



CENTRAL SAANICH LITTLE LEAGUE – SAFE OPERATING PLAN (COVID-19)

November 2020

The following safe operating plan was developed using return to play recommendations from ViaSport, Baseball BC, WorkSafe BC and the BCRPA guidelines. It is intended to allow Central Saanich Little League (CSLL) baseball players to practice at Centennial Park while keeping options open for any changes by the local/provincial health authorities.

CSLL currently offers an indoor (40'x70' facility) practice venue. It is located at Centennial Park. The facility practices MUST follow the appropriate provincial guidelines. We continue to operate under a Phase II set of guidelines. Example practice plans are listed in Appendix B.

1. RISK MANAGEMENT

- educate members about risks involved with participation through email and signage
- each member must have a signed waiver releasing CSLL and DCS specific to COVID related sickness
- inform volunteers (coaches/board) about protocol to follow to mitigate risks
- post info and before each practice ask to stay home if showing any symptoms related to COVID
- post social distancing measures and rules
- provide multiple sanitizer pumps to each field location, training centre and washrooms
- provide masks to players if needed
- educate on personal hygiene protocol via posters
- training provided to CSLL volunteers for environmental hygiene (regular cleaning) using gloves and masks
- the safe operating plan will be posted at the clubhouse and on the cslittleleague.com website

2. FACILITY ACCESS and USE

- to follow a schedule allowing participants extra time to clear the facility and sanitize before others arrive
- we ask each participant if they have any flu-like symptoms
- we take body temperatures with an infra-red gun
- hands are sanitized upon entry
- both hands and equipment are sanitized periodically during practice time
- players must wear a mask while inside the facility
- no spectators are allowed unless a second adult is required in the facility (two-deep rule)
- social distancing is encouraged when possible
- no spitting, chewing gum or sunflower seeds allowed
- no concession will be operated
- the clubhouse would be closed to general membership

3. OPERATIONS

Groups

- each group would be given a list of expectations to follow
- each group of players would have one equipment bag
- each player is responsible to have their own equipment (ie – a glove & running shoes)

- there is to be no water fountain and no shared drinks
- the league will provide (and the coaches can develop) practice plans which allow for social distancing
- coaches will be responsible for enforcing this plan for players during practices
- the CSLL board of directors assign Park Rangers who will be responsible for enforcing this plan for parents

Staff/Volunteers

- masks and gloves would be available for staff/volunteers
- we would ensure participants/volunteers/board members understand they have a right not to participate

Cleaning

- washrooms, doors, benches, and other high touch surfaces would be cleaned regularly by CSLL volunteers wearing appropriate personal protective equipment

4. PARTICIPANTS

- registration for winter clinics are done so that groups of players are not mingling outside their cohort
- options will be available to those who have paid but wish not to participate. Credits, refunds, etc would be done via mail or online.
- group sizes would be kept between 5-10 players

5. PROGRAM

- we currently only offer winter clinics and specialized training programs
- no travel to other parks would be allowed as there are no games being played
- only non-contact training will be permitted
- each group is responsible for ONLY their own equipment
- the maximum amount of people inside the facility at one time is 12

