CLUB LOGO

 ***[Club Name]***

Return to Play Guidelines

Date

Document Version

**Legal Disclaimer**

***[Club Name]*** has prepared this document based on the latest information available to date from a variety of sources, including that of public health officials. The document will be updated periodically as the situation evolves.

The purpose of this document is to provide information and advice on best practices. It also outlines requirements that clubs must adhere to in order to have events and activities sanctioned by Swim Manitoba.

It is up to each individual to assess personal risks in consultation with health professionals and to determine the outcome of their decisions and actions.

**Introduction**

***[Club Name]*** is committed to the health of members…

**Overview**

***[Club Name]*** adhere to and follow the Swim Manitoba Return to Play, the Swimming Canada Safe Return to Swimming, the Manitoba Health Restoring Safe Services, and the rules and regulation of the municipality/facility of ***[Municipalité or facility Name]***. The Return to Play will be a gradual and phased process.

Swim Manitoba – Return to Play: <https://www.swimmanitoba.mb.ca/return-to-play>

Swimming Canada – Safe Return to Swimming: <https://www.swimming.ca/en/resource-hub/#pso>

Manitoba Safe Restoring Services: <https://www.gov.mb.ca/covid19/index.html>

**Participant requirements**

* Each participant (athletes, coaches, and health team) must fill and return the Swimming Canada ***ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS FORM*** ([LINK](https://www.swimmanitoba.mb.ca/return-to-play))
* Each participant (athletes, coaches, and health team) must fill and return the ***Swim Manitoba Waiver and Release*** form([LINK](https://www.swimmanitoba.mb.ca/return-to-play))
* Each participant (athletes, coaches, and health team) must fill and return the Swim Manitoba ***ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS FORM*** ([LINK](https://www.swimmanitoba.mb.ca/return-to-play))
* Club’s and Club Members agree to adhere to Swim Manitoba’s Return to Play Requirements as presented in this document and future documents and submit any required club declarations or waivers.

**Safety in sport**

All interactions between an athlete and a person in a position of trust must take place in open environments that are observable at all times. That means make meaningful and concerted efforts to avoid situations where a coach, official, adult, or other representatives may be alone with an athlete and/or a vulnerable person. This also applies to online communication or electronic (email, texting, Facebook, TEAM, Zoom, Skype, etc.) All meetings, training, travel, and other situations should be a minimum of 3 people.

**Risk Management and Right of Refusal**

Everyone should have the right to refuse to report for training or work if they have reasonable grounds to believe that their performance/participation puts them at risk of their health, safety or physical well-being or may have the effect of exposing another person to such a hazard.

**Assessment group, Health Leader, and important contact**

***[Club Name]*** have created an assessment group composed of:

***[Club Name]*** have identified a Health Leader (or a group of):

Coach contact for each group:

President and/or manager contact:

Other emergency contacts:

**Training Site**

Site #1 – Address

Site #2 – Address

**Training Site plan**

Organization of training site #1 – add diagram (must include drop off, direction when arriving, where to go, space where the training will be held, delimited training space, toilette, first aid kit, sanitizer station, water station, direction when leaving, etc.)

Organization of training site #2 – diagram (must include drop off, direction when arriving, where to go, space where the training will be held, delimited training space, toilette, first aid kit, sanitizer station, water station, direction when leaving, etc.)

**Emergency action plan**

Site #1 – Appendix

Site #2 - Appendix

**Symptoms experienced at the training site**

* Isolate the individual and ensure a protective mask is applied immediately
* Contact your doctor to examine the relevance of additional examinations
* The athlete or staff member may not return until authorized by the physician, and if a COVID-19 test has been performed, a negative result will be required before further training is authorized.

People at risk of serious illness from COVID-19 are recommended to review their specific health concerns with their doctor before participating in training sessions. Common conditions that could place an individual at higher risk include chronic respiratory diseases, such as asthma, hypertension, heart disease, diabetes, immunodeficiency, and obesity.

**COVID-19 Outbreak Protocol**

If a person is declared positive for COVID-19, the following steps must be followed:

* It is essential to keep calm and not to alert everyone who might have come to the scene randomly.
* The person must be immediately removed from training group. If this is during the activity, the person must be isolated from the group in a previously established location.
* The activity will be suspended immediately and it is recommended to ask those who had access to the facilities, over a period of 1 hour before and 2 hours after the presence of the infected individual, to stay at home and begin self-isolation for a period of 14 days.
* Inform local public health authorities. They will provide management recommendations which could include additional testing and planning contact tracing to avoid spreading the virus to a larger population of people.
* Anyone else who develops symptoms will be referred to the appropriate public health authority or helpline for further advice about testing and proper management.
* Team training may resume if:
	+ All members observe a 14-day self-isolation period and no other person develops symptoms.
	+ All members obtain authorization from their physician to resume group training in accordance with provincial guidelines.

