

## Fort Town Night Run 2020: COVID-19 Protocols for a Safe Race

The goal for the FTNR is to build an event that allows participants to experience our race without the presence of a crowd. In addition, the goal is to provide each participant a simple and clean process starting at the Registration Tent and ending when participants have proudly completed the course of their choice and carry a SWAG bag and a Finisher's Medal around their neck to return home. In doing so, a number of changes need to be made to our Safety Protocols.

Our vision begins with each participant receiving direct communication from the FTNR's Director. We will construct a timeline with each participant choosing a time to begin their race. [The government of Canada website about coronavirus](#) says, as long as you stay two metres from others, runners are permitted and encouraged to run for the health benefits (e.g., <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/physical-distancing.html>). Following the same scheme, we plan to develop a timeline for participants to begin their race (a.k.a., Time Trial Starts). The starting time stamps will be 2.5 minutes apart and will register as follows:

- 8:00:00 – Mr. John Smith & Mrs. Jane Smith – 5K
- 8:02:30 – Mr. Billy Smith – 15K
- 8:05:00 – Mr. Leonard Smith & Ms. Louise Smith – 5K
- 8:07:30 – Mr. Bernard Smith & Mrs. Jennifer Smith – 10K & 15K, respectively
- 8:10:00 – Mr. Nathan Smith & Mr. Billy Smith – 5K

The time stamps are differentiated at each level by runners leaving on the 5K course and then the 10K or 15K courses. This allows for no more than 48 runners (no more than 24 on the 5K, no more than 24 on the 10K or 15K) to be distributed on the courses per hour.

When their time is confirmed, they are asked to promptly arrive **25 minutes** before their start time.

We are asking all to keep a physical distance of 2 meters (6 feet) from each other at all times. All tables will have hand sanitizer available for all to use. All table will be equipped with a safety screen to create a barrier to protect volunteers and participants' upper torso. Volunteers & participants will be asked to pass objects as needed by putting them down on a common surface (that will be disinfected regularly), pass them underneath the safety screen, and having the person retrieve it, as opposed to handing it off in close proximity.

Two days prior to the event day, we will send to participants and volunteers by email a health assessment survey asking if they travelled outside the country in the last 14 days and screen for symptoms with COVID-19 (Appendix). Any participant or volunteer who do not meet the health assessment criteria will not be permitted to be present on the event day. If runners deem that they are not able to attend, their registration may be converted to a Virtual Race or deferred to next year.

All participants will be directed to the Registration Tent. At the Registration Tent, a volunteer from St John's Ambulance will conduct a brief survey to assess the level of risk of each participant in relation to the symptoms associated with COVID-19. They will use the latest screening/risk assessment tool and use temperature check. If a runner is deemed "high risk," they will be asked to go to a designated "safe" area. They will be given the choice to change their registration to a Virtual registration or to defer the registration to next year's event. If they decide to change to a Virtual Run, a volunteer will bring them their SWAG Bag. They will then be asked to leave the premises.

All runners will be offered a buff and/or medical mask, which the buff can be used as a washable fabric face mask to add to our safety toolkit to reduce the spread of the virus. They will be required to wear it while on the grounds of Fort Wellington. Once completed, the participant will give their name to the volunteer and their bib will be provided to them. They will be asked to complete the medical information to be written on the back of the bib. If the participant would like their T-Shirt, they will be asked to go to the SWAG tent, have their T-Shirt removed from their SWAG bag and given to them.

Afterwards, participants are directed to the Waiting Queues inside Fort Wellington. A volunteer will position them in their appropriate section. The volunteer will provide participants information about running our run in a COVID-19 safe way. That will include the Ironman Drafting & Passing Rule. As participants leave the area, participants will move up. When it is their turn, they will advance to the Start Line.

At the Start Line, the volunteer will ask participants to stand in a designated area. When it is time, a horn will be sounded and runners will be permitted to run their designated course. The volunteer will manage the traffic at the Start/Finish line, so participants do not join as a crowd.

Once the participants cross the Finish line, they will be asked to walk to their respective medal corridor. The medal corridors maintain physical distancing between participants at all times with ropes as barriers and visual cues. At the end, they will pick-up their respective Finisher's Medal. If the runner needs Medical/First Aid support, they will be directed to the Medical Tent. If not, they will be directed to the SWAG tent for their SWAG bag, baggage, prizes, and water & snack bag.

Lastly, participants will be directed to the Photographer's Area, where memories will be sent to them afterwards.

This year, due to the limitations of logistics, course position ranking and age division ranking will be provided on the website by the next morning. Winners of the course position ranking will receive prizes, which will be sent to them.

With a shout of thanks and good cheer, participants will be asked to return to their cars or homes and not stay on the property in order to reach our goal of an event without a crowd.

Houses on the courses will be encouraged to cheer, make noise, and decorate their homes to support our participants throughout the day for a chance at winning the Neon Spirit Award. Similarly, businesses will be asked to do the same for a chance at winning the Business Spirit Award.

For youth under 13 running the Kids 1K Fun Run, their race will be scheduled for the next day (Sunday). Every station will remain the same, except the 5K, 10K, and 15K courses will be closed. Youth will be scheduled in the same process as above and will advance through the stations as above. Parents/guardian (no more than 2) will be asked to stay in the Kids 1K Fun Run Parents' Designated Area, except for a parent/guardian running with a young child. There will be no more than four (4) sets of parents in this designated area at any time. Volunteers will be assigned to be the official timekeeper for each youth, allowing us to maintain records for the course winners.

All volunteers working at Fort Wellington will be provided a buff/medical mask, face shield, and gloves. On the course, all volunteer marshals will have a buff and gloves. The medical tent personnel will have appropriate PPE, as directed by their policies and COVID-19 executive team.

In the next few days after returning home, runners will their photos from run and a Feedback Form.

