



## **Phased Reopening Guidelines for the Fitness Industry**

In an effort to provide guidance to the fitness industry about safety measures and recommendations for operating parameters to maximize employee, patient and member safety these re-opening guidelines and recommendations are made. These guidelines were submitted to the Centers for Disease Control and reviewed by their subject matter experts. They have indicated that our recommended approach is both safe and comprehensive. In some cases it goes beyond the CDC recommendations, but they were pleased by our overall approach.

It is recommended that re-opening be made in 4 Phases: Pre-opening preparation; Phase I – initial opening most restrictive and focusing on vulnerable and at risk populations – time: month 1-2; Phase II – focus broadens to general membership and a slight relaxing of physical distancing – time: months 2-till vaccine and/or definitive treatment for COVID-19; Phase III – return to near normal operations – time TBD.

For the general fitness industry, and medical fitness facilities that are not deemed essential businesses, should start with Phase II recommendations.

### **Pre-Opening**

- Provide/reinforce basic Infection Control using CDC [Standard Precautions](#) for all patient care and [Transmission Based Precautions](#) training for all staff potentially interacting with members.
- Obtain Infrared, or other instant thermometer, for use in monitoring staff, patients and members coming into the facility and adequately identify and train staff who will use them and develop policies for who is/is not allowed to come into the facility.
- Consider installing plexiglass shield at front desk and develop policies about staff requirements for PPE including masks/facial coverings as well as cleaning protocol for the screen, countertops and all touch points including doors, electronic door openers, credit card machines, trash receptacles, linens, etc.
- Discuss with infection control and Medical Advisory Committees the recommendation regarding members working out in masks. It is the MFA recommendation based on conversations with several Medical Directors that mask usage by members may not be advisable. With the enhanced distancing we recommend, we believe this will still be safe since heavy breathing and sweat will cause increased condensation and wetness inside the mask making it less effective. **The CDC is currently discussing this recommendation. We will update this document when feedback received.**
- Check to ensure that all emergency equipment (CPR masks, AEDs, first aid kits, etc.) contains appropriate PPE to protect any first responder who must get within physical distance guidelines of a member/patient.
- Develop communication plan for members around re-opening and who will be allowed into the facility at what times (e.g., reservations, specific plans for re-orientation, limitations for occupancy by functional area of your facility, etc.).

- Determine building occupancy requirements following physical distancing guidelines as outlined below in each phase.
- Develop a system to identify where people will be in the building to prevent over occupancy in any one area, e.g. if building will allow 100 people based on square footage, but 50 people want to go to the pool, physical distancing requirements could not be maintained.
- Add additional hand sanitizing and equipment sanitizing stations throughout facility.
- Determine how you will handle distancing guidelines for group exercise programs, personal training, maintaining distancing in cardio and strength training areas, classes, pool etc. and what staff will monitor member compliance. MFA recommends in cardio allowing the use of every other piece of equipment and increasing spacing of equipment to ensure at least 10 feet between each user.
- Consider what signage, or “dots” will be used to help members maintain distancing.
- Consider whether a separate time will be set aside for clinical programming to protect vulnerable populations and, if so, how will this be managed/enforced? MFA recommends clinical patients be allowed in the facility either early in the morning, or immediately after a full facility sanitation which could be scheduled in off peak periods. Sanitation guidelines are listed in an appendix to this document.
- What physical changes will be made to your facility? E.g., will your group exercise programs move to the basketball court, turf areas, or outside in a park to help with distancing and enclosed space issues?
- Make policy decisions on child care and summer camps – what changes will be required for the safety of staff/children? Will different time limits be in place? Will there be fewer children allowed? Will the service be drop off, or by reservation only? What screening will be done on children entering the facility? What enhanced cleaning/sanitizing policies will be in place for toys and touch points. Will masks be required, or optional? What are your state guidelines?
- How will sales staff be used initially? Will they take temperatures at the door if there are no sales functions for them to perform? What training will they require?
- When open, will you allow all members to return at once, or will you stagger their re-entry to train all members on new procedures and physical distancing requirements?
- Will you use this re-entry opportunity to retest and establish fresh goals and exercise prescriptions with members?
- Policy decisions on wet areas, saunas and steam rooms. Will they be open at all? Will showering be enforced prior to entering the pool? Will you be able to maintain physical distancing in sauna/steam rooms? Will all showers be open, or will usage be alternated to ensure distancing? Will all lockers be open or will spacing requirements be in place? Have your Maintenance Department check to be sure all wet areas have negative pressure and are achieving 20-30 air changes per hour per American College of Sports Medicine (ACSM) Facility Guidelines using an anemometer or balometer.
- Will there be designated times when portions of the facility will be closed during the day for cleaning/disinfection of all touch points/fogging? (Intentional conspicuous cleaning efforts to ensure members know everything possible is being done to keep them safe.)
- Have Maintenance check to be certain that locker rooms maintain negative pressure gradients. Check to be sure that 10-12 air exchanges per hour are maintained in locker rooms per ACSM guidelines using an anemometer or balometer.
- Make decisions on opening the track at each phase given the considerations listed by Phase below.
- How will you ensure that patients/members feel safe to use your facility? How will you communicate this to members in advance of re-opening?
- Evaluate check in/check out procedures and eliminate, to the extent possible, the requirement that patrons touch pin pads, card readers, countertops, door handles, etc.

