

CONTENTS

1 Introduction -----	2
2 General Considerations -----	2
3 Scope -----	3
4 Guiding Principles -----	3
5 Rationale/Objectives -----	3
6 Approach and Process -----	4
7 Phases of Return to Activity -----	5
8 Appendix -----	7
A. Individual Program Risk Assessment -----	7
B. Risk Mitigation Checklist -----	8
C. Sport Specific Applications -----	12
D. Athletics & Recreation Return Work Plan -----	15
E. Cleaning and Sanitization Protocol -----	23
F. First Aid, Incident and Positive Case Response -----	25
G. Return to Activity Participant Safety Guidelines-----	28
H. Facility Plans-----	30
I. Communications Overview-----	30

Return to Activity, Training & Sport

1 INTRODUCTION

1.1 CURRENT STATUS

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 as a global pandemic.¹ B.C.'s provincial health officer, Dr. Bonnie Henry, declared a public health emergency on March 17, 2020.²

1.2 ABOUT COVID-19

Coronaviruses are a large family of viruses found mostly in animals. In humans, coronaviruses cause diseases ranging from the common cold to more severe diseases. This new COVID-19, also commonly known as coronavirus, is caused by the virus SARS-CoV-2.³ Since COVID-19 comes from the same family as other viruses, the symptoms are similar to other respiratory illness including the flu and common cold. These symptoms include fever, chills, cough, shortness of breath, sore throat or painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue, and loss of appetite. Symptoms can range from mild to severe. Some individuals have been known to have the virus and not show signs of symptoms.

Coronavirus is transmitted via liquid droplets when a person coughs or sneezes. The virus can enter through these droplets through the eyes, nose or throat if you are in close contact. The virus is not known to be airborne and it does not enter through the skin. It can be spread by touch if a person has used their hands to cover their mouth or nose when they cough or sneeze and subsequently touch a communal surface.⁴ This is far more likely in indoor settings.⁵

2 GENERAL CONSIDERATIONS

Most physical activities and sports are considered high risk of transmission for COVID-19.⁶ This means that as restrictions begin to lift, the fitness and sport industry may not resume to “normal” as quickly as other industries. We will need to think creatively about what the “new normal” could look like in the context of Athletics & Recreation.

Recommendations from Public Health Officials will always dictate whether fitness and sport activities are able to return. It is unreasonable to get back to group activities until restrictions begin to change. The ‘Guiding Principles’ put forth by UBC – Okanagan Athletics & Recreation are to assist in decision-making. They are designed to work in conjunction with mandates and recommendations put forward by provincial and federal public health authorities.

¹ WHO media briefing: March 11, 2020, <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

² Province declares state of emergency, <https://news.gov.bc.ca/releases/2020PSSG0017-000511>

³ BC CDC COVID-19, <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19>

⁴ BC CDC Transmission, <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/how-it-spreads>

⁵ BC Go Forward Strategy Checklist, https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/go_forward_strategy_checklist_web.pdf

⁶ Federal Health Minister's comments on the high degree of contact in sport, <https://www.cbc.ca/sports/sports-return-dr-hajdu-dr-tam-doug-ford-1.5546928>

3 SCOPE

This comprehensive approach applies across the Department of Athletics and Recreation at UBC - Okanagan:

1 Facility; UBC-Okanagan Gymnasium.

9 User spaces; Hangar Fitness Centre, Track, Studio Rooms (1, 2, 3), Nonis Sports Field, Beach Volleyball Courts, HPL (High Performance Lab – varsity workout area), Athletic Therapy Treatment Room.

10 Varsity Teams: Men’s Sports (Basketball, Cross Country, Golf, Soccer, Volleyball); Women’s Sports (Basketball, Cross Country, Golf, Soccer, Volleyball).

7 Recreational Programming: Physical Activity, Sports Camps, Intramurals, Group Fitness, Drop-In Sports, Junior Heat Clubs and Community Rentals.

4 GUIDING PRINCIPLES

1. Returning to activity should not compromise the health of individuals or the community.
2. Returning to activity, as with the return of other aspects of our lives, is a gradual, measured process. Guiding principles are put in place given the information currently available. As more information becomes available, guidelines and policies may change. As such, returning to activity will be done in phases. Phases may evolve from what is outlined below.
3. Evidence suggests that outdoor activities are a lower risk environment for transmission of COVID-19. There is no good data on the risks of indoor activities. At this point, it is assumed that the risk of indoor activities is greater than outdoor, even with risk mitigation.
4. Any person experiencing any symptoms of COVID-19 (fever, cough, sore throat, sneezing, headache or shortness of breath) are not allowed to participate in any activity. They should follow current guidelines mandated by public health officials.⁷
5. Any person returning to Canada must follow current guidelines mandated by public health officials.⁸

5 RATIONALE/OBJECTIVES

Sport and physical activity at all levels and abilities is important to the overall health and wellness of individuals.⁹ The ability for UBC – Okanagan Athletics & Recreation to re-open has benefits to the university population and greater community. It is for this reason that the department is developing its approach to a phased returned to activity, training, and sport. The objectives for this process is to 1) identify and develop processes to open safely, 2) outline measures and procedures to ensure safety of participants and staff, and 3) create a management plan in case of a positive test or outbreak.

⁷ COVID-19 Symptoms, <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>

⁸ Government of Canada: Travel Advice, <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice.html>

⁹ Physical Activity and your health, <https://www.canada.ca/en/public-health/services/being-active/physical-activity-your-health.html>

6 APPROACH AND PROCESS

Recognizing the complex interconnectivity between programs, facilities, sport and activities that must exist to facilitate a safe re-opening, UBC – Okanagan Athletics & Recreation is using a multi-tiered assessment approach consisting of the following tools.

Tool #1: Individual Program Risk Assessment: Initial review of inherent risks associated with program conducted pre-Risk Mitigation review and post-Risk Mitigation review. *(See Appendix A)*

Tool #2 - Risk Mitigation Strategies: Providing a program or sport-specific risk mitigation matrix or checklist based on: accident and incident protocol; engineering controls (facilities, infrastructure, PPE, shared work spaces, public traffic flow); administrative controls (cleaning, sanitation and hygiene, equipment, staff training and behavior changes, communications and signage, screening); physical distancing through program delivery changes; and financial considerations. *(See Appendix B)*

Tool #3 – Protocol and Guidelines: Common protocol, policies and standards will be outlined relating to:

1. Return to work safety plan. *(See Appendix D)*
2. Cleaning and sanitization. *(See Appendix E)*
3. First Aid, incident and positive case response. *(See Appendix F)*
4. Screening
 - a. Participants and staff will be asked to take and share the BC COVID-19 Symptom Self-Assessment Tool prior to any participation.
5. Return to activity participant safety guidelines. *(See Appendix G)*

Programs are evaluated through the tools and are then reviewed through multiple levels of management prior to approval to ensure alignment with facility readiness and communications. Based on the above criteria and evaluation, programs, activities and venues are filtered into phases listed in the following section. The intention is to ensure that the full range of participation from informal activity to full competition is addressed.