Lastly, although the race may have ended, we remain vigilant. To continue maintaining public safety, we have developed logistics that allows us to maintain Contact Tracing of all participants during the race. That is, if a runner were to inform us in the feedback process that they were COVID-19 positive, which might happen if they were asymptomatic at the time of the race, we would trace back the time frame for which the runner ran and using cameras on the courses, we could estimate the number of runners that might have had close contact with the identified person. Maintaining confidentiality, we would inform the potentially exposed runners and volunteers of the situation and urge them to promptly get tested at their local Health Unit.

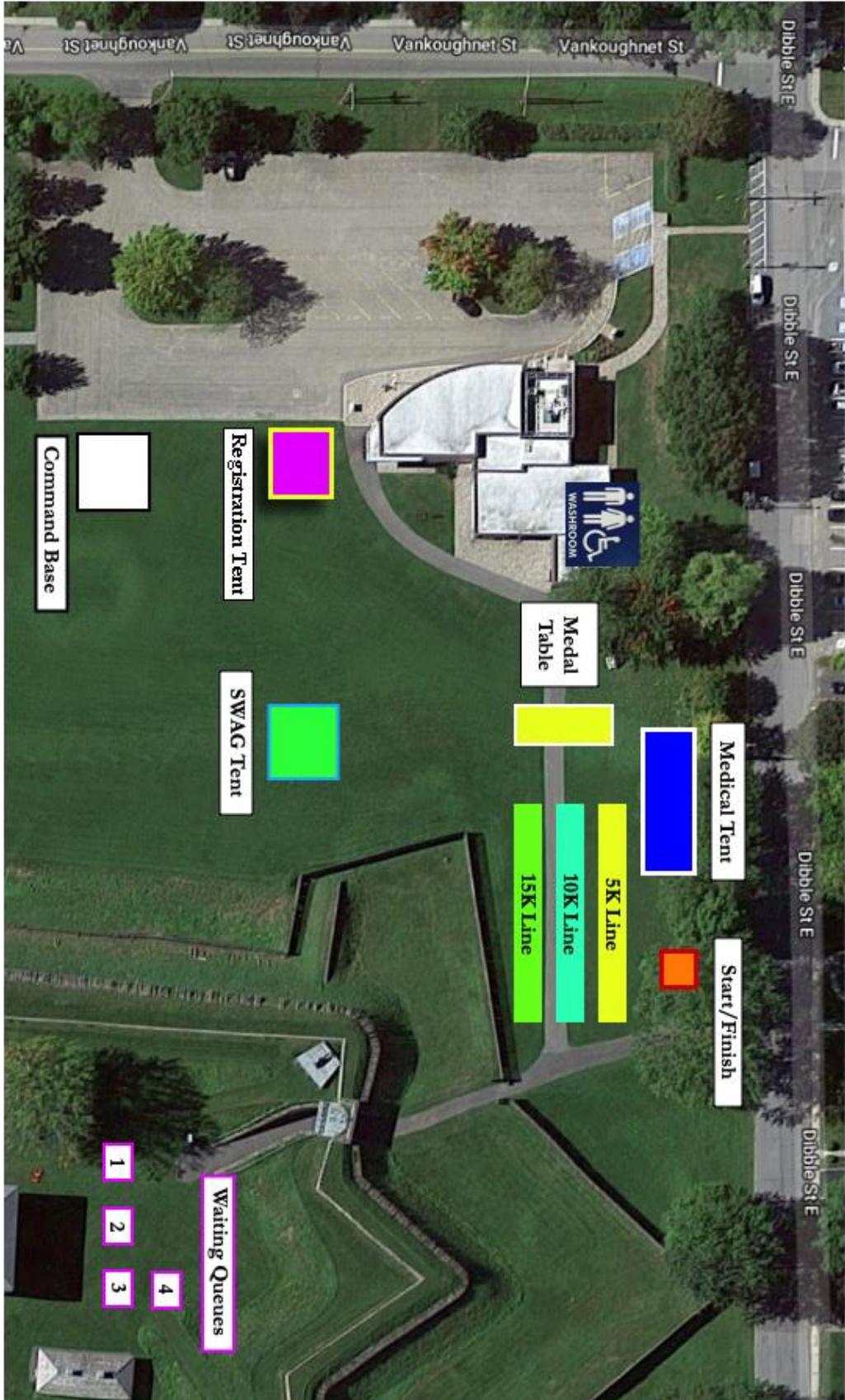
The following sections of the Safety Protocols are to remain the same (unless a section is replaced by the new protocols in this document):

- Event Rules & Guidelines
- Release of Liability, Waiver of all Possible Claims, and Assumption of Risk (“Release”)
- Event Alert System
- Risk Management for Lightning, Thunderstorms, and Tornadoes
- Risk Management for Snow and/or Slippery Conditions
- Emergency Situations
- Course Maps: Kids 1K Fun Run
- Course Maps: 5K
- Course Maps: 10K
- Course Maps: 15K
- Course Maps: Positioning of Course Marshalls & Zone Captains for the 5K
- Course Maps: Positioning of Course Marshalls & Zone Captains for the 10K
- Course Maps: Positioning of Course Marshalls & Zone Captains for the 15K
- Emergency Detour Route for 10K
- Emergency Detour Route for 15K
- Course Maps: Positioning of Course Marshalls & Zone Captains for the EDR – 10K
- Course Maps: Positioning of Course Marshalls & Zone Captains for the EDR – 15K
- Lost Children’s Policy
- Animal Management
- Headphones
- Baby Joggers & Strollers
- Guidelines to Facilitate Participation by Athletes with Disabilities
- Incident Reporting
- Communications
- Traffic Management
- Medical Protocols

Sections that are suspended:

