



SAFE REOPENING PLAN

Business Name:

Facility Address:

*This plan does not need to be submitted at this time. This plan is to be used to prepare when businesses open per the Governor's Order. The County will not require approval for this plan. **Joan McKenna's changes in red.***

Businesses must implement all mandatory measures listed in A and B below. Businesses shall select applicable measures listed in C and D below and be prepared to explain why any measure that is not implemented is inapplicable to the business.

Businesses shall also provide specific details regarding their Safe Reopening Plan pertaining to their business in section E below.

A. Signage (Mandatory):

- ☐ Signage at each public entrance of the facility to inform all employees and customers that they should: avoid entering the facility if they have a cough or fever; wear facial coverings, maintain a minimum six-foot distance from one another; and not shake hands or engage in any unnecessary physical contact. **3 copies. Each entrance and glass sign enclosure.**

Signage posting a copy of the Safe Reopening Plan at each public entrance to the facility. **Yes.**

B. Measures To Protect Employee Health (Mandatory):

Teleworking opportunities have been maximized. **Plan is to list all on website.**

All **Residents** have been told not to **reserve the pool** if sick.

All **Residents reserving the pool**, must have temperature taken upon reporting to **enter**; if 100 degrees or more, should not be allowed in **pool area**. If a thermometer is not available, **resident** must be screened for **COVID 19** symptoms (cough, shortness of breath or trouble breathing, headache, fever, chills, muscle or body aches, fatigue, sore throat, congestion or runny nose, new loss of taste or smell, nausea or vomiting, diarrhea)

All **residents** must wear facial coverings in the **pool area, if** within six feet of others.

All **Umbrella Tables** are separated by at least six feet.

Bathrooms, and Pool common areas are being disinfected frequently, on the following schedule: **After every reserved swim time. Disinfectant supplied to the reserved resident.**

Personal Protective Equipment (PPE) is the responsibility of the **residents. Clean up job duties: Wipe down. tabletable**
(describe below)

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B. Measures To Protect **Residents** Safety (Mandatory) Continued:

☐ **Sanitizer**, soap and water are available to all **Residents** at the following location(s): **Pool Area & Restrooms**.

☐ Copies of the Protocol have been distributed to all **residents On the Website**.

C. Measures To Protect **Resident** Safety (Check all that apply to the facility):

Limit the number of **Residents at the pool**, at any one time to 6 **6** family members which allows for **families** to easily maintain at least six-foot distance from one another at all practicable times.

All patrons must wear facial coverings **when out of the water**.

Curbside or outdoor service is made available where feasible. **No Food. Plastic Bottled water only.**

Optional – Describe other measures:

D. Measures To Keep People At Least Six Feet Apart (Check all that apply to the facility):

Placing signs outside the **pool area** reminding people to be at least six feet apart, including when in line. Including encouragement for pedestrian traffic to follow one-way migration paths, if appropriate.

Placing tape or other markings at least six feet apart in **pool area** and on sidewalks at public entrances with signs directing **pool users** to use the markings to maintain distance.

All **proctors** have been instructed to maintain at least six feet distance from **pool users** and from each other, except **Proctors** may momentarily come closer when necessary to accept payment, deliver goods or services, or as otherwise necessary.

Appointment system is utilized, when appropriate. **Residents to reserve a 2-hour swim time. And Clean up after their time is over.**

Optional – Describe other measures:

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E. Additional Measures Specific to Business (Mandatory):

*Any additional measures not included here should be listed on separate pages, which the business should attach to this document. **Please review published Pool Rules Agreement**

You may contact the Health and Safety Coordinator with any questions or comments about this protocol:

Name:

Emergency #:

Signature, Appointing Authority or Proctor:

Date of Form Completed: