

The following **DRAFT** guidance **WOULD BE** applicable to hockey and indoor ice arena activities.

General Guidance to Protect All Staff, Volunteers and Athletes:

1. Review and follow the New Hampshire [Universal Guidelines](#) for All New Hampshire Employers and Employees.
2. Review and follow CDC [guidance for cleaning and disinfection](#).
3. For Collegiate Hockey Programs, review and follow NCAA Safety Guidance.
4. All staff, volunteers, and athletes must wear, cloth face coverings over their nose and mouth at all times when indoors and not actively engaged in athletics. Cloth face coverings should also be used when outdoors and around others.
 - a. Provide training on cloth face coverings based on CDC guidance for [Use of Cloth Face Coverings](#).
 - b. Review the NH DHHS information about [using cloth face coverings](#).
 - c. People wearing face coverings must not touch their eyes, noses, mouths, or faces, or adjust their face coverings without first sanitizing hands. After touching faces or adjusting face coverings, hands must be sanitized.
5. Parents/guardians of minors or spectators attending a sporting event must wear cloth face coverings while within a facility. When outdoors, parents/guardians of minors or spectators and around other spectators, staff, volunteers, and athletes must wear face coverings when social distancing is not possible.
6. Alcohol-based hand sanitizer with at least 60% alcohol must be readily made available to visitors, staff, volunteers, and athletes and kept with staff and equipment at all times. Frequent hand hygiene should be required including, but not limited to, hand hygiene upon arrival, before and after meals or snacks, before and after going to the bathroom, before and after touching a person's face or face covering, and prior to leaving the event.
7. Commonly touched surfaces and areas should be frequently cleaned and disinfected according to [CDC guidance](#) at the end of each event or between games. Shared equipment must be cleaned and disinfected between each use.
8. Staff, athletes, volunteers, and spectators must be reminded to maintain a distance of at least 6 feet from others.
9. Assign a dedicated staff member (i.e., a safety officer) to monitor social distancing and compliance with protective actions, and to prompt other staff, volunteers, athletes, and spectators about social distancing, hand hygiene, and the use of cloth face coverings. For larger facilities, multiple staff members may be required to accomplish this requirement.
10. In order for rink staff, volunteers, and athletes (youth programs and adult leagues) to resume athletic events (including practice and training) and ice arena related activities, each person must be tested at least once for COVID-19 using a PCR-based test (regardless of symptom status). The test must be performed after the date the Governor announced the 2-week "pause" on all hockey and ice arena activities on



October 15, 2020. A person is exempt from this requirement if they have previously tested positive for COVID-19 in the 3 months prior to the date of the “pause” with a virus-specific test used to diagnose active infection (PCR- or antigen-based test). Facilities, teams, and organizations must require this of staff and athletes, including for out-of-state persons coming into NH to play hockey or use an ice arena. Individuals, teams, and organizations must be able to show proof of testing if asked by State or public health authorities.

Employee, Volunteer, and Athlete Protection:

1. Athletes, volunteers, and staff (including administrative, coaches, trainers, referees, ice arena staff, or other officials) must be provided education and training around safe practices, games, and competitions relating to hygiene, sanitation (cleaning and disinfection policies), and illness policies outlined in the [Universal Guidelines](#) and in this document.
2. All staff, volunteers, and athletes are required to report any symptoms of COVID-19, close contact to a person with or suspected to have COVID-19, or any travel related exposure to a coach, rink owner or supervisor. Staff, volunteers, and athletes should shall not attend events if they feel sick or have any new or unexplained [symptoms of COVID-19](#). Athletes, volunteers, and staff must be asked to leave the training activity, sporting event, competition, game, and/or practice if the potential of sickness is identified during screening or during the activity.
3. Staff, athletes, and volunteers must be screened on arrival at the ice arena before any training session, practice, or competition by having their temperature taken and everybody shall following the screening process specified in the [Universal Guidelines](#).
4. Exclude people with any new or unexplained COVID-19 symptoms, or those with risk factors for exposure as outlined in the [Universal Guidelines](#). People may be allowed back when they have met relevant criteria outlined in the [Universal Guidelines](#).
5. Staff and volunteers should not transport any athletes that are not immediate family members. In the event that transportation becomes necessary due to an emergency situation, all parties must wear cloth face coverings over nose and mouth, and space out seating to maintain maximal distance from each other. It is recommended that the vehicle should have external air circulated (by opening windows or bringing in external air through vehicle ventilation system).

