



student
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COVID-19 Management Plan

updated
November 1, 2022

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Intent & Guiding Principles for COVID Management

Since the onset of the COVID-19 pandemic in the United States, the safety of SCA staff and members has been paramount in the organization's response and decision-making. This document is updated as the pandemic continues to evolve to reflect a relevant operational continuity plan.

This management plan is designed to be implemented on a national level. The policies and guidelines outlined within apply across all programs, events, offices, and locations. National program leaders will set forth the standards and best practices for the application of these policies to suit the context of their program models and locations.

This COVID management plan will be implemented in addition to the larger SCA policy framework, including the policies, guidelines, processes, and procedures described within the SCA Field Guide, Incident Response Handbook, and SCA's standard operating procedures (SOPs).

SCA's COVID Management Plan was designed and is continually reviewed and updated with the input of a diverse range of perceptions and experiences from across the organization. The goal of this approach is to create and maintain an effective and relevant COVID management policy framework. Please direct questions, observations, and feedback on this plan to your supervisor and/or the Senior Director of Risk and Safety Management, Stuart Slay sslay@thesca.org.

This plan is designed under several guiding principles:

- The SCA acknowledges that the pandemic is not over, but these policies help to move the organization to a point where COVID-19 no longer seriously disrupts delivery of SCA's mission while reasonably protecting people against the spread of the virus and from serious illness.
- Policies and guidelines are updated to reflect current and recent CDC, OSHA, FDA and other federal guidelines.
- The organization promotes flexible work to accommodate the personal, familial, and community needs of its staff and members.
- This management plan is a working document and will be reviewed and revised on an on-going, regular basis.
- Clear communications and delegation of responsibilities are essential components of an effective plan. The policies outlined within this document are coded (e.g., 1.4) to enable clear and targeted communications and feedback.

For the purposes of this document, the following terms and their use are defined below:

Close Contact – Within 6 feet of others for a cumulative total of 15 minutes or more over a 24-hour period.

Cohort – The pre-determined, maximum number of people in a group who then become a discrete risk pool separate from other groups. Cohorting is designed to reduce the risk of transmission to other cohort groups by limiting interactions between other groups by means such as staggering schedules, physical distance, and designating set groups of vehicle passengers.

COVID-19 Test – A viral diagnostic test used to confirm the presence of SARS-CoV-2, the virus that causes COVID-19 disease.

Direct Exposure – An individual who has, within 14 days, been within 6 feet of an individual or individuals with known COVID-19 for 15 minutes (in aggregate over one day).

Proof of Up-To-Date Vaccination – Demonstration that a vaccine series has been completed, including booster shots when indicated.

Isolation – Separation of an infected individual to monitor illness (e.g., symptoms worsening), even if no symptoms are present (asymptomatic). Isolation may occur under the direction and supervision of SCA personnel, site/partner agency personnel, or self-isolation at home.

Members – Crew leaders, interns, and participants of SCA programming.

Personnel – An umbrella term, referring to SCA staff, leaders, and members.

Private Indoor Setting – Indoor facilities and environments where ‘family-unit’ crew members reside, work, or travel (e.g., in shared housing, in vehicles, etc.).

Policy - A mandatory directive in place to ensure effective institutional risk management. Adherence to policy is required. Lack of adherence to policy may result in disciplinary action up to, and including, termination. The term will is used to communicate policy.

Public Indoor Setting – Indoor facilities and environments where personnel external to the crew resides, work, or otherwise exist, including external visitors, partner personnel, public, etc.

Staff – Personnel employed by SCA.

Volunteer – Refers to the legal classification of SCA program participants serving in an SCA stipend/allowanced program and that are not otherwise wage or salary-based, such as Interns, Residential program participants, National Crew/Corps participants, and all AmeriCorps members regardless of program type.

1.0 General SCA COVID-19 Management

Signs & Symptoms of COVID-19

Background

Direct contact with airborne respiratory droplets is the primary vector of transmission. Limiting potential exposure to those fluids is essential for mitigating risks associated with contracting and spreading COVID-19.

People with COVID-19 report a wide range of symptoms. This range extends from mild symptoms to severe illness. Signs and symptoms may appear **2-14 days after exposure to the virus**. Individuals who present these signs or report these symptoms are suspected to have COVID-19 and pose risk to transmit the disease to others:

General symptoms

(1.1) This list will be used to identify and communicate COVID related signs and symptoms (hereby referred to as 'symptoms):

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. The CDC continues to update this list as more information is known about COVID-19. [Link to CDC's COVID-19 Symptoms](#).

Escalated symptoms (seek medical care)

(1.2) If an individual presents or reports any of these signs, immediate emergency medical care should be sought:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone
- *Other symptoms that are severe or concerning

Before seeking medical care, the healthcare clinician or emergency service should be notified that the patient is suspected to have COVID-19.

Reducing the spread of the virus is a priority for all communities. Although many COVID-19 patients fully recover, there is risk of long-lasting harm and fatality, especially for high-risk populations such as the very young, elderly, or people with compromised or weakened immune system.

Background

These techniques make up the broader COVID management strategy employed across the SCA. These techniques will serve as best management practices for designing, planning, and conducting normal work and service. Where specifically noted within this management plan, these techniques are policy and will, at a minimum, be followed (see [definitions](#)). This framework applies to all SCA operations, including field-based programs, single-day programs and events, and work at SCA offices and facilities.

(1.3) The following will comprise SCA's Best Management Practices to mitigate COVID-19:

Informational Techniques

- Briefing on strategies, techniques, policies, and procedures for mitigation and prevention
- Regular health and symptoms checks.
- COVID-19 viral testing for diagnostic purposes.

Personal Protective Equipment (PPE) Techniques

- PPE standards for normal work/service remain relevant and in effect.
- Minimization of PPE sharing.
- Face masks as recommended by the CDC.
- Face shields and eye protection to minimize risk of heat illness and other risks.

Sanitation and Disinfection Techniques

- Frequent handwashing with soap and running warm water for at least 20 seconds and use of hand sanitizer when handwashing is unavailable.
- Regular cleaning of surfaces and equipment (e.g., PPE) utilizing bleach solutions and other recommended products by the CDC and EPA. The more frequently a surface is touched by different people, the more frequently it should be cleaned and disinfected.

2.0 Specific COVID Management Policies for SCA Programs, Events, & Offices

Proof of Up-To-Date Vaccination

Background

There are four vaccines approved by the FDA or approved for emergency use (EUA). Each vaccine entails a *primary series*. Following a specific period of time after a primary series is completed an individual becomes indicated for a booster(s). A person is considered *up-to-date* when they complete the primary series or booster in accordance with the CDC and FDA guidance for each vaccine. Once an individual has completed all vaccine series for which they are indicated they are *fully protected*. Full protection reduces the risk and severity of illness.

[CDC Information on vaccination](#)

[FDA information on vaccines](#)

Proof of Up-To-Date Vaccination – Demonstration that a vaccine series has been completed, including booster shots when indicated.

Staff – Personnel employed by SCA.

Volunteer – Refers to the legal classification of SCA program participants serving in an SCA stipend/allowanced program and that are not otherwise wage or salary-based, such as Interns, Residential program participants, National Crew/Corps participants, and all AmeriCorps members regardless of program type.

General Proof of Vaccination

- (2.1) Effective until January 1, 2023 any adult-aged (18 or over) individual will submit Proof of Up-To-Date Vaccination series or apply for medical exemption or religious accommodation, if applicable to the position. Minor-aged (under 18) participants are not required to provide proof of up-to-date vaccination. Members will not be required to provide proof of vaccination after January 1, 2023.
- (2.2) Volunteers will not be eligible for medical or religious exemption.
- (2.3) Proof of vaccination reporting will be treated in accordance with applicable laws.

SCA Staff

- (2.4) Staff who have direct contact with members, partners, or donors will submit Proof of Up-To-Date Vaccination series or apply for medical exemption or religious accommodation.

Single-day Programs & Events

- (2.5) Staff and support volunteers enlisted to help run, lead, coordinate or manage a single-day, corporate, or alumni event will provide Proof of Up-To-Date Vaccination.

