

SAFETY REP TRAINING MODULE

LAST UPDATED: SEPTEMBER 18TH, 2020

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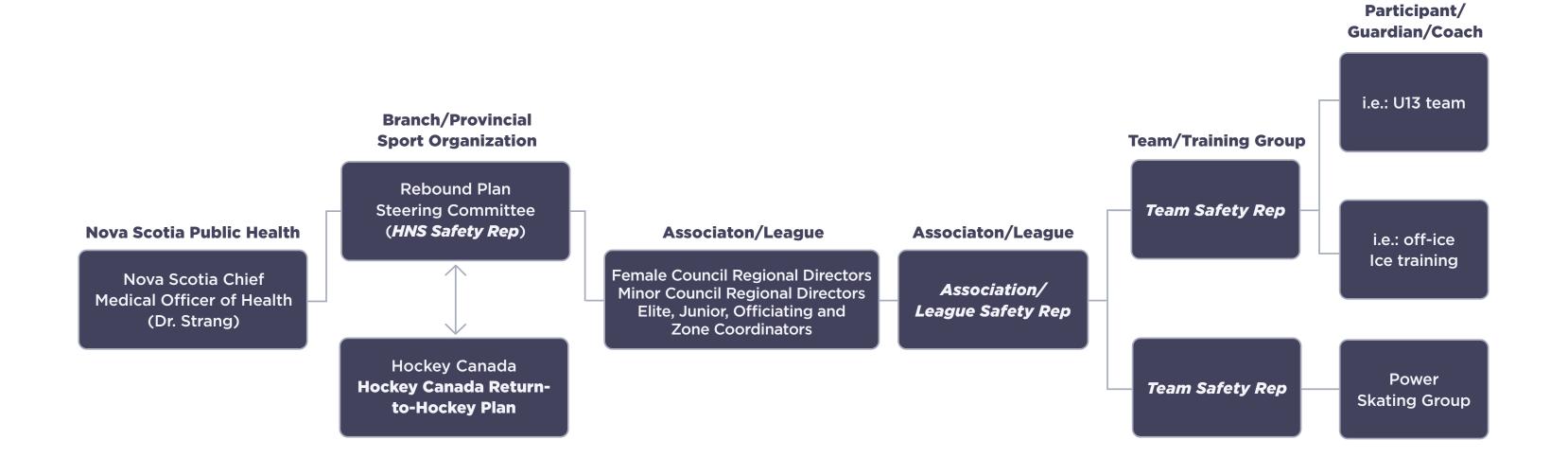
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OUR NEWEST TEAM MEMBER





SAFETY ROLES AND COMMUNICATION FLOW



Responsibilities include:

- To receive *Rebound Plan* updates from Hockey Nova Scotia (via their council regional director)
- To meet with *Team Safety* Reps and to provide information and Rebound Plan updates
- Act as liaison between the teams and their local facilities

- Completion of Criminal Record Check (CRC) with Vulnerable Sector Verification
- Hockey Canada Planning a Safe Return to Hockey E-learning module

Both *must be completed* by December 1st.

HOCKEY CANADA HU PLANNING A SAFE RETURN TO HOCKEY E-LEARNING MODULE

To register for this free online module, login into your eHockey account and sign up for the course here:

https://ehockey.hockeycanada.ca/ehockey/account/login.aspx

If you do not have an account, you can register for one by following these steps:

https://ehockey.hockeycanada.ca/ehockey/account AccountExplanation.aspx

- Receive updates to Nova Scotia Public Health guidelines, Rebound Plan updates, and local facility guidelines from the Association/League Safety Rep.
- Meet with participants, parents/caregivers, coaches, and managers before the season begins to walk through the *Rebound Plan* and the COVID-19 guidelines of their local facilities.
- Ensuring that the *COVID-19 participant self-screening* is conducted for each participant before each training (on and off-ice) session.
- 4 Complete and store the *screening registry*.

Responsibility #1

Receive updates to Nova Scotia Public Health guidelines, Rebound Plan updates, and local facility guidelines from the Association/League Safety Rep.

CLICK HERE TO VISIT NS PUBLIC HEALTH

CLICK HERE TO VISIT HOCKEYNOVASCOTIA.CA

Responsibility #2

Meet with participants, parents/caregivers, coaches, and managers before the season begins to walk through the *Rebound Plan* and the COVID-19 guidelines of their local facilities.

