New Jersey COVID-19 Pools and Aquatic Recreation Facility Standards  
May 7, 2021


The Centers for Disease Control and Prevention (CDC) has issued guidance on operating and managing public pools and hot tubs during the COVID-19 pandemic. SARS-CoV-2, the virus that causes COVID-19, most commonly spreads from person to person by respiratory droplets during close physical contact (within 6’ both in and out of the water) (CDC, 2021). The New Jersey Department of Health recommends that all pool facilities review the CDC guidance to assist with making decisions prior to opening.

Pursuant to Executive Order No. 153 (2020), the Department of Health has developed these COVID-19 Pool and Aquatic Recreational Activity Standards to govern the operations of pool facilities during the ongoing public health COVID-19 pandemic. New Jersey facility operators must comply with these standards.

Aquatic Recreation Facilities (ARF), as defined at N.J.A.C. 8:26-1.3, which includes water parks, must follow the requirements set forth in the Health and Safety Standards for High-Touch Amusement and Recreation Activities issued pursuant to Executive Order No. 181 in addition to these standards.

Aquatic Recreation Facilities must comply with the indoor capacity requirements outlined in Executive Orders and/or Administrative Orders. Currently, Executive Order 230 (2021) limits indoor areas to 50%, excluding facility’s employees, of the establishment’s indoor capacity.

Additional changes to capacity limits are expected to take effect on May 19. Revised guidance will be issued at that time.

**COVID-19 Pool Facilities Standards**

**Approval to operate according to the Public Recreational Bathing (PRB) rule, N.J.A.C. 8:26-1 et seq.**

- Approval to operate by the local health authority (LHA) is required prior to opening.
- The preoperational assessment checklist (N.J.A.C. 8:26-Appendix E) must be submitted to the LHA. The LHA may utilize the Appendix E-Checklist for Public Recreational Bathing Facilities in lieu of an on-site inspection.
- Incorporated into the Aquatics Facility Plan (AFP) required by N.J.A.C. 8:26 Public Recreational Bathing rule, the pool facility must develop and implement a COVID-19 Pool Operation Prevention Plan (CPOPP) that complies with these Standards issued pursuant to Executive Order No. 153 (2020).
- The pool operator must submit the AFP and CPOPP together to the LHA.
Implementation of the CPOPP

All pool facilities must comply with existing sanitation and safety regulatory requirements for recreational bathing facilities to preserve public health set forth in the New Jersey State Sanitary Code regulations, and shall develop a written CPOPP that complies with Executive Order No. 153 (2020), and all applicable Standards contained herein. The CPOPP must be written and implemented based the following:

I. Staffing and Pool Facility Operations

Pool facilities shall designate adequate staff for the roles outlined below:

A. Train and equip the following personnel on COVID-19 awareness, routine cleaning and disinfecting to perform their assigned duties in a manner that promotes the safety of public and staff.
   1. Pool Director (where required by N.J.A.C. 8:26)
   2. Lifeguard (where required by N.J.A.C. 8:26; note that Special Exempt Facilities are not required to staff a lifeguard)
      - An active on duty guard shall perform only the role of lifeguard and may not simultaneously serve in any additional roles while performing as an active lifeguard. This does not prohibit a lifeguard, who is not active in the role of lifeguard, to perform other roles.
      - Lifeguards who are actively lifeguarding should not be expected to monitor social distancing, use of face masks, handwashing or similar duties.

B. Additional Role Designation
   1. COVID Point of Contact - a role within the PRB facility which should be knowledgeable on COVID-19 response, communication, and awareness activities. The designee should serve as the point of contact for staff, patrons and the local health authority in contact tracing efforts. The role may be performed by existing employees, unless that employee is on active lifeguard duty, and/or residents or owners of the facility, as applicable.
   2. Document COVID awareness training and risk reduction strategies for any personnel

C. Develop a police notification policy and reporting procedures in the event of non-compliance with any activities required by Executive Order.

II. Masks/ Face Covering and Social Distancing Strategies

A. Mask/Face Covering

Patrons and spectators must wear a masks/face coverings while on the pool deck and when social distancing of 6 feet from non-household contacts cannot be maintained.
1. Pool facilities should supply their staff with masks/face coverings.
2. Masks/face coverings should **NOT** be worn while in the water and/or put on children under age two.
3. Lifeguards
   - Lifeguards performing lifesaving activities and actively monitoring bathers from the lifeguard stand are **NOT** encouraged to wear a masks/face covering.
   - Lifeguards transitioning from post to post and walking amongst patrons while on duty should be masked.

