



Mount Seymour Little League
COVID-19 Return to Play Action Plan
June 28, 2020

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Mount Seymour Little League - Return to Play

Section 1: COVID-19 Safety Plan

The Board of Mount Seymour Little League considers the health and safety of players, coaches and volunteers, and everyone at the fields our top priority. That is why we have assessed the risks and taken reasonable steps to minimize the risk of transmission of Covid-19.

This Return to Play Plan was developed using guidelines from viaSport, Baseball BC, WorkSafeBC and the BCRPA. It is intended to allow Mount Seymour Little League (MSLL) baseball players to practice and play at Myrtle Park Majors, Seycove diamond, and Inter River Park under Phase Two of BC's Restart Plan. Implementation of the Return to Play Plan is to be monitored and updated as necessary when circumstances or provincial guidance change.

1. Health Risks of Covid-19

The COVID-19 virus causes a respiratory (lungs) type infection that is mild in most of the population (approximately 80%) but can be more severe, and even fatal, in those who are older adults or those with chronic underlying conditions. People infected with COVID-19 may show little or no symptoms, with illness ranging from mild to severe.

2. Transmission of Covid-19

COVID-19 virus is transmitted via liquid droplets when a person coughs or sneezes, but also potentially when they are talking in very close proximity to another person. The virus in these droplets then can enter the body of another person when that person breathes in the droplets or when the droplets touch the eyes, nose or throat of that person. It can also spread if you touch a contaminated surface and then touch your face. Unfortunately, human beings touch their faces often throughout the day, much more than they realize.

Transmission is less likely in an outdoor setting where there is more space for people to keep physically distanced. However, in the context of sports, even outdoors there can be risks from high-touch surfaces because many sports involve objects that are normally shared among players, coaches or volunteers (balls, equipment, etc.).

3. Symptoms of Covid-19

The symptoms of COVID-19 are similar to other respiratory illnesses, including the flu and the common cold. The symptoms are:

<input type="checkbox"/> Fever (37 degrees or higher at rest)	<input type="checkbox"/> Stuffed up or runny nose
<input type="checkbox"/> Chills	<input type="checkbox"/> Loss of sense of smell
<input type="checkbox"/> Cough	<input type="checkbox"/> Headache
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Muscle aches
<input type="checkbox"/> Sore throat or painful swallowing	<input type="checkbox"/> Fatigue
	<input type="checkbox"/> Loss of appetite

(source: BCCDC June 12,2020)

4. Assessment of Risk of Transmission

MSLL has assessed the risks at our fields and have identified areas where there may be risks, either through close physical proximity or through contaminated surfaces. The closer together individuals are and the longer they are close to each other, the greater the risk.

- We have identified areas where people gather,
- We have identified instances of poor personal hygiene that may increase the viral load,
- We have identified situations and processes where individuals are close to one another,
- We have identified the equipment that may be shared by individuals,
- We have identified surfaces that people touch often.

5. Controls to Reduce the Risk of Transmission

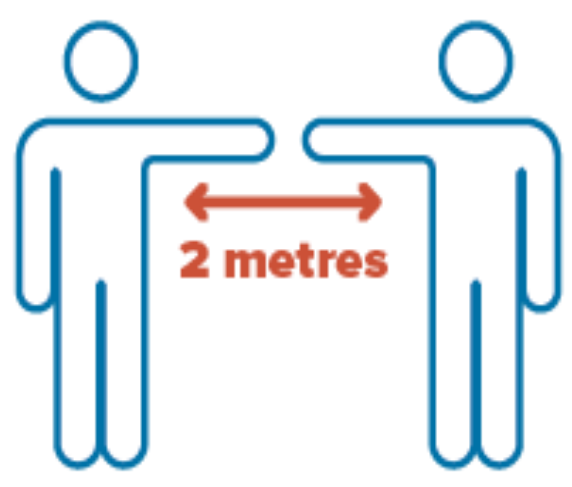
The key controls to reduce the risk of passing on the COVID-19 virus at play are:

- A. Ensuring people who may have been exposed to Covid-19 self-isolate, and do not practice or play (routine health questionnaire),
- B. Ensuring separation distances,
- C. Limiting the number and movement of people at the field,
- D. Practicing good personal hygiene,
- E. Disinfecting surfaces,
- F. Keeping records to facilitate contact tracing.