- Spectator Management

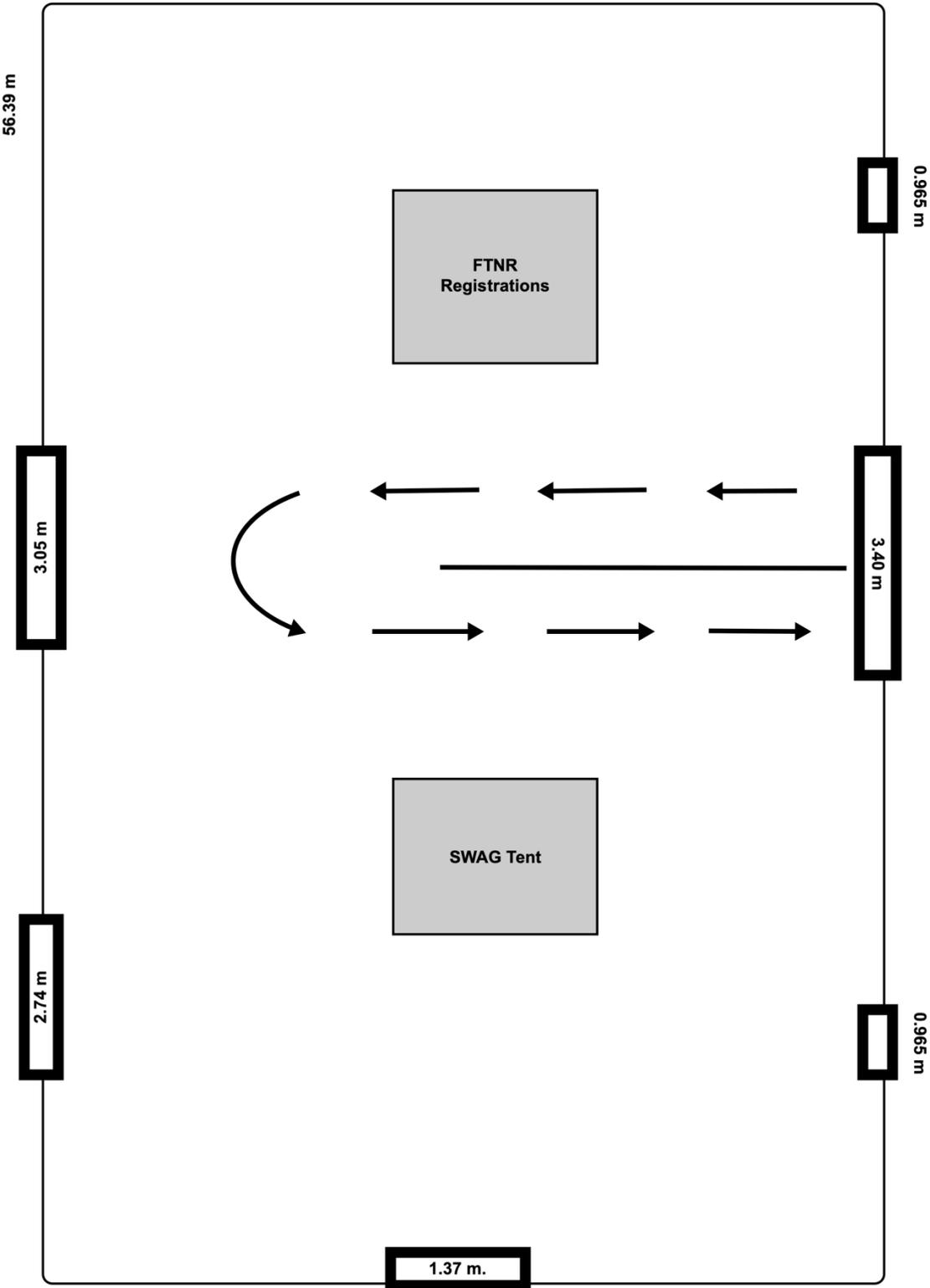
# Fort Wellington Ground Plan



Fort Wellington Arena Plan

Plan COVID-19 Arena

25.91 m



### Registration Tent:

The registration tent will include two volunteers and a volunteer with St John's Ambulance. A table with a protective screen will separate the participant from the volunteers and will be disinfected regularly. The participant will be asked to complete a screening/risk assessment and temperature check with St John's Ambulance to assess the potential for risk with COVID-19. They will be suggested guidelines depending on the assessed level received. If a runner is deemed "high risk," they will be asked to go to a designated "safe" area. They will be given the choice to change their registration to a Virtual registration or to defer the registration to next year's event. If they decide to change to a Virtual Run, a volunteer will bring them their SWAG Bag. They will then be asked to leave the premises.

All participants will be provided a buff and/or medical mask. The buff may be used as a washable fabric face mask. Health Canada noted "Masks should be used by a symptomatic individual, if available, to provide a physical barrier that may help to prevent the transmission of the virus by blocking the dispersion of large particle respiratory droplets propelled by coughing, sneezing and talking." Runners will be required to wear their buff while on the grounds of Fort Wellington.

Afterwards, the participant will be asked to provide their name to the volunteer. The volunteer will provide the assigned bib and ask that the participant complete the medical information required on the back side of the bib. The pen will be disinfected by the volunteer after each use.

Lastly, the participant will be asked if they would like to receive their T-Shirt for the race. If they wish to do so, they will be directed to the SWAG tent. In addition, if they have any baggage to be secured, they will be directed to do so at the SWAG tent.

There will be no new registrations accepted on the day of the event.

### Waiting Area:

The following area will be located inside Fort Wellington. Using flags, we will have four designated areas delineated for runners:

1. Those ready to go to the Start Line in less than 2.5 & 5 minutes.
2. Those ready to go to the Start Line in less than 7.5 & 10 minutes.
3. Those ready to go to the Start Line in less than 12.5 & 15 minutes.
4. Those ready to go to the Start Line in less than 17.5 & 20 minutes.

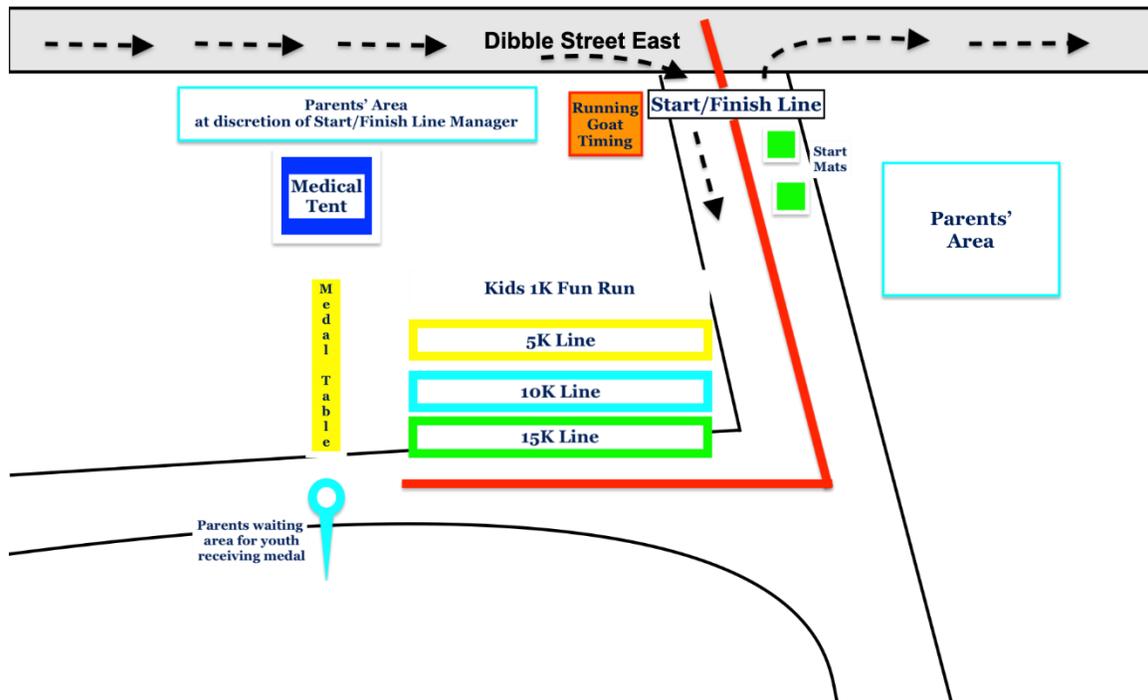
A volunteer will coordinate runners entering Fort Wellington to their respective designated area. The volunteer will also provide the following information:

1. The courses;
2. Facilities on the course;
3. What do you need to do if you are experiencing a medical issue?
4. Running etiquette:
  - a. The course reflects the necessity for runners to run on the left side of the road, to see oncoming traffic at all times.
  - b. Bib protocol: All runners need to place their bib in front of their chest area and when they complete the race to go in their respective Finish Line Course Corridor. This helps volunteers to see the numbers for medal distribution and for the timing company to capture the chip for timing purposes.
5. Ironman Rule on drafting and passing: Go to page 8.
6. Finish line protocol – medal chutes & social distancing, picking-up your medal, water/food, SWAG tent, and photo area (optional).

The volunteer will coordinate with the Start/Finish Line Manager to advance runners to the Start Line.

### Start/Finish Line:

The Start/Finish Line Manager will direct participants to the starting designated areas. The following is a plan for the Start/Finish Line area.



The Manager will reiterate the importance of space between runners, the Ironman Rule, and the bib placement. In addition, they will manage the traffic at the Start/Finish Line, as the schedule for participants to begin the race needs to be strictly adhered, while managing the participants returning from their race and making sure they enter the appropriate Finish Line Course Corridor. The space will be divided by a rope. The Manager will assist Running Goat Timing and an additional volunteer will be assigned to the Manager when needed.

### Designated Kids 1K Fun Run Parent's Area:

On the Sunday, the Start/Finish Line Manager will direct parents cheering for their youth to the Parent Area. The Manager may provide them another area west of the Running Goat Timing's area to cheer on their youth. This will be optional and at the discretion of the Manager. Parents will need to respect social distancing (2 meters) at all times. When their youth have returned from the race, they are encouraged to meet them at the south side of the medal table, where a flag will designate the area.

### Finish Line Course Corridors:

The Corridor allows to differentiate participants and their courses of choice. Bibs numbers are assigned as follows:

- Kids 1K Fun Run: The bib will indicate the number 1.
- 5K: The bib will indicate a number between 100 and 999. If we exceed 900 runners, we will change this protocol to reflect the number of participants and the numbers will be between 100 and 9,999.
- 10K: The bib will indicate a number above 1000. However, as above, if the 10K exceeds 900 runners, the 10K bib will indicate a number above 10,000.
- 15K: The bib will indicate a number above 10000. However, as above, if the 15K exceeds 99,999 runners, the 15K bib will indicate a number above 100,000.

As participants make their way down the corridor, visual cues and ropes will maintain social distancing between participants. In addition, the volunteer at the Medal Table will have time to prepare the appropriate medal. In addition, it will allow the volunteer to correctly correspond the bid number to the Course Corridor and to the appropriate medal. The Start/Finish Manager will be asked to resolve any discrepancies. This new protocol was designed to eliminate the difficulties experienced with "ghost runners (i.e., runners that do not register and attempt to defraud the event)."

#### Medal Table:

A volunteer will be positioned on the west side of the table. Participants walking-up the corridor will be congratulated at the table and their medal (as per the bib number and corresponding corridor) will be ready on the table for the participant to pick-up. If there is a discrepancy that needs resolution, the Start/Finish Line Manager will be called upon to resolve the matter with communications with the Registration Tent.

If a medal's ribbon needs to be changes, the extra ribbons will be located at the medal stand and a volunteer needs to change the ribbon when needed.

#### Medical Tent:

The Medical Tent is operated by St John's Ambulance. Medical teams need to be astute to the impact COVID-19 survivors might experience (e.g., heightened risk for exertional heart stroke, respiratory, myocardial, kidney & liver - as this is classified as a systemic disease). In association with Command Base, they will be alerted to any issues that might need their mobile team to be deployed on any course. The mobile unit (bicycles) will be stationed near the water table at the Port of Johnstown. They will follow the last runner, as part of the "green team." The medical tent will incorporate the ambulance, which can be deployed throughout the day on any part of the courses when needed.

