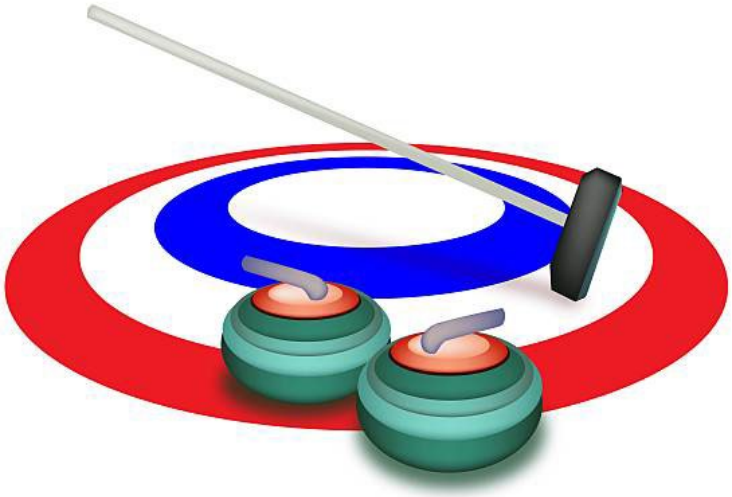

Liverpool Curling Safety Program

Draft #5 June 15, 2025 (ghj)

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Liverpool Curling Safety Policy

Scope: This Policy applies to Liverpool Curling, all its executive, committee chairpersons, tenants, contractors/ constructors and visitors. As well as its property located at 180 Gorham Street, Liverpool, NS and any events it conducts off site.

Policy: Liverpool Curling is committed to providing a safe and healthy environment for all its members, employees, tenants, visitors and contractors. This commitment is integrated into our everyday activities and special occasions. This Policy will help us fulfil our commitment.

Liverpool Curling is responsible for the health and safety of anyone accessing the property and ensuring a healthy and safe environment is provided. Liverpool Curling will provide all necessary resources to, where possible, identify and eliminate hazards by implementing and monitoring controls.

Executives, Committee ChairPersons and Managers will receive appropriate training and held responsible to ensure this Policy and Program is implemented and monitored. It will ensure anyone under his or her control will follow the Policy, use the safe work practices and maintain equipment to safe standard of operation.

All persons including contractors using or working on the facilities of Liverpool Curling will be briefed on the Policy and Program and be held accountable to conform with the same.

Liverpool Curling recognizes that anyone entering the facility has the duty and right to identify hazards and Liverpool Curling will be responsible to investigate and rectify any situations that are deemed to be unsafe.

To ensure that this Policy continues to meet our needs, Liverpool Curling will ensure that the policy and Program be reviewed annually.

Signed:

President Liverpool Curling

Date:

Liverpool Curling Emergency Response Procedure

Scope: This Plan applies to Liverpool Curling, all its executive, committee chairpersons, tenants, contractors/constructors and visitors. As well as its property located at 180 Gorham Street, Liverpool, NS and any events it conducts off site.

Purpose: To establish a detailed course of action to protect persons, property and environment in the event of an incident or uncontrolled release of a hazardous substance. Everyone involved needs to be aware of the procedure and their responsibilities. They also need to act in accordance with this plan.

Emergency Action Plan: Ensure a list of Emergency Contacts, phone numbers etc. are readily available. Delegate one person to take command of the situation and then he/she can delegate duties for bystanders. When an Emergency Call is made, ensure it includes the type of incident and possible injuries.

Evacuation of Premise: If the incident requires evacuation of the premises, it is imperative that all primary and secondary exits are identified and kept clear of obstacles. All evacuees must leave the premise immediately and report to either muster station - at the entrance on Gotham Street or on Old Bridge Street. These muster stations are clearly marked. Remember not to gather in such a way as to impede First Responders as they arrive. It is requested that people leave in a quick and orderly fashion and stay together with their group until the all-clear is issued.

Administering First Aid: It is imperative that all risk of further injury is controlled before continuing. Ensure that the victim remains comfortable and immobile depending on type of injury. In the event that someone other than EHS will be transporting the victim for medical attention, it is recommended that a second person accompany the driver.

