

Framework for exercise facilities in New Zealand operating within a COVID-19 environment

Updated 25th May 2020. Version 2.31
Includes changes to reflect Government Guidelines for level 2

*“There is no situation, no age, no condition
where exercise is not a good thing.”*
- Chris Witty, England’s chief medical officer





This document is designed to provide a framework for managing risks associated with COVID-19 within exercise facilities and exercise providers in New Zealand. It provides recommendations to exercise providers that are evidence based, and follow a risk-minimisation model.

Finally, it also provides a series of protocols should community transmission risk rise and additional controls needed to be considered to keep exercise facilities open.



Produced by ExericseNZ / REPs / YogaNZ

Kris Vette (Clinical Protocol Designer) has assisted in researching scientific literature, and establishing appropriate evidence based interventions.

1. Executive Summary

2. Background on COVID-19

3. Objectives

4. Model

5. Assumptions

6. Modified Hierarchy of Controls

7. Risk Mitigation

8. Tables for common scenarios

9. Additional Protocols for consideration

10. References

11. Framework Updates

This is a working document, and will continue to evolve to ensure the recommendations meet the latest research related to COVID-19 protocols and safe interventions. We are presently compiling the list of academic reports, research findings and other evidence that was used to support this document, and it will be added as an appendix, which will continue to be updated.

1. Executive Summary

ExerciseNZ: The Exercise Association of New Zealand Incorporated (ExerciseNZ) is a non-profit membership based body, that represents some 550+ exercise facilities (gyms, recreation facilities, yoga studios, etc) as well as managing the registration of 3,500+ exercise professionals. **Our collective membership represents over 75% of both exercise providers and exercise professionals in New Zealand.**

The sector: 790,000 [Horizon survey] kiwis are members of an exercise facility in New Zealand, with a further casual use of as many as 360,000 [conservative based on Qualtrix]. Over 30% of all adults in New Zealand use our sectors services. While not a 'sport', if it was, in New Zealand 'Exercise' is bigger than Rugby, Cricket and Netball combined in terms of participation numbers.

Benefits of exercise: While not specifically outlined in this document, it should be noted here that regular exercise is one of the most beneficial activities an individual can undertake to improve their health. Normally the list of the benefits of exercise is wide and varied - everything from being protective against stroke, heart disease and many other chronic diseases and conditions, all the way through to its role in weight management and diabetes control. However, right now the focus is around mental health, and its proven benefits for 'mental robustness', which is protective against both depression and anxiety – two looming issues in a COVID-19 environment. It is so widely accepted as beneficial, that it was one of the few activities encouraged during level 4 lockdown.

This framework: This document provides evidence based solutions and recommendations to the unique environments of an exercise setting, operating within a COVID-19 environment. The recommendations are evidence based. Protocols are underpinned by the latest scientific and academic literature. Our primary recommendations were designed by Kris Vette, Clinical Programme Designer. Kris has substantial experience in this field having been involved in managing H1N1 in New Zealand, and Swine Flu for the NHS in the UK.

This document identifies the unique and/or increased risks related to COVID-19 within an exercise setting, and provides stringent and specific protocols to manage these. Our recommended protocols and practices meet all Government general principles and guidelines to operate at level 2, while also considering the unique environment and challenges of an exercise setting. Specifically, this framework contains recommendations that exceed many government level 2 guidelines, as those guidelines are designed for the general case, and this framework is specifically for use within exercise settings.

We do not mandate the use of masks (PPE) but recommend they are made available to staff.
Note: This policy was updated 25 May 2020.

We are recommending that all exercise providers in New Zealand follow these protocols.

2. Background on COVID-19

The COVID-19 pandemic disease is caused by the SARS CoV-2 virus. It is a devastating virus because while in New Zealand it only kills about 1-2% of those it infects, it infects a lot of people. It is nearly three times as infectious as the seasonal flu.

