**Internal Procedures Regarding COVID-19 (August 2021)**

In order to protect the health and safety of Palouse Empire Gymnastics as well as participants and their families, we have implemented a procedure in the event that a an employee, member of the employee’s household, or gym participant tests positive for COVID-19, as well as certain other procedures regarding COVID-19.

The purpose of this document is to provide a general procedure for Palouse Empire Gymnastics, to follow. These procedures are subject to the guidance proved by state health departments, the Centers for Disease Control (CDC), Occupational Safety and Health Administration (OSHA) and other agencies. As the situation with COVID-19 continues to change and the guidance from these agencies can shift with little to no notice, Palouse Empire Gymnastics reserves the right to adjust these procedures, with or without amending these written procedures.

**Self-monitoring of Employees and participants**

Before participating in any activity, employees and participants should evaluate their health. This includes taking temperatures, sore through, runny or stuffy nose, nausea, diarrhea etc. If any person exhibits these symptoms, they should stay home.

Employees with any illness can return to work when:

* He or she has had no fever or diarrhea for 24hrs without taking medication to reduce fever during that time; **AND** the individual is vaccinated.
* **OR** Unvaccinated individuals need to have a negative COVID test before returning to work.

**Employee or Participant Tests Positive for COVID-19:**

* Staff members or students with COVID-19 should not return to the gym until they have met CDC’s [recommendations to discontinue home isolation.](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html#discontinue-isolation)Once they have met all the CDC criteria for ending isolation, then no additional testing is needed to return to the facility.
* In most instances, people who have had COVID-19 can be around others after
	+ 10 days since symptoms first appeared or a positive test, and
	+ 24 hours with no fever without the use of fever-reducing medications, and
	+ Other symptoms of COVID-19 are improving.

**Definition: Close Contact through**[**Proximity and Duration of Exposure**](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html)**:**Someone who was within [6 feet of an infected person](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html#stay6ft) (laboratory-confirmed or a [clinically compatible illness](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html)) for a cumulative total of 15 minutes or more over a 24-hour period (for example*, three individual 5-minute exposures for a total of 15 minutes).*An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet criteria for [discontinuing home isolation](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html).

**A Close Contact Tests Positive for COVID-19**

In the event that a member of an employee’s household tests positive, we will follow these procedures:

* Anyone who has had [close contact](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact) with someone with COVID-19 should stay home for 14 days **after their last exposure** to that person.
* However, anyone who has had close contact with someone with COVID-19 and who meets the following criteria does **NOT** need to stay home.
	+ Someone who has been [fully vaccinated](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html) and shows no symptoms of COVID-19. However, fully vaccinated people should get tested 3-5 days after their exposure, even they don’t have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.
	+ OR Someone who has COVID-19 illness within the previous 3 months **and** has recovered **and** remains without COVID-19 symptoms (for example, cough, shortness of breath)

**Employee Acknowledgment**

I acknowledge that I have reviewed the Internal Procedures Regarding COVID-19 and been provided other information regarding measures and precautions Palouse Empire Gymnastics is taking regarding COVID-19. I acknowledge that it will be impossible for management to supervise every employee's actions throughout the day but that, if I have concerns about these procedures, adhering to these procedures, or have reason to believe that adequate precautions are not being taken, I will report these concerns to Mark and Lynne Kindelspire.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_