

Lightning Fencing Club

Return To Practice

Adapted from the MFA Return to Practice

Preamble

The federal and provincial governments have started to reopen the economy in a stepwise fashion. Sports play an important role in returning society back to a functioning economic and social life.

That said sports Canada-wide also need to follow a stepwise progression in order to return to sport safely, with the health of people remaining at the top of the list of priorities.

Under the guidance of national sport organizations such as [Sport Canada](#) (SC) and [Own The Podium](#) (OTP), the Manitoba Fencing Association is working on an exit concept from the lockdown that is considerate of the health circumstances we are currently facing in order to protect our members, families, and communities. The concept is designed to gradually re-start our sport, all while respecting the rules issued by the Federal and Provincial Public Health authorities.

Simply put, regardless of any exit strategy, no fencing club should resume its activities except one that follows the current advice and recommendations of national, provincial, and local public health authorities.

Note that the described return to practice strategy is adaptable depending on the current rules and regulations issued by the local health authorities.

This return to practice strategy is a **guideline** that should be considered alongside the current [COVID-19 Risk Assessment Tool For Sports](#), as well as the [Own The Podium Club Risk Assessment and Mitigation Checklist Tool](#).

To avoid ambiguity, below are four recommendations, in order, that clubs are responsible for prior to returning to fencing.

1. **Abide by regulations set out by national, provincial, and municipal public health authorities. The directives by these authorities will always take precedence. Review the Risk Assessment and Mitigation Tool for Recreational Activities in Manitoba Operating During the COVID-19 Pandemic**
2. **Complete the Own The Podium Club Risk Assessment and Mitigation Checklist Tool (Appendix B).**
3. **Follow the 4 stage Return-To-Fencing Strategy outlined below.**

Risk Evaluation, Triage, and Hygiene

Throughout the 4 Stages, the following rules always remain in place:

- 1. Self-Assessment: before going to their training or competition session, each athlete & coach must complete a daily health self-assessment (this will be updated as symptoms change on the provincial screening document):**

Do I, or anyone in my household have any one of the following symptoms in the past 14 days?

- a) Symptoms of acute respiratory disease: Cough/Sore throat/Shortness of breath
- b) Fever or chills over 38 degrees
- c) Sudden loss of smell or taste
- d) Diarrhea/abdominal pain/vomiting
- e) Unexplained headache/body ache/fatigue
- f) Pinkeye.

IF YES to any of the above symptoms: do not go to training/competition, follow the advice of local health authorities.

Each athlete must inform their coach if the answer to the question above is YES. Clubs are responsible for collecting and documenting this information, and informing any individual who is present at the same time as the athlete who answered yes to the above question.

Waivers or a health check via electronic means will be provided, and shall be submitted by the athlete or athlete's parent/guardian before athletes are admitted to class. All athletes must be registered to enter, or be a new member and not have attended more than twice.

Consult [Manitoba Shared Health](#) for updated health information.

- 2. An athlete or coach may not go to training if they answer YES to the above question.**

- a) If they have traveled outside of Canada in the past 14 days, this person must not return to the training facility until their self-isolation period is over, or have submitted proof of a negative result of a COVID19 test for the period in question.
- b) If they have been diagnosed with COVID-19, this person may not return to the training facility until 14 days from the onset of symptoms; if they still have symptoms at the end of the 14 days, the athlete may not return to training until they are clear of symptoms for 48 hours.
- c) If a household member is diagnosed with COVID-19, this person may not return to the training facility for 14 days after they were last in close contact with that family member. If the athlete is diagnosed with COVID-19 infection during that 14 days, they must follow the instructions outlined in a) above.

3. **Tracking Presences:** At each training session the club must keep track of: the **first name, last name, e-mail address, and phone number** of each person present at the training session and the date/time/duration of the training session ([Sample Sign-In Sheet](#)). In addition, each individual must declare that

- a) **They are not currently experiencing any COVID-19 symptoms by passing the Self Assessment outlined in #1**
- b) **Neither they nor their household contain anyone diagnosed with COVID-19.**
- c) **They have read and understood the “Daily Covid-19 Attestation and Agreement” document, and initialled in the “Declaration of Health” columns confirmation of this agreement**

These documents must be kept for at least **one year**. This allows clubs to keep track of individuals inside the facilities, and to expedite communication to members and provincial healthcare authorities should a positive case arise within the club. An individual responsible for this should be designated ahead of time to maintain record consistency. As participants or guardians must also initial in the Declaration of Health column, writing utensils must be sanitized after each use to minimize transmission. If the declaration is available by electronic means before the start of class, members still need to be logged in.

4. **Athlete Safety:** athletes and coaches, must be highly considerate in protecting the safety of themselves and those around them.
5. **Self-Isolation:** athletes and coaches must make the informed decision that [self-isolation](#) may need to be reinstated should an outbreak happen within their training group.

6. **Club hygiene behaviors:**

- Club owners, coaches, staff, affiliates, athletes, and parents should all be encouraged to [wear a face-mask](#), (or a scarf covering mouth and nose) to and from training.
- Club owners, coaches, staff, affiliates, and parents **must** wear a face-mask at training.
- **Wearing a facemask during training, where frequent adjustments are inevitable between water breaks and fencing mask usage, is at the discretion of the individual, and depends on the ability to maintain physical distance at all times. In common areas outside the gym space members are encouraged to wear a mask.**
- Proper [hand hygiene](#) must be performed **immediately before putting on** a mask, as well as **immediately after** removing the mask.
- Any face-mask **adjustments** must be followed **immediately** by proper hand hygiene **without** cross-contamination to another surface (e.g. do *not* use the same hand to adjust the mask and open the bathroom door).
- Face-masks **should be changed** if they become soiled or wet to maintain proper function. Reusable masks must be placed **immediately** in a sealable container to launder at

home. Disposable masks must be **immediately** discarded directly into a **covered receptacle** after removal.

- The club should remind members that the [mode of infection happens via droplet transmission through the eyes, nose, and mouth](#).
- Clubs should be encouraged to [display posters promoting covering of mouth while sneezing, coughing, or heavy-breathing](#) as a strong reminder to reduce droplet-transmission to others.
- Prior to the beginning of every class it is recommended the coach/instructor review point 7. Personal Hygiene portion of this document.
- Clubs should have the contact number for their [local public health officer](#) posted in the training space.

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- Fencers are expected to come with as minimal gear as possible. This means that it is preferred that the fencing mask be in a cloth bag and that the sword is carried in. Where a larger transport bag is required, the bag must be able to sit upright to provide distance from other bags.
- Where possible, clubs should also clearly display practice floor markers (tape) that outline proper physical distancing in hallways and other traffic areas.
- [Ventilation of the training space](#) will lessen spread of infection; if possible [open doors/windows of the facility to allow fresh air](#) to enter the training area.
- [Disinfect door-handles, light switches, bathroom doors, bathroom faucets](#) EVERY DAY before fencers arrive and after fencers leave. Frequently touched surfaces should be cleaned at minimum twice per day and when visibly dirty.
- Install a [hand-sanitizing station at every club entry and exit point](#). ALL who enter AND exit the club must sanitize their hands. No exceptions. The church has offered to share their sanitization stations.
- [Bathrooms must be cleaned](#) and disinfected on a daily basis. They should be used by only one person at a time to facilitate physical distancing.
- In order to avoid the formation of lines of people and frequent contact with door handles, [open all doors](#) (with the exception of those which must be closed). Ensure that the push button automatic door opener is in working order.

- **No food or meals** to be eaten inside the fencing facility. Reducing the risk of touching the mouth and face while being outside of your home is of the utmost importance.
- Clubs should **NOT** share fencing-masks, gloves, jackets, weapons or any equipment for fencers to share. **Communal equipment should be discouraged.** All loaned equipment will be assigned to an individual fencer. If the fencer wants to store the equipment at home, a deposit must be left that will be returned when the equipment is no longer being brought home. All fencers must own their own glove. Gloves may be purchased through the club. Fencers that bring home equipment are asked to wash all equipment, except lames, after each use. Equipment left at the club will be sprayed with sanitizer after each use.
- There will be no water provided at the club. All fencers must bring their own water bottles.
- Clubs should encourage everyone to **clean exercise equipment** such as exercise mats, medicine-balls, yoga-balls, and other equipment after every single use.
- Coaches and fencers should not leave their equipment in the club to dry off after sweating. **Equipment should be taken home and machine-washed after every single use.** Equipment includes (gloves, jackets, pants, socks, t-shirts, shorts). Equipment such as weapons and masks that cannot be machine-washed, should be disinfected with Lysol wipes or **similar alternatives** after every single use.

7. **Personal hygiene behaviors:**

- Everyone is strongly encouraged to **wear a face-mask to and from training** to reduce the risk of droplet transmission while respiring.
- **Cough, and sneeze into your elbow!** Remember transmission occurs via droplet which means through sneezing, coughing or spitting while talking.
- Every fencer and coach should **bring their own face towel** to prevent wiping sweat off their face with their hands. The towel should be cleaned every day.
- Every fencer should **bring their own water bottles.** Absolutely no sharing bottles. Water bottles should be cleaned after every fencing practice.
- Every fencer should **bring their own hand-sanitizer.**
- **Change into your sports attire at home,** prior to arriving to the club. When possible, bring a set of clean clothes in a bag to change into before leaving the club. There is only one washroom per gender to change. If you choose not to change at the club, please consider changing immediately upon arrival to your home.
- Do not breathe heavily next to someone, even if they are 2 meters away in proximity.
- Keep a minimum distance of 2 meters between individuals in all directions **for less strenuous activities.**
- For strenuous activities, a distance of 100 square feet per person (or 9 square meters per person) should be maintained between individuals.

- [Disinfect your fencing bag](#) and handles prior to returning home.
- [Disinfect your phones](#) frequently. Consider keeping your phone inside a sealable bag while at practice to keep it clean.
- [Wash your hands](#) with soap and water or disinfect with alcohol-based sanitizers, regularly
- Keep your belongings close by your bag. Only bring the equipment you require for practice/competition into the facility. Leave other belongings at home or in your car. This means fencers should only bring one sword to practice.
- Keep your bag/equipment in designated club areas only to maintain physical distancing.
- Do not leave your equipment in the club after training to dry off your sweat. [Equipment should be taken home and machine-washed after every single use](#). Equipment includes (gloves, jacket, pants, socks, t-shirts, shorts). Equipment such as weapons and masks which cannot be washed should be disinfected with Lysol wipes or [similar alternatives](#) after each session.
- Para athletes utilizing wheelchairs should disinfect their wheelchairs prior and after training.

8. **Fencing hygiene behaviors:**

- Reels clips and last part of the cable should be disinfected with Lysol wipes or [similar alternatives](#) after each match (**matches only allowed in stages 3-4)
- Opt to use a personal score-keeping device (like a phone app) instead of a remote while refereeing. If a remote is used it should be wiped down before and after each change in referee.
- Push the buttons on the fencing machine with your glove-hand.
- Machine-wash your gloves, and fencing equipment after EVERY use (except lames).
- Do not shake hands with your opponent or the referee after a fencing match or fencing lesson. Use salute instead.
- If you start to feel unwell while you are fencing, you should stop training immediately and leave the facility. Let your coach know that you are feeling unwell.

9. **Parental hygiene behaviors:**

- Remind your kids about good hygiene etiquette.
- Encourage and remind your kids to clean and disinfect their fencing equipment after each use. Equipment such as masks and weapons can be wiped down with disinfectant wipes, or spray.
- Give your kids a clean, reusable water bottle.
- If possible, drive them to their club and back instead of allowing them to take public transportation.
- Refrain from entering the club unless absolutely necessary, or unless your child is a minor and/or needs assistance. Adhere to proper PPE and physical distancing measures at all times.

10. General hygiene behaviors:

- Coaches, parents, family members over 60 years old or those with chronic health issues (including but not limited to) immunosuppression, lung disease, hypertension, heart disease, diabetes) should consider staying at home until further guidance by public health officials.
- Do not hug, shake hands, high-five or touch those around you. Remember to maintain 2-meter physical distancing at all times.

11. Typical fencing training:

- Bouts in stages 1 and 2 are **NOT ALLOWED** due to the inability to maintain the physical distance (2-meter). Footwork training, strength and conditioning training and collective work are preferred during the first 2 stages of return to practice. (see below plan for more details)
- **Maintain 100 square feet (or 9 square meters per person) distance between each athlete during strenuous parts of the practice. Heavy breathing from exercise requires an increase in physical distance.**
- Depending on the current stage, no fleche's or corps a corps actions should be allowed during a match. To enforce this rule, matches should be refereed to ensure the bouts are stopped when athletes get too close (within 1 meter).

Transportation to and from Training

Athletes and coaches are encouraged to go to training by walking, or cycling, or driving. The intention is to minimize prolonged exposure in potentially overcrowded situations such as public transport as much as possible. Those who need to use public transport, should try to avoid peak hours to avoid overcrowding.

4-Stage Return to Fencing Strategy

The return to practice strategy for fencing training is designed to be deployed in 4 Stages. **The MFA will update what stage clubs are able to move to on a regular basis, based on provincial regulations as well as recommendation of the local public health authorities.**

A single-page version of the table below can be downloaded [here](#).

For Stages 1-4:

The MFA reminds all clubs and members that they must, at all times, adhere to the [Quarantine Act \(Canada\)](#), [Provincial Restoring Safe Services](#) stage regulations (Manitoba) as well as municipal bylaws and facility rules

Gathering Sizes:

The maximum number of individuals inside the club at any given time is dependent on the maximum gathering size in your region. This includes athletes, coaches, staff, and parents.

In addition to the gathering size limitation, consider 100 square feet per person (or 9 square meters per person). In other words, approximately 3 individuals per regulation sized piste. For smaller training spaces, this may mean that the maximum number of individuals inside the facility at any given time is less than the gathering size maximum.

The maximum number of classes differs between stages (refer to the table below). Classes must be scheduled to allow for proper cleaning and sanitation of high-contact surfaces and equipment, as well as for designated training groups to enter/exit without overlapping at any given time.

If, at any point, a new individual or individuals are introduced into an existing designated group (athlete or coach), the entire group must all return to **stage 1** to allow for the incubation time of 14 days to pass, at a minimum (even if the additional members share the same coach as the existing group members). This may very well be the case once gathering restrictions are modified so that designated group sizes can increase. It may be possible to expedite through stages 2+ after the initial 14-day period, depending on circumstances.

Designated Training Groups:

Designated training groups should be set up for all athletes and coaches, with each athlete (and where possible, each coach) assigned to **one** training group only.

- Each designated training group should include at least one coach, and the remaining numbers be made up of athletes.
- Athletes from different training groups should **not** mix in stages 1-4 to avoid cross contagion. **This includes private lessons.**
- Athletes and coaches should only be associated with one (1) club, to avoid cross-contamination between clubs.

In cases where a coach is designated to multiple training groups, class schedules should be set up so that each coach leads as few classes as possible per day in stages 1 and 2, to minimize any transmission between designated training groups.

Positive Case:

If, at any point, an individual in a training group is diagnosed with COVID-19, the MFA or clubs will:

- Inform the entire training group. Also, include the athlete's club coaches, club president and MFA Executive Director.
- Contact the appropriate authorities so they may begin contact tracing (clubs should have the contact number for their local public health officer posted in the training space to facilitate this process).
- Inform the full group to enter self-isolation for 14 days.

Should this group include a coach who is also designated to another training group, every member in those additional training groups must also be informed and enter self-isolation for 14 days.

Coaches who live together in the same household are considered as a single unit. This means that, should one coach or an athlete from one group be infected, all athletes that both coaches work with must return to self-isolation.

To protect personal health information, communication to the full, designated group should only indicate that an incident has occurred, that individuals should self-isolate for 14 days, and to contact health authorities should they experience any unusual symptoms. Those without symptoms within those 14 days may return to training following authorization from their healthcare provider.

Even with the abundance of caution outlined with this document, return to fencing is not without risk of outbreak. Limiting designated training group sizes reduces the number of individuals that must be isolated, and allows for the remaining club members to continue training after the club has followed all sanitation guidelines. This is why it is imperative that athletes in different training groups should not mix.

	Duration	Premise	General practice	Specific Activi	
Stage 1	Min 2-3 Weeks	Limit 3 classes per day (total), each class only consist of members from one single training group	<u>Group training:</u> -No combat training -No private combat lesson -Group footwork	<u>Physical Preparation:</u> -Strength -Plyometric -Conditioning -Stretching	<u>Tech</u> -Indi -Tary -Fool -Indi
Stage 2	Min 2 weeks	Limit 3 classes per day (total), each class only consist of members from one single training group	<u>Group training:</u> -No combat training -Private lesson permitted -Group footwork	<u>Physical Preparation:</u> -Strength -Plyometric -Conditioning -Stretching	<u>Tech</u> -Indi -Tary -Fool -Indi
Stage 3	Min 2 weeks	Limit 4 classes per day (total), each class must consist of members from one single training group	<u>Group training:</u> -Combat training permitted -Private lesson permitted -Group footwork	<u>Physical Preparation:</u> -Strength -Plyometric -Conditioning -Stretching	<u>Tech</u> -Indi -Tary -Fool -Gro
Stage 4	Min 2 weeks	TBD	<u>Group training:</u> -Combat training permitted -Private lesson permitted -Group footwork -Competition TBD	<u>Physical Preparation:</u> -Strength -Plyometric -Conditioning -Stretching	<u>Tech</u> -Indi -Tary -Fool -Gro

Contact Persons and Responsibilities

Each athlete, coach, parent, and club administrator are expected to take responsibility in practicing their role in implementing this concept, and ensure the health and safety of all those involved.

Each club is further responsible for nominating one person in charge of each training session (generally coach or team manager), who will have the duty of completing the list of athletes present, supervising the sessions, and further complying to the special constraints dictated by each stage.

Communication of the Concept

Though the MFA is communicating this return to practice concept to its affiliated members and clubs, each club must consider their own responsibility in ensuring a safe return to practice. This concept is a minimal recommendation. Should you find the need for more strict measures, please don't hesitate to do so! The responsibility lies on the club. Additionally, each club is then responsible for communicating to all of its members, and for ensuring the good understanding and implementation of this return to practice strategy regarding their own activities.

FAQs – COVID19 RTP Protocol

This section provides some of the commonly asked questions

1. When does Stage 1 start?

Stage 1 starts when the first class of athletes start training in the club. This will likely vary between clubs based on location, resource gathering, and feasibility.

2. How do we move from stage to stage?

Clubs can decide, after meeting the minimum time frame per stage, to move to the next stage. The duration of each stage is to provide members time to adjust to the new training setup, in addition to allowing observation time to prevent any community spread. If the MFA updates this document, it will be sent out and communicated to each MFA club.

3. Is everyone supposed to sign in?

Yes. Every person who enters and exits the facility must sign in/out. This allows clubs to keep track of individuals inside the facilities, and to expedite communication to members and provincial healthcare authorities in the case that a positive case arises within the club.

There should be a designated individual recording all relevant information outlined in **Section 3** of the Protocol, to both maintain record consistency, as well as avoiding passing writing utensils back and forth between individuals.

4. Is there a limit to the total number in the club?

This is depended on the limit to gatherings in facilities set by provincial government. Please keep in mind that government regulation is highest level of authority that we should follow at any given time.

5. What is the purpose of the “designated group” and is it important?

The designated group is very important! The purpose of the designated group is to control infection outbreaks, as well to protect your club from closing down. Suppose the possibility of an outbreak in one of the groups, then effectively, only this group and their associated coach has to self-isolate, instead of the whole club! This allows for three benefits:

- a) Control the community outbreak
- b) Self-isolate only the affected group, and not the whole club
- c) Allows for easy tracing of infection outbreak

6. Can a coach give a private lesson that doesn’t involve combat training (during stage 1)?

Yes, as long as the coach remains 3 metres away from their athlete, it’s acceptable to give private lessons **without combat** during stage 1.

7. Can my club have communal equipment to offer athletes in beginner classes?

No, equipment should not be shared! However, clubs can assign equipment to individual athletes to avoid sharing. For the duration that the athlete uses the equipment, there is no sharing with another athlete, and the athlete must wash and clean the equipment between classes, every day.

Associated documents:

Club Risk Assessment and Club Mitigation Checklist Tool

If movement restrictions (provincial, local) and physical distancing measures remain in place, the Risk Assessment may not apply as public health restrictions (e.g. maximum number of people together, quarantine post movement, etc.) take precedence and by their very nature may preclude any training.

Routine planning includes conducting risk assessments to determine the overall risk of disease spread. In view of the current outbreak of COVID-19, a disease-specific and sport-specific risk assessment and mitigation checklist has been developed to assess the specific risk of COVID-19 at sport-specific clubs.

In order to accurately provide answers to the following risk assessment and mitigation checklist, those responsible must be knowledgeable on the current COVID-19 outbreak. They should reference the daily provincial, local and global COVID-19 situation reports provided by WHO, Health Canada and provincial health authorities.

The tool must be completed in this Excel spreadsheet (see following tabs), as the scores are automatically calculated there.

It must be ensured that this risk assessment is conducted with input from local public health authorities, and preferably personnel with expertise in risk assessment, epidemiology, and infectious disease control measures are included from the initial stages of planning.

For the overall determination, factors under consideration include:

- The current stage of the COVID-19 outbreak where training is to be and known transmission dynamics
- The geographical distribution of and number of participants, and their individual risk profile
- The risk assessment tool
- The mitigation measures that are currently in place or feasible to implement

It is important to remember that while mitigation measures can reduce the risk of COVID-19 infections, they cannot completely eliminate the threat. It is the Sport Medicine Advisory Committee (SMAC), Canadian Public Health and WHO's view that all regions with community transmission should seriously restrict gatherings that bring people together and have the potential to amplify disease and support the recommended best practice of physical distancing.

This tool was adapted from the WHO Mass Gathering Risk Assessment and Mitigation Check List and the Canadian RATs tool specifically for sport-specific clubs in Canada to conduct a risk assessment and mitigation check list to minimize the risk of COVID-19 transmission when resuming club based training. Special thanks to Rowing Canada Aviron, in particular Dr. Mike Wilkinson and Jennifer Fitzpatrick, for their leadership in developing the original risk assessment and mitigation check list for rowing clubs across Canada.

Instructions

1. Complete the Risk Assessment (Step 1: Initial Risk Assessment and Step 2: Modified Risk Assessment) prior to proceeding to the Mitigation Checklist (Step 3). Score your club based on its present state.
2. All clubs must maintain a copy of the completed tool. The NSO or a public health authority may request a copy.
3. Contact your NSO for support to address mandatory requirements that the club is currently not able to meet.

Risk Assessment and Mitigation Tool for Recreational Activities in Manitoba Operating During the COVID-19 Pandemic: In response to the COVID-19 pandemic, Manitoba closed or restricted many recreational activities. As Manitoba begins to lift or adjust restrictive public health measures, it is important that those responsible for recreational activities consider the possible risks and identify and implement risk mitigation measures when re-opening or operating during the COVID-19 pandemic. Use this tool along with relevant provincial and national activity-specific guidance (e.g. sports or arts organizations). Public health measures taken by participants, organizers and operators for recreational activities are part of Manitoba's collective approach to mitigate the transmission of COVID-19. There is currently preliminary evidence suggesting that the risk of COVID-19 transmission is greater in indoor compared to outdoor settings. Although the risk of COVID-19 transmission in outdoor settings is thought to be lower, there is still some risk of transmission. This tool is based on concepts outlined in the guidance developed for community-based measures titled: Community-Based Measures to Mitigate the Spread of Coronavirus Disease (COVID-19) in Canada. It reflects the currently available scientific evidence and expert opinion and is subject to change as new information on transmissibility, epidemiology, and effectiveness of public health and risk mitigation measures becomes available.

Risk Assessment What are the COVID-19 risks associated recreational activities? The following facts about COVID-19 and associated questions can help you consider the risks of COVID-19 for participants and spectators. The risk level is affected by whether there is COVID-19 activity in the local community. If there is known COVID-19 activity in your community, the likelihood that it could be introduced to participants of recreational activities is higher. The risk of COVID-19 introduction and spread is also presumed to be greater if a higher proportion of individuals visiting the indoor/outdoor spaces or participating in the activity comes from outside of your community and/or is coming from a community with higher rates of COVID-19. COVID-19 spreads from person to person, most commonly through respiratory droplets (e.g., generated by coughing, sneezing, singing or talking) during close interactions (i.e., within two metres/six feet). People who have COVID-19 may have few to no symptoms, or symptoms may be mild.

2 Consider the following when planning recreational activities.

- θ Do participants interact with many other people while using the indoor/outdoor space or during the activity? A higher number of interactions with others carries greater risk.
- θ Do participants interact closely (two metres/six feet) with others while in the indoor/ outdoor space or during the activity? Closer interactions carry greater risk than interactions at a distance.
- θ Do participants have prolonged close interactions with others while in the indoor/ outdoor space or during the activity (e.g., team sports, martial arts, boxing, musicians in a group setting)? Prolonged contact is defined as lasting for more than 10minutes of time being less than two metres away, and may be cumulative (i.e., over multiple interactions). Evidence indicates that person-to-person spread is more likely with prolonged contact.
- θ Is the indoor/outdoor space or recreational activity crowded (e.g., high density of people) on a regular basis? A crowded setting is presumed to have greater risk.
- θ Do any interactions occur in enclosed/cramped indoor spaces (e.g., use of restrooms, use of locker/dressing rooms for changing for an activity

or sport)? Being in a confined indoor space carries a greater risk. θ Are participants singing? Is this in a group setting? There is some preliminary evidence that this is a higher-risk activity. θ Can you maintain lists of participants for 21 days to ensure appropriate public health follow-up can take place if a participant be exposed to COVID-19 during these activities? COVID-19 can also be spread through touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands. θ Do participants frequently have contact with high-touch surfaces (i.e. surfaces frequently touched by others)? A higher number of contacts with high-touch surfaces (e.g. shared recreation equipment, climbing structures, restroom facilities, handrails, floor mats, shared instruments or props) is presumed to have greater risk. θ Are facilities available where participants can wash and/or sanitize their hands after contact with high-touch surfaces (e.g., access to hand hygiene stations/supplies)? COVID-19 can cause more severe illness among people who are 60 and over, and those who have compromised immune systems or other underlying medical conditions (underlying medical conditions could include: heart disease, high blood pressure, diabetes, lung disease, cancer). θ Are there participants or spectators who may be at higher risk of severe illness? 3 COVID-19 spread can be reduced by consistently practicing personal protective practices. θ Are participants able to follow hygiene practices such as washing hands frequently, respiratory etiquette (coughing into one's arm/sleeve), and identifying when they are feeling ill and staying home? Risk Mitigation How can COVID-19 risks be mitigated in indoor/outdoor recreational activities? To prevent or limit the spread of COVID-19 during recreational activities, consider the following risk mitigation principles and measures. The most effective risk mitigation measures are those that involve separating people from each other or shared surfaces through physical distancing and physical barriers. Measures that are less effective but still offer protection when followed, rely on individuals to consistently follow personal preventive practices (e.g., use of personal protective equipment, wearing non-medical masks). To maximize safety, use a "layered" approach with multiple measures to reduce the risk of COVID-19 spread, including decreasing the number of interactions with others and increasing the safety of interactions. Layering of multiple mitigation measures strengthens the risk mitigation potential overall. The following examples of risk mitigation measures are provided for your consideration. The following list is not exhaustive – you are encouraged to find creative and adaptive ways to mitigate risk in your setting that align with public health advice. People who are ill should NOT participate in or be spectators of recreational activities. θ Post signage to discourage individuals who are ill from accessing the activity space or participating in the recreational activity. θ Ask participants if they have symptoms of COVID-19. Use Manitoba's online screening tool before the start of the activity, and direct individuals who are ill or have symptoms of COVID-19 to not participate or spectate. θ Require participants (players, employees, coaches) and spectators to stay at home if they have any symptoms until criteria to discontinue isolation have been met, in consultation with the local public health authority or their healthcare provider. Promote and facilitate personal protective practices. Everyone plays a part in making recreational activities safer. θ Keep participants informed about public health advice applicable to your setting or activity. θ

