

## **Pre-Arrival Symptom Check**

We are ready to welcome your gymnast back to practice! We have taken the steps to ensure gymnasts and staff are able to maintain a safe and healthy environment while performing gymnastics. You can help us keep practice safe by monitoring your child for 14 days prior to their arrival at practice. The following are recommendations to help us achieve pre-arrival symptom checks of all gymnasts before they arrive each day at practice:

- Take and record your child's temperature for 14 days before the start of practice (refer to the individual instructions provided with your personal thermometer).
- Self-screen your child and family for the presence of COVID-19 symptoms (fever of 100.4 degrees or greater, chills, a new cough, shortness of breath, new sore throat and/or cough, new muscle aches or fatigue, new headache, new loss of smell or taste, nausea or vomiting, diarrhea, nasal congestion or runny nose) for the two weeks prior to attending practice.
- Note if, within the past two weeks, the gymnast has traveled nationally or internationally outside the region (e.g. beyond northwest corner of Minnesota/northeast Wisconsin). Consider especially, if the gymnast has traveled to an area with a known outbreak of COVID-19.
- Determine if your gymnast has been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19.

If your gymnast, or others in your household have displayed the above symptoms or possibly been exposed to COVID-19 in the two weeks preceding practice, we ask that you keep your gymnast home, and contact the Woodland Community Center Director, Brittany Thibert, to reschedule your registration for gymnastics.

Additionally, to help keep your child, other gymnasts, and our staff stay safe, we ask that your family follow current social distancing and Minnesota Department of Health guidelines for group gatherings and face coverings for the two weeks prior to, and while attending, gymnastics practice.

## **Athletes with Pre-Existing Medical Conditions**

Currently, information indicates that older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Primary care providers are in the best position to make a professional judgement based upon an individual's health status and their suitability for the gymnastics environment at this time. Please consult your athlete's primary care provider about attending gymnastics practice if they have an underlying medical condition. Those at high risk include people of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised. Note that many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ

transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

- People with severe obesity (body mass index of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

## **Practice Packing List for Gymnasts**

- Cloth face covering/buff/mask
- Full water bottle
- Hair tie
- Backpack or gym bag to hold all belongings (locker rooms will not be available)
- Personal chalk (optional)
- Personal hand sanitizer (optional)

## **Check-In and Health Screenings at Practice**

When arriving at gymnastics practice, please be prepared to answer a few short screening questions and take your own child's temperature on site. To help reduce the need for utilizing valuable PPE, our staff will be present and wearing a face covering, but socially distanced from the check-in table per Minnesota Department of Health guidelines.

**Staff Wearing Masks:** We recommend that you talk with your child about what coaches will look like when they first arrive. Our staff will be wearing masks at the check-in table and during practice. Thanks in advance for helping us with this habit change to keep our gymnasts, families, staff, and community safe.

### **3-Step Check-In Process:**

1. Parent or guardian will park and approach the check-in table with the child attending practice, maintaining 6 feet of distance between other family units.
2. When called forward by a Y staff, the following health screening will take place:
  - a. Y staff will ask if any of the more common symptoms or at least two less common symptoms (see attached MDH COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs) have been experienced since the last health screening (two weeks prior to attending practice or previous day's screening):

If your child has experienced any of these symptoms your child will not be allowed to attend practice that day. Your child may return to practice per MDH guidelines.

- b. The parent or guardian will next take their child's temperature using the touchless thermometer located on the check-in table. This thermometer will be sanitized between each family group.

- i. If the temperature is 100.4 degrees or greater, the parent and child may step to the side, wait a few minutes, and re-take temperature. If the reading persists, the child will not be permitted to attend practice that day.
  - ii. Your child may return to practice per MDH COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs guidelines.
- c. The Y staff performing the check-in will make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme irritability while maintaining a minimum of 6 feet of social distance.

## **Check-Out/Leaving Process**

To help reduce the need for utilizing valuable PPE, our staff/coaches will be present and wearing a face covering, but socially distanced from the check-out table at the entrance of the gym per Minnesota Department of Health recommendations.

1. Parent or caregiver will park and approach the check-out table, maintaining 6 feet of distance between other family units. This may mean some families will wait outside the gym to maintain this 6 feet of distance.
2. Gymnast will use hand sanitizer before leaving the gym.

## **Group Size, Ratios, and Social Distancing**

We know that group size will be particularly important for our gymnasts at practice.