To assist with the facilitation of return to activity, UBC – Okanagan Athletics and Recreation has established the following working groups:

1. Return to Activity Local COVID 19 Working Group
 - a. Tom Huisman, Carol Boyd, Jennifer Callow, Jackie Toews, Kevin Phillips, Kevin Kraft, Jeff Thorburn
2. Return to Work
 - a. Jackie Toews: Customer Services
3. First Aid and Incident Response
 - a. Risk Management
 - b. Jeff Thorburn, Kevin Phillips, Carol Boyd
4. Facilities, Maintenance and PPE
 - a. Carol Boyd: Facilities- including new max occupancies and operational supplies for general re-opening (e.g. General signage, Sanitizing Stations, Cleaning Protocols)
5. Programming
 - a. Jennifer Callow: Recreation Programs & Events
 - b. Kevin Kraft: Athletics Events
6. Varsity Sport
 - a. Kevin Phillips & Jeff Thorburn:
 - i. Athlete Therapy Treatment Room GYM 027
 - ii. High Performance Lab GYM 005
7. Communications

- a. Cary Mellon
- 8. Finance
 - a. Toni Lee

This approach and plan has been informed by:

External resources: Interior Health, BCCDC, Worksafe BC, the World Health Organization, ViaSport, Provincial and National Sport Organizations, BC Parks and Recreation Association, NIRSA – Collegiate Recreation Association, Lifesaving Society, Canadian Red Cross, City of Kelowna.

UBC organizations: Risk Management, Building Operations, Health and Safety; Infection Control and Prevention.

7 PHASES OF RETURN TO ACTIVITY

Similar to BC's approach to re-open various aspects of society, UBC – Okanagan Athletics & Recreation is taking a phased approach to return to activity. These phases do not coincide directly with those outlined by the province, although they share a great deal of similarities. Specific dates have not been called out for each phase as transition between phases will depend on the success of the previous phase as well as the state of Provincial transmission and local transmission within the Okanagan Valley.

Currently, UBC – Okanagan Athletics and Recreation is operating in Phase A. In order to progress, this plan will first have to be approved by UBC Executive. Progression into the latter phases will require the parameters around group gathering sizes and physical distancing to be modified by the Provincial Health Authority.



Phase	A - Online & Outdoor spaces	B - Individual/Small Group Registration Based Activity	C – Group Expansion - Registration Based	D - Full Expansion
Considerations	No facility staff required; No shared equipment	Limited facility staff required; Small groups; Dedicated equipment; Outdoor or Indoor; Distancing measures; Large spaces; No change rooms	Increase facility staff required; Dedicated equipment &/space; Expansion of group size; Change room requirements	Physical contact; Shared equipment; Significant # of Touchpoints > 50
Sample Activities	Online programs; Informal individual activity	Small group training (varsity); Outdoor or indoor training; Technical skill work; Outdoor courses	Larger group training (varsity); Expanded indoor and outdoor training; Small group lessons & classes; Indoor yoga; Camps; Rentals	Varsity and other sport competitions; External bookings Events > 50
Facilities/Assets	Nonis Sports Field	Hangar Fitness Centre Gymnasium HPL Nonis Sports Field Athletic Therapy Treatment Room	Hangar Fitness Centre Gymnasium HPL Nonis Sports Field Athletic Therapy Treatment Room Beach Volleyball Courts	Hangar Fitness Centre Gymnasium HPL Nonis Sports Field Athletic Therapy Treatment Room Beach Volleyball Courts
Spectators/ Parents/Guardians	N/A	Outdoor with minimal touch points (i.e. fields); Physically distanced	Expanded outdoor; Limited indoor; Physically distanced	Near full capacity

Table 1 - Return to Activity Phases



8 APPENDIX

A. INDIVIDUAL PROGRAM RISK ASSESSMENT

The following tool is intended to be completed twice for each program – prior to and post the identification of mitigation strategies.

Program/Service Name:

Facility:

Risk Factors	Interpretation	Risk Score 0	1	2	Score
Physical Contact Between Participants	Is contact between participants a component of the activity?	No		Yes*	
Style of Participation	How do people participate?	Individual	Group	Team Sport	
Location/Space	Where will the activity be taking place?	Outdoor		Indoor	
Participant Health Vulnerability	Are there seniors or immunocompromised participants?	Non- Vulnerable	Both	Vulnerable	
Equipment	Is equipment present and what is the nature of it? Dedicated - ability to limit sharing within activity; Shared - cannot provide a participant with their own	None	Dedicated	Shared	
Ability to anticipate # of Participants	Is there an ability to predict attendees?	Registered		Non- Registered	
Ability to limit Crowding/Congregation - Pre & Post	Is there a way to impact crowds and waiting pre and post an activity?	Able		Unable	
Requires access to shared change facilities/spaces	Does the activity require participants to have a change space?	No		Yes	
				Total Score	

Score

≤ 3 **Low Risk**

4 - 5 **Medium Risk**

6 - 8 **High Risk**

≥ 9 **Extreme Risk** - *Physical contact between participants automatically moved to this level.



B. RISK MITIGATION CHECKLIST

Program

Name: Program/Service Name:

Facility/Space:

Mitigation Checklist

Mitigation Checklist	Y - 1/N - 0	Weighting (1, 2, 3)	Total Score	Lead
1) Accident and Incident Protocol			0	
Are we aware of the first responder protocol?		2	0	Organization
Are we able to provide first aid under protocol above?		3	0	Ops/Programmer
Are we aware of a positive case response protocol?		3	0	Organization
Do we have an ability to isolate participants - treatment?		1	0	Facility
2) Facilities, Infrastructure, & PPE - Engineering Controls & PPE			0	
Have we limited transmission points at Operations desks - POS Terminals and Cash Handling Sneeze guards?		3	0	Facility
X Do we have a way to manage changeroom/shower and lockers use to ensure cleanliness?		3	0	Facility
Have we mapped out floor plans, non-activity space capacities, queueing and facility traffic flow so that it is clear to patrons?		2	0	Facility
Have we limited the necessity of common touchpoints and reduced access to shared amenities?		3	0	Facility
Have we explored all means to maximize air circulation?		1	0	Facility
Do we have expectations clearly outlined around shared workspaces?		3	0	Facility
Do we have access to PPE for staff?		2	0	Facility
X Do we have requirements for PPE for patrons?		2	0	Ops/Programmer
3) Cleaning, Sanitation & Hygiene of Spaces - Administrative Controls			0	



Do we have easy access to hand wash stations and hand sanitizer?		3	0	Facility
Do we have lids on public garbage cans?		1	0	Facility
Do we have a cleaning schedule with clear instructions and expectations?		3	0	Facility
Do we have access to cleaning supplies?		3	0	Facility
4) Staff - Physical Distancing and Administrative Controls			0	
Do we have staff training resources available?		3	0	Ops/Programmer
Have we trained staff on behaviour and expectations and can we screen daily?		3	0	Ops/Programmer
Do we have a plan to address staff's physical location when delivering program?		3	0	Ops/Programmer
Do we have messaging and mechanism available for staff to communicate publicly about our approach, policies and expectations?		2	0	Comms
5) Communications - Administrative Controls			0	
Do we have signage installed in high frequency interaction points?		2	0	Facility
Do we have messaging that aligns with Public Health directives?		1	0	Comms
Do we have communication available ahead of return to operations?		3	0	Comms
Do we have facility/and or program specific behaviours that need to be outlined?		3	0	Ops/Programmer
6) Equipment - Administrative Controls			0	
Will we be limiting what equipment is available for rental?		2	0	Ops/Programmer
Do we have an approach to clean and sanitize shared equipment?		3	0	Ops/Programmer
Do we have a plan to limit unnecessary sharing of equipment?		3	0	Ops/Programmer



7) Program Delivery Changes - Physical Distancing & Administrative Controls

0

Do we have a means to 1) limit patron and spectator waiting and congregating and 2) minimizing participant cross-over?

