



## U.S. Masters Swimming COVID-19 Safety Plan Addendum

Until directed otherwise, all sanctioned events must complete this COVID-19 Safety Plan Addendum and email it to their LSMC sanctions chair in addition to completing the standard sanction application on [usms.org](https://usms.org). Please copy [events@usmastersswimming.org](mailto:events@usmastersswimming.org) on correspondence so the National Office can gather comprehensive best practices and assist as needed.

### Guidance and Recommendations

#### Event Directors

- The event director is responsible for researching and abiding by all current applicable federal, state, local, and facility orders related to COVID-19, clearly communicating protocols in published event information and providing email updates to attendees as needed.
- Require all attendees (swimmers, volunteers, officials, and facility staff) to complete a USMS COVID-19 Participant Screening Form.
- Discourage travel. Attendees should travel from no farther than a 100-mile radius from the event venue. In areas where population density is greater (or the boundaries of the LSMC don't exceed a 100-mile radius), travel should be limited to within the LSMC.
- Require all attendees to wear face masks at all times, except while in the water. Provide disposable masks in case attendees forget to bring their own.
- Limit event lineup to individual races (i.e., no relays).
- Provide plenty of time between heats to avoid crowding behind the blocks.
- Meet warm-up and post-race cool-down need to be tightly managed like a workout to maintain social distancing with limited number of swimmers in each lane starting from opposite ends.
- No spectators or nonessential attendees.
- Limit bathroom access (swimmers arrive and leave in their suits).
- No hospitality (attendees should bring snacks, water, etc.).
- Space out seating areas.
- Provide hand washing stations and hand sanitizer.
- Check temperature of each attendee before entry to the facility.
- Sanitize common areas and surfaces frequently.
- Utilize plexiglass barriers to help protect volunteers and officials while interacting with attendees.

#### Swimmers

- At the end of each race, clear the area quickly to avoid crowding behind the blocks.
- Swimmers should not ask timers for their times.
- Swimmers in the next heat should be positioned at least 6 feet behind the timers and not move up to the blocks until instructed to do so.
- Once races are completed, exit the facility without lingering to socialize or cheer on teammates.
- Swimmers should not congregate on the side or at the end of the pool to cheer for friends.

## Officials and Timers

- Referee and starter should be on opposite sides of the pool.
- Stroke & turn officials should remain in the middle of their jurisdiction at the ends of the pool.
- Stroke & turn officials should stand back from the starting block while the swimmers get up and take their position. Do not move up to the edge of the pool until the swimmer has left the block and is in the water.
- Sanitize any equipment before use (e.g., podium, microphone, etc.)
- There should be only ONE starter using the microphone. Do not share or switch off.
- Officials should wear masks, but the referee may lower for whistles and the starter may lower for starting commands.
- All officials should be equipped with radios.
- Physical DQ slips shouldn't be used and passed around. Call all DQs in over your radio and have the administrative official or Hy-Tek operator enter them into the computer. Mark the DQs on your heat sheet in case there are any questions.
- Timers should remain 6 feet back from the blocks at the start of the race and only move up to the pool's edge at the end of the race to stop their watch and/or push their button. Then they should move back to their original position.
- There should only be one timer per lane.

## COVID-19 Safety Plan Details (include additional pages as needed)

Describe current applicable federal, state, local, and facility orders regarding size of gatherings, testing, other COVID-19 protocols, etc. (include links where appropriate)

The current Federal guideline are to social distance, wash hands frequently, and wear masks when social distancing cannot be followed. The state of Missouri current has the following: there are no orders from the state of Missouri that will impact the masters swimming sanctioned event.

Jackson County Missouri has the following orders: mask mandate for public indoor area from Jackson County Missouri that will impact the masters swimming sanctioned event.

The City of Lee's Summit has current guidelines: There is a mask mandate for public indoor area, so our attendees will need to abide by this mandate.

The Lee's Summit School District has the following guidelines: There are no orders or mandates beside the Jackson County mask mandate for public indoor spaces.

Describe venue cleaning protocol for before the event, during the event, and after the event

The Lee's Summit School district staff clean the facility regularly during the event.

Describe screening of attendees (swimmers, volunteers, officials, staff) for entry to venue

Each attendee will be asked to complete a questionnaire on their current health and potential exposure of Covid-19. We have purchased a thermometer to check their temperatures upon arrival.