The term "social distancing" refers to measures being taken to restrict where and when people can gather in order to stop or slow the spread of infectious disease. Currently, 6 feet of separation is the distance that should be kept between people interacting within their community.

Small, closed groups that maintain a consistent group of participants and staff allow for more controlled environments through monitoring of symptoms and adherence to policies for people who are contagious (symptomatic or asymptomatic carriers). Additionally, staff can build routines for participants to wash hands upon entering and leaving program spaces, and create regular cleaning practices for frequently used items such as tables, program equipment, and other programmatic materials. Social distancing guidance will support a 3-foot radius around each participant, resulting in a 6-foot total distance between any two people.

Minnesota Department of Health's current capacity requirements for youth and adult organized sports is, pod sizes for non-game activities (training, practicing) cannot exceed 25 people per pod, either inside or outside. Pod count is composed of players and coaches. Here is a list of guidelines we will be adhering to for gymnastics programs:

- Adapt programs and activities to allow physical distancing of at least 6 feet whenever possible.

- For recreational gymnastics, we will adhere to the ratio of 1:9 staff to gymnast per class. For team gymnastics we will not exceed 25 per pod in the gym. If social distancing cannot be maintained with the group size, then the number of participants will be reduced.
  - Within the program, the groups will remain consistent for the duration of the program.
  - All staff/gymnast interactions/substitutions longer than 15 minutes in duration (e.g. if a coach has a sub for the day) will be recorded per MDH recommendations for purposes of contact tracing.
- Whenever possible, we will refrain from intermixing of groups. If intermixing of groups is necessary (e.g. sheltering during a tornado warning), we will limit the number of groups that intermix, require the use of face coverings, and keep records of staff, and participants that intermix.
- Practice flow throughout the gym will be scheduled to minimize group interaction during transition times.
- We will avoid activities/areas that would allow or encourage staff or participants to easily congregate in a limited, enclosed space.
- Gymnasts will be responsible for and required to carry their own bag/backpack, water bottle and other belongings throughout practice.
- While we know parents and caregivers love to watch their little athletes at practice, we will be limiting parent, caregiver, and other non-essential visitors into the gym as much as possible during practice.

## **What Practice Will Look Like**

The following provides guidance and procedures to reduce COVID-19 exposure risk to gymnasts and staff. Practice activities will be limited to those in which physical distancing of groups and proper hygiene of individuals can be practiced.

If equipment is shared between gymnasts within the same group, we will be following the “sanitize in, sanitize out” method. To reduce COVID-19 risk to gymnasts and staff during activities not covered here, it may be possible to apply minimal changes to existing guidance.

- Practice will be planned and scheduled to allow for proper cleaning and sanitization procedures before and after the start of each activity.
- Gymnasts and staff will be instructed to wash hands with soap and water for 20 seconds before and after activities or use alcohol-based hand sanitizer containing at least 60% alcohol before and after activities.
- Gymnasts will stay in selected groups (1:9 staff to gymnast ratio) throughout the duration of the program and will maintain physical distance throughout activities for best practice.
- Kid-friendly posters and signage reminding staff and gymnasts of health screening procedure, social distancing, hand hygiene, and other CDC, MDH, and Y-USA recommendations will be posted through our space.
- We will use vial aid to illustrate traffic flow and appropriate spacing to support social distancing.

- If equipment is shared between gymnasts, within the same group, we will be following the “sanitize in, sanitize out” method.
- All shared equipment will be properly cleaned and sanitized between groups by staff using EPA approved N-List cleaning sanitizers and/or disinfectants proven effective against COVID-19.

## **Masks and Hand Hygiene**

### **Masks/Face Coverings:**

Staff are required to don a cloth face covering during the check-in process, check-out process, and throughout practice. Staff will also maintain 6 feet of social distancing, unless they are needed for support to the gymnast, such as the gymnast requiring first aid or needing to be spotted during an exercise or skill. Hands-on spotting will only be used when necessary for safety.

Gymnasts are required to wear a mask upon entry into the building, when leaving the building, and throughout practice. The face covering may be removed when a high level of activity/physical exertion is reached by the gymnast. Gymnasts should still maintain 6 feet of physical distance. If the gymnast requires spotting from a coach, their face covering should be placed back on their face if it was removed due to high level of activity.

We require all gymnasts to bring at least one, if not two face coverings (in case the gymnast sweats and would like a dry mask) to practice each night. The gym will have \$1 disposable mask available for purchase in case your gymnast forgets their mask, as well as \$10 YMCA buffs available for purchase while supplies last.

### **Hand Hygiene:**

We will be taking the following steps to ensure gymnasts and staff practice proper hand hygiene throughout their gymnastics practice experience:

- Gymnasts and staff will wash hands immediately upon entry to the gym, between stations and equipment use, and frequently throughout practice.
- We will be instructing gymnasts to wash hands with soap and water for 20 seconds before and after practice.
- When hand washing is not possible, we will be providing an alcohol-based hand sanitizer containing at least 60% alcohol before and after activities that require shared equipment.
  - While we encourage each gymnast to come with a bottle of mini-hand sanitizer, sanitizer stations will be set up throughout the gym for gymnast and staff use.
- Gymnast will wash hands or sanitize upon check-out, prior to getting into vehicles.

## **Overall Gym Cleaning, Sanitizing, and Disinfecting Processes**

The gym uses a variety of N-List, EPA-approved sanitizers and/or disinfectants effective against the novel coronavirus, COVID-19. All staff have been trained in on proper use of these chemicals,

and children in practice are not allowed to use any of our chemicals to clean. Below is an overview of how we will ensure our gym is clean and ready to serve our gymnasts.

#### **Communal Spaces:**

- Cleaning and sanitizing of communal spaces between groups. Classes will be scheduled to allow proper time for sanitization and/or disinfecting process.
- More frequent cleaning of high touch surfaces, such as equipment or doors, will be completed throughout the day.
- Equipment will be cleaned between each class.

#### **Toilets and Restrooms:**

- High touch surfaces including toilets, sinks, and stalls will be cleaned and sanitized throughout the day, between groups, before and after start of practice.
- Staff will be wearing both gloves and face covering when cleaning.

### **First Aid and Emergency Response**

If first aid and/or CPR is required during an activity, coaches/staff will follow normal protocol that considers current guidance from the certifying agencies (American Red Cross, ASHI, American Heart Association) as well as state and local authorities including the fire and/or emergency services departments.

Each staff will have their own individual mini first aid kit with them at all times which will include:

- Resuscitation mask with HEPA filter (or equivalent)
- Gloves
- Hand sanitizer
- Basic wound care supplies
- 2 disposable surgical masks

#### **Emergency Response:**

Currently, medical professionals and first responders have not changed protocols unless there is known COVID-19 exposure.

Appropriate distancing should be practiced at all times with the following exceptions:

- Anyone providing first aid, or performing CPR (with or without an AED).
- Individuals in the process of evacuating a practice space/facility due to an emergency.

As always, when responding to a medical emergency, staff will take care to use the initial "scene size up" to gather information about scene safety and don appropriate PPE. At this time, the scene size up must include asking the following questions to the victim(s):

1. Do you live with anyone or have you had close contact with anyone who has been diagnosed with or who is experiencing symptoms of COVID-19 within the last 14 days?
2. Do you have a fever, cough, shortness of breath, or loss of taste or smell?

If the answer to ANY of the above questions is 'yes', the responding staff member must don the following PPE before providing any care: gloves, face shield, goggles, and gown. The 911 dispatcher will also need to know the answers to the above questions.

Ask the victim to don their face covering or, if possible, give the victim a disposable face covering/surgical mask. Only one staff member will have contact with the victim –no team based CPR skills will be used. The rest of the responding team members will maintain 6 feet of distance to lend support as they are able. Whenever possible, staff will use a BVM for administering any kind of rescue breaths.

If the answer to ALL of the above questions is 'no', the staff member must don (at least) gloves before providing any care. Ask the victim to don their face covering or, if possible, give the victim a disposable face covering/surgical mask. Whenever possible, use a BVM for administering any kind of rescue breaths.

No matter what the situation, remember that rescuer safety is paramount. If the responding staff feels unsafe in anyway, communicate with other responding staff/team members and call 911 as appropriate.

To assist staff in responding to emergencies with the appropriate PPE, a "Crash Bag" will be available at the gym and will contain the following items:

- Gown
- Face shield
- Goggles
- BVM with HEPA filter (or equivalent)
- Resuscitation mask with HEPA filter (or equivalent)
- Gloves
- Hand sanitizer
- 2 disposable surgical masks

## **Sick Athlete Policy**

If, at any point throughout practice, a gymnast starts displaying any symptoms consistent with COVID-19 we will be following guidelines from the CDC, MDH, and ACA to isolate the individual until they are able to be picked up, thoroughly disinfect any spaces that person occupied throughout practice, and follow through on contact tracing if appropriate. The following steps will be taken to ensure guidelines are being followed in the event of a sick gymnast:

1. The sick individual will be required to don a face covering and move to a designated quarantine/isolation area away from others.
  - a. The designated quarantine space will be greater than 6 feet away from other individuals.
  - b. This space will remain in sight of a supervising staff who is able to communicate regularly with the gymnast.
2. Parents will be called and asked to pick up their child immediately.