3

0

Ops/Programmer

Do we have a means to screen participants daily?

3

0

Ops/Programmer

Do we have a registration process that helps us determine participant numbers?

3

0

Ops/Programmer

Do we have a plan to control touchpoints within spaces?

2

0

Ops/Programmer

8) Program Design Changes - Physical Distancing & Administrative Controls

0

Do we have clear program capacities that adhere to social distancing guidelines?

3

0

Ops/Programmer

Do we have a way to enforce social distancing within programs/spaces?

3

0

Ops/Programmer

Can we move the program outside?

3

0

Ops/Programmer

Have we reduced the interaction between health vulnerable participants and others?

2

0

Ops/Programmer

9) Patron Perspective

0

Are participants acknowledging expectations around return to operations?

3

0

Organization

Have we walked through the participant interaction?

1

0

Ops/Programmer

Do we have clear participant expectations accessible and visible?

3

0

Comms

10) Financial Considerations

0

Have you reviewed the registration rate and attempted to reduce the financial barrier to participation?

2

0

Ops/Programmer

Are the changes to the program financially viable?

3

0

Ops/Programmer

100

0

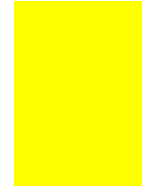
Notes:



Some form of approval/review/minimum score to move forward

Base Score - 46 (Comms/Facility/Organization)

Over 85 - Ready to return





C. SPORT SPECIFIC APPLICATIONS

Table 1– Return to Activity Phases – Sport Training & Competition

	Early Stages			Late Stages
	A	B	C	D
Type of activity (ability to physically distance)	Individual (i.e. skill based)	Pairs, small group* (i.e. sprints, ball handling)	Larger group activities*	Large group* (with external groups – competition)
Physical Distancing	Physical distancing restrictions			No physical distancing restrictions
Level of contact	None 2m between individual and coach	None 2m between participants – 10 m if expiring heavily or aerosolic (ex; sprinting, cycling)	Minimal; through equipment Same as B	Full
Equipment	No equipment or personal equipment only	Personal equipment only or minimal shared equipment (i.e. no hand contact - soccer ball)	Shared equipment	Shared equipment
Facility Location	Outdoor	Outdoor / Limited Indoor	Both	Both
Hygiene	Hand hygiene (before & after each session No shared water bottles or towels Hand sanitizer during where possible Spitting or clearing nostrils highly discouraged Disinfecting personal equipment regularly No Changerooms/Showers	Same as A Disinfecting any shared equipment before, during (when possible) and after.	Same as B	Same as C Thorough showering before and after training sessions that involved any contact.
Additional Participants (i.e. parents, spectators)	None (unless required)	Some provided they are separated from participants and can maintain 2m between each other.		
Important considerations				
Group demographics	Have special considerations or accommodations been made for those that may be more vulnerable? (i.e. 65+, diabetic, asthmatic, etc.)			
Facility Readiness	Is it operational? Have cleaning and sanitization processes been established? Is there adequate space to maintain physical distance?			
Participant Screening	Are protocols in place to screen staff and participants prior to each session? What is the protocol if someone exhibits symptoms during a session?			

*Group size will be dictated by provincial public health authorities.

‡Where possible, it is highly recommended to maintain the same training/activity groups to reduce the risk spread.



Table 2- UBC – Okanagan Sport Categorizations

Outdoor Individual Non-Contact	Indoor Individual/ Team Non-Contact	Outdoor Team Non-Contact	Outdoor Team Contact	Indoor Team Contact	Indoor Individual Collision	Indoor Team Collision	Outdoor Team Collision
Cross-country Golf			Soccer	Volleyball Basketball			



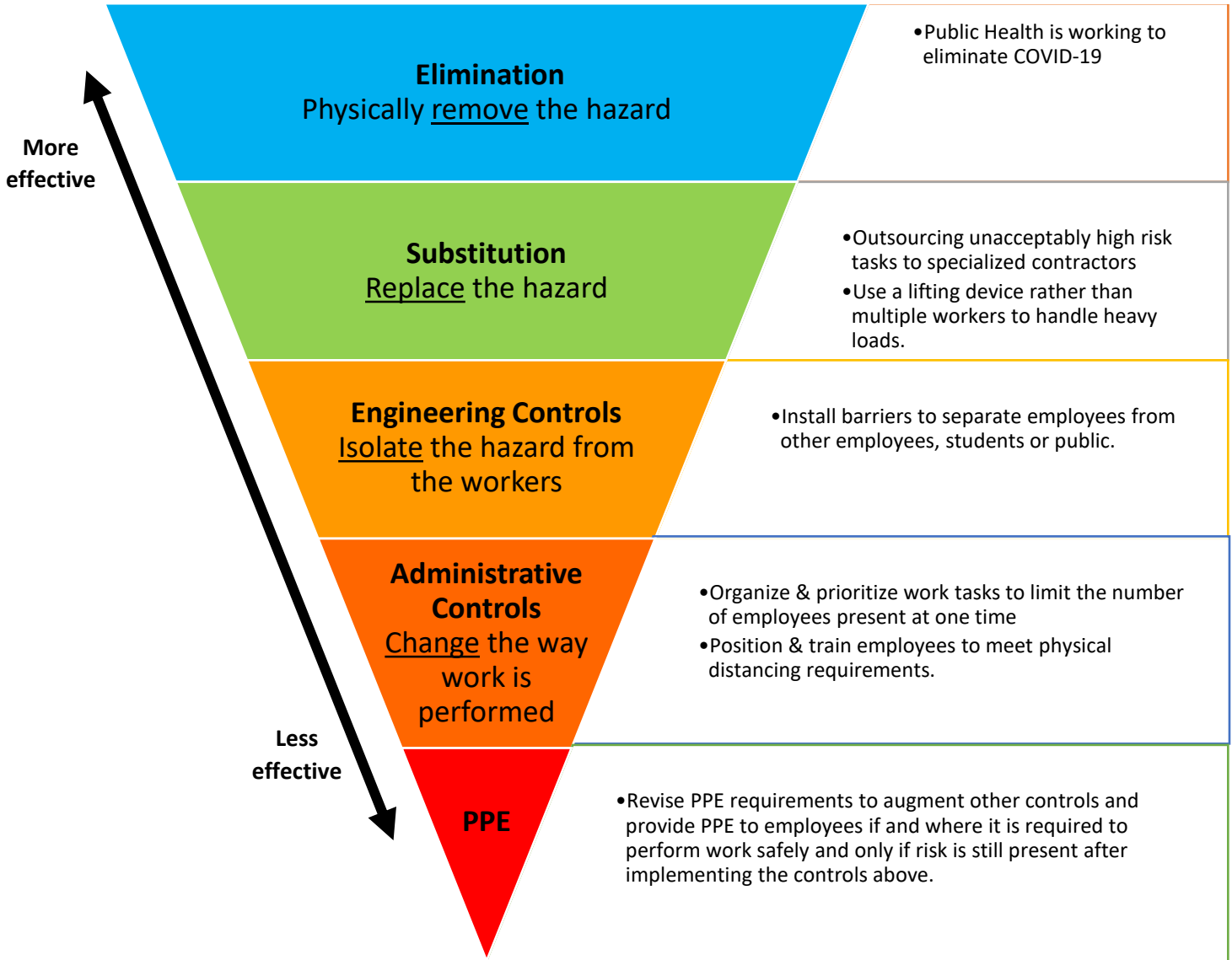
Table 3- Potential Modifications based on Sport Categorizations

	Early Stages			Late Stages
	A	B	C	D
All Sports	<i>Movement skills (agility, plyometrics, aerobic, anaerobic, stretching, bodyweight exercises, etc.)</i>	<i>Same as A</i>	<i>Same as A Weight lifting</i>	<i>Competition</i>
Minor Modifications	<i>Outdoor Individual Non-Contact: <u>Golf & Cross-country</u> Individual training only</i>	<i>Outdoor Individual Non-Contact: no shared equipment</i>	<i>Outdoor Individual Non-Contact: no modifications</i>	<i>Outdoor Individual Non-Contact: no modifications</i>
	Examples: Running outside Golf practice (Ind)	Examples: Golf – own ball retrieval		
Moderate Modifications	<i>Outdoor Team Contact: <u>Soccer</u> Individual skill</i>	<i>Outdoor Team Contact: <u>Soccer</u> Individual skill in groups</i>	<i>Outdoor Team Contact: <u>Soccer</u> Group skills & drills</i>	<i>Outdoor Team Contact: <u>Soccer</u> No restrictions</i>
	Examples: Striking drills	Examples: Passing in soccer (no throw ins, no hand-contact) Small group field work/conditioning, no sharing, spacing necessary	Examples: Small-sided soccer drills	
Major Modifications	<i>Indoor Team Contact: <u>Basketball, Volleyball</u> Outdoor, individual skills</i>	<i>Indoor Team Contact: <u>Basketball, Volleyball</u> Skills in group where there is no contact</i>	<i>Indoor Team Contact: <u>Basketball, Volleyball</u> Group skills and drills</i>	<i>Indoor Team Contact: <u>Basketball, Volleyball</u> No restrictions</i>
	Examples: Volleyball serving Basketball shooting	Examples: Basketball drills/skills (own ball) Volleyball (individual skills)	Examples: Volleyball rallies Basketball passing drills, offensive/defensive drills	

*Group size will be dictated by provincial public health authorities.

D. RETURN TO WORK PLAN

The best practice for mitigating risk is to follow the Hierarchy of Controls. Note that the examples provided are not exhaustive. Contact Health & Safety and/or Risk Management Services for assistance in finding options suitable for your needs.



It is important to note that while the controls are listed in order of effectiveness, all types of controls should be considered and generally work best in combination.



UBC – OKANAGAN EMPLOYEE PHYSICAL DISTANCING GUIDANCE

Employers need to take all necessary precautions to minimize the risk of COVID-19 transmission and illness to employees by identifying exposure hazards and developing measures to control exposure. Physical distancing requires us to limit close contact with others by keeping at least two meters away from one another. For some, physical distancing will be difficult as many everyday tasks involve employees having to work closely together (e.g. confined spaces, manual material handling, maintaining/repairing equipment, retail services).

This section provides guidance about UBC's stance on physical distancing in the workplace.

Current Health Guidance Relating to Physical Distancing

Throughout the current COVID-19 global outbreak UBC - Okanagan has taken direction on infection prevention from the Provincial Health Officer, the BC Centre for Disease Control (BCCDC), and Interior Health and continues to do so. This guidance can be expected to evolve as these agencies continually monitor accumulating scientific evidence to determine how we can best prevent the spread of COVID-19.

As this document has been developed, the current health guidance from the above agencies can be summarized as follows:

- Physical distancing means limiting close contact with other people to slow the spread of an infectious disease by keeping at least two meters away from one another.
- Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak.
- Work from home and conduct virtual meetings, if possible.
- Stay home as much as possible.
- When outside of your home, practice physical distancing.
- If you are ill, have flu like symptoms or have a fever or cough, you should stay home.
- Avoid crowded places and non-essential gatherings
- Greet people with a wave instead of a handshake.

Achieving Physical Distancing via the Hierarchy of Controls

Based on the current public health guidance and operational needs on our sites, UBC's position on Physical Distancing is that all necessary precautions must be taken to minimize the risk of COVID-19 transmission to employees. Where physical distance requirements are not possible, additional measures of risk prevention should be considered.

https://riskmanagement.sites.olt.ubc.ca/files/2020/04/COVID-19-PPE-Guidance_final.pdf

UBC – OKANAGAN ENGINEERING CONTROLS

- Install plexi glass barriers at the Customer Service Desk & Hangar Desk.
- Increase empty floor space.
 - Remove unnecessary materials:
 - Equipment
 - Merchandise Displays
- Remove public access furniture.
- Make clear divisions between different areas/rooms.



- Create occupancy limits in each area/room.
- Install physical distancing markers and signage throughout facility.
 - Washrooms
 - Waiting Areas
 - Payment Areas
- Install visual markers or physical barriers to delineate different areas.
- Install visual markers to create personal spaces for group classes.
- Place numerous bottles of disinfectant & single-use paper towel throughout premises.
- Remove any shared equipment that cannot be properly disinfected.
- Provide cleaning kits for members with spray bottles of disinfectant, single-use cloth towels, and gloves (optional use).
- Organize shared equipment and non-stationary equipment so members can easily pick-up the item without having to touch many others.
- Prop doors open so people can pass through without touching handles.
- Increase ventilation whenever possible by opening windows, doors, and increasing the fresh air intake on air handling units.
- Provide tissue boxes and hand sanitizer at all desks/customer interaction points.

UBC – OKANAGAN ADMINISTRATION CONTROLS

ATHLETICS & RECREATION COVID-19 OFFICE AND SOCIAL PROTOCOL

To protect our UBC - Okanagan community and ensure all workspaces remain safe, it is expected that campus users adhere the following guidelines.

Prior to Returning to Campus

- Familiarize yourself with your building and office's protocol and safety plans.
- Familiarize yourself with the required cleaning and disinfecting protocols.
- Be aware of any updated safe work procedures and PPE you are required to perform your work.
- Complete the UBC and department required COVID-19 training.

General Guidelines While on Campus

- Employees will be required to complete the COVID 19 BC self-assessment tool prior to coming to work.
- If you are sick, or have COVID-19 symptoms, please stay home.
- Cover your cough or sneeze with your elbow.
- Maintain a physical distance of 2 meters from other people.
- Wash hands thoroughly and frequently (every 60 minutes is recommended), especially if contacting frequently touched surfaces such as door handles
 - Kitchen and office equipment must not be shared.
- If you are unable to wash your hands use the hand sanitizer stations located throughout the facility.
- Avoid touching your face.
- Follow relevant signage and floor markings when moving around campus spaces and buildings.

Navigating Office Spaces and Buildings

- Minimize the use of elevators wherever possible, and limit capacity to the number of people as posted on elevator capacity signage.



