

**USC**  
U P L A N D

**SPORTS  
CENTRE**

**| SAFE PLAY!**

This return to play program explains special protocols, training methodology, and strict safety regulations that will be implemented and followed upon the return to play in relation to COVID-19.

*Guidelines adopted from:*



BRITISH  
COLUMBIA

Ministry of  
Health



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As a facility we have outlined very specific protocols in relation to the “return to play” procedures in this document in following areas of operations. **Please read the Safety Plan in Appendix A, and our Outbreak Plan in Appendix B.**

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### WHAT ARE THE SYMPTOMS OF COVID-19?

Symptoms may take up to 14 days to appear after exposure to COVID-19. Symptoms vary but are similar to other respiratory illnesses, including the flu and common cold:

- Fever
- Sore throat
- Coughing and sneezing
- Difficulty Breathing



### PREVENTION

The best way to prevent the spread of infection is to:

- Physically distance yourself from others by 2 metres (6 feet). 
- Avoid touching your eyes, nose or mouth, especially with unwashed hands. 
- Wash your hands often with soap and water for at least 20 seconds. 
- Stay home and self-isolate if you are sick. 
- Sneeze or cough into your arm or into a tissue and dispose of tissue then wash your hands 
- Clean and disinfect frequently touched objects and surfaces, such as electronic devices and doorknobs. 

## INTRODUCTION

Upland Sports Center is prepared to “Return to Play” when the Ministry of Health, and our governing bodies, deem it is safe to return. Our main priority is the safety of our members throughout the process of return to play. As a club we believe it is important to have our member’s active, and back to their social setting, as soon as it is safe to do so. At Upland Sports Center we are committed to ensure the safety of our members in this transition back to normalcy.

- 1 Processes to open safely
- 2 Measures to keep people safe to avoid further outbreaks
- 3 A plan in the event that a case or an outbreak should occur

**Dr. Bonnie Henry (Provincial Health Officer)**

**Goals to move forward:**

- ✓ Protect lives by suppressing transmission as low as possible for our at-risk populations;
- ✓ Ensure our health system has capacity to provide quality care to non-COVID-19 and COVID-19 patients alike;
- ✓ Alleviate the physical, social and mental health challenges that come with restricting social interaction;
- ✓ Rebuild a resilient economy and provide supports for people to safely return to work; and,
- ✓ Strengthen the social fabric of our families and communities.



**Key Principles Going Forward**

1. Staying informed, being prepared and following public health advice;
2. Practising good hygiene - hand hygiene, avoid touching your face and respiratory etiquette;
3. Staying at home and away from others if you are feeling ill - with no exceptions - whether for school, work or socializing;
4. Maintaining physical distancing outside the household, e.g., no handshakes or hugs, keeping your number of contacts low and keeping a safe distance;
5. Making necessary contacts safer with appropriate controls, e.g., using plexiglass barriers or redesigning spaces;
6. Increasing cleaning of frequently touched surfaces at home and work;
7. Considering the use of non-medical masks in situations where physical distancing cannot be maintained, such as on transit or while shopping; and,
8. Continuing to minimize non-essential personal travel.

**Reference:** [gov.bc.ca/Covid-19](http://gov.bc.ca/Covid-19)    [bccdc.ca](http://bccdc.ca)

## COVID - 19 SYMPTOMS AND PRINCIPLES

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as *asymptomatic cases*, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

### How COVID-19 Spreads

The virus is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about 6 feet or 2 meters).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

<https://www.healthlinkbc.ca/health-feature/coronavirus-disease-covid-19>

## Five Principles For Every Situation

Personal Hygiene:	Stay Home if You Are Sick:	Environmental Hygiene:	Safe Social Interactions:	Physical Modifications:
<ul style="list-style-type: none"> <li>• Frequent handwashing</li> <li>• Cough into your sleeve</li> <li>• Wear a non-medical mask</li> <li>• No handshaking</li> </ul>	<ul style="list-style-type: none"> <li>• Routine daily screening</li> <li>• Anyone with any symptoms must stay away from others</li> <li>• Returning travellers must self-isolate</li> </ul>	<ul style="list-style-type: none"> <li>• More frequent cleaning</li> <li>• Enhance surface sanitation in high touch areas</li> <li>• Touch-less technology</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with small numbers of people</li> <li>• Maintain distance between you and people</li> <li>• Size of room: the bigger the better</li> <li>• Outdoor over indoor</li> </ul>	<ul style="list-style-type: none"> <li>• Spacing within rooms or in transit</li> <li>• Room design</li> <li>• Plexiglass barriers</li> <li>• Movement of people within spaces</li> </ul>

## RETURN TO PLAY (RTP) PHASES

Below is the phases we are projecting in regards to return to play, and the gradual progression of play on field. The timelines in accordance to these stages are relative to government, ministry, and our governing bodies' decision making.