3. If any staff needs to attend to the gymnast at a distance closer than 6 feet while waiting for a parent or caregiver to arrive, the staff will be required to don appropriate PPE including:
  - a. Face mask
  - b. Face shield or appropriate eye protection
  - c. Disposable gloves
  - d. Disposable gown
4. Once the child has been picked up, the isolation space and all areas the gymnast was in throughout the day will be thoroughly disinfected before being put back in use.
5. Frequent communication between the site director and the gymnast's family will be maintained throughout the subsequent days when determining if and when the child will be able to return to practice per MDH and practice guidelines.
6. Gymnasts and staff within the individual's group will do more frequent symptom checks and increased social distancing and hand hygiene will be encouraged throughout the subsequent days.

## **Communication in Event of Covid-19 Exposure at Practice**

If a staff member or gymnast is identified as having a confirmed case of COVID-19, we will communicate with your family about the exposure your gymnast and/or family have had per the YMCA COVID-19 exposure guidelines.

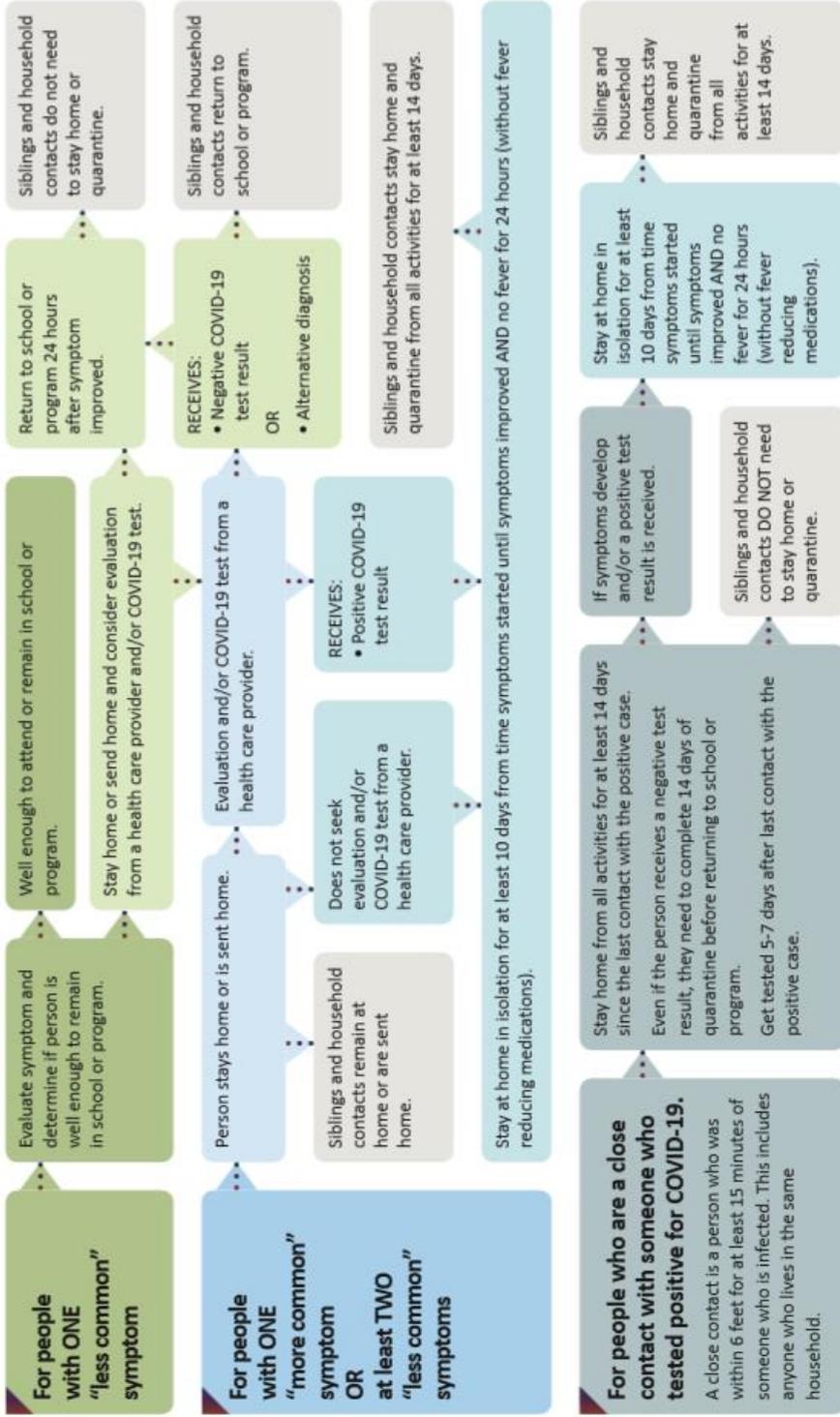
Assessing and informing those with potential exposure is a fundamental control strategy for minimizing spread within a group or gym population. The CDC defines close contact as interactions within 6 feet for more than 15 minutes or physical contact with potentially infectious object. Contact tracing will be carried out by trained staff at the local and/or state level, however, our staff will also utilize the general principles of contact tracing at practice and will closely monitoring any potentially exposed individuals.

We ask that your family partners with us in safety by informing the gym of any potential exposure your gymnast may have had to COVID-19. We will make every effort to protect the privacy of any/all individual(s) and/or family(s) involved in a COVID-19 exposure and will not disclose gymnast or family names to other families, unnecessary Y personnel, or the media.

## COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

Follow the appropriate path if a child, student, or staff person is experiencing the following symptoms consistent with COVID-19:

- **More common:** fever greater than or equal to 100.4°F, new onset and/or worsening cough, difficulty breathing, difficulty breathing, new loss of taste or smell.
- **Less common:** sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new onset of severe headache, new onset of nasal congestion or runny nose.



# Narrative for COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

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## Introduction

This tool applies to children, students, or staff members who are experiencing symptoms consistent with COVID-19. Symptoms consistent with COVID-19 fall into two groups:

- **More common** symptoms are one or more of these: fever of 100.4°F or higher, new onset and/or worsening cough, difficulty breathing, and new loss of taste or smell.
- **Less common** symptoms are two or more of these: sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new onset of severe headache, and new onset of nasal congestion or runny nose.

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## Supporting people with COVID-19 symptoms

After identifying the COVID-19 symptoms, select one of two possible paths.

### First path

1. The first path is for when the person is experiencing only one symptom from the list of **less common** symptoms.
2. Next, evaluate that symptom and determine if the person is well enough to stay in the school or program.
3. If yes, attend or remain in school or program.
4. If no, they should stay home or be sent home and consider an evaluation from a health care provider or COVID-19 testing.
5. If evaluated and/or tested, follow second path numbers 3 – 7.
6. If the person is sent home, they can return to the school or program 24 hours after the symptom has improved.
7. The person's siblings or household contacts do not need to stay home or quarantine.

## Second path

1. The second path is for when the person is experiencing one **more common** symptom or at least two **less common** symptoms.
2. If yes, the person stays home or is sent home, and their siblings or household contacts stay home or are sent home.
3. The person with symptoms is either seen by a health care provider for an evaluation and COVID-19 test or they do not seek a medical evaluation.
4. If the person does not seek a medical evaluation, they must stay at home in isolation for at least 10 days from the time their symptoms started until symptoms are improved and no fever for 24 hours without fever reducing medications. Siblings and household contacts must stay home and quarantine from all activities for at least 14 days starting with the day they were last in contact with the person who is experiencing COVID-19 symptoms.
5. If the person receives an alternate diagnosis to explain the symptoms, they can then return to school or the program 24 hours after symptoms have improved or as directed by a health care provider. Siblings and household members do not need to stay home or quarantine any longer once the alternate diagnosis is known.
6. If the person tests negative for COVID-19, they can return to school or the program 24 hours after symptoms have improved. Siblings and household members do not need to stay home once the negative result is known.
7. If the person tests positive for COVID-19, they must stay at home in isolation for at least 10 days from the time the symptoms started until symptoms have improved and no fever for 24 hours without fever reducing medications. Siblings and household contacts must stay home and quarantine from all activities for at least 14 days starting with the day they were last in contact with the person who is experiencing COVID-19 symptoms.

