

REMINDERS:

• All participants should be reminded that they MUST stay home, if they are sick or showing signs and symptoms of COVID-19 or have been

exposed to someone who has had COVID-19. They should be encouraged to contact their healthcare provider if they are feeling unwell.
Before the start of any Special Olympics event/practice/training/competition (until all conditions are lifted), all participants will be asked a series of questions to assess if anyone is showing signs or symptoms of COVID-19. All participants at an event, training, or practice, must be documented in case someone in attendance is diagnosed with COVID-19 and contract tracing is needed.

DISCLAIMER:

This Attendance Protocol and Tracker is provided by Special Olympics Canada for informational and general guidance purposes only. It is intended to assist Chapters in developing their own policies and procedures. It is the responsibility of Chapters to ensure that their policies and procedures comply with current public health guidelines as well as all provincial, territorial and municipal guidelines and legal requirements. While Special Olympics Canada has endeavoured to provide the most up-to-date guidance, this document cannot be exhaustive, nor is it meant to be taken as either medical or legal advice.

ATTENDANCE PROTOCOL:

1. Programs should designate a location to complete the attendance protocol that maintains physical distancing (6ft/2m). Chapters should designate who will be asking the questions/taking attendance at each session. If an athlete is unable to answer the questions below themselves then they will need to have a family member/caregiver/support worker there at the beginning to help with this.

2. Coach, volunteer or designate must ask the following questions (reinforced through visuals and verbally, such as a poster/paper with icons):

- a. Do you have COVID-19?
- b. Are you experiencing any known symptoms of COVID-19, such as fever, cough, shortness of breath or feeling unwell?
- c. Have you travelled internationally during the past 14 days?

d. Have you, in the past 14 days, knowingly come into contact with someone who has COVID-19, who has known symptoms of COVID-19, or is selfquarantining after returning to Canada?

- e. Have you been following government recommended guidelines for COVID-19 including practicing physical distancing?
- 3. Coach, volunteer or designate must record all names, results and contact information and keep in case needed for contact tracing or reporting.
 a. If yes to any questions, participants MUST be isolated from the group (at minimum, kept 2m/6ft apart from others and with mask on), be sent home,
 - and instructed to contact their healthcare provider for evaluation.
 - b. Participants who are found to have COVID-19 symptoms must wait 10 days after symptoms resolve to return to activity OR must provide written proof of physician clearance to Special Olympics to return earlier.
 - c. Participants who test positive for/have COVID-19 must provide written medical clearance before returning to sport and fitness activities.

Throughout the event/practice/training/competition, remind participants of infection prevention protocols (e.g. facemasks, physical distancing, hygiene, and disinfection/sanitation).

**Note: Signed Declaration and Waiver forms need to be received from each participant prior to them participating in their first sport/program. Participants will only need to sign the waiver form once but will need to submit a signed declaration form prior to the start of each program they are in. Participants will be required to go through the SOC attendance protocol at each program, training session, event, etc. they attend.

Special Olympics Saskatchewan Attendance Tracker

ame of Event/Program: Participant First and Last Name (Athlete, Coach, Volunteer, Staff, Unified Partner)	Date of Event/Program:	Location:			
	Emergency Contact Name & Phone Number	Declaration Form Received (Y/N)	Waiver Received (Y/N)	Protocol Questions Asked (Y/N)	Signs or Symptoms of COVID- 19 (Y/N)
need to be received prior	to the participant's first sport/pro	gram. Once receiv	ved you can ma	rk these colum	is as N/A.
	Participant Type (Athlete, Coach, Volunteer, Staff, Unified Partner)	Participant Type (Athlete, Coach, Volunteer, Staff, Unified Partner) Emergency Contact Name & Phone Number	Participant Type (Athlete, Coach, Volunteer, Staff, Unified Partner)Emergency Contact Name & Phone NumberDeclaration Form Received (Y/N)	Participant Type (Athlete, Coach, Volunteer, Staff, Unified Partner)Emergency Contact Name & Phone NumberDeclaration Form Received (Y/N)Waiver Received (Y/N)	(Athlete, Coach, Volunteer, Staff,Phone NumberForm ReceivedReceivedQuestions Asked

Printed Name: ______ Signature: ______

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