Symptom Checks

Background

Symptom checks remain one of the most effective practices to minimize the risk of COVID-19 transmission for both vaccinated and unvaccinated people (see [Signs & Symptoms of COVID-19](#)).

General Symptom Checks

- (2.4) To prevent the potential spread of illness, development of COVID-19 symptoms will be reported.
- (2.5) In the event symptoms are present, the individual will not report to work/service, including delaying travel.

SCA Teams-based Positions

- (2.6) Members will conduct and record a daily health log, including screening for COVID-symptoms.
- (2.7) **Commuting-based Positions:** Daily health logs will be conducted prior to arrival at work/service each day.

Single-day Programs and Events

- (2.8) Volunteer and participant agreements will include COVID precaution and symptom check expectations.
- (2.9) Symptom screening and checks will be conducted prior to entry for any in-person single day program or event.
- (2.10) Any person, regardless of vaccination status, will report any current symptom(s) or recent COVID-19 exposure (within 10 days). Anyone reporting symptoms and anyone recently exposed to COVID-19 who does not have evidence of a negative COVID test 5 or more days after the exposure, will not attend an in-person single day program or event.
- (2.11) SCA will have the capability to contact attendees of any single-day program or event in the circumstance an attendee notifies that they've received a positive test result within 14 days of attending an SCA program or event.

Masking

Background

Properly worn and well fitted masks are shown to be highly effective against the spread of COVID-19. Acceptable masks for SCA work or service should be multi-layered and designed to be worn over the nose and mouth, such as an N-95, KF-94, or sewn fabric mask; bandanas do not suffice. [CDC Masking Guidance](#)

Close Contact – Within 6 feet of others for a cumulative total of 15 minutes or more over a 24-hour period.

Public Indoor Setting – Indoor facilities and environments where personnel external to the crew resides, work, or otherwise exist, including external visitors, partner personnel, public, etc.

Private Indoor Setting – Indoor facilities and environments where ‘family-unit’ crew members reside, work, or travel, (e.g., in shared housing, in vehicles, etc.).

General Masking

- (2.12) Members and staff in significant-to-high risk areas will wear masks in public indoor settings, regardless of vaccination status. COVID data is tracked and rated by the CDC ([CDC COVID-19 Data Tracker by county](#)).
- (2.13) Individuals will wear a mask after any recent exposure to someone with COVID-19, in accordance with [direct exposure](#) policy.

SCA Teams-based Positions

- (2.14) In **positions involving provided and shared housing**, masks will be worn in private indoor settings under any circumstance where there may be concern from any group member, such as recent exposures or recent travel by group member(s), etc.

Single-day Programs & Events

- (2.15) Regardless of vaccination status, masks will be worn in public indoor settings during SCA events located in areas rated significant-to-high risk areas by the CDC data tracker ([CDC COVID-19 Data Tracker by county](#)).

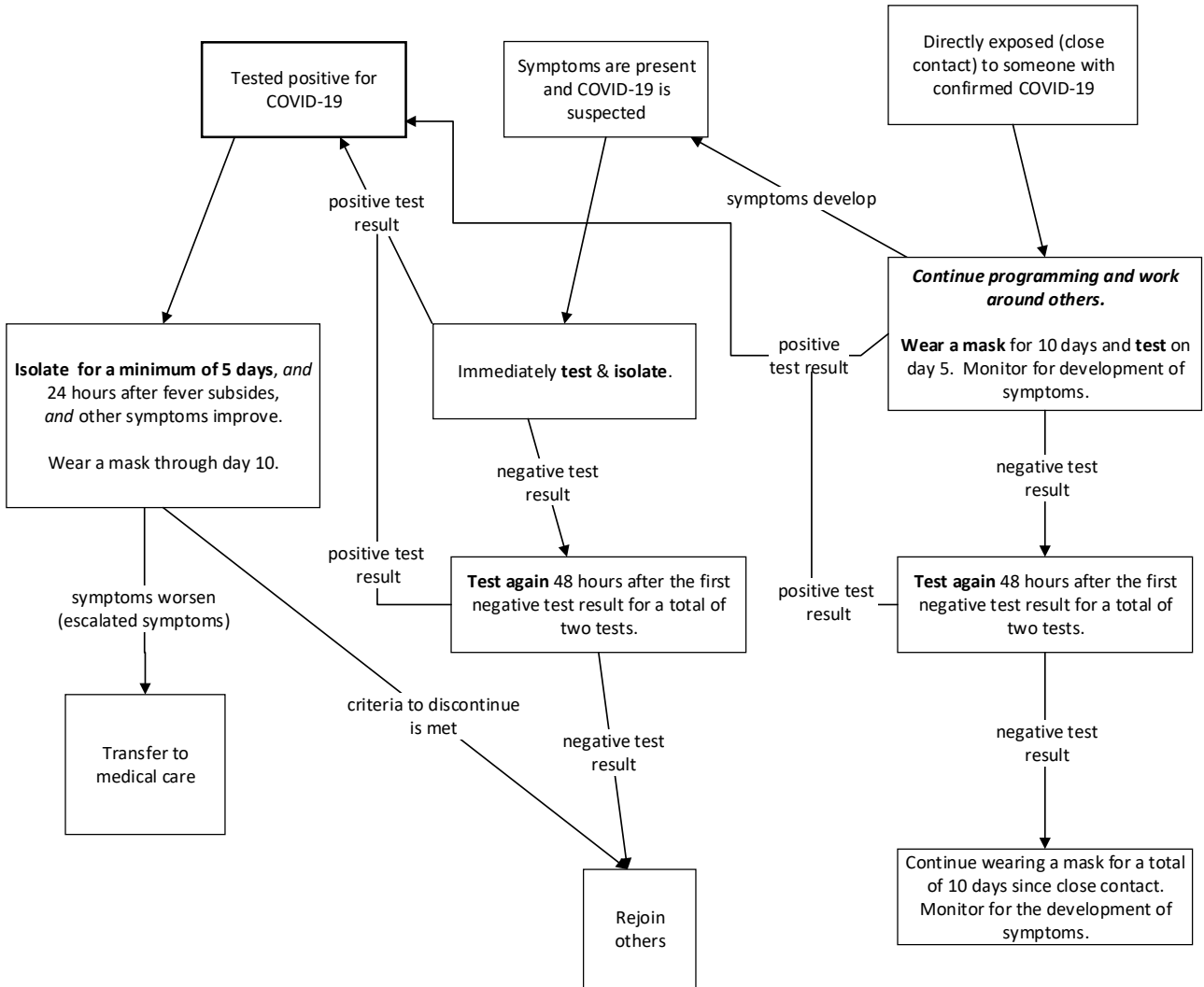
3.0 COVID Related Incident Response for SCA Programs & Offices

SCA's COVID-19 response protocol is based on updated guidance from the CDC and FDA.

[August 11 CDC Guidance Update](#)

[August 11 FDA Safety Communication](#)

Incident Response Decision Tree



Isolation – Separation of an infected individual to monitor illness (e.g., symptoms worsening), even if no symptoms are present (asymptomatic). [CDC Quarantine & Isolation](#)

Isolation can occur under the direction of SCA or self-isolation at home. Symptom checks should be conducted daily during isolation.

Criteria to Discontinue Isolation:

Day 0 is the day the test was conducted or the day of symptoms onset

- (3.1) Staff and members who test positive for COVID-19 and report COVID symptoms will isolate:
 - For a minimum of 5 days since test was conducted or symptoms first appeared, *and*
 - 24 hours after any vomiting, troubled breathing, and/or fever is present (without the use of fever-reducing medications), *and*
 - General improvement of other symptoms (loss of taste/smell may persist for weeks or months and need not delay the end of isolation).
- (3.2) Staff and members who test positive for COVID-19 and remain asymptomatic will:
 - Isolate for a minimum of 5 days since test was administered, *and*
 - Extend isolation if symptoms develop during initial isolation period, until symptoms improve and 24 hours after any vomiting, troubled breathing, and/or fever is present (without the use of fever-reducing medications).