Facility Guidelines

At the facility, be aware of their guidelines concerning:

- Social distancing
- Number of people allowed in facility
- Signage
- Restricted areas
- Dressing rooms
- Temporary/alternative dressing rooms

- Cleaning and sanitation guidelines
- User behaviour protocols
- Building access protocols
- Communication
- Hygiene

Responsibility #3

Ensuring that the *COVID-19 self-screening* is conducted for each participant and coach before each on or off-ice session.

CLICK HERE FOR MORE >

SCREENING TOOL

Are you feeling unwell?
If yes, stay home and avoid public spaces, including work, school/child care, and shopping.

Do you have any of these symptoms?

Fever **OR** Cough (new or worsening)

OR two or more of the following symptoms (new or worsening);





Runny nose





Sore throat

Headache

Shortness of breath

If yes, stay home and contact 811 to be screened for testing for COVID-19.

If you are unsure whether you should be tested complete the 811 online assessment, https://when-to-call-about-covid19.novascotia.ca/en, or if unable to access the online tool, call 811.

In the last 14 days, have you travelled outside Atlantic Canada?

If yes, you must stay home. You are required by law to self-isolate for 14 days upon return to Atlantic Canada.

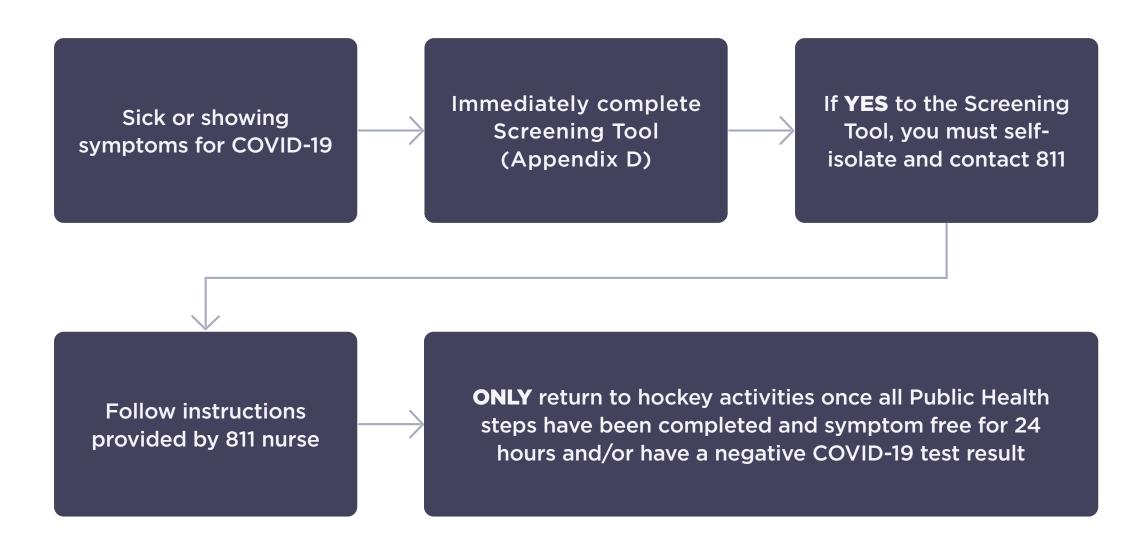
In the last 14 days, have you had close contact (within 2 metres / 6 feet) with someone confirmed to have COVID-19?

If yes, you must stay home. You are required by law to self-isolate if you have been identified as a close contact of someone with COVID-19. If you haven't spoken with Public Health or been tested, you should contact 811 to be screened for testing for COVID-19.

Are you waiting for results from a COVID-19 test?

If yes, stay home. You are required by law to self-isolate while awaiting COVID-19 test results. Please follow instructions given by Public Health.

If a participant *has* symptoms:



If a participant has tested positive for COVID-19:



Responsibility #4

Completing the *screening registry*.

CLICK HERE FOR MORE >

H	OCKEY NOVA SCOTIA PARTI	IOVA SCOTIA PARTICIPANT SCREENING REGISTRY						
Da	ate:	Facility Name (location):						
St	art Time of Session:	End Time of Session:						
Sa	fety Rep:	Phone #:						
#	Player/Coach	Team/Group	Contact Number	Answered "No" to all screening				

#	Player/Coach Name (first, last)	Team/Group	Contact Number	Answered "No" to all screening questions
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IMPORTANT LINKS

Hockey Nova Scotia - Rebound Plan http://www.hockeynovascotia.ca/

Hockey Canada - Return to Hockey https://www.hockeycanada.ca/en-ca/exclusive/return-to-hockey

Province of Nova Scotia - Public Health https://novascotia.ca/coronavirus/

THANK YOU.