- Where possible, use an object to press elevator buttons and not your hands.
- Follow directional tape or signage as indicated
- Use automatic door buttons (pressed with an object, not your hand) wherever possible to reduce touchpoints.
- Follow any “Enter” and “Exit” signage on building doors to allow people to keep their distance when entering and exiting.
- Practice walking on the right in stairwells and hallways.
- When entering washrooms, please adhere to the posted occupancy signage.
- Be aware of your surrounding when coming around corners or intersecting hallways.

Navigating Shared Offices, Common Spaces and Shared Equipment

- Unless a shared office is large enough to allow for 2 meters distancing, it should only be occupied by one person per work interval. Work stations must not be in a communal pathway.
- Limit the capacity of common and shared spaces such as copy, mail and lunch rooms to allow for 2 meters distancing, this may mean that only one person can access the space at a time. Adhere to the posted occupancy limits.
- Barriers may be installed at work stations to protect workspaces that are public-facing or in a communal area.
- Bring your own cup, dishes, utensils and containers from home.
- Upon arrival (& departure) to your workspace, disinfect your area and common touch points.
- Avoid sharing kitchen dishware and utensils if unable to disinfect.
- Upon arrival and departure to your workspace, use disinfectant to wipe down surfaces, door handles, light switches, keyboards, phones, chairs and other high touch areas.
- Do not use condiments, cream/milk or other general supplies that are not single use.
- Wipe down shared photocopiers and printers with disinfectant after use.
- Wipe down any shared equipment that is transferred between employees.
- Wash your hands before using any shared equipment. Shared equipment should be cleaned and disinfected after each use as well.
- Eat your lunch at your desk or outside and avoid common lunch spaces.
- If using a common eating space, ensure physical distancing of 2 meters between seats. Wipe down your eating space with disinfectant after use. It is the individual’s responsibility to make sure common lunch spaces are kept disinfected between uses.
- Communal doors should be propped open (if possible and not a fire hazard) to ensure fewer touchpoints.
- Avoid sharing equipment such as pens, pencils, scissors, etc.

Conducting Meetings & In Person Interactions

- Avoid handshakes or physical greetings that involve touching.
- Be aware that “hallway chats” or “popping your head in” may not be possible in these new circumstances to ensure social distance. Use the phone if possible or ask the person to meet you in a larger space or outdoors to have a conversation.
- Every attempt should be made to continue the use of video-conferencing tools (Zoom or Skype) instead of physical meetings.
- Instead of using meeting rooms, hold outdoor meetings where possible, which allow for easier physical distancing.
- One on one or small group meetings in offices can be possible as long as 2 meters of space is maintained.



- In-person meetings must not exceed 50 people and physical distancing must be possible. Must abide to posted occupancy limits.
- Ensure that attendees leave and enter the space in single file maintaining 2 meters physical distance.
- Provide documents and handouts in electronic format to avoid passing documents.
- If a colleague has their office door closed, knock and stand back and wait for them to open the door to greet you.

Personal Computers and Equipment

- Ensure that you take your personal computers home with you at the end of the night.
- Lock up or secure any personal equipment at the end of your shift.

Workplace Cleaning

- Ensure that your workspace and common areas are free of clutter and cleaned regularly. Disinfectant will be provided for surfaces and touchpoints for you to use regularly.
- Make it a habit to wipe down door handles when you're disinfecting surfaces.
- Adhere to the facility cleaning protocols for your workspace and use of common areas.

Modified Working Hours

- You may be asked to have a phased entry to the workplace and flexible hours to ensure that there are limited numbers of workers in the office.
 - You may be asked to stagger your start time so all workers don't arrive at the same time.
 - Any changes to your schedule must be approved by your manager or supervisor.
 - The facility will have at least one UBC Okanagan Athletics & Recreation Staff member onsite during any time that the facility doors are unlocked or services are provided. Doors will remain locked at all other times.

Office Guests

- If required, visits to the workplace should be prearranged, staggered, and safety protocols should be communicated before entry into the workplace.
- All visitors must check in upon arrival.
- Keep a record of visitors to the workplace.
- Post signage at the workplace to inform all entrants of the measures in place.
- When booking appointments, visitors should be reminded to reschedule if they experience symptoms typical of COVID-19 or are placed on self-isolation.
- Minimize non-essential in-person interaction between workers and visitors.
 - Use of distancing and virtual meeting tools where possible.
- Waiting areas should be arranged to maintain physical distancing requirement. Install barriers between receptionists and visitors if possible. Place markings on the floor directing visitors where to stand when approaching front desk.
- Provide public-facing staff with hand sanitizer for their use only.
- Visitors should attend appointments alone and minimize time spent in waiting area before their appointments
 - Request visitors to wait in vehicles and text message or call when ready.
- Remove non-essential communal items, such as candy, magazines, and complimentary phone chargers.
- Beverages (coffee, tea, water) should not be offered at this time.
- Provide a safe place for visitors to dispose of used sanitizing wipes and other personal protective equipment.



Interacting with the Public

- Ensure all customers understand the protocols in place at the workplace. Protocols to be posted at the entrance to the facilities as well as, through website, social media and email communications.
- Use of physical queue line controls through crowd control cones or floor markers at the entrances and front desk areas.
- Monitor the number of customers entering and the leaving the facility. Once the maximum number of people for the facility has been reached, allow one person in for every person that leaves.
- Where possible, separate incoming and outgoing customer flow.
- Ensure staff assisting with managing customer line-ups are trained in COVID-19 protocols.
- Physical barriers (plexiglass) will be put in place if physical distancing requirement cannot be maintained.
- Alcohol-based hand sanitizer will be available at for customer use at all facilities.
- Encourage the use of credit cards wherever possible and have customer handle the card readers themselves. Pin pad must be wiped down with disinfectant wipe after each customer use.
- Maintain a 2 meters distance from customers. If work activities mean that physical distancing cannot be maintained at all times, assist customer using physical barrier and/or use of mask.
- Members are encouraged to arrive ready for activity to reduce the use of change rooms.
- Members are encouraged to leave the facility immediately following use.

Deliveries

- Ensure that delivery zones are clearly identified and limited to receivers and deliverers only.
- Arrange for suppliers and/or delivery persons to drop off goods at building entrance to avoid searching for business within the premises.
- Request contactless delivery to maintain physical distancing requirement (e.g., delivery person leaves packages in a pre-arranged location). This option may be limited if signing or proof of receipt is required.

UBC – OKANAGAN PPE CONTROLS

ATHLETICS & RECREATION PPE GUIDANCE

This section provides guidance about UBC's stance on employee Personal Protective Equipment (PPE), including industry standard face masks/respirators, gloves, homemade and non-surgical masks and other PPE in relation to COVID-19 and other infectious diseases.

Visit [UBC SRS](#) for more information about UBC's guidance on PPE, including frequently asked questions.

Personal Protective Equipment in the Workplace

Based on medical guidance and circumstances on our campuses, UBC's position on PPE is as follows:

- UBC employees carrying out tasks that require PPE, including respirators, will continue to be supplied with the appropriate equipment, as per the relevant safe working procedure.
- UBC employees carrying out tasks that do not normally require PPE will not be supplied with masks or respirators of any description.
- UBC will not provide employees with non-medical or homemade masks as these masks do not meet the performance standards for workplace PPE and do not satisfy the safety requirements of any work task.