6. EMERGENCY PLAN

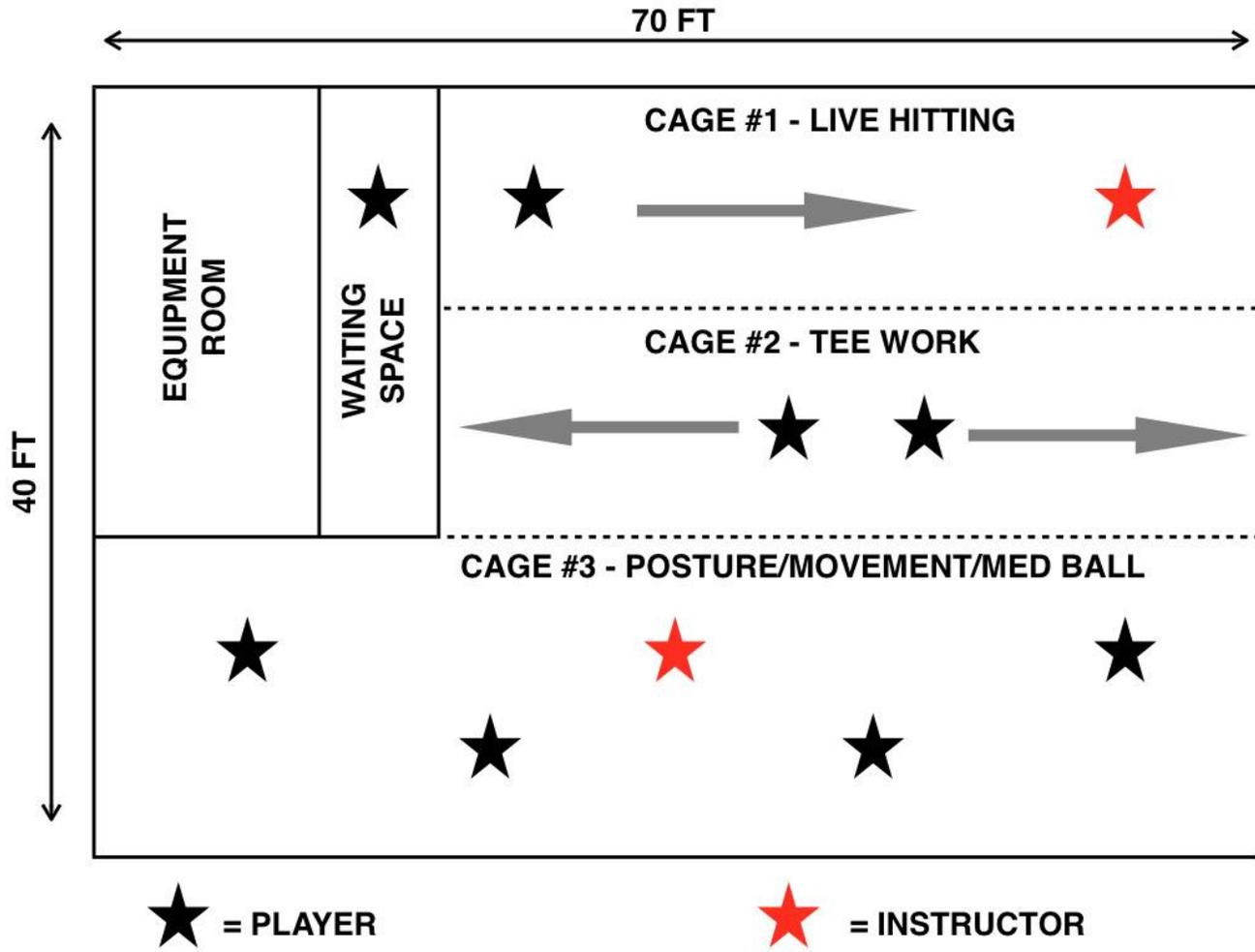
First Aid

- masks and gloves would be provided to coaches and anyone choosing to provide first aid
- WorkSafe BC First Aid protocols to be posted and provided to each team (see Appendix C)

Emergency

- player/spectator attendance is available if a confirmed case of COVID was to be identified as we follow a strict schedule
- operations would cease IMMEDIATELY in that case and the local health authorities and members would be notified of potential to exposure
- the Outbreak Plan (Appendix D) and the Illness Policy (Appendix E) would be initiated

APPENDIX B – Training Facility – example practice plan



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.

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

APPENDIX E – ILLNESS POLICY

1. Inform an 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.
2. Assessment
 - a. Team members must review the self-assessment signage located throughout the facility each morning before their shift/practice/activity to attest that they are not feeling any of the COVID 19 symptoms.
 - b. 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 workday/practice/activity.
 - c. If Team Members are unsure please have them use the self-assessment tool <https://bc.thrive.health/covid19/en> or through the COVID-19 BC Support App selfassessment tool.
3. If a Team Member is feeling sick with COVID-19 symptoms
 - a. They should remain at home and contact Health Link BC at 8-1-1.
 - b. If they feel sick and /or are showing symptoms while at work, they should be sent home immediately and have them contact 8-1-1 or a doctor for further guidance.
 - c. No Team Member may participate in a practice/activity if they are symptomatic.
4. If a Team Member tests positive for COVID-19
 - a. The Team Member will not be permitted to return to the workplace/practice/facility until they are free of the COVID-19 virus.
 - b. Any Team Members who work/play closely with the infected Team Member will also be removed from the workplace/practice/facility for at least 14 days to ensure the infection does not spread further.
 - c. Close off, clean and disinfect their work/practice/facility area immediately and any surfaces that could have potentially be infected/touched.
5. If a Team Member has been tested and is waiting for the results of a COVID-19 Test
 - a. As with the confirmed case, the Team Member must be removed from the workplace/practice/facility.
 - b. The Public Health Agency of Canada advises that any person who has even mild symptoms to stay home and call the public health authority of B.C.
 - c. Other Team Members 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.
 - d. The workspace/practice/activity space will be closed off, cleaned, and disinfected immediately and any other surfaces that could have potentially been infected/touched.
6. If a Team Member has come in to contact with someone who is confirmed to have COVID-19
 - a. Team Members must advise their employer/coach if they reasonably believe they have been exposed to COVID-19.
 - b. Once the contact is confirmed, the Team Member will be removed from the workplace/practice/activity for at least 14 days or as otherwise directed by public health authorities. Team Members who may have come into close contact with the Team Member will also be removed from the workplace for at least 14 days.

- c. The workspace/activity area will be closed off, cleaned, and disinfected immediately and any other surfaces that could have potentially been infected/touched.

7. Quarantine or Self-Isolate if:

- a. Any Team Member who has travelled outside of Canada or the province within the last 14 days is not permitted to enter any part of the facility and must quarantine and self isolate.
- b. Any Team Member with any symptoms of COVID-19 is not permitted to enter any part of the facility and must quarantine and self-isolate.
- c. Any Team Member from a household with someone showing symptoms of COVID-19 is not permitted to enter any part of the facility and must quarantine and self-isolate.
- d. 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 any part of the facility.