


Gym re-opening protocol (under restricted operation).

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1.- GENERAL CONSIDERATIONS:

1.1. This protocol will only apply in those cases in which the local health authorities allow the reopening of boxing gyms and will be complementary to the provisions that the local authorities determine for its operation.

1.2. The reopening strategies are different in each country and city, but in general the following stages of operation are established:

Gym closure / Restricted operation / Moderate operation / Full activity

2.- PREPARATION FOR OPENING:

2.1 Remove all personal use equipment (gloves, masks, bandages, protectors, etc.) that has been stored in the gym prior to closing to wash and sanitize it.

2.2 Wash the surfaces and equipment of the gym with soap and water (floors, walls, bags, speed bags, ropes, mitts, etc.).

2.3 Properly ventilate the gym spaces and allow sunlight to enter.

2.4 Disinfect gym surfaces and equipment with a commonly used sodium hypochlorite solution (commercial chlorine), or some other commonly used disinfectant. Disinfecting of surfaces should be done daily before starting closed-site activities and before closing.

You can prepare a disinfecting solution under the following instructions:

For a liter of disinfecting solution, it is necessary:

- Fill a bottle with a liter of clean water
- Add a spoon of commercial bleach
- Cap the bottle and shake it
- Label the bottle indicating that it contains chlorinated water
- Wait 30 minutes before using it
- Store the container in a dark place and out of the reach of children
- This solution can be used for a month to clean surfaces

2.5 Separate workstations at least three meters

2.6 Place sanitizing gel and sanitizing towels near work areas and in entrances

3.- CANDIDATES TO GET INTO THE GYM (WHO IS ELIGIBLE)

3.1 All candidates to enter the gym must fill out and send by email a signed questionnaire (attached), as well as a medical certificate confirming that the client can exercise in a boxing environment without restrictions. The certificate must be signed by a medical doctor with their stamp affixed.

3.2 Access should not be allowed to people who are at greater risk of presenting a serious condition due to COVID 19, such as:

- People over 65
- People who have previous medical conditions like high blood pressure, heart or lung problems, diabetes or cancer.
- People with chronic lung disease or moderate to severe asthma
- People with their depressed immune system (Smokers, have been transplanted, HIV, Lupus, etc.)
- People with severe obesity
- People with chronic kidney disease on dialysis treatment
- People with liver disease

3.3 Before entering, candidates must send a signed response stating that they know and agree to the rules of behavior within the gym (which will be sent to them in the same document). The signed document will include a liability waiver.

3.4 Prior to admission, all candidates and gym personnel must apply, and present COVID test results approved by the local health authorities. These tests must be carried out periodically.

4.- ACCESS PROTOCOL:

4.1 The gym shall have a registration table where the access supervision filter is carried out.

4.2 The chairs that are placed for those responsible for applying the filter must comply with a healthy distance of at least one and a half meters between people.

4.3 The personnel designated to apply the filter must use a gown, mask and N95 mouth covers and put them on correctly, following the instructions for their use.

4.4 If there are several accesses to the property, there must be a supervision filter for each one of them.

4.5 To avoid conglomerations in the supervision filters, people should line up and keep a distance of at least two arms between one person and another.

4.6 In the supervision filter module you must have:

- Water, soap or antibacterial gel (alcohol base more than 60%); and a chlorinated solution to keep it clean and disinfected
- Tissues
- Trash can with waste lid (waste accumulation should be avoided)
- Thermometer (without mercury), can be digital, infrared, or plastic strips
- Disinfectant shoe mat
- Questionnaires to detect signs and symptoms

4.7 The gym manager will record the attendance log and check that they fulfill the requirements mentioned in points 3.1 to 3.4 of this protocol,

4.8 The gym manager will take and register the temperature of each person (gun meter) to verify that users don't show symptoms of infection. The temperature should not exceed 100.4 F or 38.0 C.

4.9 Access will not be given to people in the high risk group (see point 3.2)

4.10 The presence of companions will not be admitted

4.11 Antibacterial gel should be applied to all people entering the property.

4.12 Each attendee must bring their own personal equipment / not share personal equipment

4.13 The personnel designated to apply the filter must remind attendees of the rules of behavior in the gym.

5.- RULES WITHIN THE GYM DURING THE RESTRICTED OPERATION STAGE:

5.1 The gym shall be cleaned and disinfected daily (floors, walls, furniture, equipment, etc.) before starting and at the close of each day.