A. Ensuring people who may have been exposed to Covid-19 self-isolate, and do not practice or play

- Players and participants must also know the symptoms of Covid-19. Participants shall answer a routine health questionnaire. They must pass the routine health questionnaire to be able to play. The personal information in the routine health questionnaire is only to be used for Covid-19 screening purposes and is kept by the Safety Officer. It shall be destroyed after 30 days.
 - ☐ Anyone with symptoms must self-isolate and **cannot** participate in club activities for 14 days from the start of symptoms,
 - ☐ Anyone with a person in their household or close contact with symptoms must self-isolate and **cannot** participate in club activities for 14 days from the start of symptoms,
 - ☐ If you or members of your household are returning from out of province, you must self-isolate and **cannot** participate in club activities for 14 days.
- Participants must contact the Safety Officer of MSLL if they have experienced any Covid-19 symptoms or develop Covid-19 symptoms. This information will be anonymous and used only in case contact tracing is necessary.

B. Ensuring separation distances

<ul style="list-style-type: none">• Maintain minimum 2 m physical distance between participants at all times. This must include participants arriving and leaving the facility.• No physical contact between participants (handshaking, high-5).• No team huddles before, during or after the practice for coaching or teaching purposes unless 2 m physical distancing requirements are adhered to. MSLI to provide practice plans if requested.• Non-contact alternatives in drills shall be used in practices.	 A diagram showing two stylized human figures in blue outline. A red double-headed arrow is positioned between them, with the text "2 metres" written in red below the arrow, indicating the required physical distance.
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C. Limiting the number and movement of people at the field

- The total number of people gathered at the park must not exceed 50.
- Maximum of 10 players and 2 coaches at a practice.
- Each team will be assigned time slots for use of the fields. The schedule shall allow participants time to clear a field and sanitize before others arrive.
- Each team should arrive no earlier than 10 mins before your scheduled practice, vacate the park within 10 minutes of the scheduled end of your practice.
- Maximum of 1 parent or guardian spectator, per child, per event or location. Parents or guardians should remain around the park in case their player needs assistance.
- Spectator sitting or standing areas, and player staging areas for baseball equipment will be spaced and marked off to maintain 2 m minimum distancing.
- No dugout use permitted. Athletes must be set up outside of the dugout with 2 m physical distancing requirements adhered to. MSLI has marked numbered spaces on fences for players to follow.
- Baseball games with other teams will not be permitted at this stage in the viaSport restart plan.
- No indoor events. The clubhouse and scorebooth are closed to participants.
- The use of the batting cage is TBC
- The use of the bullpen is permitted so long as physical distancing is maintained (one batter comes out, another goes in)

- No changing or dressing rooms permitted. Players and participants are required to change at home.
- No concession will be operated.

D. Practice Good Personal Hygiene

- Frequent thorough hand washing. Participants must wash or sanitize their hands before and after practice. Hand sanitizer will be provided by MSLL.
- If you must cough or sneeze, do it in your elbow sleeve.
- All participants should avoid touching of eyes, nose or mouth.
- No sharing of water or food of any kind.
- No spitting.
- No chewing gum or sunflower seeds.
- No sharing of any personal equipment.
- If you choose, wear a non-medical mask. Masks and gloves would be available for volunteers. Used PPE must be disposed of in bagged garbage.
- Clothes and equipment should be washed or wiped down at home after play.