Reporting: Follow the Emergency Response Plan (attachment (iii) and make contact with first responders immediately. When situation is under control, attempt to make contact with other agencies and Liverpool Curling Officials

EMERGENCY ACTION PLAN

Emergency Contacts: 911-*provide type of situation detail so dispatcher will appropriate Services*

Type of Situation:

- Fire
- Chemical Release
- Fall
  - From height
  - From
- Personal Injury
  - Type of Injury
- Public Altercation

Queens General Hospital: (902) 354-3436
RCMP: (902) 354-5721
Liverpool Fire Services: (902) 354-4530
Department of Environment: 1-800-670-4357
Department of Labour: 1-800-670-4357

Liverpool Curling Information:

180 Gorham Street, accessible ramp on Old Bridge Street entrance
Nearest Cross Streets: Main Street and Court Street
Telephone: (902) 354-4407
Note - if using this number for call back ensure phone is manned
if using cell number ensure that it is recorded

Liverpool Curling Contacts:

-President: Lorna MacPherson (902) 835-5618

-Vice President: Cheryl Inness: (902) 880-3334

-Safety Co-Ordinator: Gil Johnson (902) 521-4235

Roles and Responsibilities:

Person In Charge:

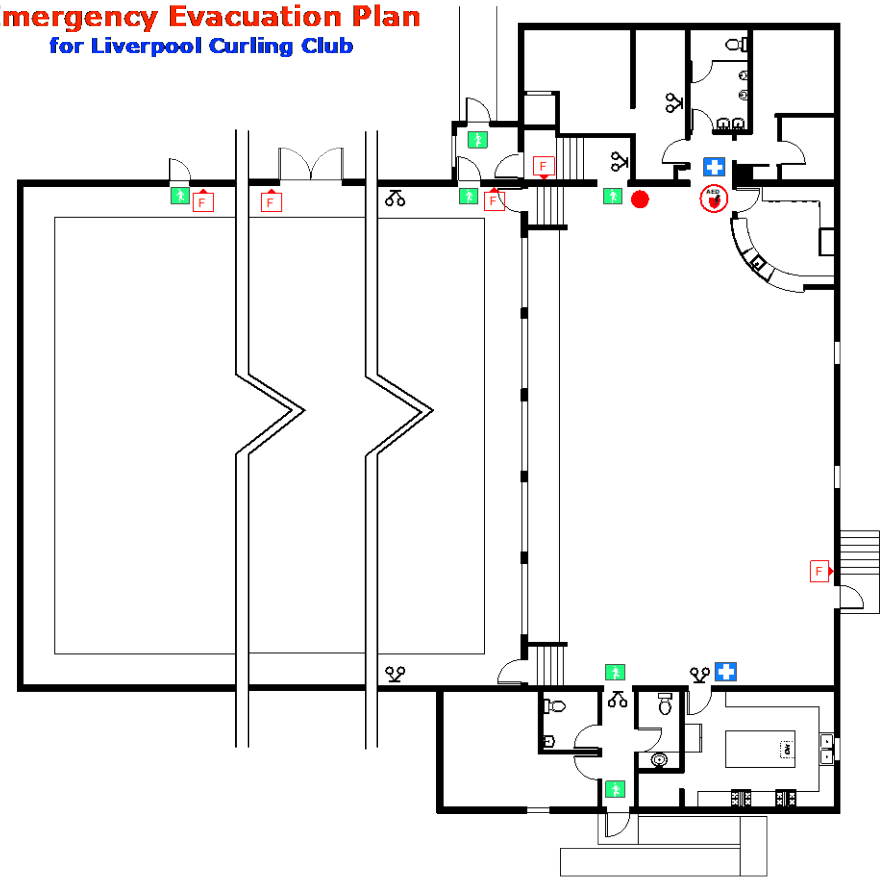
- Assess type of Situation
- Delegate other responsibilities (i.e.: Call Person, EHS Lookout etc.).
- Protect Yourself (use appropriate PPE).
- Clear all risk of further harm to building occupants and possible injured person(s) by securing the area.
- Shelter the injured person from the elements (according to context).
- Check injured person for breathing, bleeding and pulse, etc.
- Wait with the injured person until Emergency Services arrives.
- Ensure the Incident Report is completed and distributed.
- Take pictures if possible.

