



COVID-19 Return to Play – Response & Safety Plan

(For Period June 08, 2021 onwards - Outdoor Training)

Background

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a global pandemic. On March 17, 2020, the Province of BC declared a provincial state of emergency based upon the recommendation of the Provincial Health Officer. COVID-19 is a highly contagious corona virus with the potential for significant negative health impacts to the general population. At present, there are no vaccines or treatments available for COVID-19.

On May 6, 2020 the Government of B.C. announced [B.C.'s Restart Plan: Next Steps to Move Through the Pandemic](#). The goal outlined within that plan "is to slow the spread of COVID-19, protecting our most vulnerable and ensuring our health-care system can respond to increased demand while we develop a vaccine." British Columbia is currently in Phase 3 of the Restart Plan and as of August 24 sport has moved to the "Progressively Loosen" Phase. In this phase there can be a careful increase to the number of contacts and contact intensity in sport. This is not a return to normal, but rather to a "new normal" which will require everyone to modify their behavior, stay informed, apply protective measures and follow public health advice. Restarting is not mandatory – each organization must assess and decide for itself whether and when it is appropriate to restart operations.

Prior to restarting, every organization must have an explicit plan for the measures they will implement and maintain over the coming 12 to 18 months. These plans must be in compliance with orders and guidance from the PHO, and must be made available to the public either by posting on the wall of the organization's facility or on its website.

Gabriola Island Kyokushin Karate response to pandemic

Prior to the declaration of a global pandemic and state of emergency, instructors had been encouraging students to wash their hands immediately following training. As the pandemic developed, detailed hand-washing instructions were distributed by email and facebook.

On March 16, 2020 all in-person classes were suspended and an on-line class format was developed with the first one held on March 17, 2020. Classes were held entirely on-line since that time until the easing of provincial restriction. One outdoor class a week was held from June 23 to July 14. Online classes continued once per week until July 16. A break in classes for the summer commenced July 17. Classes are scheduled to resume September 08, 2020.

As of the writing of this document (August 25, 2020) Gabriola Island Kyokushin karate will not be implementing full loosening as indicated in Phase 3 of BC's restart plan, but rather will monitor the situation as schools and other activities recommence and then adjust accordingly.

Purpose of Plan

The purpose of the Recovery Plan is to provide procedures for the health and safety of members and instructors in the delivery of Gabriola Island Kyokushin Karate in-person activities.

Scope of Plan

The Recovery Plan applies to all in-person Gabriola Island Kyokushin Karate outdoor activities September 08, 2020 onwards.



Plan Authority and Document Custody

The development, implementation and maintenance of this plan is the responsibility of the Dojo operator. It was developed in consultation with all instructors and several senior students.

This plan may be amended from time-to-time and will be done in consultation with the instructors and students of Gabriola Island Kyokushin Karate, the IKOK-C and Gabriola Island Community Hall Association.

Risks at the training area (Gabriola Island Community Hall - upper level grounds)

Identify 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- [Parking lot and grass training area](#)
- We have identified situations and processes where individuals potentially could be close to one another or members of the public. – [Before, during and after training sessions](#)
- We have identified equipment that may be shared by individuals – [No equipment may be shared](#)
- We have identified surfaces that people touch often-[The ground](#)

Protocols to reduce the risks

First level protection (elimination): Limit the number of people and ensure physical distance whenever possible

- We have established maximum program numbers for our program that meets facility requirements
- We have established and posted occupancy limits for common areas such as meeting rooms, change rooms, washrooms, and elevators (if applicable). – [Not applicable for outside training](#)
- We have implemented measures to keep participants and others at least 2 metres apart, wherever possible.