**B. Social Distancing**

Pool facilities must implement measures to ensure social distancing is maintained, including but not limited to:

1. Encouraging 6 feet social distancing among staff and patrons, away from non-household contacts, in and out of the water.
2. Recreational bathing facilities should quadrant off the area around the lifeguard stand to allow for social distancing between the unmasked lifeguard (LG) and patrons below the elevated LG chair.
3. Exceptions to social distancing must be made to rescue a distressed swimmer, perform cardiopulmonary resuscitation (CPR), or provide first aid.
4. Control crowd flow using visible markings, postings or signage; and
5. Demarcating and post signs that denote 6 feet of spacing in all commonly used and other applicable areas or where people may form a line.

**III. Admittance and Access to the Facility**

**A.** Create a communication system for self-reporting of symptoms and notification of exposures and closures. Executive Order 192 Protect New Jersey’s Workforce should be followed.

**B.** Require staff and patrons who are sick or have recently had a close contact with a person with COVID-19 to stay home.

**C.** Monitor absenteeism and consider maintaining a roster of trained back-up staff.

**D.** If possible, assign separate entry and exit points to encourage everyone to move in one direction and avoid crowds.

**E.** Post **signs**, in highly visible locations (such as at entrances and restrooms), to promote steps that prevent the spread of the virus such as staying home when ill, masking and social distancing.

**F.** Offer touchless payment methods where possible to limit physical interactions.

**G.** Implement non-discriminatory capacity limits:

1. Reduce capacity to 50% of the maximum capacity for the facility and grounds at one time for outdoor bathing. Indoor bathing facilities must comply with the indoor capacity requirements outlined in Executive Orders and/or Administrative Orders. Currently, Executive Order 230 (2021) limits indoor areas to 50% of the establishment’s indoor capacity.
2. Capacity in hot tubs must be reduced so that individuals maintain 6 feet of distancing, excluding immediate family members, caretakers, household members, or romantic partners.

3. Use of reservation, sign in, advanced ticket sales and/or cancellation apps/systems where possible (e.g., advance purchase online or by phone, or no-sign credit card payment) to manage and monitor patron attendance and flow throughout the day and address capacity limits.

4. **Recommended** bather load calculation:
   - Bather load refers to the number of bathers **directly in the water** at any given time.
   - Pool facilities are recommended to calculate bather load at 28 sq. ft/person as shown in the diagram below.
   - ARF facilities are recommended to calculate bather load at 113 sq. ft/person as shown in the diagram below.

<table>
<thead>
<tr>
<th>Pool Surface area</th>
<th>Pool-28 sq. ft./person</th>
<th>ARF-113 sq. ft/person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200</td>
<td>43</td>
<td>11</td>
</tr>
<tr>
<td>2000</td>
<td>71</td>
<td>18</td>
</tr>
<tr>
<td>3000</td>
<td>107</td>
<td>27</td>
</tr>
</tbody>
</table>

H. In the event of illness staff and/or patrons shall cooperate with the LHD contact tracing personnel during a public health investigation of COVID-19.

IV. **Infection Control Strategies**

All pool facilities shall implement the following prevention and mitigation strategies to slow and limit COVID-19 exposure and spread:

A. **Designate COVID-19 Emergency Care Space/Area**
   1. Facilities must identify and designate an COVID-19 emergency care area/space for the care of those who become ill while on-site.
   3. Establish procedures for safely isolating and transporting anyone showing signs and symptoms of COVID-19 consistent with CDC guidance.

B. **Develop and implement cleaning and disinfection procedures for surfaces to be cleaned at least daily.**
   1. The facility should consider using [EPA’s List N: Disinfectants for Use Against SARS-CoV-2(COVID-19)](https://www.epa.gov/covid-19/disinfectants-use-against-sars-cov-2-covid-19) of approved cleaners and should consider discussing with a pool professional the use of such chemicals.
   2. Provide sanitizer stations throughout the pool facility.
Ensure a sufficient quantity of cleaning supplies (Ex: soap and water, hand drying device (paper towels or air dryer) hand sanitizer at least 60% alcohol, surface disinfectant) are available.