Business Process Adaptations:

1. Practices, training sessions, competitions, games, and tournaments are permitted.
2. Any practice or training session should be implemented to maintain a minimum of 6 feet of distance between all athletes, volunteers, and staff on- and off-ice. In addition, staff, volunteers, and athletes (including coaches, officials, trainers, and



- referees) should wear cloth face coverings/masks when practicing, refereeing, or on the sidelines coaching or watching.
3. For competitions or games (including scrimmages) where closer contact (i.e., within 6 feet) may occur and where there may be higher levels of exertion and breathing, teams should require masks or face shields to limit a person's respiratory droplet dispersion.
 4. Where possible, use of outdoor rinks is strongly encouraged.
 5. Only teams/groups/athletes from New England states are allowed at competitive sporting events, training sessions, or practices in New Hampshire.
 6. For competitive sporting events within New England, teams shall not participate in those events include the participation of teams from outside of New England.
 7. New Hampshire teams, groups, athletes, members, volunteers, or staff who travel outside of the New England states to participate in competitive sporting events, training sessions, show cases, tournaments, practices, or individual workout sessions shall quarantine for 14 days when they return to New Hampshire and may not participate in such events or any group activity until the 14-day quarantine period has been met.
 8. All out-of-state teams or athletes coming into New Hampshire for sporting events must be informed of and follow this guidance.
 9. Athletes must bring their own equipment, including, but not limited to, gloves, helmets, sticks, and not share their personal equipment with other athletes.
 10. Shared equipment provided by staff or volunteers must be cleaned and disinfected according to [CDC guidance](#) after every use between athletes and at the completion of each practice, training session, or sporting event.
 11. Staff and volunteers must carry hand sanitizer with team equipment. Athletes should carry hand sanitizer in personal equipment bag.
 12. During practices, training sessions, and competitive sporting events, **non-athletic close-contact activities** shall be avoided.
 13. Adequate breaks for water and sanitization should be provided and are encouraged to occur between changes in activities.
 14. Athletes, staff, and volunteers must bring their own water bottles. No sharing or common use water bottles or drinking stations are allowed.
 15. Equipment bags and backpacks must be placed 6-feet apart. Athletes should not touch other athletes' bags, equipment, or water bottles. Benches must not be used for storage of personal or group equipment.
 16. Centralized areas for congregating, such as benches, should be avoided unless there is enough room to allow for at least 6 feet of space between staff, volunteers, and athletes.
 17. During sporting events (competitive scrimmages and games for sports), the bench areas shall be extended to areas around the official team areas in order to provide for 6-foot separation of athletes during time in bench areas. If that is not possible, athletes, coaches and staff must wear face coverings or shields.
 18. An isolation area shall be identified and communicated to all staff, volunteers, and athletes at the beginning of every sporting event, training session, and practice for



anyone who develops symptoms during the competitive sporting event, training session, or practice.

19. Intentional spitting or other actions that intentionally expel a person's oral or nasal secretions (e.g., saliva, mucous, etc.), and other mouth-based activities often encountered with sporting events shall not be allowed.
20. Staff or volunteers shall bring trash bags to each competitive sporting event, training session, or practice and remove all garbage following each competitive sporting event, training session, or practice.
21. During practices, parents/guardians and other spectators are encouraged to remain in their cars in a designated parking area. One parent/guardian of a minor participating in activities at the rink may attend that activity. However they must wear a mask/facial covering, practice social distancing and must be alone (one adult ONLY per minor participant).
22. Guests who present a higher risk for developing COVID-19 related illnesses are asked to stay away from the facility.
23. Players and skaters age 10 and under should arrive at the facility dressed for participation and should only need to put on skates at the arena
24. Competitive sporting events will not be open to the public and should not be advertised publically.
25. During competitive sporting events, parents/guardians and spectators shall remain outside of all "in play" areas and shall maintain physical distancing while watching events. They should be at least 6-feet from anyone from another household.
26. Back-to-back competitive sporting events, training sessions, or practices must be avoided. Sequential competitive sporting events, training sessions, or practices should be scheduled to allow adequate time for cleaning of facilities and to allow for spectators, staff, volunteers, and athletes to exit the area and avoid interaction with other incoming or exiting groups.
27. Teams must be provided a designated area for warm-ups that provides for the necessary social distancing.
28. Athletes preparing to play should sanitize hands prior to leaving the bench.

Indoor Ice Facilities:

1. In addition to the guidance herein, review and follow [gym and fitness guidance](#).
2. Food and drink services is not permitted. No bars shall operate inside of a rink. Vending machines and snack bars may be available.
3. No arcade games are allowed.
4. Sneeze guard barriers are recommended at check in/out counters. Digital check-in where possible should be used.
5. Establish one-way flow thru the facility, with separately designated entrances and exits, to facilitate distancing. It is recommended that staff or volunteers be positioned throughout the venue to address potential congestion points to address crowd control and to remind people to adhere to social distance guidelines.
6. Enhanced cleaning and disinfection after every room/facility use



7. Sanitize door handles, faucet handles and all other customer touch-points in common areas and other areas of hand contact every two hours, at a minimum.
8. Only members, students at NH schools, and residents from New England are allowed at indoor ice facilities.
9. Institute a plan for ensuring guest movement guidance (flow of traffic) and elimination of congregation within the facility.
10. Common areas are closed, and no congregating shall be allowed in the lobby or unused food service area.
11. Where appropriate, install barriers to limit guest access to certain areas in the facility such as areas that are closed but people can congregate in them.
12. No team or group shall be allowed in the rink until 15 minutes or less before their event. Upon entry, the coach must sign in before proceeding to the assigned locker room or bench area.
13. Each team or group is required to exit the locker room and the facility within 15 minutes of the end of its event.
14. Per CDC recommendation of increased ventilation for COVID-19 prevention, ice arenas should ensure to meet the current ASHRAE standard for ice rinks of ventilation of the playing area at the rate of 0.50 cfm/ft².

Small Group / Staff, Volunteers and Athletes / Personal Training Appointments:

1. Group training activities are encouraged to be limited to small group or team based training activities. Training sessions should be non-contact with focus on skills and drills that can be developed while maintaining physical distancing. Competitive events are permitted but shall be limited to two teams per rink.
2. Group size is to be limited to 50% of the facility. Capacity limits may be exceeded but only to include one parent/guardian per athlete.
3. Separate groups shall not mix or interact.
4. Activities and training should follow the social distancing and face mask guidance outlined above in the "Business Process Adaptations."

Locker Rooms (including shower and sauna):

1. Locker room facilities can be used for changing clothes, showering, and toileting. Members should preferably practice wear-in/wear-out clothes or dress in the parking lot or designated area outside of the facility
2. Saunas and steam rooms are closed.
3. Alcohol-based hand sanitizer shall be made available at entrances to locker rooms and changing facilities.
4. Members should bring their own locks for lockers. Locks that are provided by the facility for use shall be cleaned and disinfected before handing back in.
5. Capacity in locker rooms must be limited based on social distancing guidelines and must be limited to 50% capacity. All must wear masks in the locker rooms, except when showering.



6. Locker rooms shall only become available 15 minutes before scheduled ice time and shall be vacated within 15 minutes after scheduled ice time.
7. Players and skaters waiting to get on the ice shall stay in the locker room with a face covering until the ice is ready. On the way to the ice, social distancing must be practiced and congregation at any gate or bench areas shall not be allowed.

Residential-based youth hockey programs

Safeguarding Guidance:

Residential-based youth hockey programs must establish measures to protect participants, spectators, volunteers, and employees. The following Guidance document is built on the existing New Hampshire Universal Guidelines, Amateur and Youth Sports Guidance, and guidance for schools and residential settings (e.g., overnight summer camps).