Measures in place

- [Maximum of 27 participants \(Instructors and students\)per training group](#)
- [Cones, flagging tape or other delineation of training spaces.](#)
- [Participant agreement must be read and signed prior to participation](#)
- [Email notification and verbal announcements of physical distancing requirements](#)

Second level protection (engineering): Barriers and partitions

Measures in place

- [No physical barriers are needed for outdoor training with physical distancing protocols in place.](#)

Third level protection (administrative): Rules and guidelines

- We have identified rules and guidelines for how participants, coaches, volunteers, spectators should conduct themselves.- [See below](#)
- We have clearly communicated these rules and guidelines through a combination of training and signage. - [Emails sent. Announcements and information sharing during online training sessions. This document circulated to all instructors and students.](#)



Measures in place

- Outdoor sessions will be held when the weather is appropriate.
- If deemed necessary (i.e. attendance exceeds 27) the classes will be split into 2 groups
- Everyone attending will be required to sign (or have parents sign) an attendance agreement (See Appendix A)
- Everyone attending the in-person session would be required to wear a mask (We have some customized cloth ones on order)
- Everyone attending the in-person session would be required to wear shoes.
- A minimum of 2 metres physical distancing would be required at all times
- All personal gear (coats, water etc.) should be stored at **least 2 metres** away from anyone else's
- Attendees are required to [wash/sanitize their hands](#) before and after training. (See Appendix B)
- Arriving and leaving the session must be done without delays and maintaining full physical distancing
- No one will attend or participate in in-person activities if they have been sick at all, regardless of the illness.

Fourth level protection: Using masks (optional measure in addition to other control measures)

- We have reviewed the information on selecting and using masks and instructions on how to use a mask.
- We understand the limitations of masks to protect the wearer from respiratory droplets.
- We have trained individuals on the proper use of masks (if applicable).

Measures in place

- Who will use masks? – [All participants](#)
- What activities will require the use of masks? - [All activities](#)
- How have students and instructors been informed of the correct use of masks? [Distribution of information including from the BC Centre for Disease Control and the Public Health Agency of Canada.](#) (See Appendix C). Demonstrations during online and in-person classes.

Reduce the risk of surface transmission through effective cleaning and hygiene practices

- We have reviewed the information on cleaning and disinfecting surfaces. [N/A](#)
- We have communicated good hygiene practices to participants, coaches, volunteers, etc.

Measures in place

- [Hand washing or sanitizing](#) before and after class (See Appendix B)



Illness Policy

Our Illness policy ensures that instructors, students and others showing symptoms of or potential of having contracted of COVID-19 are prohibited from participating in any club in-person activities.

- Anyone who has had symptoms of COVID-19 in the last 10 days. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, and new muscle aches or headache must not participate in any in-person activities of the club.
- Anyone directed by Public Health to self-isolate must not participate in any in-person activities of the club.
- Anyone who has arrived from outside of Canada or who has had contact with a confirmed COVID-19 case must self-isolate for 14 days and monitor for symptoms. They must not participate in any in-person activities of the club.
- Our policy addresses individuals who may start to feel sick while participating. It includes the following:
 - Sick individuals should immediately inform the instructor(s) and cease participating in the activity, even with mild symptoms.
 - Sick individuals should be asked to wash or sanitize their hands, provided with a mask, and isolated.
 - The sick individual should be asked to go straight home. [They should consult the [BC COVID-19 Self-Assessment Tool](#), or call 811 for further guidance related to testing and self-isolation.]
 - If the participant is severely ill (e.g., difficulty breathing, chest pain), 911 will be called. Any surfaces that the ill participant has come into contact with will be cleaned and disinfected.

Communication plan and training

Everyone participating in the sport activity needs to know how to keep themselves safe while participating:

- [All members of Gabriola Island Kyokushin Karate have been and will continued to be informed of policies and procedures for staying safe. This includes emails with links to resources and other information, and announcements during online and in-person training](#)

Monitoring and changes to plans as necessary

If any member of Gabriola Island Kyokushin Karate identifies a new area of concern, or if it seems like something isn't working we will take steps to update our policies and procedures.

- We have a plan in place to monitor risks. We will make changes to our policies and procedures as necessary. – [All instructors and assistant instructors will debrief after each session](#)
- Individuals know who to go to with health and safety concerns. - [Any instructor or assistant instructor](#)
- When resolving safety issues, we will involve designated health and safety representatives as necessary



First Aid

In the event that first aid is required to be administered during an activity, all persons attending to the injured individual **must first put on a mask and gloves**.