## **Phase I – Initial Re-opening guidelines and checklist**

Here are some initial guidelines for re-opening the medical fitness center as an essential business. This phase addresses the clinical use of the facility allowing only physician referred patients and chronic disease programs first as these are our primary mission as a part of the healthcare continuum.

Background: The CDC has recommended that social distancing of 6 feet between people is sufficient. However, this determination was made for people standing or sitting in relatively close proximity. When the variable of walking, running or biking is introduced, greater distances are required. This is based on a recent Belgian and Dutch study pre-released in April, 2020, and attached as reference to this document. By inference, anyone who is exercising with increased respiration rates and forced expiratory volumes should also consider enhanced distancing precautions.

In short, the recommendation from the study is that a minimum of 5 meters (15 feet) be maintained between people who are walking at approximately 2.5 miles per hour and for people running at 10 mph that distance should be doubled to 10 meters, or 30 feet. It is also demonstrated in the study that moving side by side is relatively safe since the aerosolized particulates are held in each person's slip stream while moving. If not side by side, staggering lanes is strongly recommended since the study showed that dispersion of the particulate matter sideways is minimal. For outdoor activities such as biking, the distance increases to 20 meters, or 60 feet riding in a staggered configuration. We surmise that people who are exercising vigorously are inhaling and exhaling larger volumes of air than when at rest and that each exhaled breath is performed with greater force than a person at rest. For this reason, we are adopting the 15 foot rule for recommended physical distancing between patrons in areas such as group exercise, free weights and any other area where physical distancing measures are difficult to maintain. For those using fixed cardio equipment, it is recommended that spacing be increased to at least 3 feet between each piece of equipment and that only every other piece of equipment be utilized at any given time to ensure appropriate distancing isolation. In addition, it is recommended that both members and staff be responsible for ensuring that the touch points on each piece of equipment be sanitized/disinfected between every user. The guest policy should be reviewed, or suspended, until Phase III.

It is expected that staff will not congregate and that self-imposed physical distancing of 15 feet will be observed for all patrons who are exercising.

### **Checklist:**

- Temperature/Screening Station set up and staffed and all persons, including staff, with temperature greater than 100.4 degrees, or failing the screening, not be allowed in the facility and sent home.
- COVID Screening questions are asked of all who would enter the building.
- Sneeze guard or significant cleaning protocol instituted at front desk. Note: If sneeze guard in place, cleaning protocol for sneeze guard should also be implemented at regular intervals.
- If you have a reservation system in place, check the reservations of each entrant to ensure only those allowed in the building will be allowed at any one time.
- Tracking system in place to know how many people are in each functional area of the building at any one time.
- Directional signage in place to keep the flow of people going primarily in one direction through the facility.
- Sanitizing/disinfection stations set up and re-stocked regularly.
- Physical distancing measures in place for equipment, group exercise (dots, floor lines, or equivalent)

