

Pools Recommended Guidance

Proper operation, maintenance, and disinfection (with chlorine or bromine) of swimming pools should kill the virus that causes COVID-19. The most important thing pools can do to help decrease the spread of COVID-19 is adhering to social distancing and disinfecting guidelines.

Social Distancing

- Have proper spacing of pool chairs/loungers of at least six (6') feet of distance between families.
- Try to limit lines as much as possible.
- Try to encourage and maintain groups of ten (10) people or less.

Cleanliness

- Offer plenty of hand sanitizer in various locations and encourage usage.
- Keep restrooms stocked with soap and/or hand sanitizer.
- Routinely clean and disinfect restrooms daily or more if possible. You may want to increase cleaning of high-touched surfaces such as faucets, toilets, doorknobs, and light switches.
- Pre-screen employees before their shift.

Gyms Recommended Guidance

The most important thing gyms can do to help decrease the spread of COVID-19 is adhering to social distancing and disinfecting guidelines.

Social Distancing

- Maintain at least six (6') feet of distance between individuals.
- If six (6') feet of distance cannot be maintained between employee and client, employees should wear a mask.
- Sharing of equipment in classes is discouraged unless adequate cleaning between each individual is performed.

Cleanliness

- Offer plenty of hand sanitizer in various locations and encourage usage.
- Ensure proper cleaning of equipment between individuals.
- Keep restrooms stocked with soap and/or hand sanitizer.
- Routinely clean and disinfect restrooms daily or more if possible. You may want to increase cleaning of high-touched surfaces such as faucets, toilets, doorknobs, and light switches.
- Pre-screen employees before their shift.

COVID-19 EMPLOYEE ENTRY SCREENING QUESTIONNAIRE

In order to be allowed to work, the following questions should be asked of an employee prior to their entry into the facilities. For your protection it is suggested that you retain this form, should an employee begin to show symptoms.

SYMPTOM & RISK CHECKLIST

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have or have you had a fever of over 100.4 in the last 72 hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a cough that is not normal for you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing shortness of breath or difficulty breathing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing body aches or chills? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a sore throat? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing a loss of smell? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you traveled outside of Central Missouri in the last two weeks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been exposed to someone diagnosed with COVID-19 in the last two weeks? |

EMPLOYEE NAME AND DATE

EMPLOYEE SIGNATURE

Entry will be denied to any individual who refuses to complete the questionnaire in its entirety, any individual who is positive for any three (3) screening questions, and/or with new onset of the following symptoms: 1) Fever \geq 100.4 in past 72 hours. 2) Persistent cough, that is not normal for you. 3) Shortness of breath.