E. Disinfecting surfaces

- We have identified surfaces that people touch often, such as padlocks, gate latches, equipment bin handle. We have identified the equipment that participants may have touched while playing.
- We will conduct frequent cleaning of high touch areas.
- Baseballs should be sanitized before and after every practice, and every effort made to limit the number of athletes using one ball in a practice environment.
- All field prep equipment to be disinfected and cleaned before every use.
- Any team issue bats should be sanitized prior to every event and between every use by different athletes. No other team equipment should be shared.
- We will limit the equipment a player or coach can bring into the field.
- Participants and volunteers will be supplied with appropriate supplies such as hand sanitizer, disinfectant wipes, nitrile gloves, and garbage bags, and sufficient washing facilities (washrooms are open and operated by District). Volunteers helping to sanitize surfaces will have the proper PPE, such as masks and gloves.
- Cleaning / sanitizing solutions will be the kind approved for use by the BC CDC.

F. Keeping records to facilitate contact tracing

Attendance is taken as part of the routine health questionnaire and kept for every event for all participants. The list of names, contact information, and dates at the park will help in contact tracing if requested by the Public Health authority. These records must be kept for 30 days before being destroyed.

6. Insurance and Liability Risk Mitigation

This Return to Play Plan is consistent with the guidelines and directives set by viaSport, Baseball BC, WorkSafeBC, and provincial health authorities. All government restrictions and requirements shall be met, including viaSport Phase 2 guidelines.

The following revised documents shall be completed by participants before being allowed to participate.

- Waivers and Releases

They have been reviewed to confirm that they are broad enough to encompass COVID-19 related risks. Such documents do explicitly reference COVID-19 related risks. Participants must read and sign acknowledging their acceptance of the risks.

- Declaration of Compliance

This document lays out the personal duties required of participants when entering MSLL facilities and/or participating in club activities under the MSLL Return to Play Plan.

7. Communications and Training

Participants should be trained on the Return to Play Plan. The MSLL Board will be responsible for enforcing this plan for parents. Coaches will be responsible for enforcing this plan for players during practices.

- Email out protocols and expectations prior to resumption of practices,
- Coach's training,
- Parent training,
- Player training.

Signage at the field shall include:

- Notice to self-isolate – if participants or their household members have potentially been exposed to the Covid-19 virus
- Notice to practice good personal hygiene (hand washing)
- Notice of risk
- Signage to indicate movement of people

- Handwashing and Cover coughs and sneezes posters are available at [worksafebc.com](https://www.worksafebc.com)
- Customizable occupancy limit poster and handwashing signage are available on [worksafebc.com](https://www.worksafebc.com)

8. Assessment and Review

- Board members shall make assessment of effectiveness of protocols and compliance by participants. If policies and procedures are ineffective, MSLL will take steps to update our policies and procedures. All participants are encouraged to participate in this process.
- When new guidance from viaSport, Baseball BC, BC Provincial Health Officer or other government authorities is available MSLL will update the Return to Play plan.

9. First Aid Procedures

In the event that first aid is required to be administered during an activity, the hierarchy of people administering first aid are as follows:

- 1) **Parent or Guardian** – Firstly, the participant’s parent or guardian should be the one to treat the injured patient.
- 2) **Self-treat with direction and supplies** – If the parent or guardian is not available and if the injured patient is capable of self-rendering aid, then first aid supplies can be provided, and directions can be given from a distance (>2 m) by a qualified provider.
- 3) **PPE-Protected Attendant** – If other people are attending to the injured patient and will be closer than 2 m, then they must first put on appropriate PPE, such as a mask and gloves.

Attendants must follow WorksafeBC’s guidelines: “OFAA Protocols during the Covid-19 Pandemic”.

REFERENCES

ViaSport Return to Sport Guidelines for BC:

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

Baseball BC RTP Guidelines

<https://www.baseball.bc.ca/uploads/files/news/Baseball%20BC%20RTP%20Guidelines%20-%20FINAL.pdf>

WorkSafeBC:

<https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returningsafe-operation> PAGE 2 –

Government of Canada COVID-19 Resources:

<https://www.canada.ca/en/publichealth/services/diseases/coronavirus-disease-covid-19.html>

BCCDC guidance for recreation facilities:

- <http://www.bccdc.ca/health-info/diseases-conditions/covid19/community-settings/recreation-facilities> BCRPA Sector Guidelines for Restarting Operations:
<https://www.bcrpa.bc.ca/covidguideline>

BC COVID-19 Self-Assessment Tool: <https://bc.thrive.health/covid19/en>

Health Canada Personal Protective Equipment against COVID-19:

<https://www.canada.ca/en/healthcanada/services/drugs-health-products/medical-devices/covid19-personal-protective-equipment.html>

Health Canada List of Disinfectants for use against COVID-19:

<https://www.canada.ca/en/healthcanada/services/drugs-health-products/disinfectants/> 34

BCCDC Cleaning and Disinfecting:

http://www.bccdc.ca/Health-InfoSite/Documents/CleaningDisinfecting_PublicSettings.pdf

POSTERS

Covid-19 Protection:

<http://www.bccdc.ca/Health-Info-Site/Documents/COVID19-Prevention.pdf>

Physical Distancing:

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PhysicalDistancingPoster.pdf

Handwashing:

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_Handwashing%20Poster_MD%20offices.pdf

Do not enter if you are sick:

http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_DoNotEnterPoster.pdf

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Section 2: Illness Policy

Inform any individual in a position of authority (coach, team manager, program coordinator) immediately if you feel any symptoms of COVID-19 such as 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.

1. Assessment
 - i. Participants must answer health assessment questions before every practice to attest that they are not feeling any of the COVID 19 symptoms.
 - ii. Managers/coaches will visually monitor team members to assess any early warning signs as to the status of their health and to touch base on how they are regarding their personal safety throughout the practice.
 - iii. If participants are unsure, please have them use the self-assessment tool <https://bc.thrive.health/covid19/en>
2. If a participant is feeling sick with COVID-19 symptoms, or if a participant has come in contact with someone who is confirmed to have COVID-19
 - i. They must stay home and self-isolate. They will not be allowed to participate in Club activities until 14 days since the onset of symptoms or contact has passed.
 - ii. Participants should seek advice from HealthLink BC at 8-1-1.
 - iii. If they feel sick and /or are showing symptoms while at the fields, they should be sent home immediately and have them contact 8-1-1 or a doctor for further guidance.
3. If a participant has been tested and is waiting for the results of a COVID-19 test, or if a participant tests positive for COVID-19
 - i. Other participants who may have been exposed will be informed and removed from the workplace/practice/activity for at least 14 days or until the diagnosis of COVID-19 is ruled out by health authorities.
 - ii. The workspace/practice/activity space will be closed off, cleaned, and disinfected immediately and any other surfaces that could have potentially been infected/touched.
 - iii. The participant will not be permitted to return to the workplace/practice/facility until they are free of the COVID-19 virus.

- iv. Any participants who had close contact with the infected participant will also be removed from the workplace/practice/facility for at least 14 days to ensure the infection does not spread further.

4. Self-Isolate if

- i. Any Team Member who has travelled outside of Canada or the province within the last 14 days must self-isolate.
- ii. Any Team Member with any symptoms of COVID-19 is not permitted to enter any part of the fields and must self-isolate.
- iii. Any Team Member from a household with someone showing symptoms of COVID-19 is not permitted to enter any part of the fields and self-isolate.
- iv. Any Team Member who is in quarantine or self-isolating as a result of contact with an infected person or in families who are self-isolating, is not permitted to enter the fields.

5. Ending Self-isolation

If you have been sick, or you or a close contact or household member were exposed to COVID-19, you are required to self-isolated for 14 days since the onset of symptoms or having returned from travel, you are required to self-isolated for 14 days. After your 14-day self-isolation, you may return to your regular activities if:

- At least 14 days have passed since any symptoms started, **and**
- Your fever is gone without the use of fever-reducing medications (e.g. Tylenol, Advil), **and**
- You are feeling better (there is improvement in runny nose, sore throat, nausea, vomiting, diarrhea, fatigue). Coughing may go on for several weeks, so a cough alone does not mean you need to continue to self-monitor and self-isolate, **or**
- You were self-monitoring and never developed any symptoms.

