

Stay Away When Sick

No participant, team staff, parent/guardian, official or spectator should attend an event or facility if they are unwell. The symptoms of COVID-19 are similar to other respiratory illnesses including the flu and common cold.

They include:

Fever Chills

Shortness of breath

Sore throat and painful swallowing

Loss of sense of smell

Fatigue

Cough

Headache

Stuffy or runny nose

Muscle aches

Loss of appetite

All members are advised to stay at home if they are feeling unwell.

If a participant starts experiencing symptoms while at an event, they must:

notify the Coach, Group Host or Group Safety

isolate themselves from others immediately

excuse themselves from the event as soon as possible.

Members who start displaying respiratory symptoms should use the [BC COVID 19 self- assessment tool](#) and follow all instructions provided.



**PARTICIPANT FEELS ILL
AT THE FACILITY/ACTIVITY**

Participant advises team staff/safety person immediately.

Participant receives a cloth mask and wears immediately. Anyone caring for the participant should also wear a cloth mask.

Parents/guardians are advised and take the participant home. If the participant is an adult, they will leave immediately if well enough to drive. If there is a delay in leaving the facility, they should find a location to isolate.

Contact a physician and call the local public health line. Follow isolation requirements of public health authorities. The participant will require a note from their physician to return to activity.

**PARTICIPANT ADVISES TEAM STAFF
THEY ARE NOT FEELING WELL
AND WILL NOT BE ATTENDING**

Participant is advised to follow up with their physician. They will require a note from their physician to return to activity.

Any participant with suspected or confirmed COVID-19 should not return to the hockey environment until all public health authority steps have been completed. They will require a note from their physician or public health authority to return to activity.

If a participant is confirmed to have COVID-19, refer to the following section for recommended communication.

**PARTICIPANT ADVISES
THEY HAVE SYMPTOMS OF COVID-19
AND WILL NOT BE ATTENDING**

If a participant has COVID-19, they should follow up with their physician and public health authority for instructions.

Any participant with suspected or confirmed COVID-19 should not return to the hockey environment until all public health authority steps have been completed. They will require a note from their physician or public health authority to return to activity.

If a participant is confirmed to have COVID-19, refer to the following section for recommended communication.

**PARTICIPANT
TESTS POSITIVE FOR COVID-19
AND CONTACTS THEIR PHYSICIAN**

FOLLOW PUBLIC HEALTH GUIDELINES

**IMMEDIATE REMOVAL FROM HOCKEY
ENVIRONMENT FOR ANYONE IN THE HOME**

**REPORT TO PUBLIC HEALTH AUTHORITIES,
FOLLOW GUIDELINES**

**PUBLIC HEALTH AUTHORITY DETERMINES
COMMUNICATION PROTOCOL AND
TRACING OF ALL CONTACTS
COOPERATE ON ANY NECESSARY
COMMUNICATION.**

NOTE REQUIRED FROM A PHYSICIAN OR PUBLIC HEALTH AUTHORITY TO RETURN TO PLAY



Return to Play After illness

Members can return to play after 10 days when all symptoms have resolved. If a member tests positive for COVID-19, they must submit a clearance letter from a physician to our KPMHA Risk Management Director Shane Kendall at equipment@islanderhockey.ca

What if a participant tests positive for COVID 19?

If a participant, team staff, parent/guardian, volunteer, official or a member of their household tests positive for COVID-19, they are required to inform;

1. KPMHA Risk Management Director equipment@islanderhockey.ca and
2. KPMHA Communications Officer vp-admin@islanderhockey.ca

The communications officer will report test positive cases to the following:

1. The Rink that the person attended
2. VIAHA (our governing body)
3. The team
4. KPMHA membership



If any one is ill they are to STAY HOME!

KPMHA Return to Play after illness form

Participant Name: _____

Date: _____

Player Illness Start Date: _____

Player Isolation Dates (From - To): _____

Date Symptoms Ended: _____

Seen By Physician? Yes No

Tested for Covid-19?

(if Yes, include physician signature and ensure your team safety is aware for contact tracing):

Yes No

Result of Covid-19 Test: Positive Negative

If positive, ensure your Team Safety and KPMHA Risk Management Director has been notified)

Physician:

Is the player able to return to sport with the following considerations:

1. On ice activity with others
2. Attendance at recreation facilities
3. Physical activity (list any restrictions) _____

I, the undersigned, understand that this information must be completely entirely and approved by my Team Safety and KPMHA Risk Management Director prior to being permitted to return to Hockey. I understand that myself and/or my player must isolate for a minimum of ten days if ill and a minimum of fourteen days if contracted Covid-19.

Parent Signature: _____

Date: _____

Physician Signature (If Covid Test was completed and positive): _____

Date: _____

**Form to be completed by players/parents in all illness situations, regardless if positive Covid-19 test is returned. No player is permitted to play when ill, to any degree, and must isolate as per provincial protocol if they become ill.*