- Consider offering group exercise programs remotely if possible, or if in person with enhanced distancing of 15 feet per person (225 square feet per person)
- Personal Training restrictions – We recommend virtual personal training to avoid tying up equipment that is likely to be in demand as well as to maintain physical distancing. If it is decided to allow Personal Training, consider limiting times to off peak hours. This will need to be coordinated with any reservation system implemented.
- Consider how you will manage the aquatics area. It is likely that demand for your pool will exceed your capacity with physical distancing requirements. It is necessary to put in place protocols to ensure that showers are taken by people prior to entering the pool. Many facilities are limiting the time in lap lanes to 30 minutes in anticipation of high demand. Most facilities are limiting each lane to one user. Most Saunas and Steam Rooms will be closed in Phase I. Consider the impact and demand for locker rooms and whether these can be safely opened. Also consider whether to offer towel service as dirty towels can be a source of contact.
- Food Service areas should be take-out only in Phase I.
- Spa and Massage services should be limited during Phase I to therapeutic massage services with practitioner and client both masked unless client is facing floor.
- If Pro Shop services are available, limit the number of people in the shop including staff to 1 per 225 sq ft.
- Look at spacing of chairs and lounge areas to ensure appropriate social distancing. Consider removing chairs that are covered in a cloth fabric as these can more easily harbor the virus than non-porous surfaces. Have remaining chairs sanitized 2-3 times per day.
- Think through what programs will be playing on TVs throughout the facility. May choose not to have news channels filled with COVID news, but rather positive shows that may include: sports, cooking shows, or home improvements. We recommend against news or politically slanted programs.
- Consider restricting or eliminating towel service during Phase I to minimize the risk to staff and anyone sharing a towel. Instead, provide disposable sanitation for equipment and require members to bring their own shower or pool towels.
- If opening locker rooms, consider removing benches, if not permanently affixed, and replacing with individual plastic chairs appropriately spaced during Phase I. Also consider closing access to or assigning lockers to force distancing.
- Close sinks, or mark appropriately, as necessary to maintain appropriate physical distancing.
- Develop member messaging that you are changing your operations to ensure member safety and practice appropriate distancing measures.
- Remove as many items that are frequently touched by members as feasible and either not replace or replace with disposable items.

## **Phase II – Expanding operations and slight relaxing of physical distancing**

These recommendations and guidelines may also apply to commercial gyms as well as medical fitness facilities. After firmly establishing sanitizing/disinfection and cleaning regimens and training more vulnerable members in segregation and distancing techniques, the facility can safely be re-opened to the general membership. For the general, apparently healthy member, distancing while using cardio and strength equipment can be established at 10 feet, or every other piece of equipment and 100 sq ft per participant in group settings. At risk and vulnerable populations are encouraged to maintain 15 feet where feasible and possible. Vulnerable, or at risk, populations should use the facility in off peak, or designated times where possible.

## **Phase II Checklist**

- Continue screening everyone who enters the building for temperature and COVID 19 screening questions.
- Continue all monitoring, cleaning and sanitizing regimens established in Phase I.
- Continue providing remote group exercise classes and virtual personal training as well as begin offering limited on-site in person classes. Keep in mind when offering in person classes the physical distancing recommendations as well as looking at the amount of time members will spend in enclosed spaces. Be sure to have Maintenance staff check airflow and air exchanges in all enclosed group exercise studios ensuring 8-12 complete air changes per hour and negative pressure in each group exercise studio using an anemometer or balometer.
- Maintain take-out only for food service until your state allows seating in restaurants to re-open, and then follow state guidelines.
- Follow CDC guidelines for numbers of people who can congregate and meet at any one time. Arrange chairs and lounge areas in support of these guidelines.
- Consider re-introducing towel service once clear infection control protocols are in place
- Maintain increased sanitation procedures and stations throughout the facility.
- Maintain conspicuous cleaning protocols
- Consider re-introducing group exercise programs with enhanced distancing. We recommend a minimum of 100 sq ft per person during Phase II. Vulnerable and at-risk populations should continue to try to maintain 225 sq ft per person, if feasible.
- As you and your clientele are comfortable, consider reopening other services that are more difficult to maintain physical distance such as spa services, massage, personal training, etc., but limit gathering of more than 10 people. Consider requiring patrons in the spa and massage area to wear masks except when lying in a prone position on the massage table.

