



Connecticut Hockey Conference

GOVERNING BODY FOR USA HOCKEY IN CONNECTICUT
AN AFFILIATE OF USA HOCKEY

September 1, 2021
Revised (2)

Dear Presidents and Player Safety Representatives,

Below are the current COVID Mask Policy, Reporting Guidelines, Contact Tracing and Quarantine Period Guidelines, Return to Play Guidelines, and HIPAA Guidance.

Mask/Facial Covering Policy – Effective September 1, 2021

In consultation with the Connecticut Department of Public Health (DPH), and in conjunction with the Connecticut Rink Owners Association (CROA), and in conformance with Gov. Ned Lamont’s Executive Order No. 13A, the Connecticut Hockey Conference (CHC) hereby requires, effective September 1, 2021, that all individuals and participants inside facilities hosting CHC sanctioned events (including practices, scrimmages, and games) in the State of Connecticut, and inside facilities hosting events of CHC member programs, Pawling and Putnam Youth Hockey, must wear a mask or face covering at all times. For players and on-ice officials who are actually on the ice, a face shield that covers the entire face, including the nose and mouth, attaches to the player’s helmet, and is specifically manufactured for use with the player’s helmet, may be worn.

Rink, Town, or Local Health Department Policies or Guidelines do not supersede this mandate.

“Individuals and participants” include all players, coaches, on-ice officials, off-ice officials (including scorekeepers and timekeepers), and spectators.

Failure to comply with this requirement carries with it may constitute a violation of Executive Order no. 13A and subject the violator to a fine, as provided in the executive order.

Accepted Facial Coverings for Ice Hockey



Cloth Masks
Disposable Masks
Medical-Type Masks



Neck Gaiters



CCM Game On Face Mask
(Player & Goalie versions)



Bauer Concept III Face Shield
(with Bauer Splash Guard applied)

Examples of Masks Improperly Worn



Under the nose



On the chin



Only on the nose



On the forehead



Dangling from ear

Medical Exemptions

Executive Order No. 13A includes a medical exemption for a requirement of a “mask or cloth face covering”. However, this CHC policy includes an alternative to a mask or cloth face covering for individuals who are actually on the ice. That alternative is a face shield. It is required that everyone on the ice wear either a mask or face-shield. There is no medical exemption available for this requirement because anyone who cannot wear a mask or cloth face covering may wear a face shield on the ice, all as explained above.

When indoors at a CHC-sanctioned event, but not on the ice, the mask or face-covering requirement applies, as explained above and in compliance with Executive Order No. 13A. In that situation, the medical exemption included in Executive Order No. 13A applies:

“Nothing in this order shall require the use of a mask or cloth face covering by anyone for whom doing so would be contrary to his or her health or safety because of a medical condition, behavioral condition, or disability, or anyone under the age of 2 years. Any person who declines to wear a mask or face covering because of a medical condition, behavioral condition, or disability shall be exempt from this order and any requirement to wear masks or face coverings promulgated in or pursuant to any COVID-19 Order, but only if such person provides written documentation that the person is qualified for the exemption from a licensed or certified medical provider, psychologist, marriage and family therapist, professional counselor, social worker, or behavior analyst, the Department of Developmental Services or other state agency that provides or supports services for people with emotional, intellectual or physical disabilities, or a person authorized by any such agency. Such documentation shall not be required to name or describe the condition that qualifies the person for the exemption.”

COVID Reporting Policy – Effective August 24, 2021

In the event that a participant in a CHC hockey program receives a confirmed, positive test result for COVID-19, the Player Safety Representative for the program with which the individual is associated should immediately provide notice of the positive test result to the local health department of the program’s home city or town. The representative should also notify the program staff for any program with which the individual shared the ice for practices, games, or skill sessions, and officials with whom the individual shared the ice or had close contact within 48 hours prior to the onset of the individual’s symptoms or test date (if asymptomatic). (See below for more detail as to the specific people the Player Safety Representative must notify and the proper procedure for providing the required notifications.) All notifications required under this section should be made in accordance with all applicable federal, state, and local privacy and confidentiality laws and regulations.

In the event that an individual with a CHC hockey program receives a confirmed, positive test result for COVID-19, the Player Safety Representative for that program must notify the following people via email with the required information:

- the Program President
- the local Health Department
- the parents of all team members on the affected team
- the team coaches
- the management staff of any hockey facility in which the infected individual was in attendance during the 14 days prior to the positive test result or the first onset of symptoms, whichever is sooner (call or email is acceptable)
- Amy Landino, Player Safety Coordinator – CT, playersafetycoordinatorCT@gmail.com
- Chuck Wilkerson, CHC President, chctournamentdirector@outlook.com
- Art Blakeslee, CHC Vice President, art. Blakeslee4@gmail.com
- Mike Federico, CHC Treasurer, Michaelfederico@Cox.net
- Dawn Bryson, CHC Secretary, dawnbryson@chchockey.org.