Promote personal health practices, including frequent hand hygiene, or foot hygiene when participants are barefoot (e.g. judo), avoidance of touching the face, and proper respiratory etiquette. 4

- θ All clothing, uniforms and gear should be washed/cleaned/disinfected between each use.
- θ Avoid sharing between participants whenever possible.
- θ Frequently clean and disinfect commonly touched surfaces (e.g. handles, benches, equipment between use).
- θ Provide sanitizing wipes that participants can use to wipe down surfaces.
- θ Provide increased access to hygiene facilities (e.g. by placing alcohol-based hand sanitizer or hand-washing stations in prominent locations) and ensure accessibility for participants with disabilities or other accommodation needs.

Promote physical distancing (keeping a distance of two metres/six feet from others), which is one of the most effective ways to reduce the spread of illness.

- θ Focus on aspects of your activity or sport in which it is possible to maintain physical distancing (e.g. individual skill building).
- θ Discourage or prohibit the presence of spectators wherever reasonably possible.
- θ Limit the number of participants and spectators, as allowed in Manitoba, in indoor/ outdoor spaces to prevent overcrowding.
- θ Provide signage at indoor and outdoor spaces reminding users of physical distancing requirements (e.g. two metre/six feet separation between individuals and households).
- θ Create appropriate spacing in areas where people would congregate (e.g. line ups, spacing of players sitting on benches).
- θ Modify indoor and/or outdoor spaces to promote physical distancing (e.g., convert narrow hallways or walkways to “one-way” to facilitate physical distancing).
- θ Use visual cues to promote appropriate spacing (e.g. floor markers for “one-way” flow of person traffic, spacing markers on spectator stands for organized activities).
- θ Consider closing or modifying non-essential indoor spaces (e.g., close locker rooms and have participants change clothes and shower at home).
- θ Restrict occupant capacity of indoor spaces such as restrooms and change rooms (e.g., close stalls to manage volume/occupancy without enforcing).
- θ Consider smaller league/team sizes/smaller groups of participants whenever possible (e.g. smaller groups of musicians practicing as opposed to a full orchestra).

Mitigate risks from exposure to high-touch surfaces (e.g., surfaces frequently touched by others).

- θ Limit the use of shared equipment during recreational activities. Any shared equipment should be cleaned between use (baseball bat, drumsticks).
- θ Increase frequency of environmental cleaning, especially of high-touch surfaces that continue to be accessed (e.g. water fountains, handrails, floor mats).
- θ If restrooms and/or showers are available, limit number of users at a given time, maintain handwashing supplies, increase cleaning and disinfecting frequency and install no-touch garbage bins.

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- θ Consider increasing access to temporary alcohol-based hand hygiene stations/ supplies. Children may need supervision to ensure effective hand hygiene is performed.

Mitigate risks during programming.

- θ Consider the type of activity and the spectrum of risk. Sports with less potential for physical contact (e.g., tennis) are presumed to carry less risk, whereas sports with more potential for contact (e.g., football, basketball) are presumed to carry more risk. Performing arts that involve close physical contact between participants or have a larger number of participants also carry more risk.
- Consider modifying the activity to reduce contact risk (e.g. no contact rules or focus on practices/skill development instead of games, minimize close contact and the number of

participants in performing arts activities).

- Consult COVID-19 specific guidelines published by the leading authorities in your activity that can assist your risk mitigation strategy for person to person interactions.

θ Organizers should consider the developmental stage and ability of participants when implementing mitigation measures for programs.

