



## **High Bar Harbor Yacht Club**

35 Sunset Boulevard  
Long Beach Township, NJ 08008

### **Minutes of the HBHYC Board meeting July 16, 2020**

This special telephone meeting was called to order at 7:30 PM by President Jim Frank to address emergent safety and personnel issues at the Club.

Attending were Jim Frank, Jay Keough, Jay Kikkawa and Bill Crutchlow.

Members have raised concerns about inadequate use of face masks by the staff. The Board has prepared a "Covid-19 Policy Acknowledgement" to be signed by each employee which lists requirements for the use of masks and also explains their obligation to self-monitor for exposure and symptoms of COVID-19. The policy was distributed to staff for signature on July 17, 2020 in both English and Spanish and is attached to these minutes.

Mark Hazley has informed the board that he will retire in October. The Board discussed transitioning to and searching for a new Marina Manager.

The annual meeting will be held virtually on Aug. 30, 2020 at 10:00 AM. Voting on a number of important matters will occur by email.

## High Bar Harbor Yacht Club

### COVID-19 Policy Acknowledgement

This document must be completed by all persons working at the facility; you will not be permitted to enter the facility if you do not complete this form. This is necessary to manage COVID-19 risks and comply with NJ requirements.

#### Requirements of Employees

- All employees are required to wear a mask when inside the building
  - Exception: the Marina Manager when he is alone in the office
- All employees must wear a mask outdoors whenever it is not possible to maintain 6 feet of physical separation
- All employees must frequently wash their hands thoroughly with soap and water
- All employees must self-monitor and report:
  - Symptoms of COVID-19 or a positive COVID-19 test result
  - Exposure to infected or potentially infected person or someone with a positive COVID-19 test result
  - Travel out of state (except PA, NY, DE, CT) within the last 14 days

#### Symptoms

1. Are you or anyone in your household currently experiencing any of these symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of Breath  <input type="checkbox"/> Runny nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Body aches	<input type="checkbox"/> Yes  <input type="checkbox"/> No
2. Have you been in close contact with a known or suspected case of COVID-19 within <b><u>the last 14 days</u></b> ? Close Contact is defined as being within 6 feet of a person for 15 minutes	<input type="checkbox"/> Yes  <input type="checkbox"/> No

If you answer Yes to either question, you may not come to work until:

- You are free of fever/symptoms for at least 14 days without the use of medication
- An infected person in your household is symptom free for at least 14 days

#### Certification

I certify that I have been instructed, and I understand and will comply with these requirements

Name / Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## High Bar Harbor Yacht Club

### COVID-19 Policy Acknowledgement

Este documento debe ser completado por todo el personal trabajando en las instalaciones; usted no tendrá permitido entrar a las instalaciones sin completar este formulario. Esto es necesario para controlar los riesgos de COVID-19 y cumplir con los requerimientos de NJ.

#### Requerimientos para Empleados

- Todos los empleados están requeridos de usar mascara (barbijo) adentro del edificio.  
Excepción: el Gerente de la Marina cuando está solo en su oficina.
- Todos los empleados tienen que usar mascara (barbijo) en el aire libre cuando no es posible mantener 6 pies (2 metros) de separación física.
- Todos los empleados tienen que lavarse las manos frecuentemente con agua y jabón.
- Todos los empleados tienen que monitorearse a si mismos y reportar:
  - Síntomas de COVID-19 o un resultado positivo del test de COVID-19
  - Exposición a una persona infectada o potencialmente infectada, o a alguien con resultado positivo del test de COVID-19

Viajes fuera del estado (excepto a PA, NY, DE, CT) en los últimos 14 días.

#### Síntomas

1. Está usted o alguien en su casa sufriendo en este momento alguno de estos síntomas: <input type="checkbox"/> Fiebre <input type="checkbox"/> Tos <input type="checkbox"/> Falta de aliento <input type="checkbox"/> Secreción nasal <input type="checkbox"/> Dolor de garganta <input type="checkbox"/> Dolor en el cuerpo	<input type="checkbox"/> Si <input type="checkbox"/> No
2. ¿Ha tenido contacto cercano con alguien que se sabe o sospecha que tiene COVID-19 en <b>los últimos 14 días</b> ? Contacto cercano se define como estar dentro de los 6 pies de la persona durante 15 minutos.	<input type="checkbox"/> Si <input type="checkbox"/> No

Si contesta Sí a alguna de las dos preguntas, no puede regresar a trabajar hasta que:

- Este libre de fiebre/síntomas por al menos 14 días sin usar medicamentos.
- Una persona infectada en su casa este libre de síntomas por al menos 14 días.

#### Certificación

Certifico que he sido instruido, que comprendo, y que cumpliré con estos requerimientos

Nombre / Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_