At this time we are awaiting the approval to launch Phase 1.

All these stages will also have progressive protocols off the field in regards to all operations, for example: drop off pick up, number of players per field, equipment etc.

This is all explained in this document!

1

Immediate "RTP" (Un-opposed play)  
- This phase we will practise complete social distancing of maintaining 2m (6 Feet) between players and coaches

2







Secondary "RTP" (Opposed play)  
-introduction to training physically against own teammates (when social distancing is lifted from sport in BC)

3

Tertiary "RTP" Competitive Games w/ other teams on our way back to normalcy of leagues, and interplay





*Training Format: Return to normalcy.*

# HEALTH AND SAFETY

GENERAL POLICIES				
Policies	Prevent infection and transmission 	Physical/Social distancing 	Travel 	Symptoms of Illness 
	<ul style="list-style-type: none"> <li>Hand washing</li> <li>Sneeze or cough into your sleeve</li> <li>Avoid touching your face</li> </ul>	<p><b>Physical/Social distancing means limiting close contact with others.</b> When outside of your home, practicing social distancing by keeping two meters (six feet) away from one another is something we can all do to help stop the spread of COVID-19.</p>	<p>As of March 25, 2020 it is <a href="#">mandatory under the Quarantine Act</a> that anyone arriving in British Columbia from outside of Canada to self-isolate and monitor for symptoms for 14 days upon their arrival and complete/register a <a href="#">self-isolation plan</a>.</p>	<p>All children and staff who are ill with fever, have cold, influenza or infectious respiratory symptoms of any kind need to stay home.</p>
	<p><b>Phase 1</b></p> <ul style="list-style-type: none"> <li>✓ Each player will have to use hand sanitizing spray before entering facility</li> <li>✓ Players will have no contact with any other players</li> <li>✓ Please refer to equipment care on page 5</li> </ul>	<ul style="list-style-type: none"> <li>✓ Limited groups of players will be allowed on training fields. 5m x 5m of own space</li> <li>✓ Social distancing will be followed at all times by players, coaches, and all members</li> </ul>	<ul style="list-style-type: none"> <li>✓ No player, coach, parent, or member will be permitted at training locations in respect to travel bans under the Quarantine Act</li> <li>✓ All members returning from travel will have to adhere to self-isolation plan</li> </ul>	<ul style="list-style-type: none"> <li>✓ All players, coaches, members, who have any illness explained above, or have anyone in their immediate family have symptoms of the above, will be asked to stay at home.</li> </ul>
	<p><b>Phase 2</b></p> <ul style="list-style-type: none"> <li>✓ Players will progress to self-adherence to hand washing and sanitizing</li> <li>✓ Players will now have contact with own teammates</li> <li>✓ Equipment protocols to progress page 5</li> </ul>	<ul style="list-style-type: none"> <li>✓ Progression in number of members on one field as per governing regulations</li> <li>✓ Team members will work closer together, yet players from other teams will maintain social distancing of 2m</li> </ul>	<ul style="list-style-type: none"> <li>✓ Same as phase 1 unless otherwise progressed by governing bodies.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Same as phase 1 unless otherwise progressed by governing bodies.</li> </ul>
<p><b>Phase 3</b></p>	<ul style="list-style-type: none"> <li>✓ Return to normalcy, while still abiding to any protocols that BC Ministry of Health, or BC Soccer deem necessary at this time.</li> </ul>			

**EQUIPMENT**

Equipment protocols below will be strictly followed throughout Phase 1. We will slowly adapt, as we have move through the phases.