- Review and follow the updated New Hampshire Universal Guidelines.
- Review and follow the Amateur and Youth Sports Guidance.
- Review and follow CDC guidance for amateur sports and congregate housing.

This section shall not pertain to private, residential boarding schools or residential college-preparatory schools. Further, it shall not apply to college and university programs.

General Considerations and Requirements:

1. Travel and group gathering restrictions shall be implemented so that the facility and groups/cohorts of residents are self-contained and separated to the extent possible from others at the residential facility.
2. Residential-based youth hockey programs (the “program” or “programs”) must keep residential athletes and staff contained to the program’s facilities whenever possible.
3. Visitors must be limited and have no access to the program facilities outside of being spectators at events or practices. Parents/guardians shall wear face coverings that cover their noses and their mouths when visiting the program facilities. Parents/guardians will not be allowed to visit dorm rooms or housing areas once the program has begun until it is time for their youth to leave the program or a health issues arises. Visitors shall be limited to essential providers and staff for the duration of the program session. Essential visitors shall wear face coverings that cover their noses and their mouths when in the program facilities.

Program Preparation Requirements:

1. Each residential facility must develop a COVID-19 Program Plan (i.e., a COVID-19 specific Communicable Disease Plan) which specifies a plan and process for performing



pre-arrival screenings and testing; daily temperature and symptom screenings; routine testing of participants, volunteers, and staff; cleaning and disinfecting practices; isolation/quarantine of individuals; communication with Public Health officials; and communication with parents.

2. The program must contract or develop a relationship with a local healthcare facility/agency to perform necessary COVID-19 testing (as outlined below).
3. Each program is strongly encouraged to identify a local New Hampshire medical director for the residential program, who is an M.D., D.O., or APRN (note: a medical “consultant” is not adequate to meet this requirement), who can assist in developing COVID-19 plans, help manage any staff or participants who either develop symptoms consistent with COVID-19 (i.e., suspected to have COVID-19), or are confirmed to have COVID-19. This individual can, under their medical or nursing license, also order testing for COVID-19 (discussed below in section on testing requirements).
4. Facilities should have supplies of personal protective equipment on-hand, including gloves, face masks, and eye protection (face shield or goggles). Program staff must be trained on the use of appropriate COVID-19 personal protective equipment (PPE), which includes wearing a surgical face mask and eye protection (face shield or goggles) when doing the daily screenings for staff and participants.
5. The program must routinely and frequently perform cleaning and disinfection of all parts of the facilities in accordance with the CDC and New Hampshire Universal Guidelines.
6. Programs must identify “safety officers” from their staff or volunteers whose job is to monitor and improve compliance with this Guidance and the Universal Guidelines, including social distancing of at least 6 feet at all times, hand hygiene, cloth face covering use, and cleaning and disinfection policies.
8. As discussed in this document and the [Universal Guidelines](#), the Program must review all facility and program processes to incorporate social distancing of at least 6 feet, wearing of face coverings, and avoiding close contact between staff, volunteers, and participants.

Staff, Volunteer, and Participant Protection:

1. Health Screening/Surveillance
 - a. Pre-Arrival And On Arrival:
 - i. Staff, volunteers, and participants shall perform a pre-arrival screening by being asked whether they have any symptoms of COVID-19 or risk factors for exposure outlined in the NH [Universal Guidelines](#), Section B, Paragraph 2.b. Pre-arrival screening must be conducted in the 7-days before arrival and the program must have the responses prior to each individual’s arrival at the program.



