

# **Best Practices, Standards And Industry Recommendations In Post-covid-19 Operations For Fitness Studios, Gyms And Trainers**

*Prepared and Adopted by CrossFit® Affiliates of Wisconsin  
4/16/2020*

As we approach the prospect of re-opening our fitness studios after the coronavirus quarantine, the highest practices and standards must be implemented to ensure the health and safety of our members, staff and community. As fitness professionals, our passion and commitment is to build the health and fitness of our community and our response to the Covid-19 epidemic reflects that commitment.

Until such time as a viable vaccine and/or herd immunity is developed to the novel coronavirus, several factors become apparent as we reopen our doors:

- We will not be going back to a “business as usual” model
- We must be intentional and methodological in minimizing the risk and stopping the spread of the virus
- Fitness, health and wellness should be considered an essential service in the fight against this disease. It has been clear that there is an inordinate impact on vulnerable (unhealthy) populations
- The isolating effects of social distancing has shown us the value of the community and belonging members find in our fitness studios

To that end, we recommend the following best practices, standards and recommendations for fitness operations in our community:

## **Spacing and capacity limitations**

1. We recommend a minimum of 100 sq ft per participant. This would limit the number attending classes and/or admitted to the facility at any given time
2. Best practice is to designate a 10x10’ area for each member and limiting movement and interaction to that area.
3. Limiting class size (even if space permits more) to 10 participants to decrease the number of people congregating before and after class, regardless of building size. Or 1 person per 1,000 sq ft of space, whichever is less.

## **Programming considerations**

1. Use of common/shared equipment, machines, weights and other workout devices should be minimized to the greatest extent possible.
2. Exercise and workout design should eliminate sharing of equipment
3. Members should be provided a specific area (workout zone) and equipment for their exclusive use for the duration of their workout
4. Workout duration should be adjusted to accommodate time before and after to disinfect the equipment (see item 3, below)

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5. Schedules should be adjusted as to minimize traffic and congestion before and after class

### **Sanitizing and disinfecting**

1. Members will be required to wash hands prior to entering the facility or upon entry.
2. Each workout zone should have appropriate disinfecting materials (eg, spray, cloths wipes, etc) so the member can disinfect prior to and after their sessions
3. Members should be trained in proper equipment disinfecting
4. As a regular practice in the studio/gym, members shall be encouraged to practice hygiene standards as defined by CDC guidelines
5. Each studio will keep a strict cleaning and disinfecting protocol and make that protocol available to the public.
6. While there are numerous commercially available disinfecting products on the market, our suggestion is to choose carefully. Many products are toxic if used in large quantities and many are harmful to surfaces and equipment. The NIH and CDC accepts a solution of 70% ethyl alcohol 30% distilled water as an effective virucidal surfactant (<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/disinfection-methods/chemical.html>)

### **Member and trainer considerations**

1. Members and trainers will be required to stay at home if they show any signs or symptoms
2. Members should be contacted immediately if it becomes known that a member or trainer has tested positive for Covid-19
3. The studio shall keep a temporal thermometer available to check members by request or if there is a question of contagion
4. Facilities will have masks or similar available for trainers and members at all times.
5. Members must reserve spots in pre-assigned classes/time slots ahead of time using the software systems in place by the business to implement.

### **Benefits of Physical Exercise - specifically in supervised group setting**

1. Supervision and instruction of a professional coach provides the best results with smallest risk of injury
2. Programming, exercise selection, duration and frequency are designed and tailored to individuals and administered in a controlled manner that cannot be replicated online, at home, or remotely
3. Gyms provide access to equipment that most people do not have (very difficult to find stock right now due to panic purchases since early March 2020)

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4. Medical research findings strongly support that regular exercise can prevent or at least reduce the severity of ARDS which affects up to 85% of patients admitted to ICU units. Severe ARDS is fatal in approximately 45% of patients who experience it.
5. Mental benefits of exercise are improved mood and outlook, ability to handle stress, cognitive function improvement, and reduction of depressive symptoms.
6. Social Isolation is linked to increases in obesity and Type 2 Diabetes - these are significant underlying conditions that are largely lifestyle related and directly combatted by regular exercise
7. People stuck at home with no ability to exercise are more at risk for severe cases of COVID-19 than those who are able to safely workout.
8. Many people who engage in regular fitness regimen are recovered drug or alcohol abusers and rely on the consistent ability to exercise in order to remain in recovery
9. Another large population of members are Active Duty Military or Veterans, Police officers, Fire Fighters, EMS workers - all of which either need fitness to perform their daily duties. Many in this population deal with different forms of PTSD, for which regular exercise is extremely effective at treating.
10. Regular physical exercise is a significant immune system booster and it is well documented that more fit people who have a generally nutritious diet are significantly less likely to have a fatal encounter with COVID-19 (or any other common illness)
11. Almost 90% of those hospitalized for COVID-19 have underlying conditions. The most prevalent comorbidities to COVID-19 are lifestyle related issues
  - a. Top 4: (Different orders of prevalence depending on data source, but these are clearly the most influential)
    - i. High Blood pressure
    - ii. Chronic Lung Disease (Smoking)
    - iii. High Blood Sugar
    - iv. High Body-Mass Index (Obesity)