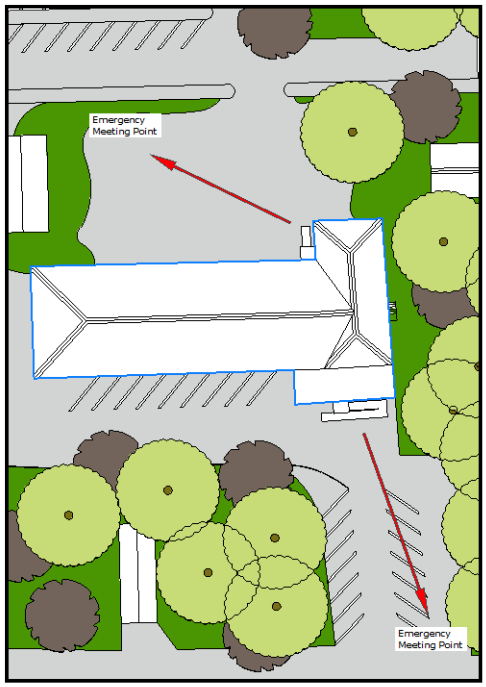
Call Person: as assigned by Person in Charge at the time of incident.

- Call for Emergency Help using Contacts List above.
- Provide necessary and complete information to 911 dispatcher
- Ensure any traffic or obstacles are removed from access road and entry ways
- Delegate someone to wait by driveway entrance until Emergency Services arrive
- Call Emergency contact person for the injured person according to their information or membership files.

Emergency Evacuation Plan

for Liverpool Curling Club





Incident Reporting Procedure

Scope: This Policy applies to Liverpool Curling, all its executive, committee chairpersons, tenants, contractors/constructors and visitors. Also, its property located at 180 Gorham Street, Liverpool, NS and any events it conducts off site.

Purpose: Liverpool Curling is responsible and committed to ensure all incidents are reported to the appropriate institutions and organization both internal and external to Liverpool Curling. Reporting of incidents will ensure that we are compliant with Occupational Health and Safety Regulations as well as that future similar incidents can be prevented.

Types of Incidents: Incidents can be categorized as follows:

Serious: Any incident that results in significant damage to persons, property, equipment, environment or breach of Safety Regulations:

Such types but not limited to:

- Fire
- Uncontrolled Release of Hazardous Substance
- Injury that results in death, dismemberment or requiring hospitalization
- Other . . .

Medical: Any incident or injury requiring professional medical attention including EHS.

Such types but not limited to:

- Concussions
- Burns
- Electrical Contacts
- Broken Bones
- Other . . .
-

First Aid: Incidents that are treated on site, injured person is comfortable and able to continue with regular duties after treatment. First Aid can be treated by EHS and does not require other medical attention. However medical attention can possibly result after the fact due to worsening conditions.

Near Misses: Any incident that did not result in loss or injury but had the potential to have serious consequences.

Reporting: Reporting found in the Emergency Action Plan must be followed to ensure the appropriate response is realized.

Roles and Responsibilities:

On-Site Person in Charge:

- Report according to Emergency Action Plan
- Contact Liverpool Curling Officials (within 24 hours)

President: Lorna MacPherson (902) 835-5618

- Establish appropriate communication regarding the incident
- Sign-off on behalf on Liverpool Curling that compliance has been realized

Vice President: Cheryl Inness: (902) 521-4235

- Act in the absence of the President

Safety Co-Ordinator: Gil Johnson (902) 521-4235

- Ensure all appropriate organizations are aware of the situation
- Follow-up on incident report and recommend sign off
- Initiate Investigation if warranted (within 7 days)
  - Designate Investigation Team
  - Determine Root Cause(s)
  - Recommend Action(s)
  - Follow-up to ensure adequate remediation has been implemented
  - Recommend sign-off

Accident / Incident Report Form

Type of Incident: (check appropriate type)

- Serious _____
- Medical Aid _____
- First Aid _____
- Near Miss _____
- Other (bullying, property damage etc.) _____

Date, Time of Incident: _____

Time of first intervention: _____

Weather Conditions: _____

Location: i.e. Ice shed, compressor room, parking lot etc._____

On-Site Person in Charge:

- Name: _____
- Contact Number: _____

Injured Person Information:

- Name: _____
- Address_____
- Phone Number: _____
- Gender _____ Age _____
- Known medical conditions _____

What Happened: _____

_____

_____

Task being completes _____

Who was Involved: _____

Witnesses: _____

Description of Damage or Potential Damage: _____

Date and Time Report Completed: _____

- Reported to:/ via: _____

Recommend Investigation:

- YES _____
- NO _____

Signed _____

Dated _____

Accident / Incident Investigation Policy

Scope: This Policy applies to Liverpool Curling, all its executive, committee chairpersons, tenants, contractors/constructors and visitors. As well as its property located at 180 Gorham Street, Liverpool, NS and any events it conducts off site.