A guide for employers and Occupational First Aid Attendants:

<https://www.worksafefbc.com/en/resources/health-safety/information-sheets/ofaa-protocols-covid-19-pandemic?lang=en> (See Appendix D)

First aid protocols for an unresponsive person during COVID-19: <https://www.redcross.ca/training-and-certification/first-aid-tips-and-resources/first-aid-tips/first-aid-protocols-for-an-unresponsive-person-during-covid-19>

Outbreak Plan

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

1. Names of attendees at each session will be recorded in case of an outbreak.
2. Identify the roles and responsibilities of staff or volunteers if a case or outbreak is reported. Determine who within the organization has the authority to modify, restrict, postpone or cancel activities. – **Any Instructor or assistant instructor**
3. If any participant reports they are suspected or confirmed to have COVID-19 and have been at the activity place, implement enhanced cleaning measures to reduce risk of transmission. If you are not the facility operator, notify the facility right away. **Not applicable at this stage – Outdoor training only.**
4. Implement your illness policy and advise individuals to:
 - self-isolate
 - monitor their symptoms daily, report respiratory illness and not to return to activity for at least 10 days following the onset of fever, chills, cough, shortness of breath, sore throat and painful swallowing, stuffy or runny nose, loss of sense of smell, headache, muscle aches, fatigue and loss of appetite.
 - use the COVID-19 self-assessment tool at BC COVID-19 Self-Assessment Tool to help determine if further assessment or testing for COVID-19 is needed.
 - Individuals can contact 8-1-1 if further health advice is required and 9-1-1 if it is an emergency.
 - Individuals can learn more about how to manage their illness here: <http://www.bccdc.ca/healthinfo/diseases-conditions/covid-19/about-covid-19/if-you-are-sick>
5. In the event of a suspected case or outbreak of influenza-like-illness we will immediately report and discuss the suspected outbreak with the Gabriola medical Clinic and Medical Health Officer (or delegate) at your local health authority. We will implement our Illness Policy and your enhanced measures.
6. If we are contacted by a medical health officer in the course of contact tracing, they will have our full cooperation



Appendix A: Participation Agreement

DRAFT



Participation Agreement and Release form

Applies to: All students, members and attendees of Gabriola Island Kyokushin Karate activities.

All participants of Gabriola Island Kyokushin Karate Club agree to abide by the following points when participating in club activities under the COVID-19 Response plan and Return to Sport Protocols:

- I agree to monitor myself and be monitored for any [COVID- 19 symptoms](#), and will let the instructors know if I have experienced any of the symptoms in the last 14 days.
- I agree to stay home if feeling sick in any way, and remain home for 14 days if experiencing COVID-19 symptoms.
- I agree to sanitize my hands upon entering and exiting the training area/facility, with soap or sanitizer.
- I agree to sanitize any equipment I use throughout my practice with approved cleaning products and/or procedures (shared and personal equipment).
- I agree to continue to follow physical distancing protocols of staying **at least 2 metres** away from others.
- I agree to wear a mask and appropriate shoes in the training area/facility as required.
- I agree to not share any personal equipment during practice times.
- I agree to abide by all of my club’s COVID-19 Policies and Guidelines as per the current *Gabriola Kyokushin Karate COVID-19 Return to Play – Response and Safety Plan*.
- I understand that if I do not abide by the aforementioned policies/guidelines that I may be asked to not attend club in-person activities for up to 14 days to help protect myself and others around me.
- I acknowledge that there are risks associated with entering club facilities and/or participating in club 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 Sport Protocols, will not entirely eliminate those risks.
- I release Gabriola Island Kyokushin Karate and it’s instructors and students from any responsibility or liability should I contract COVID -19
- I further understand the BC Government, effective June 10, 2020, protects sports organizations, such as ours, from COVID-19 virus related liability.

Name: _____ Signed: _____

Name: _____ Signed: _____

(Must also be signed by a parent or guardian if participant is under 19 years of age)

Date: _____



Appendix B: Hand Hygiene



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Hand Hygiene

SOAP OR ALCOHOL-BASED HAND RUB: Which is best?