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Section 3: Outbreak Plan

Participant with Confirmed Case of Covid-19

A “case” is a single case of COVID-19. An “outbreak” is two or more cases.

If a confirmed case Covid-19 or outbreak is reported to have been at the field or park, immediately report and discuss the case with the Medical Health Officer (or delegate) at Vancouver Coastal Public Health (Public Health). The MSLL board executive has the authority to modify, restrict, postpone or cancel activities.

1. **Implement enhanced cleaning measures** to thoroughly clean contact surfaces and equipment at the park.
2. **Implement Contact Tracing:**

MSLL will use records from the routine health questionnaires to aid in contact tracing. In cooperation with the Public Health Authority, other participants who may have been exposed will be notified and given appropriate instructions.

 - a. **Public Health** contacts positive participant on behalf of the Medical Health Officer (MHO).
 - b. **Public Health** contacts MSLL Safety Officer to get a list of participants who may have been potentially exposed, based on medical health officer (MHO) contact tracing and exposure criteria.
 - c. **Public Health** contacts individuals on the list for assessment based on MHO exposure criteria.
 - d. **Public Health** provides the impacted participants (players, coaches, volunteers) with instructions regarding isolation and symptom monitoring.
 - e. **Public Health** provides Safety Officer or leader with updates..
3. **Implement MSLL’s Illness policy and advise individuals to:**
 - self-isolate
 - 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. <https://bc.thrive.health/covid19/en>
 - 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:
<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/if-you-are-sick>

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Section 4: First Aid Plan

In the event that first aid is required to be administered during an activity, the hierarchy of aid-providers are as follows:

- 1) **Parent or Guardian** – The child's parent or guardian should be the one to treat the injured patient.
- 2) **Self-treat with direction and supplies** – If the injured patient is capable of self-rendering aid, then first aid supplies can be provided and directions can be given by a qualified attendant,
- 3) **PPE-Protected Attendant** – If other people are attending to the injured patient and will be closer than 2m then they must first put on appropriate PPE, such as a mask and gloves.

Attendants must follow WorksafeBC's guidelines: OFAA Protocols during the Covid-19 Pandemic.

OFAA protocols during the COVID-19 pandemic

During the COVID-19 pandemic, occupational first aid attendants (OFAAs) continue to provide treatment to workers as necessary. Because of the possibility of community infection, you may need to modify your standard protocols for first aid treatment to reduce the potential for transmission. This document provides additional precautions in your procedures you may take to align with current public health directives such as physical distancing, hand hygiene, and disinfection.

- 1** When you receive a call for first aid, if possible, gather the following information:
 - What are the circumstances surrounding the call for assistance?
 - Are critical interventions likely required? If so, call 911 or have emergency transport vehicle (ETV) prepared.
 - Are there any obvious signs of COVID-19?
 - If the patient is stable, has mild symptoms, or is not in distress, instruct the patient to go for testing.
 - If the patient is having difficulty breathing, arrange for transport to a hospital (and call ahead).
- 2** If no critical interventions are required, if possible and appropriate, interview the patient from at least 2 m (6 ft.). Ask the following questions:
 - Is anyone in your household sick or in self-isolation due to COVID-19 or suspected COVID-19?
 - Have you been in contact with anyone who has been sick with COVID-19?
- 3** When you arrive at the patient's location, assess the situation:
 - Does the patient have a minor injury that the patient can self-treat while you provide direction and supplies?
 - If yes, direct the patient to self-treat per your OFA protocols (see the self-treatment scenario on page 3).
- 4** If providing direct patient care (within 2 m), don the appropriate level of personal protective equipment (PPE) for the situation. PPE could include the following items:
 - Surgical mask
 - Face shield (or safety eyewear, i.e., safety glasses or goggles)
 - Pocket mask with a one-way valve and filter
 - Gloves
 - Coveralls (disposable or washable)
 - Patients could don a surgical mask or pocket mask, or clear face shield

In view of the global scarcity of PPE supplies, we recommend a point-of-care assessment by the provider and diligent use of PPE as required.