Purpose: Liverpool Curling is responsible and committed to ensure all incidents are investigated. To do so, it fulfils our legal obligations/ safety regulation compliance, determine “Root Causes” to prevent reoccurrence.

Incidents are an unplanned or unintended event that results in injury, property damage and other type losses.

Liverpool Curling will focus its investigations on finding “root causes” of the incident rather than finding fault. A quality investigation results from solid, detailed reporting. Incidents are very seldom the result of a single cause. Usually the result of underlying factors relating to Materials involved, Equipment being used Environment being worked and People involved. Remember, the intent is to fix the problem, not to place blame.

A quality investigation results from solid, detailed reporting. Incidents are very seldom the result of a single cause. Usually, the result of underlying factors relating to Materials involved, Equipment being used Environment being worked and People involved. Remember, the intent is to fix the problem, not to place blame.

Procedure: The incident report will determine if an incident should be investigated. Other factors being the severity of the situation and the amount of financial impact it has on Liverpool Curling.

It is important to investigate incidents which had potential to cause harm even if the actual harm is trivial The other being the severity of the situation and the amount of financial impact it has on Liverpool Curling.

The Safety Co-ordinator will take the lead on the investigation, engaging a team that is comprised of persons knowledge about what happened, knowledge regarding safe work procedures and the work environment. All persons have to remain impartial. The investigation team ultimately is responsible to report its findings to the President or their designate.

Reporting the Findings: The findings and recommendations of the investigating team should be communicated to the members in general and particularly those who were involved. Changes in procedures, equipment, and the corrective actions have to be known or no change will occur. It is at the discretion of the President how the communication plan will evolve.

Action: Once agreed that the recommendations are to be put in place, it will be the responsibility of the area manager or committee chair to follow through with implementation and the safety co-ordinator will do a follow-up report of compliance

Hazard Assessment and Control Procedure

Scope: This Policy applies to Liverpool Curling, all its executive, committee chairpersons, tenants, contractors/constructors and visitors. As well as its property at 180 Gorham Street, Liverpool, NS and any events it conducts off site. It is everyone's responsibility to identify hazardous situations and recommend controls.

Purpose: With the intent to prevent incidents, Liverpool Curling will undertake a process to identify hazards that exist within their operation and put in place controls to offset such hazardous situations.

A hazard can be simply identified as a practice, behaviour, condition or situation or a combination of these, that has the potential to cause injury, illness or property damage.
The goal of this Hazard Identification and Control Procedure is to make Liverpool Curling's operations as safe as possible for all end users.

This must be a fluid, ongoing program that relies on commitment, participation and building of a safety culture to be successful.

Procedure: Each area Manager, Event Co-ordinator and Committee ChairPerson will be responsible to identify the hazards as they pertain to the specifics of the particular operation based on the definition of Hazard as presented in the Purpose section of this document.

To enable this exercise, Tasks associated within each area of operation will be identified with the individual hazards associated with that Task identified. With each hazard identified, controls must be in place and all end-users made aware of this hazard assessment/ control before attempting the task.

As stated earlier this is a fluid exercise always monitoring the effectiveness of the controls and possibly working towards eliminating the task altogether.

Documentation: As these Hazard Assessments and Controls are identified and documented, they will be placed in the master Safety Program Binder as well as posted in each specific area if applicable. An annual review should be conducted or as the person in charge changes.

Hazard Assessment Form *(example)*

Area of Responsibility:

TASK:	HAZARD	Control
#1:	#1(a)	#1(a-1)
		#1(a-2)
	#1(b)	#1(b-1)
		#1(b-2)
		#1(b-3)
#2	#2(a)	#2(a-1)

Completed by: _____

Reviewed by:_____

Date:_____

Specific Area Plans

Ice Shed Conduct (**Stu, Cheryl**)
- -General
- -Evacuation
- -Helmet Policy
- -Hazard Assessment / Controls

Ice Plant (**Gord**)
- General Statement
- -List of qualified persons to enter
  - -what they can do (adjust settings etc)
- -Emergency Response Procedure (see NS Lands doc)
  - -contact numbers, DoL, DOE etc.
- -Emergency Shutdown procedures
- -MSDS
  - -where located (specific, General)
- -Inspections
- --Hazard Assessment / Controls
  - -Nickerson Pond Doc

Ice Making (**Stu**)
- -General Statement
- -List of qualified persons
- -Inspections
- -Hazard Assessment / Controls
  - -Task Specific (flooding, nipping, scraping, mopping etc.)