The risk of serious disease or death increases significantly with age and other health conditions like respiratory, cardiac, diabetic disease or high BMI's. Mortality rates can approach 20% for these at risk groups. While rare, it can also severely affect even young, healthy people including children. 80% of people will have mild or no symptoms. 15% will be moderate and may need hospitalisation. 5-6% will have severe symptoms, with some needing to be on a mechanical ventilator.

The problem that the human immune system has defending it is that it is a novel virus. It is new to humans, so we have no immunity from prior infection to it. This is what makes it so unpredictable.

SARS-2 virus can last on surfaces like glass, plastic and cardboard for up to two or three days but it is unlikely that virus on those surfaces would be infectious after much more than 48 hours as viral numbers drop to low levels by then.

There are two main routes of infection:

1. Respiratory (inhaled virus through the air).
2. Contact an infected surface with your hand and then touch your mouth, nose or eyes.

It is possible from 'sneeze studies' that some virus could be exhaled in small, light 'aerosol' type particles and remain airborne beyond 2 metres.

The usual medical rule for transfer is that individuals need to have to be in close range for more than 10 minutes to pick up virus through inhaled air (unless someone is spraying saliva as they talk, or are sneezing).

A vaccine for this is unlikely in large quantities within 18-24 months.

Some of the best ways to keep your immune system working well are getting enough sleep, staying physically active, and maintaining a healthy diet.

Note: This document more generally, incorporates many of the design elements and concepts included in the Document ***Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors*** developed by the Johns Hopkins Bloomberg School of Public Health.

3. Objectives

The objectives of this framework are:

1. To develop a framework that provides a safe environment for New Zealanders to return to exercise facilities in New Zealand that meets both New Zealand government standards, but also considers international best practice.
2. Provide guidance to those operating exercise facilities in New Zealand.
3. To provide 'Trust and Confidence' to both the Government, and the New Zealand public, that the exercise industry provides takes CV-19 safety seriously, and is taking all practicable steps for this.
4. To provide protocols for exercise providers to use at level 2, while also options for a more restricted environment if needed ("level 2.5"), as well as a framework for very limited activities at level 3 should the Government return to this level.

4. Model

This framework underpinning the approach outlined in this document uses a quantifiable methodology, underpinned by the following metrics:

Exposure Risk = contact intensity X #contacts

Risk → intervention/control → minimise residual risk

The model is designed to firstly identify the potential CV-19 risks and then establish appropriate controls to minimise the residual risk by either reducing the contact intensity, or the number of contacts with others, or both. All of the interventions outlined in this document are measured against this risk model.

Notes:

- the risk profile above is the **exposure risk**, not the **individual risk**. Some individuals, such as older persons or those with existing health risks (heart disease, diabetes, asthma), have more adverse outcomes should they contract SARS CoV-2, and hence a greater **individual risk**. This is best managed by the individual, with information and guidance provided by the exercise facility ensure they are informed prior to making any decisions.
- at an individual level, regular exercise + sufficient sleep are two of the most accessible tools to reducing an **individual's risk**.

5. Assumptions

When developing the procedure/practices, the following assumptions are made:

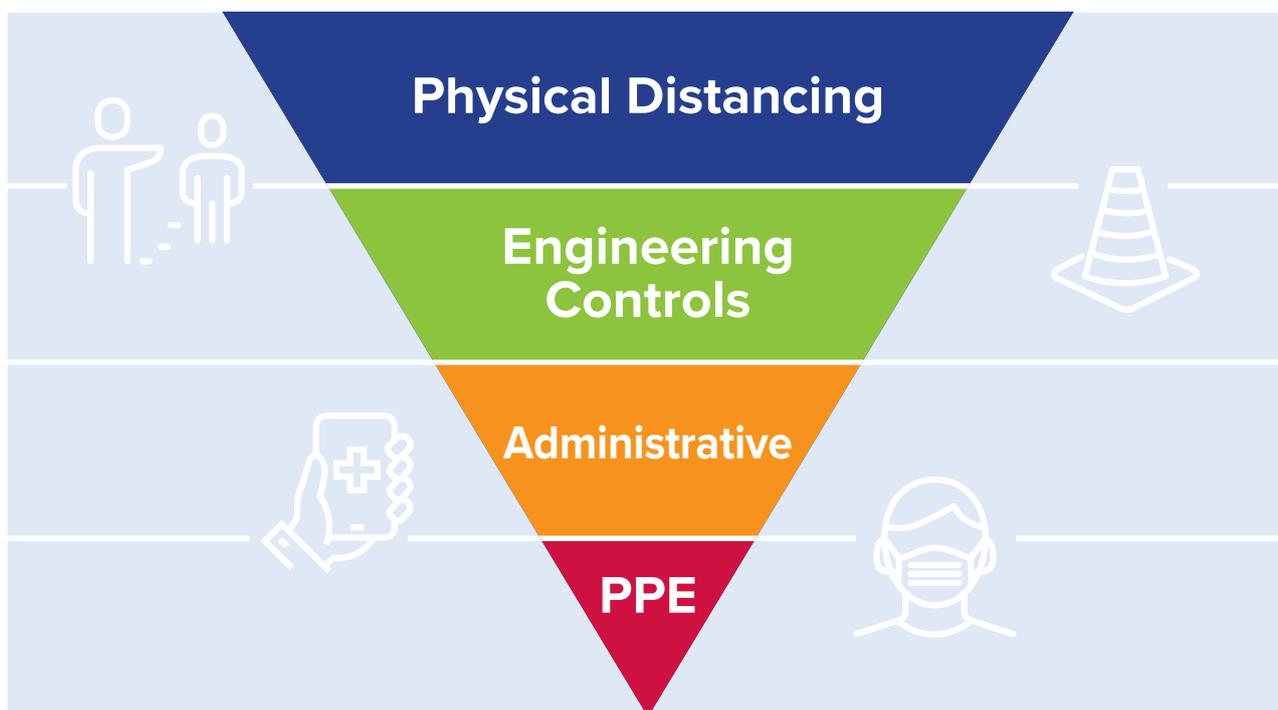
- all visitors to an exercise facility are treated as if they may have SARS CoV-2.
- some sort of restrictions (Level 2 or otherwise) will be in place for a medium/long term in New Zealand, and these restrictions will have an impact on the way exercise facilities and businesses operate (note this may change).
- the mandatory rules and other recommendations outlined in this document are based on best information as of the date of this document. It will change over time, potentially rapidly.

Note: If New Zealand fully eliminates COVID-19, there could be some relaxing of the assumptions above, but that would become clear only with widespread government testing and a national status change.

6. Modified Hierarchy of Controls

Using the modified hierarchy of controls, COVID-19 mitigation measures can include:

- Physical Distancing — wherever possible reducing physical contact between persons.
- Engineering controls — creating physical barriers between people.
- Administrative controls — redistributing responsibilities to reduce contact between individuals, using technology to facilitate communication.
- PPE & Cleaning — providing PPE, and having robust cleaning protocols that are well communicated.



7. Risk Mitigation

All businesses operating at Level 2 need to follow all New Zealand government guidelines, while also considering the unique risks associated with their business activities. Specifically in an exercise environment consideration needs to be given to the following:

- many activities involve individuals exercising together from across multiple bubbles.
- increased respiration rates during many activities, with potential increased risk of spreading virus particles.
- proximity to others (both staff and other customers) for prolonged duration – in some cases up to an hour for class based activities and/or personal training sessions.
- shared equipment is common.
- outdoor spaces.

The mitigation strategies outlined in this framework take into account these additional risks.

Every exercise business operating at level 2 requires a written COVID-19 site plan that specifically identifies the various CV-19 risks, and how each will be managed.

While the recommendations in this document are not mandatory, any business that does not follow any of them should have additional documentation to outline why a recommendation was not followed, and how the additional risks created are controlled. The COVID19 plan, together with any additional documentation showing variances from recommendations in this document, should be able to be provided to WorkSafe New Zealand on demand.

In addition to reviewing this framework and establishing appropriate controls, staff must be engaged as a part of any development. Additionally, they must be advised on what is required from them, and trained in this as needed. Full details of this can be found on the WorkSafe New Zealand web site.

Important: This framework specifically controls for COVID-19 related risks within the exercise environment. Where this framework goes above/beyond the general guidelines from the New Zealand government, this is due to the unique and/or additional risks from an exercise setting, some of which have been outlined at the top of this page. All recommendations are evidence based.

The following risk mitigation strategies are recommended (see pages 8-13):

This framework document has been provided without charge to the exercise industry of New Zealand.

Paid members of Exercise New Zealand can contact us for support regarding understanding this document and/or implementation questions.

We also extend our support to individuals who are registered with REPs and/or members of Yoga New Zealand who have questions regarding to their individual practice/business.

For Information on joining Exercise New Zealand, REPs and YogaNZ, please visit www.exercisenz.org.nz/membership

NOTE: We are a non profit membership based organisation and do not receive any regular government funding therefore rely on membership support to exist.

a) Physical distancing

The correct way to work out capacity within an exercise facility/space is based on safe physical distancing (i.e. how many can be within the space while maintaining the appropriate physical distance). The rules around 10 maximum for a social gathering does not apply to gym/yoga/dance settings except for outdoor settings, where a limit of 10 applies. In some smaller studios/spaces the resultant capacity may be less than 10, but in other larger spaces, the capacity much more than 10.

We have confirmed this with both WorkSafe and SportNZ, and they both agree that our interpretation is correct as of 13 May 2020.

When calculating capacity for a space, regard should be taken to how much actual space is available for the activity being considered (not the total floor area) as well as how individuals interact (ie do the move around the space) and/or if any transit areas are needed. In some cases the limits to a space will need to be managed directly by staff (eg small changing areas), a booking system (eg studios or classes with small limits) or other tools to manage capacity.

Where a space is shared by others (e.g. a school or community hall) gaps between activities will be very important to ensure no mixing between participants of different activity providers. Each activity will need to calculate it's own safe capacity number based on the above principles, and have a documented site plan included in their CV-19 safety plan. As long as the activities are exercise based, and provided by a business (ie not a social gathering) then the 10 limit is not relevant.

While general government guidelines allow for 1m physical distancing in a 'controlled setting' (one where all the participants names and contact details are known), within the exercise environment our recommendation is a default 2m distancing in most settings, as there is increased risks due to prolonged contact with others, and/or increased respiration levels. This is consistent with SportNZ guidelines, as well as practices in other industries.

Note: Physical barriers that block airflow may be used to reduce the distancing recommendations below.

- **Group activities including Group Exercise, Yoga, equipment based exercise classes**
 - ◆ For group based activities the recommended distancing is 2m. This is due to the prolonged contact time as well as increased respiration rates of many activities. When queuing inside before classes, brief periods of 1-2 minutes of 1m distancing are permitted. In addition consider:
 - **Choreography should be adjusted** in group activities to ensure individuals do not move outside of their 2m radius from their starting location (note: does not apply to circuit type activities with shared equipment based activities - see section on PPE for these).
 - **Group exercise and studio layouts:** Mark space on the floor for either where to stand or where the boundary of movement should be (e.g. a square/rectangle etc).

Note: The physical distancing guidelines were last reviewed on 25th May 2020, and reflect the latest government guidance.

- **Gym floor layout** ↓ intensity ↓ #contacts
 - ◆ **The default recommended physical distancing of equipment is 1.5m, with the following notes:** ↓ intensity ↓ #contacts
 - 1.5m applies to machine weights, cardio equipment and the gym floor generally (eg benches), but not to class based group activities or personal training sessions (1:1 or small group). For all class based activities, the recommended distancing is 2m.
 - ◆ Breathing direction should be considered. Where individuals are on different equipment and are facing away from each other (i.e. backs to each other) for the entire duration of the activity, then 1m distancing may be used.
 - ◆ **Consider transition areas** that individuals either congregate at, and/or walk through.
 - ◆ **Relocate or re-position** equipment so that physical distancing is maintained.

- **Managing Bottlenecks** ↓↓ # contacts
 - ◆ **Have appropriate gaps** (minimum 15 minutes) of time between group activities in the same space to avoid queuing in common areas (avoid any people in the room when people arrive / avoid waiting outside when people leave).
 - ◆ **Entrance spaces** – consider guiding direction of traffic flow through barriers and/or mark on floor.
 - ◆ **Any doors that require regular entry/exit** that do not allow for correct physical distancing have clear rules to reduce interaction. ↓ #contacts
 - ◆ When customers are queuing outside ensure 2m physical distancing. ↓ #contacts
- Consider auto **opening doors** or **installing kick plates** on doors to enable for hand-free egress where possible. ↓ intensity
- **Consider separate entrance and exits** if possible (to the facility and/or exercise spaces).

Other Physical Distancing scenarios

- Personal training sessions: Physical distancing of 2m is recommended but may be as close as 1m. Mask are optional for the personal trainer. Where trainers/clients are in close proximity for an extended period, trainers should consider standing so that their breathing direction is not towards the client for any extended period.
- All outdoor exercise activities require minimum 2m distancing, regardless of activity type.
Note: Limit 10 per outdoor activity until 12pm, 29th May 2020, then 100 thereafter.
- General interactions over short periods (up to a few minutes) within a controlled indoor environment (ie where all individuals can be contact traced) have a 1m minimum. This would apply to many reception interactions, as well some gym floor staff interactions.
- Any non-controlled interactions (ie no contact tracing) have a 2m recommended physical distancing.

b) Engineering

The following items are to be removed or disabled so they cannot be used/accessed

- ◆ Water coolers ↓ intensity
- ◆ Steam rooms and saunas ↓ intensity
- **Contactless payment systems** are used wherever possible ↓ intensity
- **Outdoor spaces** such as parks often provide additional space for physical distancing as well as excellent airflow, but also have potential new risks such as non sanitised items in public spaces, as well as being regarded as a uncontrolled environment (i.e. strangers could walk past the exercising group). Consider additional safety practices when outdoors.
↓ intensity ↓↓ #contacts.
- Consider the use of **Physical barriers** in areas where spacing less than mandatory physical distancing is difficult (e.g. indoor cycling, reception). ↓↓ intensity
- **Air conditioning, fans and airflow** ↓ intensity
 - ◆ Maintaining good and healthy airflow within exercise settings is important, specifically consider:
 - Encourage fresh airflow, either via open windows/doors and/or air-conditioning units that bring in fresh air from outside and/or appropriately filters for viruses.
 - Avoid the use of fans that blow across individuals and on to others. This increases the risk of virus spread. Fresh air is encouraged as is any recirculated air that is directed away from people.
 - Avoid using devices that recirculate air, and do not filter for viruses and then blow this directly at individuals (fresh air is encouraged) and/or any recirculated airflow that's directed away from people.
 - ◆ **Fresh airflow** is encouraged through use of open doors and windows where possible.
- **Changing rooms:**
 - ◆ Consider marking which lockers to use to spread out users. ↓ #contacts.
 - ◆ In smaller facilities, numbers may have to be limited to ensure physical distancing can be maintained (i.e. max # of people at a time, either policed or via signage). ↓ #contacts.
 - ◆ Saunas and steam rooms closed. ↓ #contacts.
 - ◆ 24/7 facilities will require any additional cleaning rules to be clearly communicated during unmanned times (i.e. what is expected of members). ↓ intensity

c) Administrative

• **Entry Criteria (Facilities and Activities)**

◆ **No entry to persons with any other following:**

- currently exhibiting a fever, or any other common symptoms of CV-19 symptoms.
- currently in quarantine or isolation by the NZ government.
- knowingly been recently (in the last 14 days) exposed to a person with CV-19.

The above policy must be confirmed electronically to all existing customers.

◆ **Managed entry for all persons with any of the following:** ↓ individual risk

- Underlying health conditions (e.g. asthma, heart disease, diabetes or obesity)
- Over the age of 70 (or whatever age the NZ government sets)

Any person meeting any of the above criteria should only be permitted into the facilities/ activity after being notified of their greater individual risk. Such notification can be done electronically as part of a group message to all clients/members and/or via signage.

• **Contact tracing protocols must be used for all individuals entering the facility/taking part in the activity.**

- ◆ must include all exercisers, staff, and any visitors (exercising or not).
- ◆ data collected must include time of visit, name, phone and email address – where an existing membership database collects and stores this data and a swipe card type system is used with all members, then this is sufficient.
- ◆ casual visitors should either not be permitted into the facility or a protocol established for their data to be entered into the contact tracking system. Additionally any casual visitors will require greater training as to their expected behaviours. Any paper based data must be entered into a digitised form within 24 hours (so it can be quickly shared with government agencies if required).
- ◆ data collected specifically for contact tracing will not be used for any other purposes, and will be automatically destroyed after 28 days (guidance from the Privacy Commissioner). Data collated as a part of normal membership visit recording may be kept for whatever time it is normally stored for.

- **Consider booking systems** for any activities likely to be over capacity (e.g. group exercise spaces, but may include gym spaces in some facilities). ↓ #contacts
- **Consider offering more classes** (pre-recorded or live) to lower the number of individuals in classes. ↓ intensity ↓↓ #contacts.
- **Consider extending hours to spread load** ↓ #contacts
- **Communication to staff and members** ↓ intensity ↓ #contacts.
- ◆ **Signage should make expectations of members clear** upon entry, as well as in specific areas as to their expected behaviour, including:
 - Staying away if symptomatic or have been around persons known to have CV-19.
 - Social distancing.
 - Hand washing/hand gel use.
 - Cleaning of any shared equipment.
 - Hand hygiene (sneezing into elbows), washing hands on arrival/leaving.

- ◆ **Staff should all be trained** in the following:
 - Basic SARS CoV-2/COVID-19 understanding.
 - How the disease is spread and how that relates to the facility.
 - Key mitigations the facility is undertaking.
 - How to manage their own safety.
- ◆ **Entry process** - Hand wash on entry for all staff and members with (soap and water or hand gel) is highly recommended. This should ideally take place before the member enters the facility, or as early as possible on their transit through the building (e.g. reception).

↓ intensity

- ◆ Personal Trainers operating from more than one facility should consider limiting the number of facilities they operate from during Level 2. Consider one indoor and one outdoor location.
- ◆ Ensure groups are managed so that any ‘gathering’ of people (where the same people are in proximity to one another for a prolonged duration) such as group exercise classes are under 100 individuals at all times.

NB: Areas where individuals are moving in and out on a regular basis are not considered a ‘gathering’ and should follow physical distancing rules. Where attendance could exceed capacity, a system to manage/limit entry is recommended.
- ◆ Avoid the use of shared stationery items such as pens/paper with clients unless absolutely necessary (this includes data collection for the purposes of contact tracing). Where any such shared items are used, cleaning protocols need to be established, communicated and followed.
- ◆ Consider extra protocols for activities involving children, especially where both adults and children may interact.
- ◆ Staff rooms/areas:
 - Ensure all staff areas have clear protocols for common touch points (shared items) and signage communicates this.
 - Where possible, minimise contact to some areas/items to a limited number of staff.
 - In staff rooms ensure high touch items (eg jugs, dishwasher handles) have cleaning materials nearby and instructions clearly outlined.
 - Mandatory handwashing protocols established and communicated.

d) PPE & Cleaning

• PPE

- ◆ **Face masks** may be offered to staff and/or members. ↓↓ intensity

Notes:

1. **Face masks are not mandatory.**
2. Face masks may be any type: Fabric, N95, surgical or face visor.

- ◆ **Gloves.** It is not generally recommended to wear gloves as it is easier to wash hands/use hand gel without gloves. Specifically:
 - Fingerless gloves impedes handwashing and the use of hand gel, but also allow virus spread via fingers (ie the 'worst of both worlds') so are not recommended.
 - Full hand gloves fabric are permitted, and in some cases may be better than no glove, however have the disadvantage of less cleaning of hands.
 - Light weight latex type gloves are not recommended as they can easily be damaged on equipment common in exercise facilities.

- **Full Sanitize (formally deep clean)** should be undertaken at least daily and include sanitizing: ↓ intensity

- ◆ Surfaces of any and all exercise equipment that is shared between users. This includes items that are cleaned by the member before/after each use.
- ◆ Changing rooms, showers, benches, basins, toilets and taps (including doors & any hard floor surfaces) and surfaces likely to be touched by members or staff.
- ◆ Stairs (including handrails, and any hard floor surfaces).
- ◆ Fabric flooring (e.g. carpet) must be vacuumed regularly.
- ◆ Entrance ways that have all hard floors, reception counters, access turnstiles and wall areas that are likely to be touched by members or staff
- ◆ Staff undertaking deep cleans should be provided with adequate PPE (gloves and masks).

All full sanitizations should:

- ◆ Use chemicals or other approved methods on all hard surfaces that are affective against viruses. Contact time should be known for each chemical/method, so it stays on long enough to be effective.
- ◆ be only chemicals/methods that are anti-viral, however considerations should be given to chemicals/methods that are also environmentally friendly.

e) Other Considerations

• CPR

When delivering CPR, our recommendations are:

- ◆ PPE: Mask (N95), gloves and goggles for the person administering CPR.
- ◆ Place a light cloth over the mouth and nose of the person being resuscitated.
- ◆ No direct ventilation (mouth to mouth/nose) - chest compressions only.
(This is the advice from the New Zealand Resuscitation Council.)

Full advice from the New Zealand Resuscitation Council can be found at www.exercisenz.org.nz/cpr.

• Blood Pressure

Taking blood pressure of members/clients is regarded as optional in Level 2.

When blood pressure is not taken we recommend:

- ◆ Asking the person if they know their normal blood pressure and recording that if known.
- ◆ Advising them to update you of any change in this (if they visit a GP and it is taken).

When blood pressure is taken:

- ◆ Blood pressure cuff should be thoroughly sanitized (eg alcohol).
- ◆ PPE offered to staff (ie optional) and also to any person with a compromised immune system or comorbidity relevant to COVID-19 (eg heart disease, diabetes, asthma).

8. Tables for common scenarios

Below is a summary of common roles and activities, along with recommended distancing, PPE and cleaning protocols.

ROLE / ACTIVITY	DISTANCING RECOMMENDATION	PPE	CLEANING CONSIDERATIONS
Group exercise (including yoga, circuit type activities and small group training)	2m for both attendees and staff during class. While queuing for short periods (1-2min) - 1m	Not required	Sanitise all shared items before each use by a different person
Personal Training	2m physical distancing May be 1m at times. Avoid constant facing each other.	Optional	No shared touching of items (including spotting). No boxing pad work where PT hold pads.
Reception Staff	1m with other staff & those who can be contact traced	Not required	Watch for shared items with customers (pens, paper etc). Contactless payment recommended
Members on gym floor	1.5m spacing for equipment 1m for brief interactions (1-2 minutes)	Not required	Communicate cleaning protocols for shared items
Outdoor	2m including when queuing outdoors. Limit 100 including instructor, from 12pm, 29th May 2020 (10 maximum until then)	Not required	Watch for interaction with non-clients and touching non sanitised items
Gym floor staff	1m when short interactions (1-2 minutes max)	Not required	Regular spot cleaning and policing of member cleaning

9: Additional Protocols for consideration (Level 2, 2.5 and 3)

Should concern for community transmission rise, the following protocols can be initiated to quickly reduce transmission risk within an exercise setting.