- UBC employees may wear a non-medical mask or homemade mask at work, provided it does not interfere with them safely carrying out their duties.
- UBC asks the campus community to be respectful of students, faculty and staff who choose to wear masks.
- Latex or Poly (non-PPE) gloves will be available to employees when cleaning and disinfecting equipment after their use.
- Protective Eye wear is required when changing cleaning solution in the Laundry Room (G019) dispenser (Specified Regular Staff only). Staff will have their own glasses/goggles or eye protection will be sanitized per BC Centre for Disease Control instructions.

Information about Using Non-Medical or Homemade Protective Equipment

- Non-medical/homemade masks are not classed as Personal Protective Equipment.
- Although UBC does not endorse the use of non-medical or homemade masks, staff and users are welcome to wear them if they feel more comfortable doing so.
 - If you are considering using a non-medical or homemade mask, you can find information about how to do so safely on the [BC Centre of Disease Control website](#).
- UBC will only supply Personal Protective Equipment that meet applicable standards and as required for UBC work.
- All staff wearing non-medical masks are aware of the benefits and limitations of the face covering they have chosen to wear, or have been provided, to protect against the transmission of COVID-19.
- Staff will be provided with the appropriate BCCDC Web link: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/masks> as well as the link for UBC Employee COVID-19 PPE Guidance: <https://srs.ubc.ca/covid-19/health-safety-covid-19/working-safely/personal-protective-equipment/>

Note; for staff first aid concerns; call campus security for assistance and guidance. For immediate emergency first aid measures, see Appendix F below.

UBC – ATHLETICS & RECREATION COVID 19 ILLNESS POLICY

In order to keep your colleagues and the campus safe and healthy, all A&R staff will follow the below protocols. If you have any questions regarding the A&R COVID-19 Illness Policy, please speak with your manager and/or supervisor.

Safe Workplace Requirements:

- All workers, who will be working on campus, must self-monitor daily for symptoms and use the self-assessment tool (<https://bc.thrive.health/>).
- Workers who appear to have symptoms (e.g. fever, cough, or shortness of breath) upon arrival at work or who become sick during the day will be immediately separated from others at the workplace and sent home.
- Anyone with COVID-19-like symptoms such as, a sore throat, fever, sneezing, or coughing, must self-isolate at home for a minimum of 10 days from onset of symptoms until their symptoms are completely resolved. They should be tested for COVID-19. If a negative test results, they can return to work once symptoms resolve. If they test positive, they need to isolate for at least 10 days as directed by public health officials.
- Workers who live in the same household as a confirmed or clinical COVID-19 case who is self-isolating must work from home.



- Anyone directed by Public Health to self-isolate must work from home.
- Anyone who has arrived from outside Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms.
- Sick employees must follow the self-assessment tool for COVID-19.
- Workers should take steps to minimize exposure to COVID-19 while away from work.
- Workers who have been exposed to anyone confirmed to have COVID-19, or to anyone with possible symptoms of COVID-19, should call HealthLink BC at 8-1-1 for an assessment and to determine any necessary next steps.

Starting to Feel Ill at Work:

- Workers have a responsibility and duty to report if they are feeling unwell and protect the health and well-being of all by going home and staying at home as appropriate.
- Workers should immediately report to their manager and facility manager if they begin to feel ill at work.
- Worker will be asked to wash or sanitize their hands, provided with a mask, and isolate. Worker will then be asked to go straight home.
- Supervisors will assist in finding safe ways to transport the worker home.
- If the worker is severely ill (e.g difficulty breathing, chest pain), call 911.
- Worker's manager will briefly ask who they have been working closely with, in which areas of the workplace and with which equipment; then send them home.
- The manager will clean and disinfect areas where the individual was working and any equipment or tools used.

Reporting:

- If a worker reports feeling ill at work and is sent home, it is the responsibility of the manager to report this to Athletics Director, Tom Huisman.
- Worker illness (work from home and/or sick time) will be tracked to ensure adherence to the public health protocols with regards to returning to the workplace.
- When employees go home sick, their work areas must be cleaned and disinfected. Secure the door and ensure that no one enters the space until it is disinfected. Ensure that the Facility Coordinator is notified to arrange sanitization.

Sick Time or Remote Working:

The context of an employee's self-isolation determines how to code the pay.

- If your employee is self-isolating because they are symptomatic, their pay should be coded as sick leave (paid or unpaid depending on whether they have sick leave available).
- If your employee is self-isolating because they have returned to Canada after travelling, we are encouraging that employees work remotely if they are asymptomatic. If they can't work remotely and they are asymptomatic, employees are expected to use vacation time or unpaid leave.
- If your employee has come in contact with a person who has been diagnosed with COVID-19, and your employee is asymptomatic, they should work remotely if possible. If they cannot work remotely, their pay should be coded as sick leave. If they are symptomatic, it is also sick leave.



- If your employee has come into contact with someone who is suspected of being symptomatic with COVID-19, they must obtain the appropriate instructions on self-isolation either by contacting 8-1-1, using the online self-assessment at www.healthlinkbc.ca, or contacting their physician.
 - If your employee is asymptomatic but advised to self-isolate for precautionary reasons, they should work remotely if possible. If they cannot work remotely, their pay should be coded as sick leave.
 - If your employee is symptomatic, then it is also sick leave.
- If your employee is self-isolating because they have a family member who has returned from travel and they are required to self-isolate, they should work remotely if possible.

Returning to Work:

- Anyone with COVID-19-like symptoms such as, a sore throat, fever, sneezing, or coughing, must self-isolate at home for a minimum of 10 days from onset of symptoms until their symptoms are completely resolved.
- Any worker who exhibits possible symptoms of COVID-19 and was sent home will need to follow the self-isolation guidance contained within the online [BC COVID-19 Symptom Self-Assessment Tool](#).
- It is appropriate for managers to inquire with their employees about the nature of their illness (not diagnosis). The only purpose to enquire about the nature of your employee's illness is to encourage your employee who may have COVID-19-like symptoms to call HealthLink BC (8-1-1) or visit www.healthlinkbc.ca or contact their medical health care provider.
- Information provided by an employee to you regarding their health is generally considered to be personal information under provincial privacy legislation (FOIPPA), and this information should not be shared with co-workers or your employee's co-workers.

E. CLEANING AND SANITIZATION PROTOCOL

The following personnel will be responsible for implementing the cleaning and disinfecting protocol.

Professional Custodial:

- Responsible Area:
 - Washrooms
 - Common Spaces (floors, windows, door handles, railings)

Staff (including student staff):

- Responsible Area:
 - Personal Work Space (cleaning & disinfection)
 - Office (Personal, Customer Service)
 - Desks (Personal, Hangar Desk, Customer Service Desk)
 - Common Touch Areas (Countertops)
 - Treatment Room (disinfection)
 - Fitness Equipment (disinfection)
 - Sport Specific Equipment (disinfection)
- Protocol
 - Clean Areas (frequently).
 - Spray area with Oxiver TB spray bottle before and after use.



- Leave product for 60 seconds.
- Wipe with cloth towel.
- Use one towel per area.
- Dispose of used towels in laundry bin.
- Disinfect Areas (twice per day).
 - Spray area with Virex 256 II sprayer.
 - Leave product for 10 minutes.
 - Wipe with cloth towel.
 - Use one towel per area.
 - Dispose of used towels in laundry bin.

