



P O R T S M O U T H   A B B E Y   S C H O O L

**BACK ON ICE PROTOCOL**  
**General Rules**

- All players and coaches entering hockey rink must attest to the COVID-19 screening test prior to entry; if player or coach answers “yes” to any of the screening questions, do not enter the rink; go home and call your primary care physician
- Coaches must maintain a complete list of names and phone numbers for all players and coaches entering the rink
- It is the responsibility of the Coach to keep all contact tracing information and provide it if requested by Portsmouth Abbey School and/or the State of Rhode Island
- No spectators allowed
- Enter hockey rink through entrance near hockey rink lot
- Exit hockey rink based on directional arrows on the floor
- Wear face masks at all times while not on the ice; face masks must be kept in zip lock bag with player’s/coach’s name on it
- While on the rink (maximum of 40 people, including coaches and players), all players and coaches must wear full face shield or mask at all times
- Cannot enter rink until 10 minutes before your on-ice time
- Wait in the car; come dressed so only need to put on skates, helmet, and gloves
- No spitting allowed
- PAS employee will be walking the facility constantly wiping and cleaning surfaces
- Locker rooms, showers, and common areas are closed
- Chairs and benches are marked at 6 feet apart, which is where players will put on and take off skates
- When on bench, must maintain 6 feet social distancing
- Coaches and players are responsible for water; no sharing allowed
- Contact drills, scrimmages, and games are not permitted at this time
- Restroom is open, but only one person at a time; must maintain 6 feet distancing
- Hand sanitizer is available throughout rink
- Social distancing signs and safety protocols posted throughout rink
- If player or coach becomes ill during ice-time, alert PAS employee who will request that you leave immediately
- Exit rink no later than 10 minutes after ice-time is completed
- If any of the aforementioned rules are not followed you will be asked to leave the facility

These rules are subject to change based on the recommendations from the CDC and RI Department of Health:

<https://www.cdc.gov/coronavirus/> <https://health.ri.gov/covid/>



# PORTSMOUTH ABBEY SCHOOL

## REOPENING RI

### COVID-19 Screening Tool

#### SYMPTOMS

| HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS? | YES | NO |
|--|-----|----|
| COUGH  |     |    |
| SHORTNESS OF BREATH OR DIFFICULTY BREATHING                        |     |    |
| FEVER  |     |    |
| CHILLS   |     |    |
| MUSCLE PAIN  |     |    |
| SORE THROAT  |     |    |
| HEADACHE   |     |    |
| NAUSEA OR VOMITING   |     |    |
| DIARRHEA   |     |    |
| RUNNY NOSE OR STUFFY NOSE  |     |    |
| FATIGUE  |     |    |
| RECENT LOSS OF TASTE OR SMELL                                      |     |    |
| POOR FEEDING OR POOR APPETITE (INFANTS AND CHILDREN)               |     |    |

#### RISK FACTORS

|   | YES | NO |
|---|-----|----|
| Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days?  |     |    |
| Have you traveled anywhere outside the 50 United States in the past 14 days?  |     |    |
| Have you traveled to Rhode Island from another state for a non-work-related purpose in the past 14 days? <sup>1</sup> If you are traveling to Rhode Island from one of <a href="#">these states</a> with a COVID-19 positivity rate of higher than 5%, you must quarantine for 14 days and self-monitor for symptoms.                     |     |    |
| Have you been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end?  |     |    |
| <p><b>IF YOU HAVE ANSWERED “YES” TO ANY OF THE QUESTIONS ABOVE, YOU WILL BE ASKED TO LEAVE THE BUILDING.</b></p> <ul style="list-style-type: none"> <li>• Employees: Please contact your supervisor and your Human Resources representative.</li> <li>• Visitors: Please call to discuss when you can return to this facility.</li> </ul> |     |    |

| <b>State</b>   |
|----------------|
| Alabama        |
| Arizona        |
| Arkansas       |
| California     |
| Florida        |
| Georgia        |
| Hawaii         |
| Idaho          |
| Indiana        |
| Iowa           |
| Kansas         |
| Kentucky       |
| Minnesota      |
| Mississippi    |
| Missouri       |
| Montana        |
| Nebraska       |
| Nevada         |
| North Carolina |
| North Dakota   |
| Oklahoma       |
| Oregon         |
| Puerto Rico    |
| South Carolina |
| South Dakota   |
| Tennessee      |
| Texas          |
| Utah           |
| Virginia       |
| Washington     |
| Wisconsin      |
| Wyoming        |