<p><b>Water Bottles &amp; Personal Belongings</b></p> 	<p><b>Soccer Balls (sports balls)</b></p> 	<p><b>Training Top/Pinnie &amp; Apparel</b></p> 	<p><b>Team Equipment</b></p> 
<ul style="list-style-type: none"> <li>❖ No sharing of any water bottles or snacks</li> <li>❖ No touching other members water bottles or belongings at all</li> <li>❖ Water bottles will be kept in a personal designated area on side of field (name on bottle)</li> <li>❖ Please refrain from bringing backpacks or extra personal belongings to the field</li> </ul>	<ul style="list-style-type: none"> <li>❖ Each player will bring their own soccer ball to training, and will take it home after training (club will provide)</li> <li>❖ Players can only pick up their own ball prior, during or after the session</li> <li>❖ Goal Keepers will need to ensure their GK gloves are clean, and they are not touching their face, with their GK gloves</li> </ul>	<ul style="list-style-type: none"> <li>❖ There will be NO sharing of pinnies or swapping pinnies/apparel at training</li> <li>❖ Most activites will not need pinnies in phase 1, as the activities are unopposed</li> <li>❖ If coaches are going to use pinnies, pinnies will be assigned to players for the entire phase, to take home, and keep as part of their own kit, to wash and sanitize.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Team equipment will only be handled by the coach</li> <li>❖ No players are allowed to touch any of the team equipment. This will be the responsibility of the coach, and coach only</li> <li>❖ Users are not to share equipment with other users</li> <li>❖ Equipment will only be used by User Coach Lead or Facility Staff</li> </ul>

**\*All EQUIPMENT MUST BE SANITIZED BEFORE AND AFTER TRAINING. PLEASE BE RESPONSIBLE IN GOOD HYGIENE TO KEEP OUR MEMBERS SAFE.**

**TEAM/GROUP COMMUNICATION**

<ul style="list-style-type: none"> <li>○ Do not talk in huddled groups, ensure you are respecting the social distancing</li> <li>○ Teams will have limited time on field, and will need to exit field before next team arrives (start/end times will be staggered) Training times will need to be followed strictly.</li> <li>○ change rooms and access to the clubhouse will not be prohibited in phase 1</li> <li>○ Players/Coaches should not be loitering around the fields, once their session is over.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Team meetings can be held on zoom/or an equivalent type app. Please refer to online meeting protocols from club</li> <li>✓ Coaches will be responsible for abiding, and mandating the policies and procedures set forth by the facility in our Return to play</li> <li>✓ Facility staff will be visible at each training location to help with any situations or questions that arise.</li> </ul>
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**HEALTH AND SAFETY CHECKLIST (Also see Safety Plan and Outbreak Plan in Appendix)**

**Keeping Transmission Low**

- ✓ Stay at home and keep a safe distance from family when you have cold or flu symptoms, including coughing, sneezing, runny nose, sore throat and fatigue.
- ✓ No handshaking or hugs outside of your household.
- ✓ Practice good hygiene, e.g., regular hand washing, avoiding touching your face, covering coughs and sneezes, disinfect frequently touched surfaces.
- ✓ Keep physical distancing, as much as possible, when in the community; and where not possible, consider using a non-medical mask or face covering.

**And in personal settings, when you're seeing friends and family who don't live with you:**

- ✓ Only get together in small groups of around 2-6 people and keep a physical distance.
- ✓ Stay home and away from others if you have cold or flu symptoms.

**Reducing Risk**

1. Physical distancing measures - measures to reduce the density of people.	✓
2. Engineering controls - physical barriers (like plexiglass at checkouts), or increased ventilation.	✓
3. Administrative controls - clear rules and guidelines.	✓
4. Personal protective equipment - e.g. use of non-medical masks.	✓
5. Hand Sanitizer provided at entrance to field by Coach	✓
6. Parent/Spectator drop off and pick up/spectating guidelines	✓
7. Team communication protocols	✓
8. Equipment Protocols in place	✓
9. Guidelines for at risk, individuals with ill symptoms, and anyone who has travelled.	✓

**Implementation of Plan**

- ✓ Facility Staff, and management are all well informed, and will be training and educating all coaches and players on our return
- ✓ Users will learn through a mandatory Restart to Play workshop prior to return of play or using facility
- ✓ Facility staff will be held responsible for ensuring the priority of the safety of our players first
- ✓ Each booking will have a designated field marshal during phase 1, to monitor, and ensure policies and procedures are being followed by coaches, players, and parent

**Information on COVID-19 (Identification, Symptoms, How is spreads, Prevention etc)**

If anyone is unsure of their symptoms, please stay home, and visit our BC Health Ministry for more info:

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19>



## MOVING FORWARD

Phase progression will be based upon decision making provided from BC Health Ministry, and BC Soccer based on the following main factors that will dictate our training methodology:

- ✓ Capacity allowance per field (members on one field)
- ✓ Coach to player ratio to ensure optimal delivery of safety
- ✓ Social distancing protocols
- ✓ Competition guidelines

As USC is provided dates, and timelines from our governing bodies, we will always communicate and update our membership with our progressive programming!