If the infected individual participated in a game, practice, or skill session with another team during the 48 hours prior to the onset of symptoms or test date (if asymptomatic), the Player Safety Representative for the infected individual's program shall immediately provide notice to the Player Safety Representative for the opposing team's program via email and then immediately follow up with a call the Player Safety Representative to ensure he/she received the email.

In a situation such as the above, where the infected individual did not play for the home team, **the Player Safety Representative for the home team shall immediately provide notice to the local health department.** This is in addition to the notification to the local health department for the infected individual's program, which is to be provided by the individual's Player Safety Representative, as set forth above.

If there were officials present for the relevant game(s), practice(s), or skill session(s), the Player Safety Representative for the infected individual's program shall immediately provide notice to Connecticut Referee-in-Chief, Kevin Redding, via email to: ctric@chchockey.org, so that he can notify the affected officials.

Player Safety Representatives are reminded that it is their responsibility to inform their program's teams, coaches, and parents of the relevant association, local, and state guidelines and policies.

All program Presidents and Player Safety Representatives should check their email and the CHC website regularly for updates to state guidelines.

Contact Tracing and Quarantine Period – Effective August 24, 2021

A person is considered fully vaccinated 14 days after their second dose of the Pfizer or Moderna vaccines or 14 days after the single dose of the Johnson & Johnson vaccine.

The Centers for Disease Control's general guidance for identification of close contacts defines a contact as within 6 feet of an infected individual for a total of 15 minutes or more over a 24-hour period. However, this definition is intended for individuals interacting at a relative resting state (e.g., engaged in conversation, seated near each other, etc.). In cases where significant respiratory droplet generation and spread could reasonably be expected (e.g., with a cough or sneeze, aerobic activity, forced exhalation upon exertion, etc.), then 15 minutes of exposure is not needed to be considered a contact. In the case of ice hockey, given the

highly aerobic nature of the activity, caution would dictate that anyone who was on the ice with the infected individual during a practice or game for any period of time (or was within six feet of the infected individual for 15 minutes) should be considered a close contact. Masks do not factor into CDC's definition because it is not possible to verify consistent and correct use of masks during activities.

Individuals who are not fully vaccinated who are identified as a close contact of a known COVID-19 case quarantine away from sports for a full 14 days from the date of their last exposure to the case, or for 10 days with a negative test at day 8 or later. Even if players are allowed to return to school or other activities earlier than the timelines listed above, they should not return to sports until 14 days or 10 days with a test. The date of last exposure counts as day 0.

Fully vaccinated individuals do not have to quarantine away from sports at all, as long as they do not have any symptoms. It is recommended that fully vaccinated individuals get tested between day 3-5 after their last exposure to a case and wear a mask when around others at all times until they receive a negative test result or for a full 14 days.

When someone becomes infected, that person must go into "isolation" (as opposed to close contacts of an infected individual, who quarantine away from sports). Isolation lasts for a full 10 days from the time symptoms started or the positive test was administered (if the individual did not experience symptoms prior to the positive result). Date of positive test or onset of symptoms counts as day 1.

Return to Play – Effective August 24, 2021

The American Academy of Pediatrics' 6-day, Return to Play Information: After an infected player's isolation period ends, that player should confirm with his or her medical provider that the player is cleared to return to athletic activities. Those players, in consultation with their medical provider or the team trainer/physician, should follow the American Academy of Pediatrics' Return to Sports and Physical Activity guidance and

procedures, including the multi-day progression of physical activity as indicated. A written note from the player's pediatrician is required to be presented to Return to Play.

There is no need for additional COVID testing in order for a player to be released from isolation (in fact, the person may continue to test positive for up to 90 days after they are infected, so testing is not recommended for people who have recently recovered from COVID-19).

Given the current state of infections in Connecticut, it is likely that, sooner or later, someone will show up at practice or a game infected, and so all CHC participants will benefit significantly in terms of practice/game time if they are fully vaccinated.

The Health Insurance Portability and Accountability Act (HIPAA)

To the extent anyone raises the Health Insurance Portability and Accountability Act in connection with any of the above requirements, please be aware that CHC is not acting in a manner that would deem it to be defined as a "covered entity" under HIPAA.

Please direct your questions to: CHC Player Safety Coordinator Amy Landino.
Email: playersafetycoordinatorCT@gmail.com

Thank You,
The CHC Executive Board