- ii. Each staff, volunteer, and participant shall have a COVID-19 test within 7 days prior to arrival at the facility. A negative COVID test result shall be presented to the program prior to, or upon arrival.
 - iii. Health screenings, including temperature checks and repeating screening questions for symptoms of COVID-19 or risk factors for exposure, shall be done upon arrival of staff, volunteers, and participants. This information shall be recorded.
 - iv. All participants, staff, and volunteers arriving from outside of New England must be quarantined in a private room, ideally with access to a private bathroom, for at least 14 days after travel outside of New England before they are allowed to participate in any group events, including group meals, trainings, practices, workouts, Captain's practices, and interactions in common areas. These individuals shall not leave the quarantine area during this 14-day period or go into the surrounding community for recreation, groceries, laundry, etc. During this 14-day period, these individual shall undergo daily temperature and symptom monitoring as outlined below.
- b. Daily: Staff, volunteers, and participants shall be asked the screening questions, including whether they have any symptoms of COVID-19 or risk factors for exposure, on a daily basis. They shall also have their temperatures taken daily. These screenings and temperature checks shall occur throughout the duration of the program.
- i. All persons must be questioned about the presence of the following symptoms of COVID-19:
 - Fever (a documented temperature of 100.4 degrees Fahrenheit or higher) or feeling feverish;
 - Respiratory symptoms such as a runny nose, nasal congestion, sore throat, cough, or shortness of breath;
 - General body symptoms such as muscle aches, chills, and severe fatigue;
 - Gastrointestinal symptoms such as nausea, vomiting, or diarrhea; or
 - Changes in your sense of taste or smell?
 - ii. The Screening Questions are found in the [Universal Guidelines](#) at Section B, Paragraph 2.b. The Universal Guidelines should be reviewed regularly as the Screening Questions change.
- c. Worker Health: Consider minimizing live-in staff and non-essential resident/staff travel off program facilities for the duration of the program. Local New Hampshire staff and volunteers may need to travel back and forth to program each day but must wear face coverings appropriate to their job functions while at the program facility or while being transported to events. Social distancing of 6 feet



from others must be maintained. Local staff and volunteers must follow safety protocols to minimize the potential for COVID spread within the community.

d. End of Program: Daily surveillance will continue through the end of the program. No individual reporting symptoms of COVID-19 shall be allowed to leave the program without first meeting criteria outlined in the NH [Universal Guidelines](#) for when a symptomatic person can be allowed off isolation.

e. Records of Daily Screenings and Testing: Log and maintain a record of all staff, volunteers, and participants who have their temperatures taken (record temperatures) and are screened for symptoms daily. These records must be maintained for at least 30 days from the date of first recording. If an outbreak occurs, these records must be maintained until the outbreak has been declared over by public health.

2. Testing Requirements

a. All staff, volunteers, and participants at the program must be tested for COVID-19 as follows:

i. All staff, volunteers, and participants shall be tested within 7 days prior to arrival at the program, using a polymerase chain reaction (PCR) based test. This specimen collection and testing should occur through a person's regular healthcare provider or health system. Results must be provided to the program before the person can arrive at the program. No individual may arrive at the program who tests positive.

ii. Upon arrival at the program facility, and during the first day of arrival, all staff, volunteers, and participants must be tested a second time using a nasal swab to conduct a PCR-based test to directly detect the presence of the SARS-CoV-2 novel coronavirus that causes COVID-19. Mouth/throat swabs or saliva samples are not recommended at this time due to lower ability to detect infection. Similarly non-PCR based tests, such as antigen tests (e.g., Quidel, BD Veritor, Abbott BinaxNOW, etc.) are not appropriate tests for testing of all staff, volunteers, and participants. Specimens must be appropriately collected, handled, and shipped to the laboratory performing the testing. Medical staff performing the testing must utilize appropriate PPE, and change necessary PPE and perform hand hygiene between persons per existing CDC and NH DHHS guidance.

iii. All staff, volunteers, and participants shall be tested a third time, at Day 7 after arrival, using the same process outlined above.



