**Appendix E: Out of Country/ Province/ Territory Camp Planning Document**

**Out of Country / Out of Province/ Territory Camp Planning**

Camp Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requirements of all participants:

* Sign the read, agree to and sign the Consent Form in Appendix B
* Nobody with any COVID-19 symptoms may participate in the camp
* If a participant has any questions, they should ask a PTSA/Canada Snowboard Staff Member

**Overview**

|  |  |
| --- | --- |
| Location of Sacntioned Activity |  |
| Regional Health Authority and contact information |  |
| Lead Coach |  |
| Other Staff Participating |  |
| Athletes |  |
| Description |  |
| Length of camp |  |
| Sport Science Lead (if applicable) |   |
| Medical Lead/Oversight |  |

**Travel Plan**

|  |  |
| --- | --- |
| Description of travel to Destination |  |
| Transfer from hub (airport) |  |
| Self-drive  |  |
| On site transportation |  |

**Housing Plan**

|  |  |
| --- | --- |
| Property |  |
| Type (hotel, etc.) |  |
| Rooming |  |
| Cleaning |  |
| Facilities included (kitchen, etc.) |  |
| Housing Contact |  |

**Food and Beverage**

|  |  |
| --- | --- |
| Facility (self, restaurant) |  |
| Food supply chain (type, distance, plan) |  |
| Cook (self, hired, etc.) |  |
| Food storage |  |
| On-hill nutrition |  |
| Servers |  |
| Food storage |  |
| Cleaning |  |
| Food + Beverage Contact |  |

**Technical Training Plan**

|  |  |
| --- | --- |
| Venue (hill, ramp) |  |
| Access (lift, sled plan) |  |
| Staff (drivers) |  |
| Course prep. |  |
| Training plan (i.e. individual instruction) |  |
| Other (chlorine in the pool, etc.) |  |
| Venue Contact |  |
| Restroom |  |
| Other Considerations |  |

**Auxiliary Training Plan (if applicable)**

|  |  |
| --- | --- |
| Venue (gym, etc.) |  |
| Access  |  |
| Staff (trainers) |  |
| Operation |  |
| Cleaning plan |  |
| Venue Contact |  |
| Training Plan |  |

**Safety Considerations**

*Please note: Pre-Travel testing of participants is recommended but not required.*

|  |  |  |
| --- | --- | --- |
| General | Total number of participants |  |
| Risk level of activity |  |
| Pre-Travel COVID-19 testing (Y/N) |  |
| Other teams sharing training |  |
| Outside contacts (cleaning staff) |  |
| Health checks (daily temp and symptom questionnaire) |  |
| Isolation plan (if needed – designated coach, etc.) |  |
| Quarantine plan (if needed) |  |
| First Aid / Patrol plan |  |
| Specific | Physical distancing considerations |  |
| Non-medical mask use (type, protocol) |  |
| Disinfecting / cleaning of items (use of gloves, tow ropes, etc.) |  |

**Isolation Plan (in case of symptoms arising in a Coach/Athlete/Staff Member)**

|  |  |
| --- | --- |
| Isolation Location (Isolation in place until cleared by medical) |  |
| Emergency contact number (911) |  |
| COVID info contact number |  |
| Closest Emergency care centre |  |
| Transportation plan in the event of escalation (driver, PPE, etc.) |  |
| Local resources (medical) |  |
| Food delivery |  |
| Contact protocol |  |

**List of Medial Equipment**

|  |  |  |
| --- | --- | --- |
|  | Available | Number |
| N95 Masks (for emergency) |  |  |
| Non-medical masks |  |  |
| Non-Contact Thermometer |  |  |
| First Aid Kit  |  |  |
| Trash bags |  |  |
| Disinfectant (concentrated liquid for cleaning surfaces) |  |  |
| Rags, mops |  |  |
| Disposable rubber gloves |  |  |
| Hand sanitizer / wipes |  |  |

|  |
| --- |
| Other Information (anything else…): |
|  |

Contact “Pre-tracing”

Each team member’s activities and contacts outside of their bubble

*NOTE: If the athletes’ Province/Territory has contract tracing rules which don’t require specific tracing please outline what the contract tracing rules in place are.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Team member | Movement/Activity last 14 days | Contacts | COVID Test Date / Status | Risk level |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | Add lines as needed |

Team Members Contact information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Member | Phone | E-mail | Emerg Contact | Emerg. Contact number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | Add lines as needed |

Please provide your Contingency Medical Plan (example in appendix B)

Please provide a letter from local authorities confirming you can enter the Country/Province/Territory for training/competition