GUIDELINES

Safely Returning to Hockey in view of the COVID-19 pandemic

19 MAY 2020
PREAMBLE

The following guideline is in consequence to the global COVID-19 pandemic and its impact on hockey training activities. The below document is a tool of minimum baseline of standards, for ‘how’ reintroduction of sport activity will occur in a cautious and methodical manner, based on the best available evidence to optimise athlete and community safety. The principles outlined in this document apply equally to high performance/professional level, community competitive and individual passive (non-contact) sport. Decisions regarding the timing of resumption (the ‘when’) of sporting activity must be made in close consultation with Federal, State/Territory and/or Local Public Health Authorities. The priority at all times must be to preserve public health, minimising the risk of community transmission.

1. INTRODUCTION

This document has been put together by the International Hockey Federation (FIH) to help everyone in the hockey family during the COVID-19 pandemic and to guide a safe return to hockey.

This document targets the hockey community. Players, coaches, officials, staff, administrators, and volunteers. We are all part of society and most of the measures needed to combat COVID-19 start in the community and at home. Viral infection does not differentiate between people or locations. Strict observance of measures at work and at team facilities may be undone at home or in social situations. We will look at some of the specifics we all need to take care of in our daily life.

Continental Federations, National Associations and clubs should use these guidelines to create policies for return to activity within their own areas. In doing so, everyone needs to be sure to comply with local laws (including health & safety and COVID-19-specific legislation) and any policies implemented by government or local authorities. Each organization should monitor changes to such legislation and policies and amend their own policies as required to ensure that the hockey community in their area is applying best practice and complying with local requirements.

Consider the opportunity of using hockey ambassadors to promote messaging. It is everyone’s responsibility to contribute to a successful return to the sport.
Coronavirus disease 2019 (COVID-19) is an ongoing worldwide pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This virus appears to be highly infectious and at present we do not have an effective treatment for it. Most people (80%) who are infected have mild symptoms, some do not have any symptoms at all. Because this is a new virus, there is much we do not know about it. Like other viral infections however, we know that many individuals who are infected, are infectious for up to 2 days before they have symptoms. This means it is easy to spread this disease before you are aware you have it.

While the majority of those who become symptomatic can be managed at home, 15–20% who contract the virus become unwell and may require hospitalisation. A small number (5%) require intensive care, some of whom require breathing support through ventilation. These patients are more likely to be male, older (>60) and have underlying conditions such as cardiovascular disease, hypertension, chronic lung disease, or diabetes.

The exact mortality rate associated with COVID-19 infection is unknown, but it may be as high as 1–2% overall and is higher in vulnerable groups. COVID-19 will likely remain a potentially deadly virus until an effective vaccination or medical treatment has been developed. Vaccination is unlikely to be available for several months to years.

Younger healthy people appear to be less likely to develop severe symptoms based on current knowledge. Anyone, however, can spread the disease infecting those they love, their friends, colleagues, and teammates.

Governments and health authorities around the world have instigated social distancing requirements, restrictions on public gatherings, quarantine measures and limited travel to and from other countries to slow the spread of the disease and to enable healthcare systems to cope with the potential increased demands associated with managing the disease. The hockey community has a responsibility to strictly adhere to these efforts.

This document aims to help hockey players, coaches, officials, staff, administrators and volunteers to live safely during this crisis; and when restrictions are reduced, to guide a safe return to activity in a compliant and safe manner.

Please note that this document reflects the information and research gathered when this document is circulated. The COVID-19 pandemic, and the responses of the public health community and governments to it, remains fluid, data and recommendations will change, this document will be updated to reflect this process.
3. INTERNATIONAL PRINCIPLES FOR THE RESUMPTION OF SPORT AT ELITE AND COMMUNITY LEVEL

- Resumption of sport and recreation activities can contribute many health, economic, social and cultural benefits to respective society emerging from the COVID-19 environment.
- Resumption of sport and recreation activities should not compromise the health of individuals or the community.
- Resumption of sport and recreation activities will be based on objective health information to ensure they are conducted safely and do not risk increased COVID-19 local transmission rates.
- All decisions about resumption of sport and recreation activities must take place with careful reference to these National Principles following close consultation with Federal, State/Territory and/or Local Public Health Authorities, as relevant.
- Resumption of community sport and recreation activity should take place in a staged fashion with an initial phase of small group (<10) activities in a non-contact fashion, prior to moving on to a subsequent phase of large group (>10) activities including full contact training/competition in sport. Individual jurisdictions will determine progression through these phases, taking account of local epidemiology, risk mitigation strategies and public health capability.
- This includes the resumption of children’s outdoor sport with strict physical distancing measures for non-sporting attendees such as parents.
- For high performance and professional sporting organisations, the regime underpinned below is considered a minimum baseline standard required to be met before the resumption of training and match play.
- If sporting organisations are seeking specific exemptions in order to recommence activity, particularly with regard to competitions, they are required to engage with, and where necessary seek approvals from, the respective State/Territory and/or Local Public Health Authorities regarding additional measures to reduce the risk of COVID 19 spread.
- At all times sport and recreation organisations must respond to the directives of Public Health Authorities. Localised outbreaks may require sporting organisations to again restrict activity and those organisations must be ready to respond accordingly. The detection of a positive COVID-19 case in a sporting or recreation club or organisation will result in a standard public health response, which could include quarantine of a whole team or large group, and close contacts, for the required period.
4. SUMMARY OF THE CURRENT SITUATION

- Professional and recreational sport has been placed on hold due to the COVID-19 pandemic in most countries.

- PST measures have been put in place by governments
  - P – Public gathering restrictions
  - S – Social distancing
  - T – Travel restrictions

- Reintroduction of recreational and professional sport has begun and could be started in different countries from now on.

- Reintroduction will take place over a gradual period with differences for the respective countries and regions.

- Respective actions should be monitored for at least 2 weeks as advised by health authorities.

- Hockey must be regarded as a sport that has a higher risk of spread for COVID-19 (team sport with contact).
  - Higher risk for any athlete per se
  - Personal risk for defined high-risk persons has to be taken into consideration
    - Male, over 60 years of age
    - Cardiovascular disease
    - Respiratory disease
    - Diabetes
    - Cancer

- Risk assessment must take place as advised by Carmody et al. (Br J Sports Med, 10.1136/bjsports-2020-102539).
Overall risk of transmission and further spread of COVID-19 is considered **very low**

Overall risk is **low**, however recommend checking if mitigation measures can be strengthened

Overall risk is **moderate**, recommend **significant** efforts to improve mitigation measures or reduce risk of transmission

Overall risk of transmission and further spread of COVID-19 is considered **very high**

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**COLOR DETERMINATION KEY**

- Green: Overall risk of transmission and further spread of COVID-19 is considered **very low**
- Yellow: Overall risk is **low**, however recommend checking if mitigation measures can be strengthened
- Orange: Overall risk is **moderate**, recommend **significant** efforts to improve mitigation measures or reduce risk of transmission
- Red: Overall risk of transmission and further spread of COVID-19 is considered **very high**

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**RISK VERSUS MITIGATION MATRIX**