## Close contact path

1. The document also provides guidance for people who are a close contact with someone who tested positive for COVID-19. A close contact is a person who was within 6 feet for at least 15 minutes of someone who is infected. This includes anyone who lives in the same household.
2. If a person is a close contact, the person must quarantine and stay home from all activities for at least 14 days since the last day of contact with the positive case. Even if the close contact receives a negative test result, they need to complete 14 days of quarantine before returning to school or program. Close contacts should seek COVID-19 testing 5-7 days after last contact with the positive case. The siblings and household members of the close contact do not need to stay home or quarantine.
3. If a person who is a close contact develops symptoms and/or tests positive for COVID-19, the person must stay home in isolation for at least 10 days from the time their symptoms started until symptoms are improved and no fever for 24 hours without fever reducing medications. Siblings and household contacts also must stay home and quarantine from all activities for at least 14 days.

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## Additional details about this tool

This decision tree supports these guidance documents:

- [2020-2021 Planning Guide for Schools \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf)  
[www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf](https://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf).
- [COVID-19 Prevention Guidance for Youth and Student Programs \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf)  
[www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf](https://www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf).
- [COVID-19 Prevention Guidance for Overnight Camps \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf)  
[www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf](https://www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf).

### Symptoms

- The symptoms listed are those most often identified among people who test positive for COVID-19. **More common** symptoms are seen more frequently among people who are confirmed to have COVID-19 and may be the only symptoms a person develops. **Less common** symptoms have been identified and associated with people who are confirmed to have COVID-19, but are less specific to COVID-19. Less common symptoms may appear along or with another less common symptom.
- A fever of 100.4°F or higher is the threshold that needs to be met for a person to stay home or be sent home for COVID-19. A fever lower than 100.4°F, or a low-grade fever, may still require the child, student, or staff member to stay home or be sent home. Programs may follow pre-COVID-19 protocols for return for low-grade fevers. Schools and child care programs should follow their established policy or procedure or reference the [Infectious Diseases in Childcare Settings and Schools Manual \(https://www.hennepin.us/daycaremanual\)](https://www.hennepin.us/daycaremanual).
- New onset means that the symptom is not something that is experienced on a regular basis or is associated with a pre-existing condition. Pre-existing conditions are a sickness or physical disorder for which someone was treated, received medical advice, or had taken medication within 12 months before the onset of illness.
- MDH will continue to evaluate data related to COVID-19 symptoms and will update this document as needed.

### Evaluation by a health care provider

- Evaluation by a health care provider is a recommendation, not a requirement. Medical evaluation and/or testing for COVID-19 may be considered for ANY of the symptoms listed, depending on suspicion of illness from a health care provider and availability of testing. When there are high levels of community transmission or multiple unlinked cases in the school or child care center, testing is strongly encouraged. Evaluation may include in-person, phone triage or telehealth, emergency department, clinic, and/or urgent care. An evaluation can help to identify the need for COVID-19 testing or if there is another reason/diagnosis to explain new symptoms.
- **For schools only:** When there are high levels of community transmission or multiple unlinked cases in the school, exclusion with evaluation and testing is strongly encouraged even if a person is experiencing only one less common symptom. For these purposes, high levels of community

transmission may be defined as greater than 10 cases per 10,000. Schools can use the [Data for K-12 Schools: 14-day COVID-19 Case Rate by County \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/stats/wschooll.pdf) ([www.health.state.mn.us/diseases/coronavirus/stats/wschooll.pdf](https://www.health.state.mn.us/diseases/coronavirus/stats/wschooll.pdf)) and can consult with their Regional Team or local public health office to help guide this recommendation.

- Alternative diagnosis means an established medical diagnosis obtained through evaluation by a health care provider and/or diagnostic test (e.g., strep, influenza, Respiratory Syncytial Virus (RSV)). School districts, schools, child care programs, youth programs, etc., may require written documentation (e.g., after-visit summary, note) for a child, student or staff member to return to a school or a program.

### COVID-19 testing

- Polymerase chain reaction (PCR) is a viral test that checks a sample from a person's respiratory system by swabbing inside the nose (nasopharyngeal) or throat (oropharyngeal) to determine if a person **currently** has an infection with SARS-CoV-2, the virus that causes COVID-19. Results can take several days.
- Antigen tests are immunoassays that detect the presence of a specific viral antigen, which implies current viral infection. Antigen tests are currently authorized to be performed on nasopharyngeal or nasal swab specimens placed directly into the assay's extraction buffer or reagent and results can be returned in 15 minutes.

**NOTE:** Antibody tests check blood samples by looking for antibodies, which can show if a person had a **past** infection with the virus that causes COVID-19. They are not used to diagnose COVID-19.



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