

ULTIMATE CANADA RETURN TO PLAY GUIDELINES

Sport and recreation play an important role in the social, emotional, and physical wellbeing of individuals and our wider community. As we seek to restart Ultimate, Ultimate Canada has prepared guidelines to outline measures that Provincial and Territorial Sport Organizations (PTSOs), leagues, and clubs can use to support our sport resuming in a safe and responsible manner.

Ultimate Canada has prepared this document based on the latest information available from third-party sources, including the World Health Organization, Health Canada, and local public health authorities. The document is meant to provide information and guidance as to best practices based on current information and is not legal advice. Each PTSO, league, and club is responsible for assessing the risk in its particular environment and establishing the appropriate safety procedures to minimize those risks, while following the advice and instructions of public health and government authorities.

Additionally, it is an individual's responsibility for assessing his or her personal risk in consultation with medical professionals and for the outcome of their decisions and actions.

PRINCIPLES

- Participant safety is paramount
- Adhere to all health restrictions provided by local, provincial/territorial & federal health authorities. Returning to play should only occur if restrictions allow for it
- Phased system for Return to Play. Return to Play guidelines should have different phases of activity that progress as health restrictions permit

STRATEGIES FOR MODIFICATIONS TO ACTIVITIES

Activities will need to be modified to address restrictions. Below are strategies that are employed throughout these guidelines:

- Modification mechanisms. The following mechanisms are used to modify activities:
 - Physical Distancing. Physical distancing requirements should be observed whenever possible and should be maintained at all times unless health and safety regulations state otherwise
 - Engineering controls. Engineering controls should be implemented to encourage physical distancing and improve safety when physical distancing is not possible
 - Administrative controls. Administrative controls and policies should be implemented to educate and create a safer sport environment
 - Personal Protective Equipment (PPE). PPE should be used if there is significant risk and other options are not available
- Reduce contact intensity through the following methods:
 - Get in, train and get out. Any tasks that can be done at home, should be done at home
 - Limiting session length
 - No unnecessary body-contact
- Reduce number of contacts by:

- Limiting group size
- Reducing touch points of equipment and facilities
- Reducing shared equipment
- Providing added spacing between participant groups
- Controlling the movement flow of participant at venues
- Moving activities and administration online whenever possible

1. ADMINISTRATION AND POLICIES

Administrative changes and policies are applicable at all phases of Return to Play.

- Identify a lead staff member or volunteer responsible for the organization's Return to Play strategy and implementation. This person should ensure that the plan is being implemented in accordance with health restrictions for the community and may need to reach out locally to municipal coordinators
- Develop and implement policies and procedures to address sickness. Key elements:
 - Participants must agree not to participate if they have COVID-19 symptoms, if they have been out of country within the last 14 days, or if they have been in contact with someone who has COVID-19 and they have not been tested
 - Waiver or participant agreement (for those under the age of majority in the province/territory and which includes parent/guardian signature) that participants must read and accept
 - Create an Emergency Action Plan for what to do if a participant shows COVID-19 symptoms. It should include:
 - How and where to isolate the individual
 - Steps coaches, captains and administrators take if someone shows COVID-19 symptoms
 - All policies and procedures should be well communicated to participants and available on the organization's website
- Develop Return to Play requirements for someone with COVID-19. This could include a doctor's note or meeting the provincial/territorial criteria for recovery
- Take attendance at all in-person events to support contact tracing should a participant contract COVID-19. This may involve added staff or volunteer support at venues.
- Develop coaching plan to address the Rule of 2 considering changes to programming and level of risk
- Reduce in-person meetings and hold virtually or by phone whenever possible
- Reduce or eliminate cash transactions and move to online payments or no touch payments

2. PARTICIPANT EDUCATION PROGRAM

Ensure that all participants (athletes, coaches, officials, parents, and spectators) are aware of Return to Play protocols and requirements. This affects all phases of Return to Play.