<table>
<thead>
<tr>
<th></th>
<th>Very Prepared to Mitigate COVID-19 Impacts (76–100)</th>
<th>Somewhat prepared to Mitigate COVID-19 Impacts (51–75)</th>
<th>Somewhat Unprepared to Mitigate COVID-19 Impacts (26–50)</th>
<th>Very Unprepared to Mitigate COVID-19 Impacts (0–25)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0 (very low risk)</strong></td>
<td>Very low</td>
<td>Very low</td>
<td>Low</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>1 (low risk)</strong></td>
<td>Very low</td>
<td>Low</td>
<td>Low</td>
<td>Moderate</td>
</tr>
<tr>
<td><strong>2 (moderate risk)</strong></td>
<td>Low</td>
<td>Low</td>
<td>Moderate</td>
<td>Very High</td>
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<tr>
<td><strong>3 (high risk)</strong></td>
<td>Moderate</td>
<td>Moderate</td>
<td>Very High</td>
<td>Very High</td>
</tr>
<tr>
<td><strong>4 (high risk)</strong></td>
<td>Very High</td>
<td>Very High</td>
<td>Very High</td>
<td>Very High</td>
</tr>
</tbody>
</table>
Mitigations such as enhanced hygiene, social distancing (if possible), test ability/volume, reduction of persons in venues, and contact tracing must be in place.

Common sense recommendations (not hockey specific)
- Stay home, if you feel sick, even with mild symptoms
- Check for COVID-19 symptoms every day
- Check body temperature daily
- Stay home, if anybody in your household presents with symptoms
- Stay home, if anybody in your household has been tested positive for SARS-CoV-2 (at least 14 days)
- Keep distance of 1.5 metres to persons outside of your household (not for children less than 12 years)
- Do not shake hands
- Cough and sneeze into the crook of your elbow
- Perform adequate personal hygiene
- Change and shower at home

With many hockey fields currently closed due to social distancing restrictions it is important that facility operators start to think about a recommissioning plan for when restrictions are lifted. To ensure fields provide a safe playing environment they are likely to need cleaning and watering systems may need to be flushed, cleaned, and disinfected before returning to use.

For detailed guidance on what may have to be done, please refer to the facilities section of the FIH website:

http://www.fih.ch/inside-fih/fih-quality-programme-for-hockey-turf/facility-guidance-resources/
6. PLANNING FOR THE RETURN TO TRAINING

Every country and area will have different rules and protocols to follow, and in this aspect it is vitally important that these are followed. This document will therefore not prescribe specific training protocols, but provide some general principles to follow in parallel with local advice. Government, NOCs, and local sports authorities should be consulted when considering when and how to return to training, including guidance on the numbers of players that should be involved at any one time, differences in age group guidance, and when competition and matches can be considered.

Factors to consider when planning the return to training should include:

- Athlete/support staff Education on Covid-19
- Arrangement of PPE and other safety equipment
- Disinfection of the entire accessible areas for a training session
- Consistent and Continuous Screening/Testing
- Continuous Monitoring and case management

Regardless of the territory, the following general health and safety guidelines apply:

- Outdoor activities are rated safer than indoor
- Identification of specific groups which could start to train, i.e. children and adolescents.
- Define maximum numbers for players/instructors on the pitch in accordance with your Government guidelines
- Organize structured entry and leave of the pitch
- Respect minimal distancing on the pitch (1.5 metres), not for children less than 12 years
- Use only your own stick, shin pads, face masks, water bottles and other equipment, especially goalkeepers
- Disinfect balls and other commonly used equipment's
- Spitting and clearing of nasal/respiratory secretions on the pitch or at any place within the facility other than toilets is prohibited
- Avoid cleaning of mouthguards on the pitch
By way of illustration, the following graphics can be used and should be considered as guidance –
Using a phased approach to return to training is recommended, with the following 4 phases provided as a guideline –

1. Individual training
2. Training in small groups – without body contact (not competitive, no tackling)
3. Training in small groups – with body contact (competitive, with tackling)
4. Team training

With some countries, including major hockey nation the Netherlands, starting to return to training under strict local Government protocols, some club training session resources have been published.

Should you wish to review an example when planning your Return to Hockey training sessions, please use the link below from Oranje-rood Hockey Club in the Netherlands.

https://www.hcoranje-rood.nl/site/default.asp?Option=51&Nieuws=1122

Further links will be added to this document as a resource, as they become available.

