



# Chatham Ballhawks Volleyball Club

## COVID-19 Club Response Plan

It is the Ballhawks Club's goal to provide a safe opportunity for the continued development of volleyball in the community during the Covid-19 pandemic. This season will be a challenge and support to adhering to the Ballhawks Club Covid-19 Response Plan will be paramount to enable as much opportunity as we can.

As Parents/Guardians, we ask that you ensure that your son/daughter and yourselves continue to:

- Follow all Government and public health protocols and laws for a safe return to sport.
- Always follow physical distancing government regulations.
- Be aware of which stage your Club or program falls within Ontario's Re-opening plan
- Follow all Chatham Ballhawks' protocols, rules and codes of conducts as they are provided.

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The following plan was developed based on Appendix E of the OVA's Return to Play Protocols [Version 1.1 and 2.0] to assist clubs to develop and implement a COVID-19 Club Response Plan as of August 28<sup>TH</sup>, 2020.

These protocols and supporting documents are necessary to support a safe return to the sport and are based on current Ontario statutes and regulations, current public health requirements and directives, and the OVA's desire to make our sport safe for all. These protocols are subject to all federal, provincial, and municipal laws, regulations, by-laws and orders as they may exist.

Key sources of Ontario law:

O. Reg. 364/20: Rules for Areas in Stage 3  
<https://www.ontario.ca/laws/regulation/200364>

### Compliance & Regulations

The OVA's Indoor Volleyball Return to Play Protocols must be followed by all member clubs, athletes, coaches, or service providers offering indoor volleyball programming. Failure to follow protocols will result in your activities being disqualified from OVA insurance, potential fines and other penalties from local by-law authorities, or potential loss of permit.

Any organizer/club/coach may remove a participant or spectator from the facility or from participation in the activities, programs or services at any time and for any reason if the organizer believes, in its sole discretion, that the participant is no longer in compliance with any of the standards described in this protocol. At the discretion of the club, failure to adhere to club policies and procedures may result in a player or coach being expelled and forfeiture of any registration fees.

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## Contact List for Club COVID-19 Oversight Group

The purpose of this group is to oversee the implementation of safety and health guidelines within the club.

As per OVA recommendations, each club should have a minimum of 3 individuals be designated as a COVID-19 Oversight Group. However, depending on the size of the club, OVA recommends 3-5 people aged 18 and older.

This information and any subsequent revisions will be communicated to club members in an e-mail communication in addition to posting to the club's website.

Dear Ballhawk Members,

We would like to inform you of the individuals who will be acting as the COVID-19 Oversight Group as we transition back to volleyball activities.

The following people will comprise the Ballhawks' COVID-19 Oversight Group

Name	Position	Cohort/Team Affiliation	Other	Phone	Email
JJ Davis	Group Member	16UB, 17UG, 18UG		519-386-4389	<a href="mailto:jj.davis@kruger.com">jj.davis@kruger.com</a>
Alison Reid	Chairperson	17UB, 18UB	CK HU CBH Board	519-358-2300	<a href="mailto:alisonmreid@hotmail.com">alisonmreid@hotmail.com</a>
Kelly Piatkowski	Group Member	15UG, 16UG		519-350-1005	<a href="mailto:Kelpia4@gmail.com">Kelpia4@gmail.com</a>
Justin Markovic	Group Member	14UB, 15UB		519-551-1110	<a href="mailto:Justin.markovic@hotmail.ca">Justin.markovic@hotmail.ca</a>
Susan Dieleman	Group Member	13UG, 14UG		519-355-6979	<a href="mailto:Susan.dieleman@gmail.com">Susan.dieleman@gmail.com</a>

Should you have any questions about any aspects of the Return to Play protocols or other policies and procedures related to COVID-19, please contact one of the individuals above, preferably starting with the one affiliated to your respective training/team cohort.

Coaches are busy preparing athletes to play volleyball. The intent is communication will come from the club or the COVID-19 Oversight Group. Questions or concerns are asked to be directed to your team's COVID-19 Oversight Group Member representative or if you feel uncomfortable, to the Ballhawk's governance. Bev Warriner, Mary-Theresa Hiltz, and Clancy O'Hara will form the executive governance for the COVID-19 Committee. Following this method will assist in attaining accurate and consistent messaging.



## Club COVID-19 Protocols

Per the OVA, clubs must create and follow a set of protocols to deal with situations related to the COVID-19 pandemic that might occur.

These protocols must be included in an e-mail to members before volleyball activities resume. Clubs should also consult with their facility to ensure alignment between facility and club protocols.

### Completion of Ontario Volleyball COVID-19 Waiver

All individuals participating in club activities must complete the **Ontario Volleyball Acknowledgment, Release, Indemnity and Assumption of Risk regarding COVID-19** ("COVID-19 Waiver"). Failure to do so means that individual must not participate in club activities.