Property & Parking Lot: (**Tom**)
- -Assist with Floor Plan
- -Evacuation Plan
- -Signage
- -Muster Station
- -Falling Snow
- -Inspections/ checklists due dates
- -Hazard Assessment / Controls
  - -Task Specific (cleaning, mowing, plowing, shovelling etc)
- -MSDS
  - -location
- -Staff communication/sign-off
  - -cleaner, mowing, shovelling etc

Bar: (**Stu**)

-General Statement
-Limited Access (who is permitted/licensed?)
-Product Control
-Hazard Assessment / Controls
-bar certified, irate customers, intoxicated customers etc)

Jr Program (**Elise**)

- General Statement
- Related Safety Policies
  - Helmet policy
  - supervision of minors
  - Concussion policy for coaches/trainers – attachment X

Contractor: **(Gord**)

-General Statement
-Contractor Certifications/Qualifications
-Sign off re communication of Safety Policy

Kitchen: (**Jaime**)

-General Statement
-Hazard Assessment / Controls
-popcorn making, sharps, etc.

Events / Tenants: (**Kayla, Cheryl**)

-General Statement
-Script
-Exits
-Alarm
-Smoking 15m from building
-Muster Station(s)
-Stay in groups
-Understanding of Policy & Procedures
-part of rental agreement

HELMET POLICY

Liverpool Curling Club helmet policy follows the recommendations of Curling Canada:

- Helmets be **mandatory for anyone under the age of 12**.
- **CSA-approved helmets for use on ice are strongly recommended**.
- After Under-12, parents **MUST sign waiver of assumption of risk** or, helmets are worn until the age of majority in that province/territory.
- Curling Canada strongly recommends that **anyone in a Learn-To-Curl program** (adults or juniors) wears protective headgear.
- Curling Canada strongly recommends that **anyone who is vulnerable** (related to experience, medical, etc.) wear protective headgear on ice or, sign waivers if choosing not to wear protective headgear

CURLING CANADA

Concussion Guidelines and Return to Play Policy

POSITION STATEMENT

1. The Association takes seriously the health and well-being of all curlers and is committed to ensuring the safety of those participating in the sport of curling. The Association recognizes the increased awareness of concussions and their long-term effects and believes that prevention of concussions is paramount to protecting the health and safety of participants.

2. As part of a responsible risk management plan, the Association recommends that Provincial or Territorial Sport Organization's (PSOs or TSOs) and Curling Clubs adopt and implement these Guidelines, as well as recommend the following: use of double grippers (when not delivering a stone) and helmets (or other approved head protection) by novice curlers, or curlers who are at high risk of falling. This should include but is not limited to: i) FUNdamental, ii) Learning to Train, and iii) Active for Life.

PURPOSE

3. The Association enacts this Policy as a tool to help manage concussed and possible concussed participants. The Policy provides guidance in identifying common signs and symptoms of concussion, protocol to be followed in the event of a possible concussion, and return to play guidelines should a concussion be diagnosed.

4. Awareness of the signs and symptoms of concussion and knowledge of how to properly manage a concussion is critical to recovery and helping to ensure the individual is not returning to physical activities too soon, risking further complication.

5. Please keep in mind that a concussion is a clinical diagnosis that can only be made by a medical doctor. It is imperative that a medical doctor examines someone with a suspected concussion.

PROCEDURE

6. During all curling events, competitions, and practices, participants will use their best efforts to:

a) be aware of incidents that may cause a concussion, such as:

(i) Falls
(ii) Accidents
(iii) Collisions
(iv) Head trauma – (blow to the head, face or neck, OR a blow to the body that transmits a force to the head)

b) recognize and understand the symptoms that may result from a concussion. These may appear immediately after the injury or within hours or days of the injury and may be different for everyone. Some common signs and symptoms include, but are not limited to:

(i) Nausea
(ii) Poor concentration
(iii) Amnesia
(iv) Fatigue
(v) Sensitivity to light or noise
(vi) Irritability

(vii) Poor appetite
(viii) Decreased memory
(ix) Poor balance
(x) Slowed reaction time

c) Identify injured participants or other individuals who have been involved in any of the above incidents and/or exhibit any of the above symptoms.