These co-morbidities are directly tied to a) Lack of exercise and b) Nutritional and/or environmental choices that are directly addressed in the CrossFit gym model.

### Overall Summary

*Regular exercise, supervised and designed by a professional and performed by willing participants is the best preventative measure people can take to prepare their bodies to resist and survive a viral attack. The support of nutritional habits as well as reduction of stress-induced participation in destructive vices (smoking, alcohol, and drug abuse) is significant and beneficial. Stronger, more active people are less likely to suffer a significant case of*

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COVID-19 and the businesses that support that should be considered essential and requested to resume operations within approved guidelines from local health departments.

## References

New study shows exercise may protect against deadly complications of COVID-19.

[https://www.eurekalert.org/pub\\_releases/2020-04/uovh-cem041520.php](https://www.eurekalert.org/pub_releases/2020-04/uovh-cem041520.php)

Risk Factors for Death

<https://ourworldindata.org/causes-of-death#risk-factors-for-death>

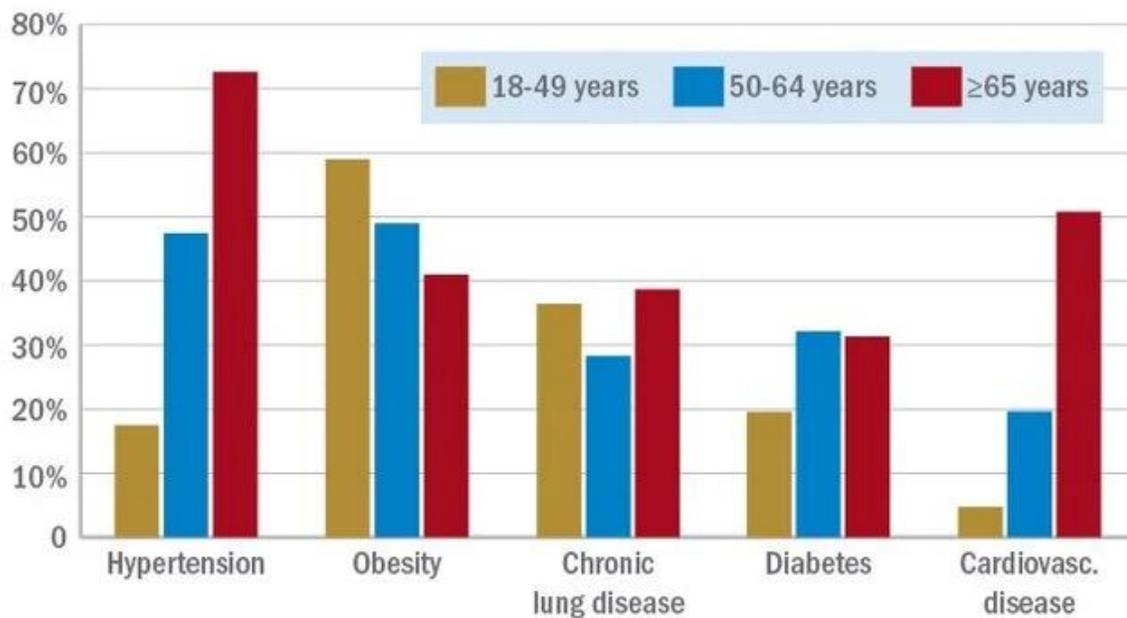
Long term health (Obesity/Diabetes) links to isolation - study in mice

<https://academic.oup.com/endo/article/148/10/4658/2501229#61412914>

Underlying conditions:

<https://www.medscape.com/viewarticle/928531>

## Underlying conditions among adults hospitalized with COVID-19



Note: Based on data from the COVID-19–Associated Hospitalization Surveillance Network for patients hospitalized in 99 counties in 14 states from March 1-30, 2020.

Source: MMWR. 2020 Apr 8;69(early release):1-7

Preliminary Estimates of the Prevalence of Selected Underlying Health Conditions (Mar 31st)

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e2.htm>

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