

GUIDANCE FOR PROFESSIONAL SPORTING EVENTS

Overview

Under current Chief Medical Officer of Health Orders, businesses and entities are required to:

- implement practices to minimize the risk of transmission of infection among attendees;
- provide procedures for rapid response if an attendee develops symptoms of illness;
- ensure that attendees maintain high levels of sanitation and personal hygiene;
- comply, to the extent possible, with the [COVID-19 General Relaunch Guidance](#), this guidance, and any other applicable Alberta Health guidance found at: <https://www.alberta.ca/biz-connect.aspx>.

This document has been developed to support organizers/operators of professional sporting events in reducing the risk of transmission of COVID-19 among attendees (including workers, players, coaches, medical staff, support teams, executives, etc). The guidance provided outlines public health and infection prevention and control measures, specific to these events.

In Stage 2, with 2 metres of distance maintained between members of different households (with the exception of [cohort families](#)), the following capacity restrictions apply:

- A maximum of 200 spectators are permitted for outdoor seated/audience events/settings.
- A maximum of 100 spectators are permitted an indoor seated/audience events/settings.

This document and the guidance within it is subject to change and will be updated as needed. Current information related to COVID-19 can be found: <https://www.alberta.ca/covid-19-information.aspx>

COVID-19 Risk Mitigation

Pre-arrival Preparation	<i>Facilities and Venues</i> <ul style="list-style-type: none">• Conduct a comprehensive risk assessment and implement mitigation and controls required minimize the risk of transmission (e.g. laundry, equipment maintenance, food delivery, floor layout and elevator access).<ul style="list-style-type: none">○ Include isolation planning for any tournament participant that may begin to exhibit COVID-related symptoms. <i>Plans and Protocols</i>
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	<ul style="list-style-type: none">• Tournament organizers should develop the following in coordination with local public health:<ul style="list-style-type: none">○ Outbreak management plans;○ Return to play protocols; and○ Contact tracing and management. <p><i>Pre-arrival exclusions</i></p> <ul style="list-style-type: none">• Conduct daily health checks to monitor players and staff travelling for COVID-like symptoms in the 14 days prior to arrival.• Begin to minimize contact with individuals outside existing households and professional staff for 14 days prior to travel. <p><i>Airline Travel</i></p> <ul style="list-style-type: none">• Teams and staff should follow IPC controls prior to, during and following the flight (e.g., follow strict hand hygiene, wear procedural masks.).• Commercial air travel should be avoided where possible.
Initial Quarantine	<p><i>Cohorts</i></p> <ul style="list-style-type: none">• A cohort model will support separation of tournament participants from the public and from other cohorts in the tournament.• Cohorting among the tournament participants will reduce the risks of widespread disease in the tournament if a case is identified.• Cohorts should consist of individual team staff, players, and other supporting staff.• Media and league staff should either be cohorted individually as their own cohort or embedded within the team cohorts <p><i>Arrival</i></p> <ul style="list-style-type: none">• Each cohort must follow a mandatory 14 day ‘quarantine-in’ procedure that includes:<ul style="list-style-type: none">○ testing at predetermine intervals (e.g. day 0, day 3, day 7, day 14);○ daily health checks (e.g., questionnaires or temperature checks); and○ restricted interaction with non-cohort members.• International teams are subject to a mandatory 14 day quarantine period, however exemptions from the Chief Medical Officer of Health can be provided to allow for training and practice if there is no assessed increased risk to the public (e.g., remain in a group quarantine and comply with the testing protocols outlined in this document).

