



## CANADIAN DOLPHIN SWIM CLUB ILLNESS POLICY

In this policy “member” includes an employee, volunteer, participant or parent/ spectator.

***It is understood that due to constantly changing and emerging information about COVID-19, and changing COVID-19 public health directives, current public health directives and advice supersede this illness policy wherever there is a conflict.***

1. **Inform an individual in a position of authority (coach, team administration) 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. Members must respond to a pre-training online questionnaire before their practice/activity to attest that they are not feeling any of the COVID 19 symptoms.
  - b. Coaches will visually monitor team members to assess any early warning signs as to the status of their health and to touch base on how they are regarding their personal safety throughout the practice/activity.
  - c. If members are unsure, please have them use the [BC COVID-19 Self-Assessment Tool](#).
3. **If a 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 practice they should be sent home immediately and ask them to contact 8-1-1 or a doctor for further guidance.
  - c. NO member may participate in a practice/activity/work if they are symptomatic.
4. **If a member tests positive for COVID-19:**
  - a. The member will not be permitted to return to practice until the quarantine/isolation period set by public health authorities for the member has passed.
  - b. Any member who worked / practiced closely with the infected member may also be removed from club activity for a period of time in accordance with directions received from public health authorities.
  - c. Advise the facility so they are aware to close off the work/practice area, and clean and disinfect any surfaces that could have potentially been infected/ touched.
5. **If a member has been tested and is waiting for the results of a COVID-19 test:**
  - a. As with the confirmed case, the member must be removed from the work / practice area.
  - b. The BCCDC advises that any person who has even mild symptoms to stay home and call 8-1-1.
6. **If a member tests negative for COVID-19, the member shall not return to practice/work unless they are symptom-free.**
7. **If a member has come in to contact with someone who is confirmed to have COVID-19:**
  - a. Members must advise their employer/ coach if they reasonably believe they have been exposed to COVID-19.
  - b. Once the contact is confirmed by public health authorities, the member will be removed from the workplace/ practice for at least 14 days or as directed by public health authorities.
  - c. The facility will be notified to close off, clean, and disinfect the work/activity area and any other surfaces that could have potentially been infected/touched.



**8. Quarantine or Self-Isolate conditions:**

Subject to directions otherwise by public health authorities:

- a. Any member 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 for 14 days.
- b. Any member with any symptoms of COVID-19 is not permitted to enter any part of the facility and must quarantine and self-isolate for 14 days.
- c. Any 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 for 14 days.
- d. Any member who is quarantined or self-isolating in accordance with directions from public health authorities 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 for 14 days.

I have read and I understand the Illness Policy and agree to follow it at all times.

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

Parent or Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Participant (over 18 years of age): \_\_\_\_\_

Signature of Parent / Guardian (if participant is a minor): \_\_\_\_\_

Date: \_\_\_\_\_