Either will clean your hands: use soap and water if hands are visibly soiled.



Remove hand and wrist jewellery

HOW TO HAND WASH



HOW TO USE HAND RUB



COVID19_HH_001



Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

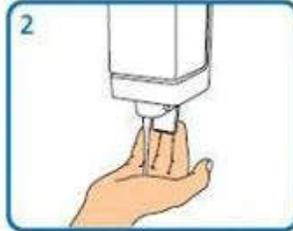




Hand-washing technique with soap and water



1
We will train our hearts and bodies for a firm unshaken spirit.



2
We will pursue the true meaning of the Martial Way,



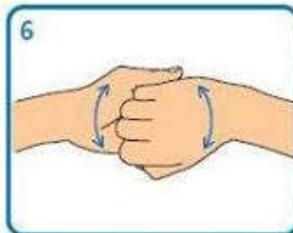
3
so that in time our senses may be alert.



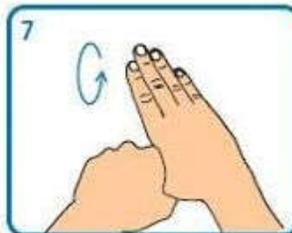
4
With true vigor, we will seek to cultivate a spirit of self denial.



5
We will observe the rules of courtesy,



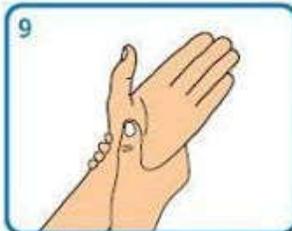
6
respect our superiors,



7
and refrain from violence.



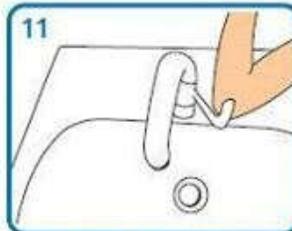
8
We will follow our religious principles,



9
and never forget the true virtue of humility.



10
We will look upwards to wisdom and strength,



11
not seeking other desires.



12
All our lives, through the discipline of Karate,



13
we will seek to fulfill the true meaning of the Kyokushin Way.



Appendix C: How to safely use a non-medical face mask or face covering

HOW TO SAFELY USE A NON-MEDICAL MASK OR FACE COVERING

DO'S



DO wear a non-medical mask or face covering to protect others.



DO ensure the mask is made of at least two layers of tightly woven fabric.



DO inspect the mask for tears or holes.



DO ensure the mask or face covering is clean and dry.



DO wash your hands or use alcohol-based hand sanitizer before and after touching the mask or face covering.



DO use the ear loops or ties to put on and remove the mask.



DO ensure your nose and mouth are fully covered.



DO replace and launder your mask whenever it becomes damp or dirty.



DO wash your mask with hot, soapy water and let it dry completely before wearing it again.



DO store reusable masks in a clean paper bag until you wear it again.



DO discard masks that cannot be washed in a plastic-lined garbage bin after use.

DO YOUR PART.

Wear a non-medical mask or face covering to protect others when you can't maintain a 2-metre distance.

NON-MEDICAL MASKS ARE NOT RECOMMENDED FOR:

- People who suffer from an illness or disabilities that make it difficult to put on or take off a mask.
- Those who have difficulty breathing.
- Children under the age of 2.

DON'T JUDGE OTHERS FOR NOT WEARING A MASK.

Kindness is important as some people may not be able to wear a mask or face covering.

DON'TS



DON'T reuse masks that are moist, dirty or damaged.



DON'T wear a loose mask.



DON'T touch the mask while wearing it.



DON'T remove the mask to talk to someone.



DON'T hang the mask from your neck or ears.



DON'T share your mask.



DON'T leave your used mask within the reach of others.

REMEMBER, wearing a non-medical mask or face covering alone will not prevent the spread of COVID-19. You must also wash your hands often, practise physical distancing and stay home if you are sick.



Public Health Agency of Canada

Agence de la santé publique du Canada





Appendix D: 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.