|  |
|--|
| <b>Describe face-covering requirements and enforcement</b>   |
| Face Covering will be required for those not actively swimming. The coaches and meet staff will help support the enforcement and remind attendee to wear masks. Announcement will be made during each set of events, with periodic breaks taken about every 15-20 minutes.   |
| <b>Describe modifications to registration and check-in area and process</b>  |
| Registration check-in will be used to collect the screening forms. All meet entries will be required before the event and NO DECK ENTRIES will be allowed, which would minimize the exposure of attendees and meet support staff from long exposure at check-in. Signs will be posted to keep social distance of at least 6 feet, and places in line to check in will be marked with tape on the floor.  |
| <b>Describe warm-up social distancing requirements and enforcement</b>   |
| The event will be small ( 20-25 swimmers) and we anticipate having access to 12 lanes for warm-ups, (This is an 8 lane 50 meter pool and will be set-up with a bulkhead into 25 meter courses), so we will asked swimmers to train together to share a lane, which should allow other swimmers to warm-up in their own lane. Meet staff will marshall the warm-up.   |
| <b>Describe venue facilities that are available and off-limits to participants</b>   |
| The Facility currently does NOT have its locker rooms open, so they will be marked as closed. Swimmers will be informed in the meet announcement to plan to arrive at and leave the facility in swim attire due to the locker room being closed.   |
| <b>Describe participant deck space usage requirements and enforcement</b>  |
| There is limited deck space will be used by the meet staff, and swimmer will be asked to use the stadium seating above the deck level which can hold 450 people. Swimmers to live or training together may sit in groups, and otherwise, attendees will be asked to social distance.   |
| <b>Describe swimmer requirements for races (entering and exiting the pool)</b>   |
| Swimmers will be asked to remain in the seating area until the heat before their swim. Ample time will be provided between heats for the swimmer to proceed to the starting blocks and verify with timers they are in the correct heat & lane. Swimmers will be asked to exit the pool promptly after the race, and those who need to swim to the edge of the pool to use a ladder to exit will be given time to exit the pool before the start of the next heat.  |
| <b>Describe other participant interaction modifications (awards, results, etc )</b>  |
| Normally, MOVY would hire a group to be timers. To minimize the number of people in the facility, the swimmers will provide the timing support for the heats and events that they are not participating. Our local meets have no awards, we are swimming for times that will be submitted for top ten consideration. Results will be announced at the breaks and the complete results provided to the swimmers by email after the meet. No heat sheets or results will be posted, eliminating the gathering points they cause. |

Describe post-event notification protocol, in the event that an attendee subsequently tests positive for COVID-19

During the meet registration, contact information will be collected. In the event there is a subsequent positive test confirmed for Covid-19, the meet director will contact all the attendees.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while participating in USMS swim workouts, events or other approved activities (collectively, the "Activities"), and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the at the Activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MOVY Masters and U.S. Masters Swimming, Inc. and their respective employees, volunteers, and program participants and their families (the "Released Parties"). I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to me (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, may experience or incur in connection with my attendance at any of the Activities ("Claims").

I agree that if I have a fever, cough, feel short of breath or am experiencing any other symptoms or have knowingly been exposed to a communicable disease such as COVID-19 or have traveled to or from a highly impacted area, I will not attend any of the Activities for at least two weeks after exposure or symptoms have subsided or I have returned from a highly impacted area. In addition, if I discover I have been exposed to a suspected or positive case of COVID-19 or have tested positive for COVID-19, I will notify the coach or club administrator immediately.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless MOVY Masters and U.S. Masters Swimming, Inc. and their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the MOVY Masters and U.S. Masters Swimming, Inc. and their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Activities. In addition, I agree to indemnify and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgements, losses and/or liabilities (including attorneys' fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Release Parties due to bodily injury, death, loss of use, monetary loss or any other injury from or related to the Activities whether caused by the negligence of the Released Parties or otherwise.

By signing below, I acknowledge and represent that I have read the foregoing waiver of liability, understand it and sign it voluntarily as my own free act, including the release of liability and indemnification requirements contained in this document. I agree that this agreement shall be enforced as fully as possible and that any unenforceable provisions shall be deemed modified to the limited extent to permit enforcement.

\_\_\_\_\_  
Signed

Dated: \_\_\_\_\_

\_\_\_\_\_  
Acknowledged

Dated: \_\_\_\_\_



## USMS COVID-19 Attendee Screening Form

The following form is based on CDC guidance and must be completed by all attendees (swimmers, volunteers, officials, and facility staff) in the 24 hours prior to the event and submitted prior to entering the facility.

|                   |  |             |  |
|-------------------|--|-------------|--|
| Name<br>Printed   |  | Date        |  |
| Name<br>Signature |  | Temperature |  |

**In the past 48 hours, have you had any of the following NEW symptoms?**

|  |  |  |              |
|--|--|--|--------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Fever of 100 F (37.8 C) or above                           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Cough        |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Trouble breathing, shortness of breath, or severe wheezing | Yes <input type="checkbox"/> No <input type="checkbox"/> | Muscle aches |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Chills or repeated shaking with chills                     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Sore throat  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Loss of sense of smell or taste, or a change in taste      | Yes <input type="checkbox"/> No <input type="checkbox"/> | Headache     |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Nausea, vomiting, or diarrhea                              |  |              |

|  |   |
|--|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | To the best of your knowledge, have you been in close proximity to any individual who tested positive for COVID-19?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least five (5) minutes, or had direct contact with their mucus or saliva, in the past 14 days? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Has a public health official advised you to get tested for COVID-19?  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you or anyone in your household been tested for COVID-19?  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days?                  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you or anyone in your household traveled on a public conveyance (airplane, bus, train, etc.) in the U.S. in the past 21 days?  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you or anyone in your household a health care provider or emergency responder?  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?                                 |

The event host shall keep all original USMS COVID-19 Attendee Screening Forms for no less than 90 days following the completion of the event or until directed by USMS to dispose of them.