



Willow Stream 2021 Guidelines

On May 14, the State of Illinois entered the Bridge Phase to Phase 5 – of the Restore Illinois plan. Based upon Bridge Phase to Phase 5 guidelines, we have put together this informational document.

For more information on Phase 4 and Bridge Phase to Phase 5 guidelines, please visit the Illinois Department of Health (IDPH) document at

https://www.dph.illinois.gov/sites/default/files/Swimming%20Facility%20Guidelines_v5_210505.pdf

GENERAL GUIDELINES

1. If you are not fully vaccinated, you must wear a face mask to enter this facility and must remain on while inside the facility except while eating, drinking, or playing in the water. By entering this facility without a face covering, you are verifying truthfully that you have been fully vaccinated.
2. While in line at the admissions office, concession window, or locker rooms, guests must maintain 6-ft distancing. Tape and/or signs will be used to help maintain 6-ft distancing.
3. Reservations are highly recommended, and can be found on the Willow Stream Pool facility page on our website at bgparks.org. All guests, with or without reservation, will be able to use the facility for a 2-hour time block. After each time block, regardless of the time a guest entered the facility, all guests will be asked to leave promptly. The facility will be closed for 30 minutes, in order to allow staff to clean the facility.
4. Admissions will need to be paid for each time block, regardless of the use of the facility earlier in the day.
5. Walk-ins will be welcomed if the facility is not at capacity, per current state guidelines.
6. Outside food and drink will be allowed. There will be a limited variety of prepackaged concession items available for purchase.
7. Please make sure you have all of your belongings, as there will not be a lost and found. The Buffalo Grove Park District is not responsible for lost or stolen items.

WATER SLIDE

1. Floor decals and signs will be used on the stairs to mark appropriate distancing guidelines.

LOCKER ROOMS

1. Locker rooms will be shared spaces. In order to limit exposure, floor decals, tape and/or signs will be utilized to indicate 6-ft distancing while waiting in the hallway and for bathroom stalls.
2. Proper handwashing (20 seconds or longer) will be required after bathroom use.

DISINFECTING/CLEANING PROCEDURES

1. Cleaning and disinfecting of the facility will follow CDC and IDPH guidelines.
2. Hand sanitizer and sanitizing stations will be available.

HEALTH MONITORING

1. All staff and participants will be required to complete a wellness screening self-assessment before arriving on-site each day.
2. Any staff or participant who is exhibiting one or more COVID-19 symptoms will be prohibited from entering the facility.

Wellness Screening Self-Assessment

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you felt feverish? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a cough? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a sore throat? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been experiencing difficulty breathing or a shortness of breath? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have muscle aches? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have congestion or a runny nose (e.g., not related to allergies)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been experiencing fatigue? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to a history of migraines, clusters, or tension, not typical to the individual)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you noticed a new loss of taste or loss of smell? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been experiencing chills or rigors ¹ ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is anyone in your household displaying any symptoms of COVID-19? |
| <input type="checkbox"/> | <input type="checkbox"/> | To the best of your knowledge, have you or anyone in your household come into close contact ² with anyone who has tested positive for COVID-19? |

¹ Rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature

² Close contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer unless wearing N95 mask during period of contact.