adding in an additional 15-minute lag time between user groups to ensure there is no interaction with multiple groups. All players from previous ice time must exit the facility within 10 minutes from the conclusion of their ice time. This additional lag time would also provide facilities with a

cleaning period to sanitize key surface areas prior to the next user group arriving. This protocol could continue in place in future phases (as required).

- Majority (if not all) of facilities have automated entry doors, limiting the need for any handling of door handles.
- Opportunity to discuss one parent (or guardian) per player to be seated in the arena spectating area (complying with 2 metre distancing protocols). Based on large bleacher areas in arenas, the ability to accommodate and ensure compliance of up to 12 parents would be very straightforward. Allowing a parent to spectate (with physical distancing) will be helpful for younger players (in the event of any issues arising). Signage and designated seating 'Seating Dots' could be placed in bleachers to ensure distancing.
- No player, parent, coach nor staff member shall be permitted to enter the facility if they are feeling unwell or experiencing any COVID-19 related symptoms.
- Players (parents) will only be permitted to participate provided they have downloaded and activated the AHS ABTraceTogether mobile app to ensure groups are full participating in contact tracing measures (requirement for all phases moving forward).
- Any participant or parent must report a positive test immediately to the facility manager and their user-group leader. The ABTraceTogether App requirement (as noted above) also ensures contact tracing and reporting accuracy.
- If players, coaches and parents do not comply with Distancing protocols, players or groups will be asked to leave the facility immediately and the user group will be at risk at losing their ice times moving forward (as deemed appropriate by Facility Management). This protocol would remain in effect through the end of Phase 3.

*** We believe that this phase could begin immediately and/or within the Alberta governments Stage Two of re-opening. It is safer than going to a grocery store or any other 'Essential' Business at this time and is also UNDER THE 15-person event Protocol. Given the 1 coach to 6 player ratio, coaches would feel extremely comfortable monitoring and ensuring physical distancing compliance.

5.2: Phase 2 – Team Practices

- Similar Physical Distancing and safety protocols would continue as noted in Phase 1 (i.e. coming to the arena full dressed).
- Opportunity to re-introduce dressing room facilities for players (with no more than one parent per younger athletes) with designated physical distancing areas in place (stickers on bench). Alternating parents access to the dressing room - no more than 5 parents/coaches at one time).
- An increase in player count (representative of a team - typically 14-16 players) with no more than 8 players permitted per dressing room (utilizing two dressing rooms). These two groups of 10 would still fall under the 15-person gathering protocol.
- Up to 10 players and coaches designated per 1/2 sheet of ice.
- Station based skill development drills would be implemented (within four quadrants of the ice).
- Additionally, practices could evolve to full ice flow / skating drills provided compliance with distancing measures is adhered to.
- This would be the phase where once it is deemed safe and healthy, contact and battle scenarios would be re-introduced (given the level of equipment and protection hockey players already have in place).
- Benches would be activated, allowing players to be seated on the bench (with physical distancing and designated seating in place).
- Continuing with one spectator parent (or guardian) per player may be allowed to spectate (as per Phases 1).
- All cleaning / sanitation procedures to continue as per Phase 1.
- Onsite monitoring (staff and/or security) to continue within this phase (providing access clearance and monitoring that distance measure compliance).
- Non-compliance of Distancing measures will result in dismissal from the facility and potential loss of ice time(s).

5.3: Phase 3 – 2 Line or 3 on 3 Games

To be implemented after or in conjunction with Phase 2.

- Games would have to be limited to be played with no more than 10 skaters and a goalie on each team.
 - 5 on the ice + Goalie at a time (or 3 on 3 - with 6-7 skaters plus a goalie per team)
 - 3-5 players on the bench at one time (with physical distancing seating designated)
 - 2 Coaches per team only (appropriately distanced from each other and players).
 - 1 Referee on the ice only (referee to wear face shield and gloves). Half visors and gloves are typical for officials; however a full-face shield / visor could also be considered.
- Continuing with one spectator parent (or guardian) per player may be allowed to spectate (as per Phases 1 & 2).
- Opportunity to allow changing in dressing rooms. No shower access. Hand washing supplies and access must be always in place.
- Limit of one parent per player in dressing room. Continue to alternate parent access if necessary - i.e. 5 then 5.
- All cleaning / sanitation procedures to continue as per Phase 1.
- Onsite monitoring (staff and/or security) to continue within this phase (providing access clearance and monitoring that distance measure compliance).
- Non-compliance of Distancing measures will result in dismissal from the facility and potential loss of ice time(s).

5.4: Phase 4 – Full 'Return to Play'

- Opportunity to return to play abiding by all AHS new protocols for facilities.
- Analyze and implement new safety protocols which have been adopted in early phases which make sense to continue on an ongoing basis to protect players, coaches, officials, parents and staff.

6. Evaluation

This plan should be evaluated every four weeks to assess needs for enhanced safety and to meet dynamic government recommendations.