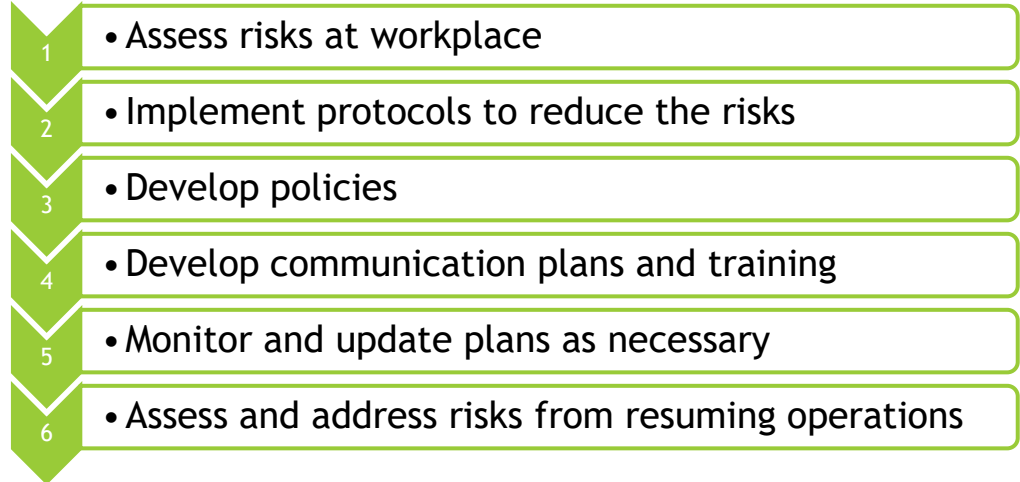
APPENDIX A.

**COVID -19 SAFETY PLAN**

Please familiarize yourself with the USC Return to Play document in addition to this safety plan.

**INTRODUCTION**

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to have a COVID-19 Safety Plan. This plan addresses the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of this virus.



1. Encourage all staff, coaches and volunteers to remain up to date with developments related to COVID-19.
2. Be mindful of mental health considerations for workers and volunteers:
  - It is important to plan to support the psychological health and safety of employees in addition to meeting public health requirements.
  - Remind workers and volunteers of available mental health and social supports that are available and encourage them to use these resources.
3. Discuss steps workers and volunteers can take to mitigate risk of transmission in non-work settings, such as:
  - commuting to and from work (e.g., carpooling, public transit, chartered buses);
  - in homes and shared living accommodations; and
  - other activities outside of work, including at secondary job locations.
4. Notify workers, volunteers, parents and players of the steps being taken by the workplace to prevent the risk of transmission of infection, and the importance of their roles in these measures.
  - Post this information in areas where workers, volunteers, players and parents can refer to them.
    - “Help prevent the spread” posters are available.
    - When possible, provide necessary information in languages that are preferred by worker and volunteers.
5. Ensure employees, players and parents are aware that PROVINCIAL HEALTH OFFICER (PHO) requires individuals who have returned from travel outside of Canada to be in isolation for a minimum of 14 days.
  - If an individual becomes sick during the 14-day isolation period, they should remain in isolation for an additional ten days from the start of symptoms, or until the symptoms resolve, whichever is longer.
  - All non-essential travel outside Canada should be cancelled, as per the Government of Canada’s travel advisory.

**ILLNESS**

If a worker or volunteer does come to work sick, or becomes sick while at work, the following requirements apply:

- Workers, volunteers or parents who appear to have acute respiratory illness symptoms (e.g., cough, shortness of breath) upon arrival to the soccer field, or become sick while at the field, should begin isolation at home immediately.
- Symptomatic employees/volunteers should follow hand hygiene and respiratory etiquette and maintain at least 2 metres away from other employees, volunteers, parents and players while leaving the soccer field.
- Once a sick individual has left the field, clean and disinfect all surfaces and areas with which they may have come into contact.
- USC will immediately record the names of all close contacts of the sick worker has been in contact with that day and in the 48 hours prior to when the symptoms started in the case. This information may be necessary if the sick worker later tests positive for COVID-19.

Staff, volunteer, players or parent that is diagnosed with COVID-19

- Individuals are to be in isolation for a minimum of 14 days if they have tested positive for COVID-19.
- For clarity, the isolation period is 14 days from the start of symptoms, or until symptoms resolve, whichever takes longer.
- If an individual is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, BC Health Services may be in contact USC to provide the necessary public health guidance. Records may be sought up to two-weeks prior to the individual becoming ill.
- We will work cooperatively with BC Health to ensure those potentially exposed to the individual receive the correct guidance.