- Parents, participants, and coaches must be aware of all new protocols and requirements. This could be done through clinics, webinars, or the distribution of documentation.
- Participants must agree to new policies around sickness and any new participant requirements for programs including declarations or attestations of health.
- Promotion of hygiene protocols. Hygiene protocols should be promoted online, in emails, and with posters at venues (if possible). Key elements: hand washing, keep cough/sneeze covered, avoid touching own face, and disc washing
- Participants should bring their own equipment as much as possible and not share with others. This includes water bottles, jerseys, footwear, and hand sanitizer.
- Promotion of training best practices. Training best practices should be promoted online, in emails, and with posters at venues (if possible). Key elements: "Get in, train, get out" and first sign of symptoms must isolate immediately
- Promotion of modifications to game play and venues (varies by phase of Return to Play and local restrictions). Should be promoted online and in direct emails
- Participant programming during Return to Play should be optional and should not be considered in determining future participation in programs or qualification for teams
- Resources for individuals in vulnerable groups should be made available for consideration

3. EMPLOYEE AND VOLUNTEER PROTECTION AND TRAINING

Train employees and volunteers around requirements and provide proper protection. This is relevant at all phases.

- Education on hygiene, sanitation, recognize symptoms, proper hand washing, and new policies
- Have a policy around sickness should also address employees and volunteers who are sick
- Clean common equipment after each individual has used it (i.e. radios)
- Hold meetings by phone/online whenever possible
- Update volunteer/staff roles to enforce new policies
- PPE available for tasks that are higher risk (if required)

4. VENUE PROTOCOLS

Venue protocols for training and competition venues that are relevant at all phases. Overall goal is to limit contacts and "Get in, Train, and Get out".

- Consider participant flow and traffic corridors when determining site plans. Establish separate entrance and exit points for participants whenever possible and avoid having areas that encourage congregation
- Transportation protocols and expectations that are aligned with health restrictions should be communicated to participants to address transportation to venues or as part of a program
- Stagger training and game start times to reduce onsite congestion for traffic corridors when possible
- Install signage outlining physical distance guidelines if possible
- Congregating in parking lots is not permitted

- Limit access time for teams. Have a set time when they can arrive to venue that is suggested to be no more than 10 minutes before a session begins in early phases of Return to Play
- If multiple user groups use a facility in a day, ensure there is sufficient time between groups to limit contact
- Create a handwashing plan for the venue. This could be a hand washing station (could rent if not normally available) or participants need to bring own hand washing/sanitizing supplies
- Reduce facility use and sharing. No community use of showers and limit access to any indoor offices or clubhouses to meet physical distancing requirements
- Ensure proper distancing between fields. This may include the removal of common sidelines and added buffer space between fields to support physical distancing
- Limit number of participants on site to meet health restrictions
- Limit number of volunteers such as assistant coaches, extra medical staff, etc. per team
- Limit the number of spectators allowed. Consider age group when limiting spectators
- Whenever possible, have an on-site staff or appointed volunteer to greet participants. Their role is to receive acknowledgement that they are symptom free and have not travelled outside of Canada in the last 14 days, and to remind all participants about physical distance requirements
- If possible, establish specific space for each person's gear on the sideline that respects physical distancing

5. PARTICIPANT PROTOCOL MODIFICATIONS

Below are suggested game play and training modifications

- Coaches and Players
 - Physical distancing must be respected at all times outside of the game/training
 - Arrival times and departure times should be proscribed for players to limit people at venues
 - Arrive ready to play; shower at home
 - Bring own water bottle (pre-filled)
 - Eat and drink off-site
 - Built in handwashing breaks for training. Mandatory handwashing before, at half time and end of each game
 - Sanitize discs at every opportunity. At a minimum before; at half time; after each game. For training sessions, discs can be sanitized more frequently
 - No unnecessary body contact (high fives, hand shaking, spirit circles)
 - Bring own sanitary wipes
 - No spitting or nasal clearing onto the grass/ground
- Coaches
 - Maintain physical distancing with participants
 - Consider wearing a mask for activities if physical distancing is challenging or recommended by your provincial/territorial health authority
- Sideline
 - No walking up and down sideline. Participants must adhere to physical distancing requirements (currently 2m) and in designated spaces for the team

- Teams set up on opposite sidelines when possible to increase space
- Spectators
 - Parents keep physical distancing at all times
- Volunteers
 - On-site volunteers to keep physical distance from participants

PHASES OF RETURN TO PLAY

The following are suggested phases for Return to Play. Some important notes:

- Phases should not be implemented unless they meet all local, provincial/territorial, and federal health restrictions
- A phase could vary within a province or territory based on health restrictions
- A phase could be skipped or have a short length if health restrictions allow
- Phase 1 is the base phase with modifications added to each subsequent phase

PHASE 1: SMALL GROUP TRAINING

This first phase focuses on training and skill development at a local or community level in small groups. Activities will be related to skill development and will not include formal competition that could result in contact. Elements include:

- Organizational protocols addressing administration and policies, participant education programs, employee and volunteer protection and training, venue protocols, and participant protocol modification (items 1-5 above) must be established
- Sanitization procedures for equipment (cones, discs, etc.) used need to be established and communicated with 1 individual in charge of shared equipment. This could include limiting who touches equipment, like cones, and who is responsible for bringing and sanitizing discs
- Attendance must be taken and recorded at all sessions
- Maintain physical distancing (currently 2m) at all times
- Number of participants permitted in a training group and participant to space ratios need to be established based on local health rules. Ideally there should be 10 or under in a small training group
- Participants should all be from local community and only train with 1 training group within the sport
- Throwing and catching of discs between participants is only permitted if local health regulations permit
- Training should all occur locally
- Training in small groups is only appropriate for those who can maintain physical distancing. As a result, it may not be appropriate for some participants, like small children

PHASE 2: LARGE GROUP TRAINING

The second phase expands the training group to a full Ultimate team and would allow for a more traditional practice to be held with a local group. The requirements from phase 1 are still in effect, except for the following changes.

- Physical distancing requirements can be relaxed during some training activities but must be maintained while not actively training. Planning should be made to minimize activities with relaxed physical distancing and modifications considered to add some physical distancing in other activities (example: 1m away for a mark instead of a disc space)
- Number of participants permitted and participant to space ratios will increase but must adhere to local health rules
- No scrimmages

PHASE 3: COMPETITION WITHIN A CLUB OR LOCAL ASSOCIATION

The third phase expands on the training group that allows for scrimmages to take place. Changes from phase 2:

- Scrimmages and games are now permitted

PHASE 4: REGIONAL OR PROVINCIAL COMPETITION

The fourth phase expands on phase 3 to now permit competition in a larger geographic area.

- Training and competition can now be regional or provincial

PHASE 5: NATIONAL

The fifth phase expands on phase 4 to allow for inter-provincial travel.

- Training and competition can now occur interprovincially.

TOOLS AND IDEAS TO MEET HEALTH RESTRICTIONS

1. Game play or training permitted, but limitation on size restricted

Below are some options if game play or training are permitted, but there are restrictions on the number of people who can be in attendance.

- Reduction or ban on spectators
- Reduce number of staff or volunteer at venue
- Reduce or limit roster size
- Operate smaller-sized competition (5-on-5 or 4-on-4)
- Split venues with sufficient spacing that there are independent events

2. Tournaments and events

Tournaments and events will require that sufficient health restrictions be lifted that the total number of participants involved does not exceed health restrictions. This is going to be a longer-term change. Should tournaments or events be permitted, the following guidelines are suggested:

- Medical plan for someone who falls ill. Spaces for someone to go to if they are unwell and need to isolate
- Handwashing stations (additional). Plan to rent additional stations and include in high traffic areas. Consider distributing wipes to teams
- No field food
- Potentially reduce number of contacts by reducing games and increasing time between games
- Potentially reduce intensity of contacts by lowering game times
- Physical distancing merchandise tents
- Physically keep teams in certain areas or in certain times (i.e. morning or afternoon)
- Online captain meeting (move as much online as possible to limit)
- Frequent cleaning of high touch areas
- Increased cleaning of washrooms and port-o-lets

LINKS AND RESOURCES

Government of Canada COVID 19 information: <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

Health Canada COVID-19 Disinfectants: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19.html>

Rule of Two: <https://coach.ca/sites/default/files/2020-04/Rule%20of%20Two%20-%20Infographic%20%282020%29.pdf>

Ultimate Canada COVID-19 webpage: https://canadianultimate.com/en_ca/return-to-play

Ultimate Canada Return to Throwing resource:

<https://docs.google.com/viewerng/viewer?url=https://d36m266ykvepgv.cloudfront.net/uploads/media/1dwLbnR4x6/o/covid-19-return-to-throwing-tips.pdf>