Members:

- Responsible Area:
 - Fitness Equipment (cleaning)
 - Equipment/machines used during workout.
- Protocol:
 - Members provided with a cleaning kit upon entry.
 - Members must clean equipment before use and after use.
 - Members spray equipment with Oxiver TB spray bottle.
 - Leave product for 60 seconds.
 - Wipe with cloth towel.
 - Use one towel per piece of equipment.
 - Members dispose of used towels in laundry bin.
 - Members return cleaning kit to be disinfected.

Varsity Teams (coaches, unless otherwise assigned):

- Responsible Area:
 - Sport Specific Equipment (cleaning)
 - Sport Specific Storage (cleaning)
- Protocol
 - Teams provided with a cleaning kit upon entry.
 - Teams must clean equipment before use and after use.
 - Teams spray equipment with Oxiver TB spray bottle.
 - Leave product for 60 seconds.
 - Wipe with cloth towel.
 - Use one towel per piece of equipment.
 - Teams dispose of used towels in laundry bin.
 - Teams return cleaning kit to be disinfected.



F. FIRST AID, INCIDENT AND POSITIVE CASE RESPONSE

INCIDENT/ACCIDENT RESPONSE

Due to the large scope of the department and number of stakeholders, it is critical to have a plan in place to address incidents or accidents that may occur in the workplace and facilities. Workplace first aid will be guided by UBC – Okanagan’s Campus Security protocols.

A plan to address patron first aid is being developed to suit the specific circumstances within UBC – Okanagan Athletics & Recreation. This plan is based on guidelines that have been developed by the Red Cross and Lifesaving Society of BC.

FIRST AID/FIRST RESPONDERS PROVIDING CARE TO PUBLIC/PATRONS

Summary:

- All First Aid Incidents are considered potentially ILI/COVID related.
- PPE is an essential part of return to and continued activity operations.
- Training / Orientation of new Protocol & Procedures will be required.
- Incidents, Reporting & Return to Operations
 - Changes in Reporting and clearance/ability to return to operations.
 - Re-equipping/resetting return to “sterile” operations.
- Incident Team (Campus Security & ‘pending’)
 - Responding to Major Medical/Trauma Incidents, High Risk Incidents, possible or confirmed exposure.
 - Ensure/Assist with (but not limited to): Reporting, Contact Tracing & Tracking; Procedural adherence to return to activity/operations; Feedback and Support.

Specific noted changes requiring training and/or orientation.

- General Response Procedures – Scene & Patient Assessment, Providing Care.
- CPR – Amendments to all single person CPR procedures: Use of Bag-Valve Masks for CPR – Training.
- Responding to High-Risk Incidents – Aerosol-Producing Procedures: Elevated PPE required & Staff needing to use or have access to Oxygen.
- Reporting of High-Risk Incidents / Confirmed or Possible Exposures: Substantial disruption of operations may occur & attending staff may not be able to immediately return to work.

Operational Recommendations are:

- Programs / Facilities have Designated First Aid Attendants Required to each with their own PPE: Face shield/Goggles, Gloves, Pocket Mask w/HEPA, Surgical Mask, Basic First Aid Equipment.
- Designated and accessible Facility/Program First Aid Equipment Locations: Full First Aid Kit; HIGHRISK PPE and Resuscitation Kits (Face shield/Goggle, Gloves, Gown, N95 Masks, Surgical Masks and where applicable, Oxygen, Bag Valve Mask w/ HEPA).
- Where possible, have Designated Assessment and Treatment locations that provide the safest environment possible for attending staff and patrons.



- Where possible, have designated staff that act in a supervisory/assistance role: Able to ensure adherence to protocol and practice; Guidance/Assistance to staff in First Aid Incidents; Able to respond to HIGH-RISK incidents and guide effective persons through the process.

Incident Risk – Defined by Attendant Interaction

- LOW RISK: NO Contact – 2m Physical Distancing Maintained; Maintaining Physical Distancing will not compromise patient outcome; Minimal Contact – Non-aerosol Generating Treatment: Maintaining Physical Distancing will compromise patient outcome.
- HIGH RISK: Maintaining Physical Distancing will compromise patient outcome; Any Aerosol-generating treatment (Breathing / airway emergencies; Coughing, choking, obstruction, drowning; Use of Oxygen (high flow – 10lpm or above)).

Personal Protective Equipment – Defined by Risk

- LOW RISK: PPE for Attendant - Face Shield/Goggles, Gloves Surgical Mask; PPE for Patient (if possible) - Surgical Mask.
- HIGH RISK: PPE for Attendant - Gown, Face Shield/Goggles, Gloves, N95 Mask; PPE for Patient (if possible) - Surgical Mask.

Equipment

- All First Aid Attendants: All designated as a first aid attendant should have the following equipment for their individual use – should not be shared between staff.

- Fanny Pack to be worn at all times while on shift: Pocket mask w/ HEPA filter; Sealed in a dry/watertight bag; 2 surgical Masks; 2 sets gloves; face shield/Goggles; Sterile Bleeding Control; Sterile Minor Care; Scissors/Trauma Shears; Medical Grade/Disinfectant Wipes.

- Communal/Facility/Program: A designated location(s), clearly labelled with the following:

- Sealed/Sterile Personal Protective Equipment for High Risk incidents; Gown, Gloves, N95 Mask, Face Shield/Goggles; Full First Aid Kit – Wound Care; Resuscitation Kit (where applicable and trained staff exist); Bag Valve Mask w/ HEPA; Airways; Oxygen.

Responding Protocol/Guidelines

- Basic First Aid Supplies can be given over the desk. These include – Bandages, Disinfectant Wipes, Sterile Gauze.

- Responding staff should don the minimum PPE equipment when responding to a first aid incident of any nature.

- LOW RISK PPE – minimum required. This PPE is single use and will require correct doffing and disposal.

- Where non-life threatening conditions are present, attendants should ask the following questions prior to providing care. These questions provide baseline assessment of ILI or COVID possibilities.

- Does the Patient or anyone in their household have anything of the following symptoms: Cough; Fever; Sore Throat; Difficulty Breathing.
- Where all answers are negative > attendant can proceed into patient assessment with the appropriate PPE and treatment location.
- Where any answer is positive > attendant must use EXTREME caution in proceeding, if at all, and only doing so with the proper PPE and when faced with life-threatening conditions.
- When possible, the instruction of family members/escort/associated parties to the patient can be used to provide care to keep attendant at a safe distance.



- When life-threatening conditions are immediately present or found, attendants should make every reasonable attempt to protect themselves with the appropriate PPE prior to engaging in care.
- When delay of care to assess ILI/COVID possibility will compromise patient care and potential outcome, attendants are to respond taking every precaution possible.
- When appropriate and able, attendants should make their best effort to identify/ask ILI/COVID baseline assessment questions.

Specific Treatment Protocols

- CPR - Compressions – HIGH RISK
 - If the case is cardiac arrest, it is reasonable for the attendant to do Compression-only CPR for adults with early AED use where possible. During compression-only CPR, rescuers may use a face shield or another protective covering over the victim's mouth/nose to decrease the possibility of contaminating the rescue environment.- Lifesaving Society.
- Assisted Ventilation, Breathing Management – HIGH RISK
 - Where possible and where trained staff are available, it is preferred that rescuers provide breathing management by the following (order of preference).
 - Bag Valve Mask w/ HEPA Filter, continuous seal (2 person)
 - Non Rebreathing Pocket Mask w/ HEPA filter, continuous seal (2 person)
 - Non-rebreather Face mask, w/ supplemental Oxygen
 - Pocket Mask w/ viral Filter
- In all cases, should contact be required to administer the appropriate level of care to a patient, the attendant should call for assistance.
 - PPE will need to be replaced and/or replenished.
 - Any equipment used will need to be replaced/sanitized.
 - As per UBC Cleaning and Sanitation protocol.
 - PPE and Equipment considered contaminated must be doffed and disposed of correctly.
- In the event of an Incident – the Incident Team needs to be notified. Protocol, composition are to be determined.