- iv. All participants, staff, and volunteers arriving from outside of New England must be quarantined in a private room, ideally with access to a private bathroom, for at least 14 days after travel outside of New England, including during testing. All other individuals arriving from within New England should have their movement restricted and avoid group/social gatherings pending test results from arrival and at day 7 after arrival to the facility. After test results return (assuming negative for COVID-19), people should continue to social distance, wear cloth face coverings in public places and group settings, and avoid large group gatherings.
- v. Records shall be kept of all testing and test results. Results must be kept confidential in compliance with state and federal HIPAA regulations.
- vi. Staff, volunteers, and participants shall not be allowed at the program if the adult staff, volunteer or participants or the minors' parents/guardians do not give consent for testing as outlined in this Guidance, including testing on an ad-hoc basis if a participant becomes symptomatic (see below).
- vii. In addition to the routine testing required above, any person at the program who develops new or unexplained symptoms of COVID-19 (even mild singular symptoms outlined above) must immediately isolate and be tested for COVID-19 utilizing the same process and test outlined above.
- viii. Transportation of a symptomatic person to any testing facility must avoid exposing another person to the symptomatic individual.
- ix. Anyone who develops any COVID-19 symptoms, even prior to undergoing testing, shall be immediately removed from other people and group interaction and isolated until test results return as discussed below.
- x. Anyone who tests positive must be immediately isolated.
- xi. If there is a person diagnosed with COVID-19, the program shall contact the Bureau of Infection Disease Control (BIDC) immediately at 603-271-4496 (available 24/7).

3. COVID-19 and COVID-19-Like Illness Management

- a. When staff, volunteers, or participants are identified with potential COVID-19 symptoms, each person identified shall be immediately isolated from program activities until COVID-19 status can be determined.
- b. Programs must develop separate locations for isolation, quarantine, and for recovered/well participants.
 - ii. Isolation is for people who have tested positive for COVID-19, or who have symptoms of COVID-19 and are being tested. Isolation refers to the act



of staying away from other people and out of public spaces to avoid spreading infection.

iii. Quarantine is for people who have been in close contact with someone diagnosed with or suspected of having COVID-19. Quarantine refers to the act of staying away from other people and out of public spaces to avoid spreading infection in the event the exposed person develops infection (could be either symptomatic or asymptomatic infection).

iv. Isolation locations should include a separate room with a separate bathroom in a location separate from others, ideally with a private entrance.

v. Any staff, volunteer, or participant who develops symptoms of COVID-19 must be isolated pending test results and shall not participate in any program activities, go to the dining area, or be present in other public places.

vi. If a person is confirmed to have COVID-19, that person shall remain isolated under the direction of Public Health officials. That individual shall not leave the program to return home without specific permission and directions from the Division of Public Health. People with confirmed COVID-19 shall not, under any circumstances, be allowed on public transportation.

vii. Symptomatic persons or those with confirmed COVID-19 must undergo enhanced medical monitoring to ensure stability in health.

viii. Programs must have a detailed plan for how to transport a symptomatic person to the local hospital in the event the person needs medical attention and/or testing. Transportation should involve a mechanism for avoiding exposing individuals to COVID-19 (e.g., consider utilizing local emergency medical services).

ix. Any person requiring quarantine due to COVID-19 exposure shall remain in quarantine and shall not leave the program without specific permission from the Division of Public Health. People under quarantine shall not be allowed on public transportation.

x. Quarantine locations should ideally involve a private room with a private bathroom in a location separate from others, ideally with a private entrance. Whole groups/dorm rooms who have all been exposed to a person with COVID-19 could theoretically quarantine together (with their own bathroom), but if additional cases are identified within that group that is quarantining together, the group would be under a rolling quarantine extending the need to quarantine for longer than 14 days (quarantine is for 14 days after last known exposure).

xi. Any staff, volunteer, or participant who is exposed to COVID-19 and must be quarantined may not participate in any program activities, go to the dining area, or be present in other public places.



xii. People under quarantine must undergo enhanced monitoring as outlined in the NH DHHS self-quarantine guide.

xiii. Food, laundry, and other essential services and needs must continue to be provided to people under isolation and quarantine, but the person(s) must not come into close or direct contact with other people.

##. Appropriate COVID-19 PPE must be worn by any individual who is in the same room assisting or evaluating a person in isolation due to COVID-19. Such individuals (ideally healthcare providers) should be trained on appropriate PPE, including donning and doffing procedures. See NH DHHS and CDC guidance on appropriate PPE and caring for a person with COVID-19.

xv. Clear and close off recent areas used by an ill staff, volunteer, or participant and do not use before cleaning and disinfecting in accordance with the CDC guidance. Ensure safe and correct application of disinfectants by staff and keep disinfectant products away from people. Arrange for a deep cleaning of the person's residential area or workspace once it is vacated by the staff person/volunteer.

xvi. If staff, volunteers, or participants are confirmed positive for COVID-19, continue isolation according to the Universal Guidelines. People with COVID-19 should not return to the program/activities until they have met Universal Guidelines and CDC criteria to discontinue home isolation.