This form must be completed prior to the start of participation in any club or training activities.

- Athletes
- Coaches
- Staff
- Board Members
- Volunteers

Please note, new this year, all members will be required to register thru MRS (new on-line registration for OVA) and as part of this, the COVID-19 Waiver will be a requirement. All other waivers, such as volunteers or staff not associated with an OVA membership per say, will be kept on file by the Ballhawks for the duration of 2020-21 season in order to be presented if/when called upon by the OVA. Appendix A contains the waiver for reference.

As an additional step, all athletes, parents/guardians and club members should satisfy themselves that the indoor facility is operating in compliance with all applicable laws (which laws may differ depending on where the facility is located). OVA will not review such compliance and takes no responsibility for it.

### On-site COVID-19 Protocol representative

In addition to the Club's Oversight Group, each team/training cohort will require representatives, outside of the coaching staff, to be on site at each session. These individuals will be responsible for:

- Health Check-in assessments and uploading of the Participation Tracking Sheet before 11pm of each day a session is held.
- Must be present for entire session – managing traffic, any facility owner questions, wary of physical distancing and members following protocols. Available to monitor participants if anyone becomes unwell.
- Confirmation to Oversight Group that data sheets tracker has been uploaded.
- Ensuring masks worn appropriately, sanitizer available, wipes for equipment and balls. Sanitize every 30 minutes minimum.
- If numbers permit, this individual may be allowed within the gym in addition to the coaches. Each team/training cohort will need a Primary and a Secondary "on-call" to ensure each and every session is documented. This shall include any training sessions not at a club facility. [ex. Physical training at a separate facility].

### Self Screening Measures

All individuals taking part in indoor volleyball training must self-screen in accordance with current public health guidelines before each training session. Individuals must not attend any training sessions or club activities if they:

- Exhibit any COVID-19 symptoms, such as a fever, cough, difficulty breathing, or other symptoms identified by health experts



- Have been in contact with someone with COVID-19 in the past 14 days
- Have returned from travel outside of Canada (**must quarantine for 14 days at home**)
- In the last 14 days, have been in close physical contact with someone who returned from outside of Canada in the last 2 weeks and is not an essential worker with exemption from mandatory quarantine?
- Are considered a vulnerable or at-risk individual (individuals over 70 years, weakened immune system or medical conditions such as heart disease, lung disease, cancer etc.)

## Health screening check-in

The OVA Health Screening Check-in questionnaire (found in Appendix B) must be completed by each individual prior to participating in any Club activity or game play situation.

For a protocol, as any and all participants arrive, prior to entering the gym, the on-site administrator will confirm the questionnaire verbally with each person. The administrator will document and confirm all participants of the check-in on the Tracking of Participants sheet.

## Tracking of Participants in Club Activities

As per OVA protocol Version 2.0, the club must have the ability to track all athlete / coach / volunteer participation in club or volleyball activities daily. Participant tracking information must be recorded and kept on file to assist with contact tracing in the event of any positive COVID-19 cases within the club. These tracking sheets will be called upon for contact tracking by the Public Health. Please find a sample of the tracking sheet in Appendix C. By commencement of activities, a procedure for these forms and document management will be completed and initiated between the Oversight Group and each team/training cohort's covid coordinator and back-up.

## Protocol for when an individual becomes unwell with symptoms of COVID-19 during club activities:

- If an individual becomes unwell with symptoms of COVID-19, or if someone is aware of an individual that becomes unwell with symptoms of COVID-19, that individual must immediately stop participation in club activities.
- The individual should be isolated from all others in a well-ventilated area, or outside and provided with a non-medical face mask if one is available.
- The individual shall be sent home and instructed to follow public health guidelines regarding self-isolation and testing.
- The emergency contact provided by the participant (which is part of the Tracking Sheet) will be used by the on-site administrator as the primary method to assist in getting them home from the facility at the quickest opportunity. As part of check-in, participants will be asked to confirm the contact number applicable to that session.
- The facility should be informed in order to determine if any areas need to be closed off and/or require additional cleaning/disinfecting
- A member of the COVID-19 Oversight Group must be informed of the situation and they will remain in contact with the individual or their parent/guardian to determine if next steps are being taken regarding testing.
- Differentiating between COVID-19 and all other illnesses will be difficult, so any illness will be treated in this manner until the Health Unit or a doctor determines the nature of the illness.

## Protocol for when an individual is tested for COVID-19

- Any individual that is part of a club that has been tested for COVID-19 must not participate in club activities while waiting for the results of the test and they should inform a member of the club COVID-19 Oversight Group.
- The club will consult the Session Participation tracking sheets to inform other club members who might have been in close contact with the individual
- Any club members who were in close contact with the individual should not participate in club activities and should follow public health guidelines until the diagnosis of COVID-19 is ruled out by Public Health.
- Any individual who has been required to get a test as a result of being a close contact, the club asked that everyone err on the side of caution.