#### SWAG Tent/Prize Table/Baggage Tent:

The SWAG tent will include the SWAG bags (all organized by bib#), the prize table (gifts from the sponsors that will be assigned to random bib numbers and given when the participant collects their SWAG bag at the end of their race), and the Baggage tent. The Baggage tent was included and will coincide with the SWAG bags, as it allows participants to get their T-shirt at the beginning of the event (after completing the Registration Tent & before going to the Waiting Queues) and leave other belongings that they might not need for the race (e.g., shirt, coat, or hat). If belongings are left, participants will be given a clear bag to place their items and this bag will be placed near their SWAG bag. When participants come to get their SWAG bag, their bag with their belonging will return to them. In addition, any prizes randomly won will be given. Lastly, a bag with a water bottle and snacks will be provided.

#### Command Base:

Led by the Volunteer Coordinator, the Command Base is the strategic post in relaying communications, logistics, and risk management services throughout the event. The Volunteer Coordinator will coordinate schedules, meals, breaks, and safe practices. All volunteers will be provided PPE that is appropriate for their position. All will be provided two sets of gloves and medical masks/buffs. Medical staff, Zone Captains, and volunteers on the grounds of Fort Wellington will be provided face shields.

#### Photographer's Area:

A photographer will take pictures of runners beginning and ending the race. In addition, we will setup an outdoor photoshoot area where participants will have the option of having a photographer take more photos and it will be sent to them later on.

#### Bathrooms:

Bathrooms will be disinfected every hour by a volunteer using PPE throughout the event to reduce the risk of contamination.

## Corridors for Participants

We will continue to use corridors for the courses, except for County Rd 2 between Boundary Rd and Windmill Rd. In previous years, with the assistance of OPP and Coco Paving, we were able to reserve the south side of the road to secure the safety of runners. Since the time span does not allow us to do so, we will return to using corridors. Runners on the 10K & 15K courses will be asked to run on the north side of County Rd 2, against traffic. This will allow them to be seen by oncoming traffic and to see oncoming traffic. Runners will be asked to run on the shoulder. A cross guard will be positioned at Windmill Rd to allow runners to cross safely from the north side of County Rd 2 to Windmill Rd. When runners make their way back to the 5K area, they will run on the south side of County Rd 2, on the shoulder, remaining at all times visible and attentive to oncoming traffic.

In addition, throughout the course and on County Rd 2 north and south sides, there will be FRED lights (LED lights) warning traffic of the corridors and for runners to remain on course. At all times, runners need to run on the left side of the lights, which will keep them safe from oncoming traffic.

## Traffic Management

The section on Traffic Management will remain the same. We will add the following information:

- Participants are to remain at all times on the left of the FRED lights for their safety;
- Participants are encouraged to let volunteers know if they are experiencing any signs of distress;
- Participants are encouraged to wear bright colours and when if the sun sets, they are required to have their headlight.
- Participants will be informed at the Waiting Queues about the **Ironman Rule** on drafting and passing. The rule will be closely monitored and reported to Command Base by Course Marshalls. The rule is as such:
  - Runners must run single file. Side by-side running is not permitted.
  - The runner's draft zone is 4 meters. Runners must remain outside of the draft zone except when passing.
  - Runners may enter the draft zone of another runner when passing and must continuously progress through the draft zone. A maximum of 25 seconds will be allowed to pass through the zone of another runner.
  - Prior to entering the draft zone of another runner, the runner must signal their intentions verbally and must move to the right side of the runner being overtaken (i.e., no slipstreaming).
  - An overtaken runner must immediately drop out of the draft zone of the passing runner, and must continuously make rearward progress out of the draft zone of the passing runner.

## Contact Tracing

Using cameras on the courses and on the grounds of Fort Wellington, we are able to locate runners on site at specific times. Since there is a limited number of runners at the Fort and running the courses, the cleaning and disinfecting schedule maintained by volunteers, and the limited number of contact points, it permits us to maintain a close estimation of whom might be exposed, if a runner were to be identified later on as COVID-19 positive. In such a situation, the footage and records would be reviewed, and an email would be sent immediately to all runners that might have been exposed. All communications would maintain the confidentiality of all. Exposed runners would be strongly encouraged to get tested at their local Health Unit.

## Medical Protocols

### Medical Mission Statement

- Stop or slow progression of injury or illness (triage, treatment, transfer)
- Rapid/appropriate response to all locations
- Do no harm/stay within training levels
- Emergency Action Plan – EAP
- Prevent emergency room overload
- First Aid and EMT services are available before, during and after the race and an action plan in place to get people treated as soon as possible.

## Roles

### Command Base:

Located near or at the EMT station, lead by the Volunteer Coordinator, the Command Base is the strategic post in relaying communications, logistics, and risk management services throughout the event.

### Zone Captains:

A volunteer, who has completed the Volunteer Training Day, and whose responsibility is to be the communication liaison between the volunteers in a designated location and Command Base.

### Course Marshalls:

A volunteer, who has completed the Volunteer Training Day, and who is responsible to maintain communication with participants on the course, to encourage the use of the corridors, to maintain safe traffic management practices, and to inform their Zone Captain of any risk/safety issues.

### Medical Aid Stations:

- A major medical aid station is located on the grounds of Fort Wellington, near the parking lot where access to the road and quick access to all locations on the course is possible. It is equipped and staffed by the St. John's Ambulance.
- A mobile medical aid station will be positioned at the Port of Johnstown in conjunction with water stations to provide first aid and relief from minor discomfort (such as blisters and chafing) and to stabilize and connect with the Major Medical Station when transport of any serious cases when needed.
- The mobile team at the Port of Johnstown will follow the "sweeper" (last runner of the 15K).
- The major medical aid station (i.e., Medical Services Tent) is located east of the Fort Wellington's Visitors Pavilion. Emergency vehicles have access to the road.