7. RECOMMENDATIONS FOR RETURN TO DOMESTIC AND INTERNATIONAL COMPETITION

- Decision for return to competition will be related to regional/local regulations and National Olympic Committee (NOC) guidance
- PST (public gathering restrictions, social distancing and travel restrictions) relaxing will result in gradual return to competitions

MATCHED PST MEASURE RELAXATION AND RETURN TO HOCKEY

- Social & gatherings restrictions
  - Demonstration of organisational capacity

- Gathering & domestic travel restrictions
  - Gatherings of >300 permitted, no limitations on national travel, testing measures

- Cross-border travel restrictions
  - Opposing team borders open, local travel between countries with no quarantine required

- Trans-continental travel restrictions
  - Borders open, possible persisting quarantine measures

- Post-vaccine – no restriction
  - Normal travel, no crowd restrictions

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When considering the resumption of top tier hockey events, as well as following Government and NOC guidelines, it is advised to consult the latest resources available from the World Health Organisation. At the time of going to print, these were outlined in the WHO Guidance document for Sport Organisers when planning mass gatherings in the context of COVID-19


Specifically for hockey events, the FIH recommends the following are taken into consideration:

1. Arrangements at the pitch
2. Organisation and hygiene at the pitch
3. Organisation of accommodation
4. Guidelines for private hygiene
5. Guidelines for SARS-CoV-2 positive cases, COVID-19 infected persons and quarantine

1. Arrangements at the stadium/pitch

a. Zoning
   i. Assignment of respective zones to separate attending people
   ii. Zone 1: pitch, benches, changing rooms
   iii. Zone 2: spectator areas, media areas (photographers), other rooms (first aid, control rooms)
   iv. Zone 3: external to pitch/stadium area, TV compound

b. Personal requirements
   i. Determination according to event times

c. Tournament/match schedule/workflow periods
   i. Arrival of teams
   ii. Dressing/changing rooms
   iii. Warm-up
   iv. Equipment control
   v. Walk-on
   vi. Technical zone (bench) set-up
   vii. Half time
   viii. After the game
   ix. Departure of teams
2. Organisation and hygiene at the pitch

a. Information and compliance to hygiene regulations
b. Entrance control
c. Information and check for symptoms (including temperature control if possible)
d. Hand disinfectant
e. Surface disinfection
f. Personalized food and drinks
g. Mouth/nose protection masks to be worn where possible by non-playing personnel (officials and team coaches etc) on the side of the pitch, in accordance with local regulations
h. Clean hands following mouthguard handling
i. Distance regulations during entrance/changing/leaving
j. Individual showers or no shower at the venue
k. No recreational area, no ice baths
l. Medical care with personalized protection (mouth/nose protection masks, gloves, hand disinfection)
m. Personnel requirements
   i. Hygiene professional
   ii. Adequate cleaning personnel
   iii. Access control/Security/Accreditation/Regulation system
n. Stadium infrastructure where applicable
   i. Separate doping control rooms
   ii. Isolation room

3. Organisation of accommodation

a. Identification of appropriate accommodation (hygiene professional and team management)
b. Coordination of all measures with the hotel
c. Minimum number of staff with protection gear
d. Exclusive floors and rooms (own hotel areas, lifts, etc.)
e. Own entrance for teams
f. No use of all common rooms
g. Mouth/nose protection mask at dining rooms, etc.
h. Distancing in special assigned dining rooms
i. Rooms with sufficient ventilation

4. Guidelines for private hygiene

a. Distancing to neighbours, during shopping or stay in general public
b. Stay at home
c. Avoid public transport
5. Guidelines for SARS-CoV-2 positive, COVID-19 infected athletes and quarantine

a. Information (affected player, doctor, club, team)
b. Isolation
c. Identification and testing of contact persons
d. Observation and clinical assessment of symptoms in the team
e. Reporting to local health authorities
f. No reporting to media without consulting appropriate hockey authorities to establish communications plan (FIH, National Association)
g. Return to play after COVID only with permission of doctors

8. REFERENCES

• Task force Sportmedicine / special match operations in professional football. Online publication German Football League

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