## **Phase III – Return to near normal operations**

After either a definitive treatment or an effective vaccine is developed, a return to near normal operations is possible. However, we believe that the COVID 19 virus will create permanent changes in the industry. Heightened and conspicuous cleaning/sanitation will likely become the new normal. On-demand and virtual programming will likely become a permanent part of programming at facilities. New and different types of membership will be created using remote technology for virtual personal training, remote physiometric monitoring, and at-home memberships among others. Some members will be lost who are not comfortable with exposure to large groups of people. It will be a critical success factor that the medical fitness facility be known as a safe, clean and secure place to congregate. Some continued distancing restrictions will likely become the norm until after any danger of a second wave of Covid-19 has passed.

## **Checklist**

- Continue screening everyone who enters the facility (including staff) and refer those that do not meet the safety parameters for follow up with their primary physician.
- It will be our ongoing recommendation to maintain physical distancing measures for at least one year. For people who have moderate or heavy exertion levels with attendant heavy or forced breathing, distancing beyond the six (6) foot standard for at rest distancing should be maintained. It is recommended that the industry adopt a 10-foot separation front to back and in cardio areas, utilize every other piece of equipment or increase spacing between equipment to at least four (4) feet.

- For track utilization, it is our recommendation that walkers and joggers choose one of two approaches to track utilization. 1) Walk/slow jog side by side and maintain at least 30 feet (10 meters) between groups moving at the same pace. 2) Stagger lanes and leave at least 15 feet between individuals. In any case, when passing slower moving individuals, change lanes at least 20 feet prior to reaching the person being passed and move approximately 20 feet past the person before changing back into the same lane. This will require some education and encouragement/enforcement on the part of fitness staff.
- For runners the distancing should be increased to 60 feet or 20 meters and staggering is strongly recommended.
- Maintain enhanced handwashing/sanitizing stations throughout the facility and strongly encourage members to utilize them frequently and sanitize the equipment after each use.
- Maintain enhanced cleaning procedures ensuring that equipment is cleaned by staff at least 2 – 3 times per day.
- Continue to provide appropriate PPE for staff handling potentially infectious items such as towels and linens.
- Have staff continue to sanitize flat surfaces such as front desk countertops, fitness area service desks, workout file drawers, computer and kiosk stations, handrails, door handles, etc., several times per day.
- Enhanced cleaning/disinfecting in child care areas paying special attention to cleaning toys and dolls between uses.
- Consider using the restart as an opportunity to evaluate all facility programming and focus on those programs that have proven most effective. If outcomes measures are not in place, consider adding them as programs are re-started.
- Use the re-start opportunity to enhance the messaging that the medical fitness facility is an integral part of the preventive health program in your affiliated health system. Use this opportunity to encourage testing to re-establish a new baseline if the member has not been tested in several years, or to re-engage members with a new exercise prescription based on their physiometric measures and personal goals.
- Reinforce annual training in infection control, CDC [Standard Precautions](#) for all patient care and [Transmission Based Precautions](#) and the appropriate use of PPE.

## Appendix 1 – Sanitization/Disinfection

The fitness industry is learning from its healthcare partners and Infection Control experts state of the art processes that help to maintain safe and healthy places to exercise. Cleaning/Disinfection/Sanitization is more than just routine housekeeping and is equal in importance to physical distancing in preventing the spread of COVID-19. A clean, safe and healthy environment will, at least in the short run, be more important than equipment or programs. Deep cleaning and routine, conspicuous cleaning and disinfecting are the new normal in daily operations for fitness facilities.

Cleaning and disinfection can be accomplished in a number of ways often in combination with multiple approaches. These range from physical wiping down of equipment and surfaces using an anti-viral/anti-bacterial wipe, fogging systems, and commercial sprays, to complex air purification technologies including HEPA filtering, Ozone, UV light, or electrolyzed water systems installed within the HVAC systems.