Due to the nature of the event, runners may sustain any number of common injuries. Runners will be advised to warm up thoroughly and only compete if they are able to. The decision whether to run or not is left to the discretion of the individual but they run at their own risk.

### Potential Medical Concerns

- Dehydration
- Cardiac events
- Respiratory distress
- Hyper/Hypothermia
- Postural hypotension
- Hyponatremia
- Hypoglycemia
- Podiatric issues
- Overuse Injuries
- Others

### Location of defibrillators:

- St John Ambulance has a defibrillator in their ambulance;
- Visitor Centre of Fort Wellington has a defibrillator next to the visitor reception desk. It is checked monthly as per their Health & Safety policies.
- Port of Johnstown – main administrative building.

Catastrophic Event: Any incident that includes, but is not limited, to the following: cardiac events, respiratory distress, participant struck by vehicle, any large amounts of blood, and head trauma.

### **Steps to follow:**

1. Course Marshall to respond to the emergency;
2. Course Marshall to call 911;
3. Course Marshall to blow distress whistle and set headlight to strobe;
4. Zone Captain to respond and inform Command Base of the incident;
5. Command Base to send EMT at the scene;
6. Zone Captain to continue directing traffic away from the incident, crowd control, and create space for EMT to arrive;
7. EMT to secure the location and provide medical treatment as necessary;
8. EMT to transfer patient to Ambulance to be sent to the Hospital;
9. EMT to provide Zone Captain with Emergency Contact information for Command Base to contact them;
10. FTNR representative to make a statement for the press and Social Media when needed;
11. Debriefing with all parties involved – Incident Report to complete.

### Define Person in Distress:

Any person that is experiencing pain, discomfort, needs support, and is not defined as experiencing a Catastrophic Event. Common injuries associated with this form of activity (sprains, strains, pulled muscles, dehydration, etc.).

**Steps to follow:**

1. Course Marshall to respond to the emergency;
2. Course Marshall to blow distress whistle and set headlight to strobe;
3. Zone Captain to respond and inform Command Base of the incident;
4. Command Base to send EMT at the scene;
5. Zone Captain to continue directing traffic away from the incident, crowd control, and create space for EMT to arrive;
6. EMT to secure the location and provide medical treatment as necessary;
7. FTNR representative to make a statement for the press and Social Media when needed;
8. Debriefing with all parties involved – Incident Report to complete.

**Medical questionnaire:**

- In the hopes to support effective medical treatment when needed, registrants will be asked to complete the following questions on the back of their bib:
  - Do you have any medical condition(s)?
  - Are you prescribed any medication(s)?
  - Emergency contact (Name/Number):
- This information will remain on their person and only be accessed by assigned medical personnel when needed for medical care purposes.

**Protocol for maintaining records:**

- Since the medical information provided by the registrant is maintained on their person and in situations of medical emergency will remain on their person during treatment, there are no records maintained by the Fort Town Night Run.
- Privacy & Confidentiality. Have a plan; your medical team coordinator needs to be aware of the HIPAA Privacy and Confidentiality of medical information. Volunteers should not speak to the media or answer inquiries about a participant's condition or treatment. A specific person should be designated as the spokesperson. At the FTNR, the representative is the Volunteer Coordinator.

Ministry of Health

# COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes

Version 3 – May 6, 2020

This tool provides basic information only and contains recommendations for COVID-19 screening for entry into a Long-Term Care Home (LTCH) or Retirement Home (RH). It is not to be used as a clinical assessment tool or intended to take the place of medical advice, diagnosis or treatment. Where the document includes references to legal requirements, it is not to be construed as legal advice.

In order to ensure a safe and secure environment for vulnerable individuals, only staff (e.g., employees, volunteers, agency staff) and essential visitors (see definition below) should be permitted entry into the LTCH or RH.

LTCHs/RHs must immediately implement active screening for anyone entering the home (i.e. staff and essential visitors). Screening must occur twice daily and include symptom screening and temperature checks (i.e., at the beginning and end of the day/shift for staff and when essential visitors enter and leave the home).

At a minimum, the following questions should be used to screen individuals for COVID-19 before they are permitted entry into the home. This tool can be adapted based on need and the specific setting. The tool is not intended to be used to screen new/re-admissions in the absence of other clinical and detailed admission assessments.

Anyone who does not pass screening should be told so and should not enter the building or remain in the screening area or common areas on the building property.

Staff responsible for occupational health at the LTCH/RH must follow up on all staff (i.e., phone calls, further screening, etc.) who have not passed the screening and been advised to self-isolate based on exposure risk or symptoms.

Once an individual has passed the screening questions below and is able to enter the home, they should use hand sanitizer and be provided with a mask and the appropriate personal protective equipment (PPE), as required/recommended. They also should be advised to self-monitor while in the home and report any symptoms immediately and remind them that they will need to be re-screened a second time when leaving the LTCH/RH or at the end of the day/shift.

**In emergency situations, emergency first responders should be permitted entry without screening (refer to Directive #3).**

## Essential Visitors

Essential visitors include a person:

- performing essential support services (e.g., food delivery, phlebotomy, maintenance, family providing care and other health care services required to maintain good health);
- OR**
- visiting a very ill or palliative resident.

## Screening Questions

1. Do you have any of the following **new or worsening** symptoms or signs?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| New or worsening cough   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose, sneezing or nasal congestion<br>(in absence of underlying reasons for symptoms such as seasonal allergies and post nasal drip) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hoarse voice   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty swallowing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New smell or taste disorder(s)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea/vomiting, diarrhea, abdominal pain  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained fatigue/malaise  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you travelled outside of Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

- Yes  No

3. Do you have a fever?

- Yes  No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

- Yes – go to question 5  No – screening complete

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?

- Yes  No

If the individual passes screening questions 1 to 5 (as per results section below) then **TAKE TEMPERATURE**. A fever is a temperature of 37.8 °C or greater.

### Results of Screening Questions:

- If the individual answers **NO to all questions from 1 through 4 and they do not have a fever**, they have passed and can enter the home. They need to wear a mask to enter the home and should be told to self-monitor for symptoms and be reminded about required re-screening at the end of their day/shift or when they leave the home.
- If the individual answers **YES to any question from 1 through 3**, they have not passed and **cannot** enter the home. They should go home to self-isolate immediately. Staff should contact their manager/immediate supervisor. Essential visitors should be told to contact a primary care provider, local public health unit or Telehealth to discuss their symptoms and/or exposure and seek advice on testing.
- If the individual answers **YES to question 4 and YES to question 5, and they do not have a fever**, they have passed and can enter the home. They need to wear a mask to enter the home and should be told to self-monitor for symptoms and be reminded about required re-screening at the end of their day/shift or when they leave the home.
- If the individual answers **YES to question 4 and NO to question 5**, they have not passed screening and **cannot** enter the home. They should go home to self-isolate immediately. Staff should contact their manager/immediate supervisor. Essential visitors should be told to contact a primary care provider, local public health unit or Telehealth to discuss their symptoms and/or exposure and seek advice on testing.

#### Note:

- As per Regulations 146/20 and 158/20 of the *Emergency Management and Civil Protection Act*, employees of LTCHs and RHs are not to work in more than one LTCH, RH or health care setting, and should be screened appropriately by the home / employer.

## FACT SHEET

# COVID-19: Cleaning and Disinfecting Bathrooms Used by the Public

This document provides guidance on cleaning and disinfecting bathrooms that are used by the public and/or multiple members of a workplace. The general concepts can be applied to surfaces in other types of rooms.

### What you should know

- Commonly used cleaners and disinfectants are effective against COVID-19.
- Ensure the disinfectant you use has an 8-digit Drug Identification Number (DIN), indicating the product is approved by Health Canada for use in Canada.
- Surfaces frequently touched by hands are most likely to be contaminated. These commonly touched surfaces include doorknobs, light switches, sink faucets, countertops, toilet flush handles, accessibility handle bars, hand dryer buttons, and paper towel dispensers.
- Early research suggests the COVID-19 virus can live on some surfaces from a few hours to days.
- Cleaning and disinfecting are 2 essential steps to reduce the spread of infection.
  - » Cleaning: removal of visible soiling (e.g., dirt, grime, etc.) using water, detergents, and cleaning cloth. Does not kill germs (e.g., viruses, bacteria), but helps remove them from surfaces.
  - » Disinfecting: using chemicals to kill germs (e.g., viruses, bacteria) on surfaces. Most effective after surfaces have been cleaned of visible soiling.

### Create or review a cleaning procedure

- Bathrooms should be monitored closely and cleaned at least once every 2 hours or more frequently, if necessary.
- Commonly touched surfaces should be cleaned and disinfected at least once every 2 hours.
- Remove items that cannot be easily cleaned.
- Follow manufacturers' safety instructions when using cleaners or disinfectants.
- Ensure proper training for employees regarding handling cleaners and disinfectants. Follow directions for safe use on product labels.
- Have Safety Data Sheets available and bottles and containers properly labeled.
- Wear gloves, and any other personal protective equipment (PPE) as recommended by the product's manufacturer, when handling cleaning and disinfecting products. After removing gloves, wash hands thoroughly for at least 20 seconds with soap and water or use alcohol-based hand sanitizer.
- Soiled cleaning items should be placed in a garbage bag before final disposal. Multi-use cleaning items should be washed between uses using laundry soap and hot water.

### Prevention

- Wash your hands often and thoroughly with soap and water for at least 20 seconds or use alcohol-based hand sanitizer.
- Avoid touching your face (e.g., nose, mouth, eyes, etc.) with unwashed hands.
- Maintain physical distancing of at least 2 metres (6 feet).
- Practice respiratory etiquette by covering your coughs and sneezes.



For more information, please call **1-800-660-5853**  
or visit our website at **[www.healthunit.org](http://www.healthunit.org)**

## Coronavirus Disease 2019 (COVID-19)

# Cleaning and Disinfection for Public Settings

This document provides guidance on cleaning and disinfection of public settings, including schools, transit, colleges/universities and other workplaces in Ontario. For more information, please contact your local public health unit.

## What you should know

- Commonly used cleaners and disinfectants are effective against COVID-19.
- Frequently touched surfaces are most likely to be contaminated.
- Use only disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number given by Health Canada that confirms it is approved for use in Canada.
- Check the expiry date of products you use and always follow manufacturer's instructions.

## Clean frequently touched surfaces twice per day

- In addition to routine cleaning, surfaces that have frequent contact with hands should be cleaned and disinfected twice per day and when visibly dirty.
- Examples include doorknobs, elevator buttons, light switches, toilet handles, counters, hand rails, touch screen surfaces and keypads.
- In addition to routine cleaning, check with your organization for any specific protocols for cleaning for COVID-19.



## How to safely wear a face covering:



- ✔ Do wash your hands before putting it on & taking it off
- ✔ Do make sure it fits to cover your mouth & nose
- ✔ Do wash your cloth face covering in the laundry
- ✔ Do clean surfaces that a dirty mask touches
- ✘ Don't touch your face or the covering while wearing it
- ✘ Don't use them on children under 2 or those who can't breathe with them on
- ✘ Don't share it with others
- ✘ Don't wear medical masks; keep them for healthcare workers

### The best protection is



Stay home



Keep a 6 foot distance



Wash hands often

# Wear a face covering when physical distancing is a challenge.

## Do:



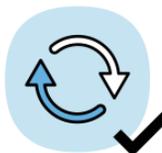
Wear a non-medical face covering like a cloth mask.



Wash your hands before putting it on and immediately after taking it off.



Make sure it fits well and covers your nose and mouth.



Change your face covering when it gets slightly wet or dirty.



Wash your face covering in hot water with detergent after each use.



Dispose of single-use face coverings into a lined garbage bin and wash your hands.

## Do not:



Do not wear a medical-grade mask as these should be reserved for our health care workers.



Do not share face coverings with others.



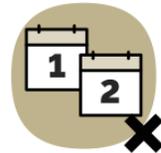
Do not touch or move your face covering when wearing it.



Do not place on children under the age of two years or on anyone who can't take it off on their own.



Do not use plastic or other materials that you can't breathe through as a face covering.



Do not re-use face coverings that cannot be cleaned.

**It is recommended you wear a face covering when physical distancing is a challenge. Stop the spread of COVID-19.**

The best way to protect yourself is to continue to stay home as much as possible, wash your hands thoroughly and often, and stay 2 metres apart from others.

Visit [ontario.ca/coronavirus](https://ontario.ca/coronavirus)

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Ontario 

# Produce Safety

Fresh produce is essential to healthy living. Fruits and vegetables can be exposed to harmful bacteria during growing, harvesting and transportation. It is very important that fruits and vegetables are properly washed before eating. Improperly washed fruits and vegetables have been linked to illness.



## Tips to prevent food borne illness from produce:

- 1 Ensure that the produce you are serving is in good condition. Look to ensure that your produce is not heavily bruised, gashed or mouldy.
- 2 If the produce is heavily soiled with dirt use a scrub brush to help get the dirt off.
- 3 If fruits or vegetables are not peeled prior to eating wash them under cold running water.
- 4 Wash packaged fruits and vegetables even if the label says pre-washed or triple washed.
- 5 Always ensure that your cutting surface and utensils are clean prior to slicing fruits and vegetables to prevent cross-contamination.

For more information,  
call 1-800-660-5853  
or visit [www.healthunit.org](http://www.healthunit.org)



3450 JD Oct 2019

# Ironman Rule on Drafting & Passing

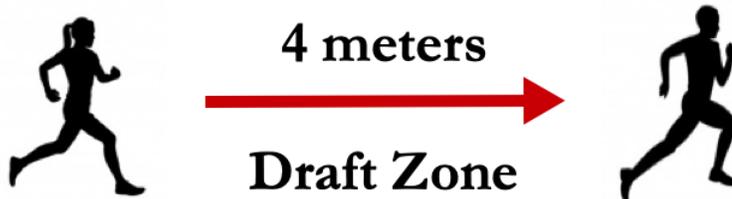


Step 1

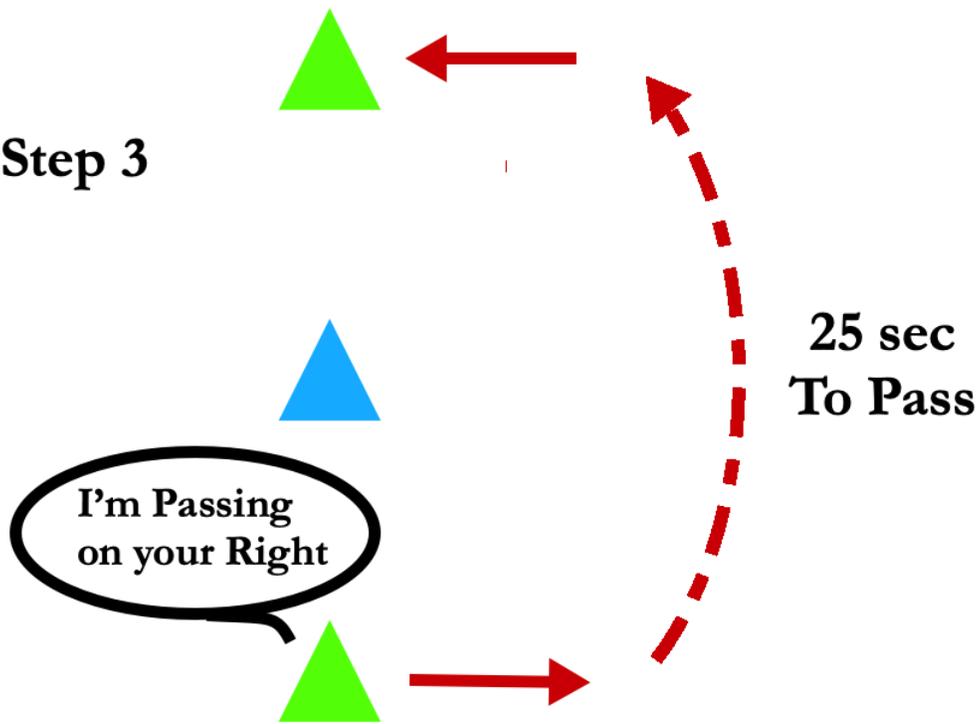
Run in single file  
Respect physical distancing of 2 meters



Step 2



Step 3

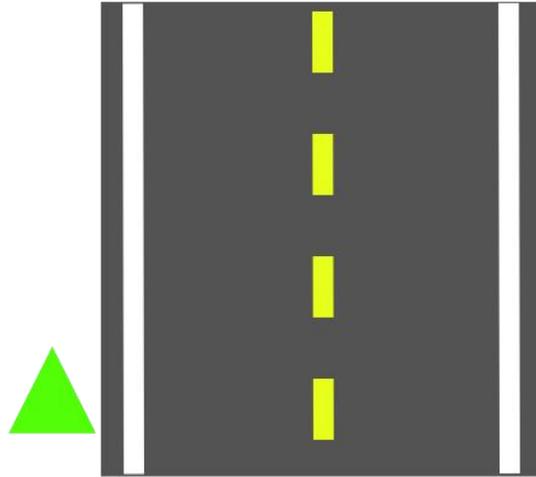


Step 4



# Running Etiquette

Run on left side - See oncoming traffic



# Proper Bib Placement



# What do you need to do if you are experiencing a medical issue?

At Registration, you need to answer these 3 questions on the back of your bib:



Do you have any medical condition(s)?  
Are you prescribed any medication(s)?  
Emergency contact (Name/Number)

**If you are experiencing any medical or health issues while running, please wave a Course Marshall and they will respond immediately.**

**A Medical Tent is located at Fort Wellington.**