5.2 Limit user access to one third of its total capacity

5.3 Establish strict shifts for the use of facilities, no more than 90 minutes.

5.4 There should be 30 minutes between classes in order to prevent two groups from coming together.

5.5 No one may remain on the gym at the end of their shift or session.

5.6 Maintain social distance at all times (the training plan will not include combat or exercises that involve contact with another person).

5.7 Distance, hygiene and protection measures will be followed in all areas of the gym, including bathrooms, locker rooms and others.

5.8 Wear sports clothing, equipment, and clean towels at each workout.

5.9 All used equipment must be cleaned at the beginning and at the end of its use (in articulating gloves and footwear).

5.10 All gym personnel will wear face masks and a mask, properly placed at all times and will strictly follow all rules.

6.- WHAT TO DO IF SOMEONE BECOMES POSITIVE FOR COVID-19:

6.1 If an employee or client tests positive for COVID-19, the Gym Manager must immediately notify state and local health departments and cooperate with contact tracing efforts, including notification of potential contacts, such as workers or clients who had close contact with the individual, while maintaining confidentiality required by state and federal law and regulations.



COVID - 19 Health questionnaire

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Date:

__ / __ / ____

Identification Data:

[Paternal last name]		[Maternal last name]		[Name:]	
Date of birth:	__ / __ / ____	Age:	[] [] years months	Nationality:	[Country]
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>				
Occupation:	[Boxer, trainer, cutman, second, commissioner, ring official, production staff, officer. etc.]				
Email:			Telephone(s):	[Telephone]	[Mobile]

Health condition: Answer if during these last 15 days you have suffered any of these ailments:

Breathing Difficulty:	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Chest pain:	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Fever:	No <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	
Headaches:	No <input type="checkbox"/>	Moderate <input type="checkbox"/>	Serious <input type="checkbox"/>	
Cough:	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Serious <input type="checkbox"/>	

Answer if during these last 15 days you have had any of these symptoms:

<input type="checkbox"/> Sore throat	<input type="checkbox"/> Muscle Aches	<input type="checkbox"/> Shaking chills	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Irritated eyes	<input type="checkbox"/> Articulation pains	<input type="checkbox"/> Sweating	<input type="checkbox"/> Irritability
<input type="checkbox"/> Nasal congestion	<input type="checkbox"/> Fatigue and weakness	<input type="checkbox"/> Diarrhea, nausea, vomit	<input type="checkbox"/> High blood pressure

Do you suffer from any of the following diseases?

<input type="checkbox"/> Cancer	<input type="checkbox"/> Gestational diabetes	<input type="checkbox"/> Neurological	<input type="checkbox"/> Pulmonary condition
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Liver condition	<input type="checkbox"/> Hematological	<input type="checkbox"/> Kidney condition
<input type="checkbox"/> Diabetes 1 or 2	<input type="checkbox"/> Obesity	<input type="checkbox"/> Weak immune system	<input type="checkbox"/> Immunosuppressive Treatment
<input type="checkbox"/> HIV	<input type="checkbox"/> Other:		



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Epidemiological history:

¿Have you had contact with any respiratory disease cases in the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
¿Any family member or close acquaintance suffers from COVID -19 or is now under surveillance as a suspected case?	Yes <input type="checkbox"/> No <input type="checkbox"/>
¿Has any family member or close acquaintance had contact with someone suffering from COVID -19, or that might be under surveillance as a suspected case?	Yes <input type="checkbox"/> No <input type="checkbox"/>
¿Have you been tested for the detection of COVID - 19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In case you have been tested; when was it done?	__ / __ / ____
In case you have been tested; what were the results?	Positive <input type="checkbox"/> Negative <input type="checkbox"/>

After reading and filling out this COVID – 19 Sanitary questionnaire, I declare under oath that all the information expressed herein is truthful, and therefore, I accept that the medical committee of the event perform a prior assessment of risk and contact with COVID – 19.

Likewise, I give my consent to the medical committee of the event to handle my personal data for the purposes indicated in the object of this questionnaire.

[Place and date]	[Full name]
	[Signature]