LEAST RESTRICTIVE  MORE RESTRICTIVE

AREA	CURRENT GOVERNMENT REGULATIONS AT LEVEL 2	PROTOCOL A – for level 2 Our current recommendations for level 2	PROTOCOL B – FOR LEVEL ‘2.5’ Enhanced protocols if community transmission risk higher All Protocol A plus	PROTOCOL C – FOR LEVEL 3 Designed for L3 safe operations (no bubble interaction). Includes all Protocol B plus
Group Exercise Yoga studios and similar Rented halls for group activities	1m physical distancing (=3m ² bubble) Windows open are good / Air exchange is encouraged. PPE is optional.	2m distancing (= 13m ² bubble) ¹ ↓intensity Unique space per person equals 2m x 2m = 4m ² All shared equipment sanitised between each user (even if this is every few minutes) Items that could be brought in by users are not shared (e.g. matts, boxing gloves). ↓intensity Maximum 100 outdoors from 12pm, 29th May 2020 (10 maximum until then) ↓#contacts	Max person in any room based on 9m ² /person ¹ ↓intensity 2.5m min physical distancing where next to same individual(s) for 4 minutes or more without a mask. ↓intensity	50 max in any space (including outdoors) ↓#contacts. All clients and staff to wear surgical masks at all times inside or out, with 2m distancing. ↓intensity.
Personal Training		Attempt 2m distancing (1m minimum) no contact. ↓intensity	No additional controls.	No shared changing facilities (including showers etc). ↓#contacts.
Gym Floor - Machines - Free weights - Cardio - Stretch areas		1.5m distancing in more scenarios ↓intensity 1m for brief interactions ↓intensity NB: Where physical barriers are used, above distances can be lower.	Max 15 min for any cardio ↓intensity	
Administrative, PPE and other controls	No entry to those with symptoms or in quarantine/isolation. Those at higher individual risk from CV-19 encouraged to take extra precautions. Mandatory contact tracing	Masks optional ↓intensity Those at higher individual risk must have individual risk highlighted prior to entry. Communication rules - all users must have had direct notification of rules before re-enter facility for the first time AND signage reminding of rules in prominent locations. Users must be clear on what is expected of them. ↓intensity. ↓#contacts Mandatory digital records for contact tracing (for quick access if needed).		

Note 1: All capacity constraints based on usable area available to customers, and excludes all other space.

All protocols based on evidence based scientific literature, conducted by Kris Vette, Clinical Protocol Designer. Literature available on request. This is a summary table. For full details of recommendations, please refer to the full document.

10. References for Recommendations and Statements

1. Musher, D., How Contagious are Common Respiratory Tract Infections?, *New England Journal of Medicine*, Mar 2003. *Page 3 - Medical Rule*
2. Lake, M., What we know so far: COVID-19 current clinical knowledge and research; (Clin Med) Royal College of Physicians Mar, 2020. *Page 3 - Background, Routes of Transmission*
3. van Doremalen et al; Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1; *New England Journal of Medicine*, 2020. *Page 3 - Surface survival of virus*
4. Leung, N et al.; Respiratory virus shedding in exhaled breath and efficacy of face masks; *Nature Medicine* April 2020. *Page 9 - Masks*
5. Harvard Med School; Respiratory tract infection - Is it contagious?; Harvard Publishing, Updated Jan 2017. *Page 3 - Background, Medical Rule*
6. Desai, A et al, Masks and Coronavirus Disease 2019 (COVID-19); *JAMA*. Published online April 17, 2020. doi:10.1001/jama.2020.6437. *Page 9 - Masks*
7. Arons M. et al; Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility; *NEJM*, April 2020. *Page 9 - Masks, Asymptomatic Spread*
8. Prem, K.; The Effect of Control Strategies to Reduce Social Mixing on Outcomes of the COVID Epidemic in Wuhan; *Lancet*, March 2020. *Page 4 - Objectives*

11. Framework Updates

12 May 2020 - Level 2 restrictions and common scenarios table added.

19 May 2020 - Added CPR section.

22 May 2020 - Updated CPR, added Blood Pressure, update to cleaning protocols.

25 May 2020 - Modified guidance on masks for PTs, update outdoor limits to reflect government guidelines (as of 12pm, 29th May 2020).