4. Prevention

a. Physical Distancing, Group Size, and Cohorts: Programs must comply with physical distancing and group size guidelines as described below. Participants must be divided into small cohorts (or groups) that remain with the same staff and volunteers as much as possible. Cohorts should ideally remain together throughout the program and limit interaction with other cohorts as much as possible.

i. Program administrators must ensure participants, volunteers, and staff are separated into groups that remain consistent over the duration of the program. Consider groups that function by: sleeping arrangements, age groups, skill levels, activity type, and sports team.

ii. Athletes in residential programs may not participate in or staff to run clinics or camps at their home rink or any other rink.

iii. All seating, both indoors and outdoors, must be at least 6 feet apart between individuals and between groups (for example, separate teams' groups by at least 6 feet in a dining area).



iv. Avoid large gatherings, and limit size of events, and extracurricular activities to those that can maintain social distancing and require proper hand hygiene and the wearing of face coverings. Outdoor areas can be used for larger gatherings with at least 6 feet of distance maintained between groups.

v. Manage communal use spaces (such as lounges or meeting areas) and shared facilities (such as dining areas) to avoid large gatherings. Develop schedules that stagger times of use and disinfect in between each group's use.

b. Sleeping Arrangements:

i. Every program has different living facilities for its residential participants. Some will be in a dorm setting, some will be billeted with individual families, and some will be located in off-premise housing without direct supervision. Each program will have to make its own determination as to how to manage its type or types of living facilities. The following should be considered in making those decisions.

ii. Participants must be divided into the smallest groups possible for sleeping arrangements. Once individuals are housed together, they must remain together for the duration of the program unless the program determines that a change is needed.

iii. For programs that have sleeping areas that accommodate larger groups, programs should divide each sleeping area so that no more than 10 total people are sleeping in the same shared space.

iv. Beds must be arranged so that participants sleep head-to-toe to each other or side-by-side separated by at least 6 feet of distance. If beds are unable to be spaced 6 feet apart due to limited space, beds should be spaced so that one participant's head is more than 6 feet from an adjacent participant's head space.

v. Windows in sleeping areas must remain open as much as possible to increase ventilation.

vi. Training and reinforcement must be provided to the participants living in these residential settings that they must practice social distancing, wearing face coverings, good hand hygiene, and reporting of any symptoms of COVID-19.

c. Meals:



- i. Stagger meal times.
 - ii. For meals that must be eaten in a common dining area, stagger meal times, arrange tables to ensure that there is at least 6 feet of space between groups, staff and participants must eat with their own group, and tables must be cleaned between each group's uses.
 - iii. There shall be no sharing of food, drinks, plates, or utensils.
 - iv. Serve individually plated or boxed meals whenever possible.
 - v. Avoid buffet lines. If a cafeteria style/buffet line is used, food must be served by staff or volunteers wearing face coverings and handling the serving utensils. Each individual waiting in the line must remain 6 feet apart from others and wear a face covering while in line.
 - vi. Avoid family style meals. If meals must be served family-style, participants should be served by staff or volunteers. Participants must not touch serving utensils or serve themselves.
 - vii. Hand hygiene must be performed by everyone before and after meal times, and also immediately by staff or volunteers before serving food.
 - viii. Develop a process for clearing, cleaning, and disinfecting tables between each group's use. The processes need to be established so that they avoid interaction between staff and groups.
 - ix. Staff, volunteers, and participants must bring their own water bottles/drinks to meals or must be provided with single-serving drinks. No shared water jugs are allowed.
- d. Limit Sharing
- i. Participants' belongings shall be separated from others. Participants must not share clothing, personal care products, and belongings.
 - ii. Sports equipment should not be shared whenever possible. Areas must be established to segregate each participant's equipment.
 - iii. Ensure adequate supplies to minimize sharing of high-touch materials/supplies/equipment (first aid supplies, sports equipment, etc.) or limit use of supplies and equipment so that each group/cohort has its own materials/supplies/equipment.
- e. Programmatic Considerations