RESPONSIBILITY OF COACH, ADMINISTRATOR AND/OR SUPERVISOR, CHIEF UMPIRE

7. If a participant has been identified as having a suspected concussion, the coach, administrator and/or supervisor of that activity will notify all affected parties, including the participant, a parent/guardian (when appropriate) as well as other coaches, administrators and/or supervisors of the suspected concussion. At this point, the individual should not participate in any physical activity until he/she has visited a medical doctor.

8. If the participant is unconscious – initiate emergency action plan and call 911
a) If applicable, contact the child/youth's parent/guardian to inform them of the injury and their child is being transported to hospital.
b) Stay with the individual until Emergency Medical Services arrives.
c) Monitor and document any physical, emotional and/or cognitive changes.
d) Even if consciousness is regained, he/she needs to be examined by a medical doctor prior to the participant returning to physical activity.

9. If the Participant is conscious – remove the participant from the activity immediately and:
a) Notify the participant's parent (if the participant is a minor) or someone close to the participant (if the participant is not a minor).
b) Have a ride home for the participant arranged.
c) Isolate the participant into a dark room or area.
d) Reduce external stimulus (noise, other people, etc.).
e) Remain with the participant until he or she can be taken home.
f) Monitor and document any physical, emotional and/or cognitive changes.
g) Encourage the consultation of a physician.

INCIDENT REPORT

10. Once the injured participant has been properly attended to, an Incident Report shall be filed with the affiliated Club, Provincial Sport Organization, and the Association within 48 hours. (See Appendix "A")

RETURN TO PLAY

11. Once the participant's immediate needs have been met, the participant's family or the participant should be directed to the following protocol, in accordance with the following guidelines:

a. If no concussion is diagnosed: the participant may return to play for the next game, or during the same game according to the Rules of Curling.

b. If a concussion is diagnosed: the participant should only return to the activity after following the five steps outlined below and as directed by a physician. (Please note that each step must take a minimum of 24-hours and the length of time needed to complete each step will vary based on the severity of the concussion. The concussed participant should be monitored regularly for the return of any signs and/or symptoms of concussion. If signs and/or symptoms return, consult with the medical doctor):

STEP 1: Complete cognitive and physical rest. Immediately consult a physician. Limit school, work and tasks requiring concentration. Refrain from physical activity until symptoms are gone. Once all symptoms are gone, rest for at least another 24-48 hours and re-consult a physician, preferably one with experience managing concussion. In order to proceed to Step 2, medical clearance is required.

STEP 2: Light aerobic exercise to reintroduce physical activity: 10-15 minutes of low intensity activity like walking or stationary cycling. In order to proceed to Step 3, the concussed participant or parent/guardian if applicable must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

STEP 3: Sport-specific exercise: 15 minutes of low intensity participation like throwing rocks. The environment should be managed so as to ensure the participant is at minimum risk of falling or colliding with other participants. The participant may also attempt basic balance drills. In order to proceed to Step 4, the concussed participant or parent/guardian if applicable must report back to his/her coach, administrator and/or supervisor that he/she is symptom free.

STEP 4: Activity with no body contact: non-contact practice and non-contact sport specific drills – no activity that involves head impact or other jarring motions. In order to proceed to Step 5, the participant must provide written documentation from a medical doctor to his/her coach, administrator and/or supervisor. The documentation must state that the individual is symptom free and able to return to full participation in physical activity.

STEP 5: Full participation in non-contact sports once cleared by a physician.

MEDICAL CLEARANCE

12. This Policy requires the participant to consult with a physician throughout this process AND provide proof of medical clearance before being eligible for Steps 2 and Steps 5 noted above. The Association will comply with all directions provided by the physician, which may supersede this policy.

13. If a participant is showing signs of concussion and/or has been clinically diagnosed as concussed, the Coach, Administrator and/or Supervisor of that participant shall prevent the participant from curling until the required medical clearance has been provided.

