



Attachment 1 Resumption of Club Swimming Checklist

Swimming Club is/has:

(INSERT CLUB NAME:)



1. NOMINATED A COVID-19 LIAISON

NAME & CONTACT DETAILS: _____



2. MADE ITSELF AWARE OF STATE/LOCAL RESTRICTIONS RE COVID-19

NOTES OR FURTHER DETAILS: _____



3. CHECKED ITS FACILITY'S SAFETY PROTOCOLS

NOTES OR FURTHER DETAILS: _____



4. PUT IN PLACE INFECTION LIMITATION MEASURES AROUND WATER BOTTLES AND EQUIPMENT

NOTES OR FURTHER DETAILS: _____



5. MANAGING SWIMMER NUMBERS IN ACCORDANCE WITH GUIDELINES

NOTES OR FURTHER DETAILS: _____



6. READY TO RESPOND IF A SWIMMER BECOMES SICK WHILST TRAINING

NOTES OR FURTHER DETAILS: _____



7. A CLUB COMMUNICATION PLAN SHOULD A CASE OF COVID-19 BE CONFIRMED *(including immediately logging such with its state/territory swimming association)*

NOTES OR FURTHER DETAILS: _____



8. CONSIDERING AND PRACTICING CURRENT WORK HEALTH & SAFETY MEASURES

NOTES OR FURTHER DETAILS: _____



9. AN APPROPRIATE DROP OFF/PICK UP PROCEDURE FOR SWIMMERS IN PLACE

NOTES OR FURTHER DETAILS: _____



10. CONSIDERING COVID-19 VULNERABLE GROUPS WITHIN THE CLUB ENVIRONMENT

NOTES OR FURTHER DETAILS: _____