Careful attention must be paid when selecting an appropriate system to utilize in various circumstances in the facility. For most applications, a virucide or bactericide that is proven not harmful to humans should be employed, especially in areas frequented by children and members. A variety of disinfectant sprays that can be used on facility equipment as well as toys in the child care areas are available and can be used frequently throughout the day.

Fogging systems are useful in deep cleaning after hours since the facility usually needs to remain closed for several hours after use. Many other systems exist that use non-toxic anti-viral compounds for wide use both during and after hours of operation.

Regardless of the system used, a systematic and structured approach is needed to ensure that the entire facility is regularly disinfected and that the most common touch points for members are sanitized at least 3-4 times per day. Cleaning supplies should be readily available and staff should enforce member rules to wipe down touch points on equipment before and after use.

Because disinfection is so critical to the successful re-opening, employees that see gaps in sanitization, disinfection and/or cleaning should be strongly encouraged to be proactive in order to minimize risks, or perceived risks, to members.

Area of particular importance to clean every few hours:

- Entryway doors, door handles and handicap push buttons
- Countertops at registration, fitness floor areas, childcare areas, locker rooms and bathrooms
- Telephones, keypads, ATM keypads, point of sale devices, Elevator doors and control panels
- Locker room and bath room doors, handles, horizontal surfaces, sinks, bench seats, etc.
- All touch points on equipment including selectorized equipment, cardio equipment, free weights, all shared equipment such as mats, kettle bells, TRX straps, etc. NOTE: Facilities should develop a policy regarding facility provided shared equipment. Many facilities are not providing yoga mats, TRRX straps, or other difficult to clean items, but rather, are selling them to individual users.

- All horizontal surfaces in wet areas including chairs, benches, etc. While the virus cannot survive in chlorinated pool water, it can be found on untreated surfaces.
- Child care – Toys should only be used by one child then placed in a bin for disinfection before being made available for other children to use. All common area surfaces should be sanitized at least every 2 hours.

**For those with foggers:** fogging should be performed every night. During operating hours, non-toxic cleaning sprays and other techniques should be employed in common areas, classrooms, and large open areas such as group exercise studios and basketball courts.

**Electrolyzed Water Systems:** May utilize domestic water, or other source to manufacture electrolyzed water distributed through wall mounted and hand carried bottles and sprayers. Product constantly manufactured. There is no chemical smell with this system and it is non-toxic.

**Air Purification:** Air purification units may be placed in key areas throughout the facility, or in HVAC ducts to assist in cleaning the air of any suspended particulates and allergens.

Detailed Specific Cleaning/Disinfecting Guidelines are available through the following CDC links:

**Cleaning and Disinfecting Your Facility:**

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

**Cleaning and Disinfection for Community Facilities:**

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

**Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020:** <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

**General Business Frequently Asked Questions:**

<https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html>

**Here are some available systems being utilized by MFA member facilities:**

**Fogging Systems:**

**Clorox Total 360 System Electrostatic Sprayer** <https://www.cloroxpro.com/products/clorox/total-360/>

**Protexus**

<https://evaclean.com/products/protexus-cordless-electrostatic-sprayers>, or  
<https://zogics.com/cleaning/protexus-handheld-electrostatic-sprayer>

**Fogmaster Jr.**

[https://www.fogmaster.com/hand\\_held\\_5330.htm](https://www.fogmaster.com/hand_held_5330.htm)

**Biosafe fogs**

[biosafedistributors.com](https://biosafedistributors.com)

**Air Purification Products:**

**AirPHX** – Constant producer of airborne hydrogen peroxide to clean all surfaces

[www.airphxsports.com](https://www.airphxsports.com)

**Beyond, By Aerus**

[www.beyondbyaerus.com/site/products](http://www.beyondbyaerus.com/site/products)

**Shoe Sanitizers**

**Sani Stride Shoe Sanitizer** [www.Sanistride.com](http://www.Sanistride.com)

**Electrolized Water Systems:**

**Viking Pure** - <https://vikingpure.com/>

**Salt Based Systems:**

**Hypogen** – Hypochlorous acid producing system - <https://www.chlorking.com/products/hypochlorous-acid-generators/>