14. Once the participant has provided medical clearance, the coach, administrator and/or supervisor will be required to forward a copy of the medical clearance letter to the affiliated Club, PSO and to the Association where it shall be attached to the participant's Incident Report for record keeping purposes.

NON-COMPLIANCE

15. Failure to abide by any of the guidelines and/or protocols contained within this policy may result in disciplinary action being taken by the Association.

Concussion guidelines for coaches and trainers

What is a concussion?

A concussion is a brain injury that cannot be seen on routine X-rays, CT scans, or MRIs. It affects the way an individual may think and remember things and can cause a variety of symptoms.

What causes a concussion?

Any blow to the head, face, neck, or to the body that causes a sudden jarring of the head.

What should I do if I think an individual might have a concussion?

In all suspected cases of concussion, the individual should stop playing right away. Continuing to play increases their risk of more severe, longer-lasting concussion symptoms, as well as increases their risk of other injury.

The individual should not be left alone and should be seen by a doctor as soon as possible. They should not drive. If the athlete loses consciousness, call an ambulance to take them to the hospital right away. Follow basic principles of first aid. Do not move them or remove any equipment such as a helmet.

Get medical help immediately if an athlete has any "red flag" symptoms such as neck pain, repeated vomiting, growing confusion, seizures and weakness or tingling in their arms or legs. These may be signs of a more serious injury.

What are the signs and symptoms of a concussion?

An individual does not need to be knocked out (lose consciousness) to have had a concussion. They might experience one or more of the following:

Cognitive (thinking)

- Does not know time, date, place, details about a recent activity
- Difficulty remembering things that happened before and after the injury
- Difficulty concentrating
- Not thinking clearly
- Feeling like "in a fog"

Physical

- Headache or head pressure
- Dizziness
- Stomachache, nausea, vomiting
- Blank or vacant stare
- Blurred or fuzzy vision
- Sensitive to light or sound
- Sees stars, flashing lights
- Ringing in the ears
- Problems with balance or co-ordination
- Feels tired or no energy
- "Don't feel right"

Emotional/ behavioural

- Nervousness or anxiety
- Strange or inappropriate emotions (i.e., laughing, crying, getting mad easily)
- Slow to answer questions or follow directions
- Easily distracted
- Not participating well
- Changes in sleep patterns

How long will it take to get better?

The individual should not return to play the same day. The signs and symptoms of a concussion often last for up to four weeks but may last longer. In some cases, it may take many weeks or months to heal. If the individual has had a concussion before, they may take longer to heal.

For the first 24 to 48 hours after the injury, the individual can engage in activities of daily living, such as light walking and preparing meals, and social interactions at home. Screen time should be minimized in the first 48 hours. Then, school and sport activities can be introduced and increased gradually.

As the individual is returning to activities, their symptoms may feel a little worse. This is common and OK, as long as it is mild and brief. “Brief” means their symptoms should settle back down within an hour. If activities make their symptoms worsen more than this, they should take a break and adapt activities.

Recovering from concussion is a process that takes patience. If the individual goes back to activities before they are ready, it is likely to make their symptoms worse, and their recovery might take longer.

When should the individual go to the doctor?

If the symptoms persist (i.e. last longer than four weeks) they should be referred to a licensed healthcare professional who is an expert in the management of concussion.

Be on the lookout for:

- being more confused
- headache that is getting worse
- vomiting more than twice
- not waking up
- having any trouble walking
- having a seizure
- strange behaviour

FACILITY CHECKLIST (form SF-2)

FACILITY:				
DATE:		INSPECTED BY:		
ITEM	**ADEQUATE**	**INADEQUATE**	**CORRECTIVE MEASURES**	**OBSERVATIONS**
Walkways in ice area				
Dressing rooms				
Equipment				
First Aid				
Entrances				
Stairways				

Correction references: 1) add, 2) replace, 3) modify, 4) discard, 5) clean, 6) repair, 7) check.

First Aid Checklist (Form SF-3)

ITEMS	September	October	November	December	January	February	March	April	May	Summer
Surgical gloves										
Peroxide										
Soft antiseptic soap										
Antiseptic wipes										
Band-Aids										
Butterfly bandages										
Sterile gauze pads										
Self-adherent wrap										
Second Skin										
Triangular bandage										
Safety pins										
Juice box										
Plastic bags for ice										
Scissors										
Tweezers										
Duct tape										
EMS phone numbers										
Participants medical information										