### **Protocol for when an individual tests positive for COVID-19**

- If an individual has tested positive for COVID-19, they must inform a member of the club COVID-19 Oversight Group immediately.
- The COVID-19 Oversight Group will work where requested with the facility and public health officials to assist in contact tracing. The Session Participation tracking sheets may be used to assist public health officials in informing other club members who may have been in close contact with the individual
- Any club members who were in close contact with the individual will be informed and are requested to not participate in club activities for 14 days and should follow public health guidelines regarding self-isolation and testing. Times and details are to be worked out with your team's committee representative who will maintain communications with the COVID-19 group.
- The club will inform and work with the facility in the case of a positive COVID-19 result and determine if any additional cleaning/disinfecting should be performed as per the facility's guidelines
- The club will inform Ontario Volleyball of a positive COVID-19 diagnosis by emailing [clubsupportservices@ontariovolleyball.org](mailto:clubsupportservices@ontariovolleyball.org)

### **Protocol for Return to club activities following illness**

- If no test was deemed necessary to be performed by the local health unit, or the COVID-19 test was negative, the individual may only return to club activities once they no longer have any symptoms of COVID-19 and have communicated with their team's group member. This will help avoid confusion within the team, and with other families involved with the team.

### **Protocol for Return to club activities following COVID-19**

- Following a positive COVID-19 test, an individual must follow all public health guidelines regarding return to activities. Periodic communication with your cohort's Oversight Group member is recommended.

### **Public Health Guidelines**

Above all else, club members will be required to follow any facility's protocols and should follow all public health guidelines regarding COVID-19. These may include:

- Any club members who themselves have travelled outside of Canada, or has someone in their household who has travelled outside Canada must self-isolate and not participate in club activities for 14 days
  - Any individual who has been exposed to someone with a confirmed case of COVID-19 should self-isolate and is not permitted to participate in club activities for 14 days
  - Any individual with symptoms of COVID-19 is not permitted to take part in club activities
  - Any individual who has someone in their household showing symptoms of COVID-19, should not participate in club activities
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**APPENDIX A**  
**ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND**  
**ASSUMPTION OF RISK REGARDING COVID-19**

A. I, \_\_\_\_\_; or  
**(use A if 18 years or older)**

B. I/We, \_\_\_\_\_ being the parent(s)/legal guardian(s) of  
 \_\_\_\_\_ (herein "my/our child"),  
**(complete B if participant is under 18 years)**

hereby acknowledge and agree that, in consideration of:

A. my participation; or

B. the participation of \_\_\_\_\_  
**(complete B if participant is under 18 years)**

In volleyball activities ("**Activities**") organized, operated or sanctioned by Ontario Volleyball Association or by a club which is a member of Ontario Volleyball Association (each an "**Organizer**"):

1. I/We acknowledge that the World Health Organization has classified the Coronavirus Disease ("**COVID-19**") outbreak as a global pandemic and am/are aware of the risks of COVID-19. I/We specifically acknowledge and agree that I am/we are aware of the risks to personal health, including by the failure to follow physical distancing protocols, flowing from COVID-19, and that I am/we are assuming, on my own behalf and, if signing on behalf of a participant under 18 years, on their behalf, all health risks and adverse health related consequences caused by or arising from engaging in any Activities (the "**Assumed Risks**").
2. I/We acknowledge that the Organizers are implementing the **Ontario Volleyball Association Return to Play Protocols ("Protocols")** the most recent version of which will be posted from time to time on Ontario Volleyball Association's website. I/We specifically acknowledge and agree that I am/we are aware of Protocols, that I/we will abide by the Protocols, and that the Protocols are subject to all federal, provincial and municipal laws, regulations, by-laws and orders as they may exist from time to time.
3. I/We acknowledge the Organizers may remove any participant or spectator from the facility or from participation in the Activities at any time and for any reason if the Organizer(s) believes, in its sole discretion, that the participant or spectator is no longer in compliance with any of the standards described in the Protocols.
4. I/we hereby release the Organizers, their members, officers, directors, employees, independent contractors, agents, and volunteers ("**Releasees**") from all liability, recourse, proceedings, claims, and causes of action of any kind whatsoever, in respect of all damages, personal injuries, death, or property losses which I/we may suffer arising out of or connected with the Assumed Risks, the content or implementation of the Protocols (including without limitation the conduct of any screening of any individual), and the preparation for, or participation in, the Activities, notwithstanding that any such losses were caused solely or partly by the negligence of any of the Releasees.
5. I/we do hereby agree to indemnify and hold harmless the Releasees from any and all damages or losses of any



kind as a result of any and all claims, demands, causes of action of any kind whatsoever including those involving negligence on the part of any of the Releasees that may be made or initiated by, or on behalf of my/our child, arising out of or connected with the Assumed Risks as they relate to me/us and/or my/our child, the content or implementation of the Protocols as they relate to me/us and/or my/our child, and my/our child's preparation for and/or participation in any of the Activities.