### PREVENTION

- Prevent the risk of transmission of infection amongst workers, volunteers or (as applicable) patrons
- Provide for rapid response if a worker, volunteer or member of the public develops symptoms of illness while at the place of business
- Maintain high levels of hygiene.

It is recommended that businesses/services conduct hazard assessments on all tasks performed in the business using the hierarchy of controls.

- Consider measures such as business closure or suspension of specific tasks where the risk of transmission to staff, volunteers and patrons cannot be mitigated.

### SCREENING

Active daily screening of workers, volunteers and players for symptoms of fever, sore throat, cough, runny nose or difficulty breathing.

Anyone who is sick with cold-like symptoms such as cough, fever, runny nose, sore throat or shortness of breath, **MUST NOT** be on the field.

- All individuals with these symptoms should not be allowed on the field and should be advised to return home.
- Changes to the Employment Standards Code will allow full and part-time employees to take 14 days of job-protected leave if they are:
  - required to isolate; and/or
  - Caring for a child or dependent adult who is required to isolate.
- Employees are not required to have a medical note.

To enable quick contact with employees, USC staff will maintain an up-to-date contact list for all worker and volunteers, including names, addresses and phone numbers.

For the purposes of tracing close contacts, USC staff will indicate:

- roles and positions of workers;
- who was working onsite at any given time;
- If a worker worked with anyone else on any given shift.

Protocol for screening of staff, volunteers and players for COVID-19 upon arrival (Suggested questionnaire below). If an individual answers YES to any of the questions, he/she SHOULD NOT be allowed to coach. USC staff will observe individual for any of the symptoms listed below:

<b>1</b>	Do you have any of the symptoms below:		
	• Fever (greater than 38.0 C)	YES	NO
	• Cough	YES	NO
	• Shortness of Breath / Difficulty Breathing	YES	NO
	• Sore Throat	YES	NO
	• Runny Nose	YES	NO
<b>2</b>	Have you or anyone in your household, travelled outside of Canada in the last 14 days?	YES	NO
<b>3</b>	Have you, or anyone in your household, been in contact in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO
<b>4</b>	Are you currently being investigated as a suspect case of COVID-19	YES	NO
<b>5</b>	Have you tested positive for COVID-19 within the last 10 days?	YES	NO

- I. Protocol for conducting daily health check/screening of workers and volunteers using the table above as a reference
- II. Protocol for controlling entry and exit points from soccer pitch to ensure adequate screening
- III. Protocols for requiring staff and volunteers reporting of illness
- IV. Procedures used by onsite health and safety staff to screen individuals:
  - a. Questionnaire

- b. Temperature checks (if chosen as a screening method)
- c. Visual observation
- d. Other

### **HAND HYGIENE AND RESPIRATORY ETIQUETTE**

Upland Sports Center staff will promote and facilitate frequent and proper hand hygiene for employees and volunteers. It is strongly encouraged that USC provide a means to sanitize hands at points of entry and locations at coaching facility where staff are known to handle equipment. **The Facility is well equipped with Sanitization spray and stations, which can be refilled by office staff when needed. This sanitizer is for the use of equipment, as well as hand hygiene of players.**

USC should instruct staff and volunteers to wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (greater than 60% alcohol content).

- Hand washing with soap and water is required if the employee or volunteer has visibly dirty hands.
- Hand hygiene education webpage has more information, posters and videos about hand hygiene.
- Glove use alone is not a substitute for hand hygiene. Hands should be cleaned before and after using gloves.
- USC staff should make every effort to encourage respiratory etiquette (e.g., coughing or sneezing into a bent elbow, promptly disposing of used tissues in a lined garbage bin) is followed. The use of posters that remind workers, volunteers, players and parents to practice respiratory etiquette and hand hygiene is strongly encouraged in work areas where they are easily seen.

USC staff should consider placing additional garbage bins with removable linings at all entrances and exits. Garbage bins should be checked and emptied regularly.

### **CLEANING AND DISINFECTING (Administered by Front office, Field Set up Staff, and coaches)**

Cleaning refers to the removal of visible soil. Cleaning does not kill germs but is highly effective at removing them from a surface. Disinfecting refers to using a chemical to kill germs on a surface. Disinfecting is only effective after equipment have been cleaned.

- Use a “wipe-twice” method to clean and disinfect. Wipe equipment with a cleaning agent to clean off soil and wipe again with a *disinfectant*.

Develop and implement procedures for increasing the frequency of cleaning and disinfecting of equipment being used.

Regular household cleaning and disinfecting products are effective against COVID-19 when used according to the directions on the label.

- Use a disinfectant that has a Drug Identification Number (DIN) and a virucidal claim (efficacy against viruses).
- Alternatively, use a bleach-water solution with 20 ml (4 teaspoons) of unscented, household bleach to 1000 ml (4 cups) water. Ensure the surface remains wet with the bleach water solution for 1 minute.
- Health Canada has approved several hard-surface disinfectants and hand sanitizers for use against COVID-19. Use these lists to look up the DIN number or NPN number of the product you are using or to find an approved product.

- Make sure to follow instructions on the product label to disinfect effectively

Disposable towels and spray cleaners, or disposable wipes, should be available to workers and volunteers.

We will have visible cleaning schedules posted, as well as having an internal schedule of staff responsibilities, who sign off when cleaning has been completed.

### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

USC should conduct hazard assessments to identify existing and potential hazards related to COVID-19. Where elimination of these hazards is not possible or reasonable, they should be controlled. PPE is based on risk of exposure to a pathogen that considers both the risk associated with a specific task/activity as well as the source of infection (e.g. ill person). PPE that is chosen should be appropriate to the hazard. When hazards related to COVID-19 cannot be completely eliminated, the following hierarchy of controls should be followed:

- **First Choice (Limiting the number of people):** We will limiting our fields to 50 individuals on a field at all times. We will have approximately 40 players, 10 players per quadrant, and 2 coaches per quadrant, with 2 field marshals. We have posted occupancy limits for our front office, as well as our washrooms. Change rooms have been closed at this time. All participants will be 2meters apart at all times, players will be managed by field staff, while outside participants will be managed by our perimeter field marshals. Signage will be clearly visible to ensure our message of enforcing social distancing.
- **Second choice:** Isolate the hazard (Engineering controls)  
These control the hazard at the source by isolating the hazard and by physically directing actions to reduce the opportunity for human error. Examples include: **Physical distancing of players and staff on the field, as well as plexi-glass in front office.**
- **Third choice:** Change behaviour (Administrative controls)  
These controls change the way staff and volunteers interact through the implementation of policies, procedures, training and education. Examples include policies for physical distancing, limiting hours of operations and respiratory etiquette and providing adequate facilities, supplies and reminders for hand hygiene, and developing appropriate worker-to-player ratios. Increased frequency of cleaning as outlined above is also required. **See Communication and Training Plan Below.**
- **Fourth choice:** Use protective equipment (PPE)  
PPE controls are the last tier in the hierarchy and should not be relied upon exclusively. PPE is dependent on type of activity and risk of exposure to a pathogen/sick person. PPE is necessary when physical distancing of 2 metres or physical barriers cannot be maintained by administrative and engineering controls. PPE controls the hazard at the worker, volunteer, player and parent level. Examples of PPE include gloves, eye protection, gown, face protections, face masks. **Coaches and staff will be using masks during phase 1 of our program.**

When a hazard cannot be controlled by a single control method, USC will utilize a combination of these controls to provide an acceptable level of safety. PPE should be stored, used and maintained as per the manufacturer's instruction for use, so it can perform its intended function to protect staff and volunteers.

If a hazard assessment determines that PPE is necessary, USC will ensure that the PPE fits the staff and volunteers effectively.

- If a mask is deemed necessary, surgical and procedural masks will likely be sufficient.
- PPE, such as eye protection, may be reused by the same user, only if the manufacturer allows it and has provided clear cleaning and disinfecting instructions.

### **WORKPLACE BATHROOMS AND CHANGE ROOMS**

USC washrooms will ensure and maintain proper cleaning procedures. We will limit individuals in the restrooms to ensure social distancing.

### **DISTANCING & GATHERINGS IN THE WORKPLACE**

Examples of how to support distancing between workers, volunteers, players and parents to reduce the risk of transmission amongst workers, volunteers, players and parents include:

- Maintaining a 2 metre separation between individuals (e.g., workers, volunteers, players and parents).
- Restricting the number of employees, volunteers and patrons on the soccer field at any one time (minimum 6 square meter per person as a quick reference)
- Directing traffic flow onto the soccer field; e.g. establishing one-way traffic.
- At USC administration office: Installing a physical barrier, such as a cubicle, partition or window, to separate workers, volunteers and parents.
- Eliminating or re-structuring of non-essential gatherings (e.g. meetings, training classes) of staff and volunteers. Once the on field session is completed, players are told to leave the field at the designated exit.

### **ORGANIZING SPORT ACTIVITY**

The activity must always comply with the distancing measures and recommendations, along with any gathering restrictions issued by the provincial government health authorities, including the arrival and departure of players (except for family members or persons residing in the same household):

- 6 feet between people and gatherings of 50 people or less
- Clearly layout, communicate, and mark (in consultation with municipality/city/facility owner) player drop-off and pick-up protocol for arrival and departure.
- Limit your activities to small groups, solely to in-Club/organization activity.
- Limit the number of team staff (coaches, managers, etc.) that are on-field, noting the requirement to have a specific number of coaches to lead the session and all while adhering to the Rule of Two.
- Consider the comfort level of all your volunteer coaches under the current situation. Perhaps, in the first instance, limit sessions being led by a select core group of coaches.
- Include the daily requirement for any and all staff/coaches and participants to verbally confirm they are not experiencing any symptoms related to COVID-19. (as per questionnaire)
- Make sure to stagger training session times between different groups to create a buffer between sessions and avoid an overlap of players on the field.

- Limit all occasions for gatherings.
- Communicate all hygiene measures in advance to all your players.
- Provide your employees with any protective items required by the health authorities and ensure that each member of your staff washes their hands regularly. (as per hand hygiene, respiratory etiquette and cleaning methods)
- Participation should be limited to the ages and levels that understand and can adhere to the distancing measures and recommendations issued by the provincial government health authorities.
- From a process perspective, if conducting registration, do so only online (no cash).
- Ask parents and guardians to provide written consent for players U18 and younger authorizing them to participate in any activity.
- Keep a record of participants that are participating and when, so that you can contact them if needed, for example, if an infected person is identified.
- Adhere to ViaSport's Emergency Response and Outbreak Plan (appended to this document).
- If any organization is looking to operate referee specific training, these guidelines must be adhered to.

### **PHYSICAL DISTANCING**

- The activity must always comply with the distancing measures and recommendations, along with any gathering restrictions issued by the provincial government health authorities, including the arrival and departure of players (except for family members or persons residing in the same household).
- 6 feet between people and gatherings of 50 people or less (for soccer, unless otherwise stated by the municipality/city, this is 50 people per regular 11 v 11 full-size soccer field).
- Use cones and other equipment to ensure appropriate spacing is in place to support distancing.
- Remind coaches and players of the distancing requirements.
- Recommend that only one parent/guardian accompany their child/player to the session.
- Entrance and exits for specific training areas (example 4 quadrants of the field have their own entrance/exit)
- Trainings have been staggered with transition time in between sessions to avoid large groups of players exiting and entering field

**COACHING:** The activity must always comply with the distancing measures and recommendations, along with any gathering restrictions issued by the provincial government health authorities, including the arrival and departure of players (except for family members or persons residing in the same household).

- As of document date - 6 feet between people and gatherings of 50 people or less Position players in designated and well spaced-out stations/areas on the field.
- Do not let players manipulate the practice equipment.
- Coaches should take charge of set up and collecting equipment.
- Ensure players do not touch the ball with their hands, or head, and Goalkeepers must not share gloves.



**EQUIPMENT**

- Exercise caution with any and all equipment that is being used.
- Ask players to avoid touching equipment with their hands.
- Try to restrict soccer ball use, one per player or in small groups. Perhaps, if the session is solely individual skill development, each player could bring from home their own ball for them to solely use at the session.
- If equipment is manipulated by participants, hand sanitation and ball washing at Ingress/Egress is required.
- Refer to: hand hygiene, respiratory etiquette and cleaning/disinfecting methods

**PROVIDE A CLEAN AND SAFE ENVIRONMENT**

USC understands that in the vast majority of cases soccer occurs on municipality/city fields and then in some small instances some groups do own facilities, while some also have office space. The following guidance is being provided to ensure operational security procedures are in place during the crisis related to COVID-19. These procedures must also be well displayed and communicated to all users.