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Cohort Maintenance	<p><i>Cohort Members</i></p> <ul style="list-style-type: none">• Each team should be cohorted individually in separate non-overlapping living facilities (e.g., hotels).• The same living facilities may be used for multiple cohorts if teams are cohorted onto clearly separated floors in the same living facility<ul style="list-style-type: none">○ Practices to clean and disinfect all common areas (e.g., elevators) must be diligently undertaken.• In the cohort facility:<ul style="list-style-type: none">○ Team cohorts interactions should be kept to the absolute minimum to limit potential contacts in the event of a case.○ Any required non-game interaction between cohort groups should follow public health measures (e.g., physical distancing, strict hand hygiene and respiratory etiquette).○ Each team member should have its own room; roommates should be avoided.○ Facilities should not operate for use by the general public during the cohort period and access should be limited to only cohorted members.• League staff may be included as part of the team cohorts when required.• Contact with the public should be kept to an absolute minimum and appropriate controls should be included.• Family members may be allowed, but must also adhere to the strict cohort requirements for the duration of the tournament. <p><i>Symptom Monitoring</i></p> <ul style="list-style-type: none">• Teams should conduct daily health checks on all members of the team cohort for the duration of the tournament (e.g., questionnaires and temperature checks).• Tournament organizers should ensure all cohort members are tested at least every 5 days throughout the event (average incubation period) and at least once before starting a new series between teams.<ul style="list-style-type: none">○ Where feasible, private fee-for-service testing should be used to reduce impacts to the local health system if capacity for testing becomes an issue. Clinical public samples remain paramount to support Alberta’s pandemic response. <p>Prevention Packages should be regularly provided to all cohort members:</p> <ul style="list-style-type: none">• small personal packages of disposable tissues and plastic bags for tissue disposal;• small laminated prevention card with key reporting information;
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	<ul style="list-style-type: none"> • a medical mask, which should be worn if a member becomes symptomatic. Anyone who becomes symptomatic must immediately move to a location where they can isolate; the medical mask should be worn while transitioning to isolation • small packages of an alcohol-based hand wipes; • labelled thermometer; and • hand sanitizer.
Transportation	<ul style="list-style-type: none"> • Each cohort should have dedicated transportation to and from facilities and venues. • Vehicles should be cleaned and disinfected regularly.
Facilities	<ul style="list-style-type: none"> • Cohorts should have individual, dedicated facilities (i.e. one for each team) identified including: <ul style="list-style-type: none"> ○ Gym/workout facilities, ○ Dressing rooms, and ○ Dedicated practice facilities. These ideally should be separate from game play facilities where possible. • Where use overlaps between cohorts due to operational requirements, facilities should be thoroughly cleaned and disinfected between cohorts. • Designated medical facilities should be identified and only accessible to the tournament participants (e.g. Diagnostic Imaging facilities, dental) • Consider access to non-hospital surgical facilities and specialized medical staff to support any advanced care that may be required. • If professional medical staff outside of the cohort are required, they should use appropriate personal protective equipment, including universal masking, to protect the cohort. • Implement cleaning, disinfecting, public health, and IPC measures, as outlined in the General Relaunch Guidance document.
Game Play and Practices	<ul style="list-style-type: none"> • Games should not begin until after all teams have successfully completed the quarantine-in period. • If possible, each series should be played in the same facility. • Consider using multiple facilities for the tournament so not all cohorts play on the same ice surface. • Guidelines for IPC procedures during practices and games are required. <ul style="list-style-type: none"> ○ For example, implement plans to eliminate sharing of items (e.g., water bottles) and minimize sharing of equipment. • Players should follow strict procedures for arrival and departure including staggered arrival and departure and strict hand hygiene in and out.

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Media	<ul style="list-style-type: none">• The broadcasting crew should be cohorted together or within the teams for the duration of the tournament, due to their close proximity to the participants.• Consider options for interviews and media that support physical distancing, such as:<ul style="list-style-type: none">○ Have coaches/players speak at podium or tables for press conferences or conduct press conferences via remote technology options.○ Schedule interviews in locations where players/coaches can maintain 2m distance from media.○ Do not allow media scrum-style interviews.
Staff at Facilities and Venues	<ul style="list-style-type: none">• Staff that support the operations of facilities and venues may be included in the team cohort and cohorted throughout the event.<ul style="list-style-type: none">○ If cohorting is not practical or feasible:<ul style="list-style-type: none">▪ Staff should be kept separate from cohorts wherever possible; and▪ Public health and IPC measures are required (e.g., masking, hand hygiene) when separation cannot be maintained.• Operators and staff should follow guidance relevant to their setting/facility/organization that is available on the Alberta Biz Connect website (e.g., restaurants, hotels).