6. And, I/we hereby acknowledge and agree:
- (a) that I/we understand that none of the Releasees assumes any responsibility whatsoever for my safety or the safety of my/our child during the course of any preparation for or participation in the aforesaid Activities;
  - (b) that I/we will comply with the implementation of the Protocols and that any failure on my/our part (or on the part of my/our child) to comply with the Protocols and their implementation may have consequences (including without limitation a withdrawal of permission for me or my/our child to participate in an Activity or Activities) and could jeopardize relevant insurance coverage;
  - (c) that I/we understand that the implementation of the Protocols may involve the collection, use and disclosure of personal information about me or my/our child and I consent to same;
  - (d) that I/we have carefully read this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK that I/we fully understand same, and that I am/we are freely and voluntarily executing same;
  - (e) that I have been given the opportunity and that I am encouraged to seek independent legal advice prior to signing this document;
  - (f) that I understand that the Organizers would not permit me or my/our child to participate in any Activities unless I signed this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK, which applies to all Activities whether occurring in the near or distant future and that the terms of this document need not be brought to my attention each time I participate in a Program in order for it to be effective;
  - (g) that the term Activities as used herein includes, without limiting the generality of that term, training sessions, clinics, leagues and events that are in any way authorized, sanctioned, organized or operated by any of the Organizers on its own or together with another.
  - (h) that this ACKNOWLEDGEMENT, RELEASE, INDEMNITY, AND ASSUMPTION OF RISK agreement is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

Date: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**(I am 18 years old or older: if not, Parent(s) or Legal Guardian(s) must also sign below)**

\_\_\_\_\_  
Parent's(s') or Legal Guardian's(s') Signature

**Relationship:                      Parent(s)                      Legal Guardian(s)**



**APPENDIX B**  
**Health Screening Questionnaire**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

This questionnaire must be completed by each individual prior to participating in any Club activity or game play situation. This questionnaire may be completed verbally.

The answer to all questions must be “No” to participate.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you have a fever? (Feeling hot to the touch, a temperature of 37.8C or higher)                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Chills   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have any of the following symptoms?   |                              |                             |
| • Cough that’s new or worsening (continuous, more than usual)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Barking cough, making a whistling noise when breathing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Shortness of breath (out of breath, unable to breathe deeply)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Runny nose<br><i>(not related to seasonal allergies or other known causes or conditions)</i>                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • <i>Stuffy or congested nose</i><br><i>(not related to seasonal allergies or other known causes or conditions)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Sore throat   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Difficulty swallowing   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Lost sense of taste or smell  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Pink eye  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Headache that is unusual or long lasting  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Digestive issues like nausea/vomiting, diarrhea, stomach pain (not related to other known causes or conditions)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Muscle aches that are unusual or long lasting   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Extreme tiredness that is unusual (fatigue, lack of energy)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



- Falling down often  Yes  No
- For young children and infants: sluggishness or lack of appetite  Yes  No

4. In the last 14 days, have you been in close physical contact with someone who tested positive for COVID-19?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home

Yes  No

5. In the last 14 days, have you been in close physical contact with a person who is currently sick with a new cough, fever, or difficulty breathing?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home

Yes  No

6. In the last 14 days, have you been in close physical contact with someone who returned from outside of Canada in the last 2 weeks, and is not an essential worker with exemption from mandatory quarantine?

Close physical contact means:

- being less than 2 metres away in the same room, workspace, or area
- living in the same home

Yes  No

7. Have you travelled outside of Canada in the last 14 days? (This does not include essential workers who cross the Canada-US border regularly).

Yes  No

If an individual answers “yes” to any of these questions, they are not permitted to participate in any club activities.

*Please note: This Health Screening questionnaire has been developed based on the current Ontario Ministry of Health Self-Assessment Tool.*



**APPENDIX C**  
**Session Participation and Health Screening Tracking**

All athletes/coaches/volunteers are expected to be screened prior to each participation in club volleyball activities.

The expectation is that a tracking sheet must exist for each session to facilitate contact tracing in the event of a COVID-19 exposure.

Session Location	Court	Date	Time

	Name of each individual included in this session. Please list all coaches, athletes, and volunteers.	Participant's Phone Number	Health Screening Passed (Yes/No)	Participant Initial
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				