C. Discourage staff and patrons from sharing items that are difficult to clean, sanitize or disinfect or that are meant to come in contact with the face (e.g. goggles, snorkels, nose clips)
   1. Allow patrons to use their own water play equipment
   2. Facilities are not prohibited from renting equipment which does not come into contact with the face such as lifejackets, kickboards, etc. but as noted above must document a cleaning procedure which documents the frequency of cleaning and disinfecting.

D. Indoor Pool and all Aquatic Recreation Facilities will abide by the following protocols in addition to other standards outlined in this document:
   1. Currently, Executive Order 230 (2021) limits indoor areas to 50% of the establishment’s indoor capacity.
   2. Indoor facilities must evaluate their ventilation systems and improve, where necessary, ventilation by increasing circulation of outdoor air as much as possible. Consider using high efficiency particulate air (HEPA) filtration systems to enhance air quality. (see Indoor Ventilation section below)
   3. Stagger the use of shared spaces such as restrooms, showers locker rooms, breakrooms etc. The numbers of patrons inside the locker rooms should be monitored to ensure social distancing is maintained within the enclosed space.

V. Indoor Ventilation

A. Conduct routine maintenance as recommended by the manufacturer or HVAC professional.
B. Within the design specification of the HVAC unit:
   1. Increase the volume of outdoor air to the maximum capacity while the facility is occupied.
   2. Reduce the volume of recirculated air being returned to the indoor spaces
   3. Increase the volume of air being delivered to the indoor spaces to the maximum capacity
   4. Select maximum filtration levels for the HVAC unit.
   5. Run the HVAC unit continuously while the facility is occupied.
   6. Run the HVAC unit for at least two hours before and two hours after the facility is occupied.
C. Consider installing portable air cleaners in enclosed spaces equipped with a high efficiency particulate air (HEPA) filter to increase the amount of clean air within the facility.
D. Keep doors and windows open where possible and utilize fans to improve ventilation.
VI. Restrooms, Shower and Changing Rooms
A. Communal showers should be fitted with installed barriers/partitions (at least 6 feet apart).
B. Encourage patrons and staff to come dressed to swim.
C. Ensure restroom exhaust fans are functional and operating at full capacity when the building is occupied.
D. Stagger the use of shared spaces such as restrooms, showers and locker rooms. The numbers of patrons inside the these spaces should be monitored to ensure social distancing is maintained within the enclosed space.
   1. Designate personnel, where possible, to oversee the activity.

VII. Communication Plan

Pool facilities must develop and implement an outreach plan as part of their CPOPP that includes, but is not limited to, at minimum:

A. Educating staff about when they should stay home (if exposed to COVID-19) or isolate (if ill or infected with the virus that causes COVID-19) and when they can return to the venue.

B. Methods to ensure staff and patrons are aware of expectations for behavior at the pool facility and communicating to the pool facility if they become ill.

C. Pool facilities shall post signage indicating that:
   1. Face coverings are required when social distancing of 6 feet can not be maintained from non-household contacts.
   2. Face coverings should NOT be worn in the water (increases the risk of drowning).
   3. Hands should be washed frequently with soap and water.
   4. Hand sanitizer that is at least 60% alcohol should be used if soap and water are not available.
   5. Individuals should not touch their faces (especially eyes, nose or mouth) with unwashed hands.
   6. Individuals must stay home if they are sick.
   7. Practice social distancing and avoid large gatherings.

VIII. Food Services

Food services shall remain limited to restrictions consistent with applicable Executive Orders and Executive Directives regarding dining.

IX. Aquatic Recreational Facilities (ARF)

A. Aquatic Recreation Facilities (ARF) including waterparks, water play equipment, and playgrounds at pool facilities must also follow the protocols outlined in Executive Directive 20-029 High Touch Amusements and Recreational
Activities.
1. Aquatic Recreation Facilities (ARF) must designate staff adequate in number and trained as referenced above at I.A Training Staff to achieve the intent outlined within the COVID Standards
2. A roster of patrons must be documented. Records may be electronic and are required to facilitate contact tracing.