- 5 Remove and wash any PPE that is not disposable by following the BC Centre for Disease Control's directives for **cleaning and disinfecting eye and facial protection**:
- Don a new pair of gloves.
 - Using a clean cloth, wipe with soap and water, cleaning from the inside to the outside.
 - Rinse with water and remove excess water.
 - Using one disinfectant wipe at a time, and first squeezing excess disinfectant into a sink to prevent splashing your face, thoroughly wipe the interior then the exterior of the facial protection.
 - Ensure all surfaces remain wet with disinfectant for at least one minute (or applicable disinfectant wipe contact time).
 - Equipment may be rinsed with tap water if visibility is compromised by residual disinfectant.
 - Allow to dry (air dry or use clean absorbent towel).
 - Remove gloves and perform hand hygiene.
 - Store in a designated clean area.
- 6 For further direction on safe donning and doffing procedures refer to the BC Centre for Disease Control's instructions for **donning and doffing PPE**.

If critical interventions are required and there is no way of determining background information, anyone providing close assistance (2 m or closer) should don appropriate PPE. Limit access to the patient to the number of people required to deal with the critical intervention. It is important to limit the exposure of others.

CPR and AED protocols

OFAAs should perform compression-only CPR during the COVID-19 pandemic. If there is more

than one trained rescuer with the required PPE, change places for performing compressions approximately every minute, as performing continuous compressions at a rate of 100 per minute will be fatiguing with full PPE on.

C.P.R — OFA Level 1 and OFA Level 2

Upon approaching the scene, the OFAA conducts a scene assessment and dons appropriate PPE. Once PPE is on, the OFAA approaches the patient and applies appropriate PPE, i.e., clear face shield, on the patient and ensures an open airway. If no air movement is felt the OFAA is to start continuous chest compression at a rate of 100 per minute.

C.P.R — OFA Level 3

Upon approaching the scene, the OFAA conducts a scene assessment and dons appropriate PPE. Once PPE is on, the OFAA approaches the patient and applies appropriate PPE, i.e., clear face shield, on the patient and ensures an open airway. If no air movement is felt, the OFAA is to check for a carotid pulse, and if no pulse is felt, the OFAA is to start continuous chest compression at a rate of 100 per minute.

Assisted ventilation — OFA Level 3

If assessment of a patient determines distressed breathing and assisted ventilation is required, the OFAA should use a Bag-Valve Mask rather than a pocket mask. Ensure any trained helper(s) don appropriate PPE (surgical mask and face shield) prior to assisting.

AED — Level 1, 2, & 3

While providing compression-only CPR, when and if an AED becomes available stop compressions and prepare the patient's chest, apply AED pads and allow AED to analyze. After no shock/shock advised, give 2 minutes of compression only CPR. Repeat cycles of analyze/shock or no shock and 2 minutes of compression only CPR until medical aid arrives.

Scenario: Self-treatment with direction

A first aid attendant receives a call stating a worker has injured her hand. The attendant collects as much information about the severity of the injury as possible. The injury is deemed to be minor with no other concerns, so the attendant goes to the worker, but stays 2 m (6 ft.) away. On arrival, the attendant asks:

- Is anyone sick or in self-isolation in your household due to COVID-19?
- Are you able to administer first aid to yourself if I tell you what to do and how to do it?

After the first aid attendant has conducted the interview, the attendant visually assesses the patient and the wound from a distance and asks the patient about underlying conditions relating to the injury.

The attendant then places the required first aid supplies on a surface 2 m from the patient. The attendant steps back and directs the patient to pick up and apply the supplies. The first aid attendant then verbally conducts a modified secondary survey and documents the findings.

Scenario: OFA Level 1 and Level 2 with an intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately ensures that 911 is called. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE, i.e., surgical mask, face shield, gloves, etc. Once PPE is on, the attendant approaches the patient and places appropriate PPE, i.e., clear face shield, on patient prior to conducting the primary survey and performing any critical interventions that are required. The attendant positions the patient in the three-quarter-prone position to ensure the airway is open and clear and no further interventions are needed. Only one

person (the attendant) needs to be in contact with the patient; all others stay 2 m away. The attendant monitors the patient until the ambulance arrives.

Scenario: OFA Level 3 — employer ETV for transport with intervention

A first aid attendant receives a call about a worker who has been struck in the head and is unresponsive. The attendant immediately arranges for the ETV to be ready. On approaching the scene, the first aid attendant conducts a scene assessment and dons appropriate PPE. Once PPE is on, the first aid attendant approaches the patient and applies appropriate PPE, i.e., a clear face shield, on the patient and ensures an open airway. Once the airway is open and clear, the attendant stabilizes the patient's head with an inanimate object (to free the attendant's hands) and inserts an oropharyngeal airway to protect and maintain the airway. Once completed, the attendant conducts a primary survey to determine what, if any, further critical interventions are required. Only one person (the attendant) needs to be in contact with the patient; all others can stay 2 m away.

If the first aid attendant is working alone or if there is no extra PPE on site for helpers, the attendant places the patient in the three-quarter-prone position and packages the patient. Helpers will be needed to assist the first aid attendant in lifting the patient into the basket and ETV. Use whatever PPE or other measures that are available to assist in providing a barrier between these helpers and the patient, including covering the patient with a blanket. Helpers without PPE should handle the lower extremities and stay as far away from patient's nose and mouth as possible. Once the patient is loaded, the helpers remove their PPE and perform hand hygiene with soap and water or alcohol-based hand sanitizer.

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Section 5: Participant Agreement

All athletes, coaches, volunteers, participants, and family members of participants while in attendance at Mount Seymour Little League (HCLL) fields and events, acknowledge and agree to abide by the following points under the MSLL Return to Play plan:

- I am aware the British Columbia government has declared a Provincial State of Emergency to support the province-wide response to the novel coronavirus (COVID-19) pandemic.
- I am aware of the symptoms of Covid-19.
- I agree to symptom screening checks before each event, answering truthfully the routine health questionnaire regarding participant health, travel history, and the health of close contacts and household members. In accordance with provincial legislation, all personal information shall be kept confidential, and will not be disclosed unless as required by law or with your consent.
- I will contact the Safety Officer of MSLL if I have experienced any Covid-19 symptoms or develop Covid-19 symptoms. This information will be anonymous and used only in case contact tracing is necessary.
- I agree to self-isolate and not participate or come to the facility for 14 days from the onset of symptoms if:
 - I am experiencing symptoms of COVID-19,
 - I have been tested for Covid-19 and am awaiting test results,
 - someone in my household is showing symptoms of COVID-19, or has COVID-19,
 - I, or someone in my household has traveled outside of Canada within the last 14 days.
- I agree to sanitize my hands upon entering and exiting the facility, washing with soap or using hand sanitizer.
- I agree to bring my own sports equipment and water bottle.
- I agree to sanitize equipment I use throughout my practice with approved cleaning products provided by MSLL (shared and personal equipment).
- I agree to continue to follow social distancing protocols of staying at least 2 m away from others.
- I agree to avoid physical contact with others, including shaking hands, high fives, etc.
- I agree to not share any personal equipment during practice times.
- I agree to leave the field of play as quickly as possible after the event.

- I agree to abide by all MSLL's COVID-19 policies and protocols found in the Return to Play plan.
- I acknowledge that continued abuse of the policies and/or guidelines may result in suspension of MSLL privileges temporarily.
- I acknowledge that there are risks associated with entering club facilities and/or participating in MSLL activities, and that the measures taken by the club and participants, including those set out above and under the COVID-19 Response Plan and Return to Play protocols, will not entirely eliminate those risks.

Signature of Parent (if participant is a minor):

Signature of participant:

Date:
