



Reopening and Operating Guidelines **for the Fitness Industry**

The Medical Fitness Association is providing updated guidance to the fitness industry about opening and operating safety measures for to maximize employee, patient and member safety in this COVID-19 environment. These guidelines and recommendations were developed in coordination with the Centers for Disease Control and Prevention, reviewed by their subject matter experts and confirmed by leading operators in the Medical Fitness Industry. These updated guidelines reflect new learning in the field since their initial publication.

Each state has published its own varying guidelines for re-opening and operating especially around physical distancing and mask wearing measures.

As centers journey through this time of COVID, the best practices, guidelines and considerations for operation continue to evolve. The following MFA guidelines and recommendations are based on what we believe is the most current science and recommendations from the Centers for Disease Control and Prevention (CDC) and the National Institutes of Occupational Safety and Health (NIOSH) [a division of CDC], but facilities must use their own judgement whether to follow their state guidelines or the MFA recommendations.

Pre-Opening Considerations

- 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.
- Train staff on [CDC screening questions for members](#). Make local decisions whether temperature monitoring is advisable for employees, members, or both. Every person entering the facility should undergo screening and confirmation that masks are being worn while entering 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. Refer to your state guidelines regarding staff cloth face covering, use of face shields and any recommended PPE for staff. Face coverings are considered safer than face shields if physical distancing at less than recommended distances cannot be avoided.

- **Wearing of Masks While Exercising**

- The World Health Organization recommends not wearing a mask during exercise (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>).
- The CDC published their [specific guidance for the Fitness Industry](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html) in August. The CDC cloth face coverings guidance (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>) states: “Use cloth face coverings, or masks, as appropriate. People who are engaged in high intensity activities, like running, may not be able to wear a cloth face covering if it causes difficulty breathing. If unable to wear a cloth face covering, consider conducting the activity in a location with greater ventilation and air exchange (for instance, outdoors versus indoors) and where it is possible to maintain physical distancing in excess of 6 feet [MFA recommends at least 10 feet] from others.”
- The CDC recommends that members wear cloth face coverings when inside the club and especially when it is difficult or impossible, to maintain physical distancing.
- The CDC recommends considering the assignment of physical distancing “coaches” to help ensure patrons are maintaining proper spacing throughout their workout.
- The MFA recommends reviewing your state guidelines, discussing with hospital Infection Control practitioners and/or your Medical Advisory Committees to determine your local policy regarding members working out in cloth face coverings. It is the MFA’s recommendation that cloth face coverings usage by members while actively engaged in strenuous exercise 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 them less effective in addition to decreased oxygen saturation levels with the rebreathing of exhaled CO2. MFA recommends that members wear cloth face coverings to and from the facility and at other times when they are not vigorously exercising, or if they are not able to maintain safe physical distancing from other members of the public.
- 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 a 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 by functional space following MFA recommended physical distancing guidelines of at least 10 feet. State guidance on physical distancing may differ from MFA recommendations.
- 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 group exercise studio, physical distancing requirements could not be maintained.
- Add additional hand sanitizing and equipment disinfecting stations (touch free is better) 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 which staff will monitor member compliance. MFA recommends increasing the spacing of equipment to ensure at least 10 feet between each user. If 10 feet separation is not feasible, other options might include making only every other piece of equipment available, or utilizing some impermeable barrier such as a hanging partition between pieces of equipment to prevent exposure of adjacent exercisers.
- Determine the distancing guidelines for Group Exercise classes. Where possible, consider holding classes outdoors or in spaces where at least 10 feet of distance in all directions can be maintained.

- Consider what signage, floor decals, or other visual aids are available to help members maintain distancing throughout the facility.
- 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 disinfection which could be scheduled in off peak periods. Sanitation and disinfection guidelines are listed in Appendix I to this document.
- Consider what physical changes need to 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?) Consider how this may change as the weather turns cooler in the Fall/Winter.
- Make policy decisions on child care and summer camps – consider changes that may be required for the safety of staff/children and follow state and federal guidelines. Considerations may include time limits, maximum number of children allowed, drop off or by reservation only, COVID-19 screening protocols utilized daily, enhanced cleaning/sanitizing/disinfection policies for toys and touch points, face coverings required or optional for children (age based).
- Identify which staff will be used for screening members at the door.
- Consider your capabilities and staffing levels when deciding whether to allow all members to return at once, or stagger their re-entry to ensure all members are trained on new procedures and physical distancing requirements?
- Consider using this re-entry opportunity to retest and establish fresh goals and exercise prescriptions for members.
- Consider whether you will open your wet areas, saunas and steam rooms. The MFA recommends following state and national guidelines for pool operations. The virus does not survive in a chlorinated environment, but exposure is possible prior to entry and after leaving the water. If feasible, 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.
- Consider closing the facility, or portions of the facility, at specified times during the day for cleaning/disinfection of all touch points. (Intentional conspicuous cleaning/disinfection efforts to ensure members know everything possible is being done to keep them safe.)
- Make decisions on whether locker room facilities will be open. If feasible, 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.
- Consider not opening indoor tracks unless adequate distancing (15 feet for walking, 30 feet for jogging and 50 feet for running) or requiring staggering lanes keeping at least 6 feet of separation side by side.
- Consider how you can ensure that patients/members feel safe to use your facility. 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.

Clinical Program Guidelines During COVID 19

Here are some initial guidelines for re-opening the medical fitness center as an essential business. This set of guidelines addresses the clinical use of the facility for physician referred patients and chronic disease exercise programs that demonstrate the connection with the healthcare system and 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. A recent Belgian and Dutch study pre-released in April, 2020 may be [accessed here](#). By inference, anyone who is exercising with increased respiration rates and forced expiratory volumes should also consider enhanced distancing precautions.

In wind tunnel tests, particulate matter remained at face level for 5 meters (~15 feet) for a person walking at approximately 2.5 miles per hour. For a person running at 10 mph that distance doubled to 10 meters, (~30 feet). The study also demonstrated the aerosolized particulates are mostly held in a narrow band within each person's slip stream. In addition, people who are exercising vigorously are inhaling and exhaling larger volumes of air than when at rest and each exhaled breath is performed with greater force. Based on the results of this study, MFA recommends maintaining a **15 foot separation for immunocompromised and higher risk patients**. Face coverings have been shown to reduce the distance of particulate matter spread. The study showed that dispersion of the particulate matter outside the slipstream is minimal, so side by side at a reasonable distance (10 feet) should be sufficient and encouraged for all members and patients. For those using fixed cardio equipment, it is recommended that spacing be increased to at least 6 feet between each piece of equipment to ensure appropriate distancing. In addition, it is recommended that both members and staff be responsible for ensuring that the touch points on each piece of equipment be disinfected between every user.

It is expected that staff will not congregate and that individuals at higher risk, or who are immunocompromised will self-impose physical distancing of 15 feet when possible.

Checklist for clinical/high risk patients:

- 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. (This is best practice for high risk members, but is optional)
- COVID Screening questions are asked of all who would enter the building.
- Sneeze guard or significant disinfection protocol instituted at front desk. Note: If sneeze guard in place, cleaning protocol for sneeze guard should also be implemented at regular intervals.
- If there is a reservation system in place, check the reservations of each member to ensure only those registered will be allowed in the building 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 especially in narrow spaces or corridors less than 8 feet wide. (optional, but recommended)
- Disinfection stations set up and re-stocked regularly.
- Appropriate physical distancing measures in place for equipment, group exercise (dots, floor lines, or equivalent)
- Consider offering clinical group exercise programs remotely if possible, outside, or if indoors with enhanced distancing of 15 feet per person (225 square feet per person)

- Clinical Personal Training restrictions – We recommend virtual personal training to maintain physical distancing. If it is decided to allow Clinical Personal Training, consider limiting times to off peak hours. This will need to be coordinated with any reservation system implemented.
- If wet areas, including pools are open, establish protocols to ensure that on-deck showers are taken (where available) by people prior to entering the pool. Establish time limits in lap lanes based on demand and distancing. Consider whether locker rooms can be safely opened and adequately cleaned between uses.
- Most Saunas and Steam Rooms will be closed. If you decide to open, ensure protocols are in place to limit usage to accommodate at least 6 feet distancing.
- Food Service areas should follow state guidelines for serving patrons.
- Spa and Massage services should be limited to therapeutic massage services with practitioner and client both wearing cloth face covering unless client is facing floor.
- 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 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 cloth covered benches, if not permanently affixed, and replacing with hard surface chairs appropriately spaced. Also consider closing access to or assigning lockers to force distancing.
- If sinks are available, either close, or mark appropriately, as necessary to maintain appropriate physical distancing and ensure regular disinfecting of all touch points.
- 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.

General Fitness Guidelines During COVID 19

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 distancing techniques, the facility can safely be re-opened to the general membership. For the general, apparently healthy member, MFA recommends distancing for cardio and strength equipment be established at ten (10) feet and 100 sq. ft per participant in group exercise settings. We recognize that some states are requiring only six (6) feet distancing, but we feel that is not sufficient when dynamic motion is involved. At risk and vulnerable populations are encouraged to maximize the distance between them and others as much as feasible and possible. We also recommend that vulnerable, or at risk, populations use the facility in off peak, or designated times where possible.