θ Consider smaller participant groups and stagger them, if possible, to decrease the opportunity for close contact.

θ Separate participants by two metres/six feet at all times, as much as possible.

θ Consider engaging community members, staff, or parents of participants to:

- Monitor physical distancing between coaches, participants and spectators. Monitors can remind individuals to maintain their distance; and
- Ask participants, coaches and spectators if they have symptoms of COVID-19 before the start of the activity, and direct individuals who are ill or have symptoms of COVID-19 to not attend/participate. Encourage them to use Manitoba's COVID-19 online screening tool.

θ Limit the use of shared equipment during activities and clean and disinfect equipment after each use.

θ Wash or sanitize hands before and following the activity, especially following contact with shared equipment.

θ Require that each participant consumes only their own water and food (this may mean bringing multiple water bottles and hydrating before the activity).

θ Participants should be encouraged to change at home and come ready for practice/participation in their activity (e.g., bring their own water bottle and towel).

θ Ensure parents and spectators practice physical distancing.

θ Discourage or prohibit the presence of spectators wherever reasonably possible.

θ Eliminate team huddles and the beginning and end of game fist-bump /handshake routines.

θ In the event that a participant requires first aid, consider having a family member attend to the injured. If not possible, the first aider should use appropriate personal protective equipment, including medical mask, gloves, and face shield. First aid kits, gloves and medical masks should be stocked and available.

θ Modify the space or activity to reduce how long participants are in contact with each other and how many participants come into contact with each other.

θ Close or restrict access to non-essential features or common areas that encourage people to gather (e.g., locker rooms except for washroom access).

θ Consider unidirectional ("one-way") traffic on busy/narrow hallways or entrances to limit close face-to-face contact between participants and remind people to keep to their right at all times and, merge into a single file as needed.

θ Stagger use of facilities for different groups to reduce number of contacts. Mitigate risk for people at higher risk of severe illness.

θ Provide special accommodations for participants from vulnerable groups (e.g. dedicated times for seniors to use the outdoor space or access the recreational activity).

θ Consider increased environmental cleaning prior to use of the facilities by known vulnerable groups.

Should participants/spectators of recreational activities wear non-medical masks? θ The wearing of non-medical masks or cloth face coverings is an additional personal practice that may help to prevent the infectious respiratory droplets of an unknowingly infected person (the wearer) from coming into contact with other people and surfaces.

- In most circumstances non-medical masks or cloth face coverings are not deemed necessary in indoor or outdoor spaces when physical distancing is possible and can be predictably maintained. However, use of these masks may be considered if physical distancing is not possible or is unpredictable, and

local epidemiology and community transmission warrant it. • For sports where a face shield can be used (e.g. hockey), a face shield may be considered. • In some activities, wearing a non-medical mask may not be practical or tolerable, e.g., in activities that require physical exertion there might be a risk of poor oxygenation, easily soiled/moistened mask due to sweating/heavy breathing, or risk from injury if the mask is caught on equipment. • Non-medical masks should not be placed on young children under age two as they may be unable to remove the mask without assistance, which could impair their breathing. • Children and youth in the same activity group will have recurrent interactions with one another, much like those of family members or people in a household. For this reason, non-medical masks may not be recommended. It will be important that group sizes are small and that the same children/youth, staff and volunteers are grouped together as much as possible. 7 • The ability of a child/youth to complete tasks and follow direction will be dependent on a variety of factors (e.g. age, maturity, physical ability, comprehension). It will be important for child/youth staff and/or volunteers to assess ability to properly use and care for non-medical masks, based on the individuality of children/youth. • It should be expected that some children/youth will wear non-medical masks in settings that have not adopted non-medical masks policies. Staff and volunteers should monitor for, and address, any discrimination or bullying associated with this practice (whether stigmatization is experienced by those who wear masks, and/or those who do not) and monitor for proper use. If you choose to wear a non-medical or cloth mask, you must do the following: • Wash your hands immediately before putting it on and immediately after taking it off. • Practice good hand hygiene while wearing the mask. • Ensure your mask fits well (doesn't gape). • Do not share your mask with others. • Face masks can become contaminated on the outside, or when touched by your hands. Avoid touching your face mask while wearing it, change your mask as soon as it is damp or soiled and place the mask directly into a bag or into the washing machine, launder your mask on a hot cycle and dry it thoroughly

Sample sign in sheet

Date	Time IN	Time OUT	First Name	Last Name	Email Address	Phone Number	Designated group?	Designated coach name?	Self- Assessment: I do not have any symptoms outlined in section 1	Declaration of Health: I have read and agree with the declarations in the “Daily Covid-19 Attestation and Agreement” document
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