- Limit all occasions for gatherings by making all communal or public areas in your facility inaccessible.
- Delimit closed areas or the ones where a maximum number of people is required.
- Use markings on the ground to indicate proper distancing from staff.
- Frequently clean all surfaces, including counters, door handles, benches, toilets, etc.
- All chairs and tables in communal areas must be inaccessible or removed to avoid all gatherings.
- All doors accessible to the public must remain open to avoid contact with door handles.
- Soap or hand sanitizer must be made available to all people in various locations throughout your facility.
- Regularly remind and encourage people to wash their hands and adopt proper hygiene practices.
- Do not use any locker/change rooms and request all participants to change at home prior to and after sessions.
- Close all water fountains and ask that all players bring their own refreshments and do not share water bottles.
- Refer to: hand hygiene, respiratory etiquette and cleaning/disinfecting method

**COMMUNICATION/TRAINING, MONITORING AND CONTINUAL ASSESSMENT**

USC will be continually monitoring, assessing, and educating our members as we move from phase to phase. USC is working closely with our governing bodies, as well as our PHO to ensure we are up to date on any changes. We will make the necessary adjustments, and changes in our policies and plans as needed throughout this entire process. The following are some of the steps that we have already taken as club, and some steps we have planned for immediate implementation:

- ✓ All staff have attended a ZOOM meeting/presentation in regards to our Safety Plan
- ✓ All staff, management, and administrators, will have to complete a mandatory RETURN TO PLAY workshop)
- ✓ We have acquired, and will posting signage at all of our training locations including:
  - Policies for staying home when sick
  - Occupancy Limits, and hygienic practices
  - Restricted participants from participating

- Social Distancing and flow of traffic/entrance and exit
- Emergency contacts and designated health and safety representatives
- ✓ Facility staff on and off field have been assigned to monitor risks
- ✓ All members will receive all documentation covering policies and restrictions for our Return to Play
- ✓ USC website will have a dedicated page to COVID - 19/Safe Play
- ✓ All members (participants) will sign a waiver confirming the adherence and understanding of the following:
  1. USC Safe Play Document
  2. ViaSport BC Return to Play Document
  3. USC Safety Plan, and USC Outbreak Plan

## APPENDIX B.

### OUTBREAK PLAN

Early detection of symptoms will facilitate the immediate implementation of effective control measures. In addition, the early detection and immediate implementation of enhanced cleaning measures are two of the most important factors in limiting the size and length of an outbreak. An “outbreak” is two or more cases; a “case” is a single case of COVID-19.

1. Identify the roles and responsibilities of staff or volunteers if a case or outbreak is reported. Determine who within the organization has the authority to modify, restrict, postpone or cancel activities.
2. If staff (including volunteers) or a participant reports they are suspected or confirmed to have COVID-19 and have been at the workplace/activity place, implement enhanced cleaning measures to reduce risk of transmission. If you are not the facility operator, notify the facility right away.
3. Implement your illness policy and advise individuals to:
  - self-isolate
  - monitor their symptoms daily, report respiratory illness and not to return to activity for at least 10 days following the onset of fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue and loss of appetite.
  - use the COVID-19 self-assessment tool at BC COVID-19 Self-Assessment Tool to help determine if further assessment or testing for COVID-19 is needed.
    - Individuals can contact 8-1-1 if further health advice is required and 9-1-1 if it is an emergency.
    - Individuals can learn more about how to manage their illness here:
4. In the event of a suspected case or outbreak of influenza-like-illness, immediately report and discuss the suspected outbreak with the Medical Health Officer (or delegate) at your local health authority. Implement your Illness Policy and your enhanced measures.
5. If your organization is contacted by a medical health officer in the course of contact tracing, cooperate with local health authorities.

USC will keep all records of waivers, medical assessment forms, as well as attendance of all participants participating on the fields or venues.

## Appendix C.

### References

#### PROVINCE OF BRITISH COLUMBIA

B.C.'s Restart Plan: [https://www.scribd.com/document/460236402/B-C-s-Restart-Plan-Next-Steps-to-Move-Through-the-Pandemic#fullscreen&from\\_embed](https://www.scribd.com/document/460236402/B-C-s-Restart-Plan-Next-Steps-to-Move-Through-the-Pandemic#fullscreen&from_embed)

BC COVID-19 Go-Forward Management Strategy: [https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc\\_covid-19\\_go-forward\\_management\\_strategy\\_web.pdf?bcgovtm=20200506\\_GCPE\\_AM\\_COVID\\_9\\_NOTIFICATION\\_BC\\_GOV\\_BCGOV\\_EN\\_BC\\_NOTIFICATION](https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/bc_covid-19_go-forward_management_strategy_web.pdf?bcgovtm=20200506_GCPE_AM_COVID_9_NOTIFICATION_BC_GOV_BCGOV_EN_BC_NOTIFICATION)

B.C. 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](https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/go_forward_strategy_checklist_web.pdf)

PHO Orders: <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>

#### VIASPORT BC

<https://www.viasport.ca/return-sport>

#### viaSport Return to Sport Guidelines for BC

<https://www.viasport.ca/sites/default/files/ReturntoSportGuidelines.pdf>