Direct Exposure: Monitor for illness to develop

Direct Exposure – Close contact to a symptomatic individual or positive case of COVID-19.

Close Contact – Within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. [CDC close contact](#)

- (3.3) Regardless of vaccination status, staff and members directly exposed to a positive case of COVID-19 will:
 - Monitor for symptoms to develop, *and*
 - Wear a mask for 10 days, *and*
 - Test on day 5 after contact with an infected individual.
 - A second test is required 48 hours after the first negative test result.
 - A positive test indicates further isolation is required and the [criteria to discontinue isolation](#) must be met to return to service, work, or otherwise rejoin others.

COVID-19 Symptoms: Isolate and test

Isolation – Separation of an infected individual to monitor illness (e.g., symptoms worsening), even if no symptoms are present (asymptomatic). [CDC Quarantine & Isolation](#)

- (3.4) Regardless of vaccination status, staff and members who report symptoms of COVID-19 and suspect COVID infection will immediately isolate and test for COVID-19.
- A negative test result is required to return to work or service, or otherwise rejoin others.
 - A second test is required 48 hours after the first negative test result.
 - A positive test indicates further isolation is required and the [criteria to discontinue isolation](#) must be met to return to service, work, or otherwise rejoin others.

COVID-19 Tests

Background

A viral diagnostic test is used to detect the presence of the SARS-CoV-2 virus. SARS-CoV-2 is the virus that causes the COVID-19 disease. The FDA authorizes both molecular (such as a PCR test) and antigen (commonly referred to as rapid tests) tests for home use.

Antigen tests, such as any at-home test, is less accurate than a molecular test, such as a PCR test. Antigen tests may not detect the virus early in an infection, meaning that testing soon after exposure to someone with COVID could lead to a false-negative result, especially if no symptoms are present. The FDA expects similar performance with Point of Care antigen tests as it does with at-home tests. If antigen tests, including any at-home test is used, several tests should be available to test more than once. The brand of the test does not matter.

[FDA information on tests](#)

[List of FDA authorized at-home test kits](#)

[FDA August 11 Safety Communication](#)

- (2.16) Only FDA approved diagnostic tests will be used for COVID-19 testing purposes, including any at-home test. [List of FDA authorized at-home test kits](#)

4.0 COVID Management Policies for Field-based Programs

Pre-Program Policies

In addition to the [Specific COVID Management Policies](#), the following policies apply to all SCA members and programs before the start of each new position:

Suspected Illness Prior to Position Start

- (4.1) In the event a member reports a **positive COVID test** result prior to a position's start, travel and/or start will be delayed until SCA's [Criteria to Discontinue Isolation](#) is met.
- (4.2) In the event a member reports a **recent exposure** to COVID-19 (within 14 days prior to a position's start), [Direct Exposure policies](#) will apply, and travel or start will be delayed accordingly.
- (4.3) In the event a member reports the **presence of symptom(s)** and COVID infection is suspected, a negative COVID-19 test and improvement of symptoms will be required to travel or start the position.

Program & Position Planning

- (4.4) SCA COVID management policies and guidelines will be shared with partner agencies and site managers prior to a new position's commencement.

On-Program Policies

The following policies apply to all SCA members and programs:

Community Contracts

- (4.5) Community contracts for shared commitment will be designed and implemented early in a team-based program. Community contracts will, at minimum, include:
 - o Commitment to SCA's COVID [Mitigation Strategies and Techniques](#), and
 - o Living and behavior expectations for days off (e.g., living by CDC recommendations such as avoiding large gatherings, wearing a mask, hand washing, etc.)
- (4.6) Commitments made in a community contract will be re-iterated and revisited prior to days off, leave, and holidays.

Visitors

- (4.7) External group visitors such as partner and site personnel, SCA staff and managers, and trainers will be screened for symptoms and will delay or cancel their visit in the event they report any current symptom(s) or recent exposure (within 14 days) to a COVID-positive case.
- (4.8) External visitors such as partner and site personnel, SCA managers, and trainers will follow SCA's COVID Mitigation Practices, program specific policies and guidelines, and group norms when visiting an SCA work/service site.