**Step 1**

Dates for step 1

Group

Identify the group that will return to play in step 1.

Group Size

Identify the size of each “Safe Bubble”.

Group Schedule

Identify the schedule for each group

Step 1 - Training instructions

IMPORTANT: maintain lists of participants (Appendix or link) for 21 days to ensure appropriate public health follow-up can take place if a participant is exposed to COVID-19.

The Health Leader and the Coach facilitating the practice will ensure the following.

* Arrive early
* Mark out areas for each participant and their belongings with ribbon, rope, etc.
* Ensure there is always a 2-meter distance between each athlete, coach, staff.
* The Health Leader will supervise the arrival/departure, screening, and give instruction on distancing.
* Fill the Screening Checklist before every practice (Appendix or link). They must answer no to all questions in order to participate in the training session.
* Be ready for athletes to arrive, supplying hand sanitizer upon arrival (unless they have their own with them).
* Have a well stocked first aid kit with proper masks and gloves.
* Ensure the athletes understand the social distancing and to stay within the guidelines. Absolutely no personal contact or sharing of equipment, water bottles, etc.
* Instruct athletes who bring their own equipment to sanitize it after use.
* Ensure the coaches are practicing social distancing
* There will be no team equipment available for use. Coaches cannot share a watch, whiteboard, or any other equipment.
* There will be no on-site individual equipment storage allowed. Mesh bags, kickboards, etc. cannot be stored on-site in any manner.
* In case of an injury requiring medical attention follow guidelines of First Aid. Wear gloves & mask
* Athletes will be sent a copy of the practice prior to the practice date to review and print or save to the device. This will avoid gathering.

The guidelines that athletes should follow are:

* Fill the Screening Checklist before every practice (Appendix or Link). You must answer no to all questions in order to participate in the training session.
* Arrive on time to practice. Late arrivers may not be allowed to practice as will take the attention away from the coach to ensure procedures are followed.
* Arrive 15 minutes prior to the start of scheduled practice time to avoid gathering. Access to the facility earlier than scheduled will not be allowed.
* Mandatory screening, check-in/out for all athletes at each practice
* Athletes must maintain social distancing as marked on the field of play.
* Belongings must be placed in the appropriately marked spots.
* They are not to share equipment or water bottles.
* Be prepared for practice, come dressed in proper attire as outlined.
* Follow the instructions of the coach.
* Be honest in answering all the COVID questions.
* Be sure to sanitize hands on a regular basis while practicing and equipment after practice
* Use the swimmer checklist tool. (Appendix or Link)
* Use the staff/coach/health team/volunteer checklist tool. (Appendix or Link)
* Use the parent/guardian checklist tool. (Appendix or Link)

For this important strategic period (stage 1), training sessions will not allow spectators.

Before proceeding to step 2, the first step should go smoothly for at least three weeks.

**Step 2**

The recommendations for step two will be updated to include new information and conclusions from step one.

New groups should follow the group size recommendations for Stage 1.

The size of existing groups will be able to increase to double if it always respects the recommendations of the Manitoba Health Authorities and the capacity of the site by allowing the distance of 2 meters between each person.

All step 1 training instructions must be followed during step 2.

Before proceeding to step 3, the second step should go smoothly for at least three weeks.

**Step 3**

The details of step three will be developed and communicated in future versions of the document.

**Appendix 1**

**EMERGENCY ACTION PLAN “SAMPLE” TEMPLATE FOR PRIMARY FACILITY**

Coach Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice location: (i.e.: lane 1, north part of the park) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions to reach the facility from a major intersection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KEY CONTACT INFORMATION**

Person in charge of facility (at the time of your practice): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pool Supervisor (at the time of your practice): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency who will make 911 call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or other alternates who would make the 911 call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY ITEM LOCATIONS**

Location of Emergency Phone & Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Identify special instructions to make an emergency call)

Location of First Aid Kit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Spine Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Defibrillator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Medical and Contact Information for Swimmers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secure Location of swimmer profiles with up-to-date information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Including medical & emergency contact information.)

Assembly Point: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Steps to follow when an incident occurs:**

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| --- | --- |
| **Steps** | **Details** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |