







# Recommendations for the Reopening of Community Centers (Arenas, Recreation Centers and Gymnasiums) in Nunavik

### **I Preamble**

Below is some general guidance to facilitate activities in the Community Centers of Nunavik as safely as possible in the context of the current COVID pandemic. Policies and practices will need to stay flexible as the situation evolves, and guidance is likely to change accordingly until a vaccine becomes widely available.

### **II Detailed Recommendations**

### A – BEFORE coming to the Community Center

Community members and staff who have tested positive for COVID, or who are manifesting symptoms of COVID, or identified as contacts of COVID cases must not come to the Community Center, as they risk passing on the virus to others there.

### 1. Respect of Isolation measures

People tested COVID-positive or with symptoms of COVID should not attend Community Centers until they have been cleared by a health professional. Community members and staff should self-monitor for the following symptoms: fever, cough, shortness of breath, diarrhea or vomiting, headache, body aches unrelated to exercise, fatigue, loss of smell or taste.

### 2. Respect of Quarantine measures

Anybody returning from the South must complete their 14 days of quarantine AND be symptom-free before coming to the Community Center. It is strictly forbidden to come to the Center while still in quarantine.

### 3. Contacts of COVID-cases

People identified as contacts of a COVID+ case by Public Health must be assessed and cleared by a health professional before they attend the Community Center.

### **B – Once AT the Community Center**

Special measures must be taken at the Center by staff to prevent any transmission, and so that in the event of an outbreak Public Health can respond quickly. Community members who attend the Center can also play a key role to ensure maximal enjoyment and smallest risk for all.











# 4. Isolate anybody sick

Staff must confine anybody who starts to feel ill at the Community Center ASAP in a dedicated area, preferably in a separate room. Ensure that all staff know how to contact the health authorities to assist community member with evacuation from the premises and offer directions to the local COVID-19 clinic.

### 5. Practise Physical distancing

Promote/prefer indoor activities and sports where the 2 meters distancing will be possible, or even better encourage outdoor activities. 2-meter distancing greatly reduces chances that community members and staff are exposed to infectious droplets should anyone be infected by COVID. Tools that help to apply 2m physical distancing: pre-establishing physical occupancy limits for any given room, posting occupancy limits on doors to rooms, floor markings, reconfiguration of areas, and limiting access to certain facilities in the Center.

In special circumstances where people are seated, relatively stationary and talk little (talent show, movie screenings, etc.) a smaller physical distancing of 1.5m can be applied in the audience. However, any artists, singers, or entertainers should be 2 meters away from the public and from themselves.

Also note that screaming / shouting propagates respiratory droplets even further, and so avoidance of shouting in the Community Center can lower the risk of transmission of coronavirus.

### 6. Encourage Face Coverings

When 2 meters social distancing is not practically feasible, limit dispersion of respiratory particles by encouraging everybody to wear cloth face coverings. This greatly limits the propagation of particles towards others when an individual coughs, sneezes, talks or breathes. Wash or sanitize hands if own mask is touched (again not to spread particles with hands towards touched surfaces/objects in the Center).

Wash face covering after each use at the Community Center: by machine with regular laundry with detergent and warmest possible water settings, or by hand with soap and water. Machine dry, or air dry (optimally in direct sunlight).

# 7. Hand Hygiene

Promote frequent hand washing or alcohol disinfection. Make materials available and position them strategically (accessible sink & soap, alcohol-based sanitizer, contactless trash cans, disposable tissue paper). Cues for hand washing / disinfection: at arrival in Community Center, at start and end of activities, before and immediately after using washroom/toilet, before eating, after blowing nose, and when hands are obviously soiled.











# 8. Respiratory hygiene / cough etiquette

Cover mouth and nose when sneezing (with disposable tissues or bend of elbow), and wash hands after. Promoting good respiratory etiquette will limit the spread of respiratory droplets (which can spread coronavirus), and staff can further reduce risks by ensuring proper air ventilation of Center, and by opening windows during work hours to encourage air circulation (when feasible).

# 9. Cleaning and disinfection of objects & surfaces

Frequency of cleaning must be increased to limit contamination.

Staff must ensure daily cleaning of the Community Center (sanitary facilities, common areas, door handles, surfaces). Staff must also ensure daily disinfection of all frequently touched equipment or shared objects (water cooler, chairs, sport equipment). Shared equipment should additionally be disinfected between each use by a different community member. Regular safe use of normally used housekeeping and disinfection products suffices.

Community Centers that do not have running water can still operate if they ensure access to disinfecting products, or can procure themselves with a diluted Javel solution (suggested concentration = 1:50, corresponding to 20mL of Javel diluted into just under 1L of water (980mL)).

### 10. Staff and Administrative aspects

Staff are central to making sure that public health guidance and recommendations become common practise in the Community Center. As such it is important that staff be knowledgeable with respect to how COVID-19 is transmitted (i.e., droplet and contact transmission) as this will better guide their concrete interventions in the Center.

### Core actions around which staff of the Community Center must focus their efforts:

- Stay informed of **Official ministerial guidance** on maximum of people allowed in any given indoor public space, as this applies to the Community Center (currently at 50 people) and ensure this limit is respected. Log of visitors will help to enforce.
- Keep a detailed entry log of visitors to the Center (name, date, arrival/departure time) so
  possible infectious contacts between community members and staff can be traced adequately in
  the event of a positive COVID case.
- Model proper 2meter physical distancing, appropriate use of face coverings, and practice regular hand hygiene, so that community members can effortlessly emulate.
- Wash/disinfect their own hands before handing out equipment to community members.
- Reorganize spaces accessible to respect the 2m physical distancing, attribute occupancy limits to rooms, identify room to isolate any symptomatic community member.
- Provide a consistent supply of hand soap, paper towels and garbage receptacles to encourage hand washing among staff and children











- Set times for daily cleaning and disinfection of objects, and ideally record when done.
- Limit the use of any equipment that is not washable or made of fabric (soft toys, costumes, etc.), or even better, remove anything that cannot be disinfected.

### 11.Indoor sports

- **Number of players** must not exceed authorized indoor occupancy limits for the Community Center. For team activities (e.g. volleyball, dance, basketball, hockey) before allowing a game, carefully consider whether the total number of participants allows for physical distancing. Limit attendance of family and friends at practices and games to avoid overcrowding.
- **Fixed teams**: teams should be composed of the same fixed participants at every game. This reduces the number of people potentially exposed if there is any case of COVID-19 and makes it easier to identify exposed close contacts in the team.
- Face coverings and 2-meter physical distancing: consider the kind of contact each sport involves and prefer sports with lesser prolonged contacts between participants (hockey, soccer). Activities that involve lengthy contacts are for now discouraged (eg. kickboxing, karate). The more there is close physical contact, the greater the risk exists of spreading illness. Brief, infrequent contact or closeness is however allowed, for example, during a match. Wearing a face covering is admittedly challenging during physical exertion, but encourage use by players when not directly exercising (players sitting out on the bench / sidelines). Encourage any coaches or audience to physically distance and wear face coverings.
- **Minimize sharing of objects** (water bottles, snacks, towels, etc.). Encourage exclusive use of personal gear (bats, mitts, rackets, sticks, shin-guards, etc.), and disinfect properly if shared with another user (before and after).
- **Sportsmanship:** During games, find new ways to show appreciation for other players rather than hugs/taps/accolades (use hands or helmet to wave at a distance).
- **Intervillage tournaments:** No tournaments are currently allowed in Community Centers involving the travel of teams from one village to another.

These guidelines were revised by a public health scientific committee. For general information related to COVID-19, contact 1-833-301-0296, chat with the NRBHSS Facebook page through Messenger or consult the webpage <a href="https://nrbhss.ca/en/coronavirus">https://nrbhss.ca/en/coronavirus</a>.

### Further Useful Links:

https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/
https://nrbhss.ca/sites/default/files/covid19/Coronavirus recommendations EN.pdf
https://www.inspq.qc.ca/sites/default/files/covid/2946-community-organizations-covid19.pdf
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html

