

SPMS Meet Operations Report

August 10, 2020

Submitted by Kenny Brisbin

USMS Board of Directors approved Phase 1 of a return to sanctioned in-person events starting Nov. 1.

State and local health guidelines, along with facility requirements, supersede all recommendations from USMS. The suggested limit is 50 swimmers maximum 100-mile radius.

Along with the regular sanctioning process, meet hosts must complete a safety plan (see below). All participants are required to complete a screening form (see below) along with signing an updated USMS Waiver form (see below).

The committee is currently starting talks with a couple of facilities to run small meets.



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](#). Please copy 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 LMSC don't exceed a 100-mile radius), travel should be limited to within the LMSC.
- 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)

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

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

Describe face-covering requirements and enforcement

Describe modifications to registration and check-in area and process

Describe warm-up social distancing requirements and enforcement

Describe venue facilities that are available and off-limits to participants

Describe participant deck space usage requirements and enforcement

Describe swimmer requirements for races (entering and exiting the pool)

Describe other participant interaction modifications (awards, results, etc.)

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



**U.S. MASTERS
SWIMMING**

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 Printed		Date	
Name 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.



PARTICIPANT WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

For and in consideration of United States Masters Swimming, Inc. ("USMS") allowing me, the undersigned, to participate in any USMS sanctioned or approved activity, including swimming camps, clinics, and exhibitions; learn-to-swim programs; swimming tryouts; fitness and training programs (including dryland training); swim practices and workouts (for both pool and open water); pool meets; open water competitions; local, regional, and national competitions and championships (both pool and open water); and related activities ("Event" or "Events"); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

1. I hereby certify and represent that (i) I am in good health and in proper physical condition to participate in the Events; and (ii) I have not been advised of any medical conditions that would impair my ability to safely participate in the Events. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Events.
2. I acknowledge the inherent risks associated with the sport of swimming. I understand that my participation involves risks and dangers, which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and death (from drowning or other causes); loss of or damage to personal property and equipment; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with natural or manmade objects; dangers arising from adverse weather conditions; imperfect water conditions; water and surface hazards; facility issues; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses that I incur as a result of my participation in any Events.
3. I agree to be familiar with and to abide by the Rules and Regulations established by USMS, including any safety regulations. I accept sole responsibility for my own conduct and actions while participating in the Events.
4. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, or other viral or bacterial infection, while participating in any of the Events, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I agree that if I have a fever, cough, feel short of breath, have any other symptoms, 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 an Event 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 USMS coach or club administrator immediately.
5. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USMS, its members, clubs, workout groups, event hosts, employees, and volunteers (including, but not limited to, event directors, coaches, officials, judges, timers, safety marshals, lifeguards, and support boat owners and operators); the USMS Swimming Saves Lives Foundation; USMS Local Masters Swimming Committees (LMSCs); the Event organizers and promoters, sponsors and advertisers; pool facility, lake and property owners or operators hosting the Events; law enforcement agencies and other public entities providing support for the Events; and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees, and volunteers (individually and collectively, the "Released Parties"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.
6. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim..

I hereby warrant that I am of legal age and competent to enter into this Agreement, that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns), acknowledge that I have signed this Agreement without any inducement, assurance, or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Last Name	First Name	MI	Sex (circle) M F	Date of Birth (mm/dd/yy)
Street Address, City, State, Zip				
Signature of Participant			Date Signed	

