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## A SAFE RETURN TO VOLLEYBALL

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UPDATED June 15, 2020: As our nation begins to restart sport programming, it is important for us to do our part in mitigating the risk of contracting and/or spreading COVID-19 while participating in volleyball activities.

The following document has been updated to help guide those who are participating in volleyball programming. Returning to specific volleyball activities should only be considered when regional public health restrictions allow for it. Please consult with your Provincial or Territorial health authority guidelines before engaging in volleyball activities.

### **PARTICIPANTS**

- Participants should wash their hands before and immediately following participation while also sanitizing at frequent intervals during participation.
- Group sizes should be minimized at all times and must abide by regional public health restrictions.
- People over 65 years of age or with underlying health conditions are deemed to be higher risk. Their involvement should be carefully considered and likely discouraged.
- Participants should know of the common symptoms of COVID-19 and stay away if displaying any symptoms.
- Participants must stay home if they have been in contact with a known case in the previous 14 days.
- Participants may consider wearing a mask during participation.

### **CONTACT MINIMIZATION**

- Although physical distancing should be practiced at all times and volleyball is classified as a low contact sport, not all contacts can be completely eliminated. An increase in group density and/or a transition from controlled activities to game-like activities will increase the risk of contact.
- Regional increases in allowable contact frequency, intensity (duration and proximal distance) and scale (number of unique participants) will guide the return to volleyball progressions within your region.
- Coaching should be completed while practicing physical distancing.
- Spectators can only be present if regional physical distancing guidelines can be maintained and regional gathering size limits allow.
- Balls should be designated for specific groups of participants and the number of participants in contact with each ball should be minimized.
- Balls should be sanitized between different user groups and as frequently as possible within sessions.
- Unnecessary contact between participants (handshakes, high-fives, huddles, etc.) should be discouraged.

### **FACILITY CONSIDERATIONS**

- Outdoor activity has been deemed safer than indoors. Beach and grass volleyball would be deemed safer than indoor volleyball.
- Larger venues, fewer participants and better air circulation will reduce the risk of transmission indoors.
- Only required seating, tables, etc. should be made available. Access to water fountains, meeting spaces, change rooms, etc. should be carefully considered and likely discouraged.
- All common contact surfaces within the facility should be cleaned and disinfected regularly.

### **OTHER CONSIDERATIONS**

- Prior to every session, all participants may be required to complete a COVID-19 specific attestation.
- A detailed log of all participants and their contact information should be collected and kept on file.

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## RISK MITIGATION CONSIDERATIONS

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The following list of considerations has been modified and adapted from the WHO Mass Gathering and Sports Assessment Addendum Tools and the Sport Medicine Advisory Council of Canada's Risk Assessment Tool for Sport & Club Risk Assessment and Mitigation Checklist. Although the following list of considerations is extensive, they should not be deemed exhaustive and other considerations may need to be considered prior to programming.

### STAFF SPECIFIC MEASURES

- Will there be daily pre-integration medical/self-assessment checks of staff?
- Have the relevant staff been informed about the latest available guidance on the COVID-19 outbreak (official web resources available from BCCDC, WHO, CDC, ECDC, UN, local public health authorities)? Are the staff committed to following the available guidance?
- Are organizers aware of global and local daily situation reports as provided by local, provincial, national and international public health authorities?
- Will daily updates on changes and new information be arranged? I.e. daily briefings.
- Do the responsible staff understand the risks and transmission routes of COVID-19, the steps that attendees can take to limit spread, the recognized best practices (including respiratory etiquette, hand hygiene, physical distancing, etc.), and the travel restrictions from different regions that may affect the team gathering to train?

### ATHLETE SPECIFIC MEASURES

- Will there be daily pre-integration medical/self-assessment checks of athletes?
- Is the reporting process and response clear and documented?
- Will the athletes be separated from other groups into distinct training clusters, to limit transmission?
- Will higher risk athletes, staff, volunteers and coaches (those over the age of 65 and over those with comorbidities) be self-contained and protected?
- Will athletes be able to arrive prepared, train and leave?
- Can athletes practice physical distancing while commuting to and from the activity?
- Do training group sizes comply with local regulations and are they clearly stipulated?
- Will athletes be assigned specific equipment for their use?

### FACILITY MEASURES

- Will handwashing or sanitation be possible at the entrance and exit?
- Are there measures in place to limit the sharing of equipment, water bottles, towels, etc.?
- Do common areas provided allow for physical distancing (minimum of 2 metres)? Does this require a facility flow pattern to be established and clearly marked?
- Will the training schedule be staggered to ensure no overlap of groups?
- Is there clear signage for the specific rules and regulations of the facility as they pertain to COVID-19?
- Has a cleaning schedule, with specific instructions, protocols and supplies, been developed to ensure the venue and equipment is clean and hygienic – wiping surfaces and any equipment regularly with disinfectant is strongly recommended (before, during and after each athlete or group)?

- Will there be adequate containers to allow for safe disposal or storing of all hygienic materials (e.g. tissues, towels, etc.)?
- Are there clear regulations for non-training facility equipment use?

### **EMERGENCY PREPAREDNESS AND RESPONSE PLANS**

- Is there a specific medical response plan or modified EAP to address COVID-19? Key components are listed below.
  - Will there be a designated person(s) to lead medical activities?
  - Will there be pre-integration medical self-assessment checks in place?
  - Will there be establish reporting and recording measures in place for daily self-assessment for all participants?
  - Will there be a procedure for athletes or staff to clearly identify whom to contact, and how to do so, if they or other athletes feel unwell while at the facility?
  - Will there be isolation spaces available on site until sick members are dealt with appropriately?
  - Will there be first aid services in place?

### **MANAGEMENT OF NEW OR SUSPECTED CASES**

- Is there a plan for managing all public health interventions that would be necessary if athletes, staff, or volunteers are infected and become unwell?
- Does the plan include protocols to notify all participants of possible exposure to COVID-19 if any suspected or confirmed cases are identified?
- Will there be an established mechanism for collaboration and coordination with the local public health sector in the instance that any new case arises?
- Will there be a decision-making authority or body and an agreed procedure to modify, restrict, postpone or cancel the return to training facility access related to the evolving COVID-19 outbreak?
- Will there be arrangements to activate a strategic operations team if there are suspected COVID-19 cases?

### **COMMUNICATION**

- Will there be a risk mitigation communication strategy in regard to COVID-19?
- Will there be a designated person(s) to lead media activities and tasked with managing all internal and external communications with NSO, PSO, public health, government officials, the general public, and the media?