General Fitness Checklist

- Utilize CDC COVID Screening questions for all who enter the building. If touchless thermometers are readily available, temperature checks may also be used as an added precaution.
- Sneeze guard or significant disinfection protocol instituted at front desk. Note: If sneeze guard in place, cleaning protocol for sneeze guard should also be implemented at regular intervals.
- If there is a reservation system in place, check the reservations of each member to ensure only those registered will be allowed in the building at any one time.
- Tracking system in place to know who and how many people are in each functional area of the building.
- Directional signage in place to keep the flow of people going primarily in one direction through the facility. (optional, but recommended)
- Hand sanitizing and equipment disinfection stations set up and re-stocked regularly. Educate staff and members on the amount of contact time required to achieve disinfection by chosen agent.
- Appropriate physical distancing measures in place for equipment, group exercise (floor decals, or equivalent)
- Offer group exercise programs remotely if possible, outside, or, if indoors with MFA recommended distancing of 10 feet per person (100 square feet per person). If feasible, have Facilities 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.
- Clinical Personal Training - virtual personal training if feasible to maintain physical distancing. If it is decided to allow Clinical Personal Training, consider limiting times to off peak hours. This will need to be coordinated with any reservation system implemented.
- Regular Personal Training - virtual personal training if feasible to maintain physical distancing. If it is decided to allow in-person Personal Training, consider limiting times to off peak hours to avoid conflict with regular members. This will need to be coordinated with any reservation system implemented.
- If wet areas, including pools are open, establish protocols to ensure that on-deck showers are taken (where available) by people prior to entering the pool. Establish time limits in lap lanes based on demand and distancing. Ensure disinfection protocols are in place for all touchpoints on showers and deck furnishings.
- All horizontal surfaces in wet areas including chairs, benches, etc. should be regularly and routinely disinfected. While the virus cannot survive in chlorinated pool water, it can be found on untreated surfaces.

- If opening locker rooms, consider removing cloth covered benches, if not permanently affixed, and replacing with individual plastic chairs appropriately spaced. Also consider closing access to or assigning lockers to force distancing.
- Close sinks, or mark appropriately, as necessary to maintain appropriate physical distancing and ensure disinfection protocols are in place for all touch points.
- If opening Saunas and Steam Rooms ensure protocols are in place to limit usage to accommodate at least 6 feet distancing and ensure adequate cleaning/disinfection between users.
- Spa and Massage services should ensure that both practitioner and client wear a cloth face covering unless client is facing floor.
- 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 disinfected at least every 2 hours. Space chairs and sofas in lounge areas to ensure appropriate distancing. Consider removing cloth covered chairs as these can more easily harbor the virus than non-porous surfaces. Have remaining chairs sanitized 2-3 times per day.
- If offering towel service provide touchless distribution system and ensure employees wear appropriate PPE when gathering and laundering used towels to minimize the risk to staff.
- Disinfect 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.
- Develop member messaging around the changes in your operations to ensure member safety and practice appropriate distancing measures.
- Be intentional about choosing TV stations playing 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.
- Remove as many items that are frequently touched by members as feasible and either not replace or replace with disposable items.
- Follow state guidelines regarding food service offerings.
- Follow current CDC and state guidelines for numbers of people who can congregate and meet at any one time. Arrange chairs and lounge areas in support of these guidelines.

Return to Near Normal Operations

After either a definitive treatment, or an effective vaccine is developed and distributed, 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 disinfection of surfaces 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 additional waves of COVID-19 has passed.

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.

Facilities are encouraged to continue screening all who enter the facility using the CDC COVID-19 Screening questions until advised by their state that it is no longer necessary. Facilities should also maintain physical distancing measures until advised by State and National officials that physical distancing is no longer required. MFA recommends that the industry adopt and maintain 10-foot separation guideline in all areas of the facility.

Handwashing/sanitizing stations should be maintained throughout the facility and members should be strongly encouraged to utilize them frequently and disinfect equipment after each use. Continue providing cleaning/disinfection of equipment by staff at least two (2) times per day.

Staff should continue to wear appropriate PPE when handling potentially infectious items such as towels and linens. Flat surfaces, such as front desk countertops, fitness area service desks, workout file drawers, computer and kiosk stations, handrails, door handles, etc., should be disinfected several times per day.

Enhanced cleaning/disinfecting in child care areas should be maintained paying special attention to cleaning toys and dolls between uses until advised this is no longer necessary by State and National officials.

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 disinfected 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 and all flat surfaces 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, TRX 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 disinfected 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>
<https://www.cdc.gov/coronavirus/2019-ncov/prepare/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

Biosafe fogs

biosafedistributors.com

Air Purification Products:

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

www.airphxsports.com

Beyond, By Aerus

www.beyondbyaerus.com/site/products

Shoe Sanitizers

Sani Stride Shoe Sanitizer 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/>