- i. Train all staff in the above safety actions and in enforcing requirements of social distancing, healthy hygiene practices, and wearing face coverings.
 - ii. Train all staff in infection prevention measures and on the Communicable Disease Plan (CDP) and clarify staff's and volunteer's essential roles in the plan.
 - iii. Activity Considerations: Programs must review their programmatic activities and modify them to reflect current recommendations for physical distancing, wearing face coverings, and limiting group sizes.
 - iv. Program administrators must restrict departures from and returns to the program to the greatest extent possible. Participants and staff leaving the program to go home or on travel outside of New England and returning must go through the pre-arrival screening and testing as described in this document.
 - f. Hygiene
 - i. Reinforce with staff, volunteers, and participants good hygiene practices including washing hands, using hand sanitizer, covering coughs and sneezes with tissues, wearing cloth face coverings, using hand sanitizer or hand washing before and after adjusting face coverings, not touching faces or noses, and remaining 6 feet apart. Information should be provided to all staff on proper use, removal, and disposal or washing of cloth face coverings.
 - ii. Staff that travel off-premises every day and at the end of their shifts should wear cloth face coverings on the premises when unable to maintain a 6 foot distance from others.
 - iii. Have adequate supplies to support healthy hygiene behaviors, including soap and water, hand sanitizer with at least 60 percent alcohol for staff, volunteers, and participants, tissues, and no-touch trash cans.
 - iv. Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering (staff).
 - v. Provide educational materials in advance and during the program's duration to parents/guardians for sharing with participants and reinforce awareness throughout the program.
5. High Risk Populations: Vulnerable or high-risk populations require special consideration in residential settings.



- a. Program directors should advise staff, volunteers, and participant's parents/guardians to consult with their primary care providers to determine if participating in the program is a reasonably safe option for them.
 - b. Families of participants with high risk individuals residing in their homes must consider COVID-19 exposure risks if they send their youth to the program and determine if it is safe.
6. **Cleaning and Disinfection of Facilities:** Programs must have strong infection protocols in place. The protocols must include:
- a. Clean and disinfect frequently touched surfaces at least every two hours and clean the whole facility daily.
 - b. Clean and disinfect vans and buses between each use. Refer to guidance for bus transit operators.
 - c. Ensure safe and correct application of disinfectants per the manufacturers' instructions for use (IFU) by trained staff. Keep products away from children.
 - d. Ensure ventilation systems operates properly and increase circulation of outdoor air as much as possible by opening screened windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., temperature, inclement weather, insects, and allowing pollens in or exacerbating asthma symptoms) to volunteers, staff, or participants at the facility.
 - e. Take steps to ensure that all potable water systems and terminal fixtures (for example, sinks and bottle filling stations) are sanitized daily. Provide disposable cups for water fountains. Promote staff, volunteers, and participants using refillable water jugs. Water bubblers should be disconnected.
7. **Transportation:** Program directors must arrange for participant, volunteer, and staff travel that minimizes exposures. This could include: charter buses or individual vehicles with only cohort/group members traveling together.
- a. Maximize space between individuals on the transportation vehicle. Create social distancing of 6 feet between cohorts/groups and between individuals whenever possible on transport vans, buses, and other vehicles.
 - b. Use face coverings at all times while on transportation vehicles.
 - c. Whenever possible, windows should be opened to maintain fresh air exchange.
 - c. If windows cannot be opened, vehicles shall not recirculate inside air but must use settings that allow air from the outside to circulate in the vans, buses, and other vehicles.
8. **Communication with State and Local Public Health Authorities:** Programs must ensure timely and accurate reporting to the NH Public Health authorities for all notifiable



SAFER AT HOME

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diseases and conditions, including COVID-19. Program directors should ensure a single point of contact for communication and familiarize themselves with NH public health reporting protocols and contact methods.

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