Location of Providing Care

- When possible, first aid assessment and treatments should be conducted in a well ventilated, spacious, sterile environment.
- Limit access to the designated first aid area/scene to essential personnel – LSS.
- Care spaces should be wiped down and cleaned after each incident.

POSITIVE CASE RESPONSE

Before returning to any form of group activities, a plan and process needs to be in place in the case of a positive test or outbreak. It is important to note that the guidelines below are based on current knowledge in testing and tracing (May, 2020).

1. If a staff or participant develops symptoms of COVID-19 while on site, the following process will take place:
 - a. The individual with symptoms will be instructed to immediately isolate as facilities permit (Team Room #2).
 - b. A designated staff member will wash their hands and dawn appropriate PPE (gloves and mask).



- c. The designated staff member will provide the symptomatic individual with appropriate PPE (gloves and mask).
 - d. If the symptomatic individual is a staff member or student, they will be asked to return home (as long as they are well enough to do so) and follow the at home instructions (see below).
 - i. Inquiries as to their mode of transportation. Driving self, family, roommate? Not to send home via public transit.
 - e. If the symptomatic individual is a youth participant, they will be asked to wait in a specified location (visible but physically distanced from others) while staff notify their emergency contact to come pick them up.
2. Below are at home instructions for anyone with symptoms:
- a. Use the [BC COVID-19 Self-Assessment Tool](#) if you need further assessment or testing for COVID-19.
 - b. If you are not tested but still exhibit symptoms, you should isolate for a minimum of 10 days. If they live with others, they should stay in a separate room and keep a 2 meter distance.¹⁰ If they are a student at UBC - Okanagan and living in residence, UBCO Housing should be consulted before returning to residence.
 - c. If a COVID-19 test has been conducted and the health care provider has deemed it safe to return home, follow the guidelines from the BCCDC which are available [here](#).
 - d. Visit a health care professional or call 8-1-1 for more information
 - i. Before heading to a health care clinic, call to describe symptoms and follow their instructions.
3. If there is a confirmed positive test within an activity or training group, anyone who has been in contact with this individual will be required to self-isolate and monitor for symptoms for 14 days.
- a. This will be at the direction of public health officials.
 - b. All information required to assist with contact tracing will be provided to the public health authorities as is possible
4. If a student-athlete tests positive for COVID-19, the public health authority is responsible for contacting any parties who may have been in contact with the person.
5. Thorough cleaning/sanitization necessary following any pertinent, known case.

G. RETURN TO ACTIVITY PARTICIPANT SAFETY GUIDELINES

While mitigation strategies will continue to evolve by phase and associated program area, facility and operational approach, the following guidelines serve to ensure baseline participant safety.

1 PRIOR TO PARTICIPATING

- Participants are recommended to check online to familiarize themselves with the facility participant and operational protocol, as well as safety plans.
- All guidelines will also be posted in the facility and on the website and should be reviewed for additional information.

¹⁰ BC CDC Testing, <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing>



2 PARTICIPANT SCREENING AND ILLNESS PROTOCOL

- All participants will be required to complete a daily screening assessment prior to entrance & participation.
 - BC COVID-19 self-assessment screening tool
- Anyone with COVID-19-like symptoms, including but not limited to; a sore throat, fever, sneezing, or coughing, will be asked to refrain from entering any A&R facilities and self-isolate at home for a minimum of 14 days from their onset of symptoms until their symptoms resolution.
 - Contact the 811 Health Link for further instruction

3 PHYSICAL DISTANCING

- Physical distancing means limiting close contact with other people to slow the spread of an infectious disease by keeping at least two meters away from one another.
- Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak.
- Avoid crowded places and non-essential gatherings.
- Greet people with a wave instead of a handshake.

4 GENERAL HYGIENE

- The coronavirus is most commonly spread through respiratory droplets generated when someone coughs or sneezes. These can be transmitted to others through close, prolonged contact, such as shaking hands or through touching a surface with the virus on it and touching your mouth, nose or eyes before washing your hands.¹¹
- In order to minimize the risk of infection or spreading the infection to others, UBC – Okanagan Athletics & Recreation is recommending that all participants practice good general hygiene:
 - Hand washing prior to participating, after using the washroom, and as often as possible.
 - Wash hands with soap and water for at least 20 seconds.
 - If soap and water are not available, alcohol-based hand sanitizer can be used.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Spitting and clearing nostrils is highly discouraged. If this must occur, please do so into a tissue and dispose of the tissue immediately into a waste bin. Hands must be washed immediately afterwards.
- Where incidental or intentional contact will occur between participants, participants should shower before and after training (at home until full facility opening; i.e. showers/change rooms)
- Alcohol-based hand sanitizer will be available throughout the facilities for participant usage.

5 PHYSICAL ENVIRONMENT AND INTERACTION

- Anticipated use of physical queue line controls through crowd control cones or floor markers at the entrances to facilities and front desk areas.

¹¹ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html>



- Occupancy rates for each outlet room will be monitored. No entry permitted to that room until occupancy is available.
- Programs and spaces will have significantly reduced capacities, particularly in early phases. Please be aware that limitations on spectators will also be in effect.
- Where possible, incoming and outgoing customer flow will be separated.
- Where possible, specific programming spaces will be clearly delineated to ensure physical distancing.
- Physical barriers will be put in place if physical distancing requirement cannot be maintained.
- Cash will not be accepted. Debit/Credit payments may be conducted, and clients can handle the card readers themselves. Cleaning protocol will be in place after each use.
- In the early phases, pre-registration will be required for all activity.

6 ACTIVITY SPECIFIC REQUIREMENTS

- Participants should anticipate unique participation protocol by sport, space and phase that will also outline arrival and departure procedures.

7 CHANGE FACILITIES

- During the early phases of re-opening; change facilities, locker rooms, and showers will be very limited. Participants will be expected to arrive changed for the activity.

8 EQUIPMENT

- Shared equipment can increase the risk of spreading the infection to others. It is for this reason that shared equipment be introduced in accordance with physical distancing measures put forth by the Provincial Health Authority.
- To reduce the risk of infection or spreading the infection to others, it is advised to clean personal and shared equipment on a regular basis.
 - Each participant should have their own water bottle and towels. These should be cleaned before and after every session.
 - Personal equipment (equipment brought from home i.e. sticks, balls, gloves, etc.) should be cleaned before and after each training session.
 - Shared equipment will be phased in and should be cleaned before, during (when possible) and after each use.
 - Latex or Poly (non-PPE) gloves will be available to members that would prefer to wear gloves when spraying already cleaned & disinfected equipment before and after their use.

H. FACILITY PLANS

See COVID 19 Building (Common Areas) Safety Plan.

I. COMMUNICATION PLAN

See Staff Communication Plan (in progress).