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COVID-19 Management Plan

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Framework

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. Pandemic conditions are continuing to evolve throughout 2022. This document reflects an operational continuity plan within the context of a widespread vaccination program across the United States.

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 National Safety and Risk Management Officer, Stuart Slay sslay@thesca.org.

This plan is designed under several guiding principles:

- The safety of staff, members, SCA partner personnel, and the local communities in which we serve is paramount.
- Policies and guidelines are updated to reflect current and recent CDC, OSHA, and other federal guidelines.
- Personnel are empowered to exercise personal agency (e.g., personnel have space to choose or request an alternate route to do work in the event personal assessment of safety cannot be met).
- 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.
- Review, assessment, and updates to the plan are an iterative process, the strategies and policies are continually assessed and updated as conditions, knowledge, and guidance evolves.
- 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.

Definitions

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. Within this plan a COVID test may be used for screening or diagnostic purposes.

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 complete 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.).

Proof of Recovery – Documentation of recovery from COVID-19 within the previous 90-day period.

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.

Quarantine – Separation of asymptomatic individuals to monitor for the development of illness (i.e., development of symptoms and/or a test result). Quarantine may occur under the direction and supervision of SCA personnel, site/partner agency personnel, or self-quarantine at home.

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.

COVID Mitigation Best Management Practices

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

- Informed of inherent risk and mitigation expectations prior to position and program commencement.
- Briefing on strategies, techniques, policies, and procedures for mitigation and prevention
- Informational signage posted in common spaces.
- Regular health and symptoms checks.
- COVID-19 viral testing for diagnostic purposes.
- Contact tracing: informing personnel who may have been exposed to COVID-19 and to identify potential pathways to exposure.
- Considering “Up-To-Date Vaccination” for all personnel.

Behavioral & Structural Techniques

- Physical distancing from others (e.g., minimum of 6ft, no more than 15 minutes of close contact per day), including the use of single occupancy accommodations when possible.
- Cohorting: designating distinct groups to stay together for a period of time so that there is no or minimal interaction with other groups and personnel. Cohorts are intended to limit the risk of transmission between groups. Cohorting techniques include, for example, establishing group size limitations to the smallest size possible and phased program starts and re-entry.
- Cover coughs and sneezes with a barrier (e.g., tissue or mask), and into the elbow.

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.
- COVID-specific medical and isolation kit, including gloves and other PPE, to assess patients and minimize contamination.

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.

Environmental Techniques

- Conducting work/service such as in-person meetings, events, and operations outdoors and/or in well and regularly vented areas, or through remote technologies.

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

Proof of Up-To-Date Vaccination

Background

There are three vaccines approved by the FDA or approved for emergency use. The Pfizer and Moderna mRNA vaccines require two primary doses, each primary dose is administered in accordance with the drug manufacturer's recommended time frame (21 or 28 days, respectively). The J&J vaccine requires a one dose primary series. All three vaccines require a two-week period after the last primary dose for the *primary series* to be considered complete. Completed *primary series* are considered *Up-To-Date* when completed yet before an individual is indicated for a booster shot.

Once an individual is indicated for a booster (e.g., six months after the Pfizer and Moderna primary series and two months after the J&J primary series), they are considered *Up-To-Date* when the booster is completed, for *full protection*. *Up-To-Date* reduces the risk and severity of illness. [CDC Information on vaccination](#)

General Proof of Vaccination

- (2.1) Any adult-aged (18 or over) individual with an effective start date December 8, 2021, or afterwards 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.
- (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](#) and [Sample Daily Health Log](#)).

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 and temperature check.
- (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 to 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 14 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. Federal regulations require masks to be worn on all forms of public transportation and at transportation hubs. [CDC Masking Guide](#)

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) Regardless of CDC COVID data and tracking and an individual's vaccination status, minor-aged (under 18) members and their adult leaders or visitors will wear a mask in all public indoor settings, and as much as feasibly possible in private indoor settings (i.e., vehicles).
- As a best practice aligned with CDC recommendations members and staff, regardless of vaccination status or age, should wear a mask in outdoor settings involving close contact with others.

SCA Teams-based Positions

- (2.14) Regardless of vaccination status, in **positions involving provided and shared housing**, masks will be worn in private indoor settings:
- During the initial 5 days for a new position, *and*
 - Under any other circumstance where there may be concern from any group member, such as recent exposures or suspected exposure or recent travel by group member(s), etc.

Single-day Programs & Events

- (2.15) Regardless of vaccination status, masks will be worn in both indoor and outdoor settings for during any SCA single-day program or event.

COVID-19 Testing

Background

A viral diagnostic test is used to detect either the presence of the SARS-CoV-2 virus (i.e., a molecular test) or specific proteins made by the SARS-CoV-2 virus (i.e., an antigen test). SARS-CoV-2 is the virus that causes the COVID-19 disease. [CDC Information on tests](#) and [FDA Information on tests](#)

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

General Testing

- (2.16) Only FDA approved molecular, antigen, Nucleic Acid Amplification (NAAT), or Polymerase Chain Reaction (PCR) tests will be used for COVID-19 testing purposes, including any rapid or at home test.
- (2.17) An antibody or serological test will not be used for the COVID-19 detection purposes.

SCA Teams-based, Interns, & Individually Placed Positions

- (2.18) Crew members and leaders apart of positions involving minor-aged members (under 18) will undergo and submit regular and frequent testing for screening purposes. This testing requirement applies to all members of these crews, including leaders and regardless of vaccination status. Components of this policy include:
- Exact testing schedules and procedures are determined by program the branch division.
 - [Proof of Recovery](#) applies to personnel who have recently recovered from COVID-19.
 - Personnel will follow the [Criteria to Discontinue Isolation](#) policy and procedures for any circumstance where a positive test result is observed.

- (2.19) Members will follow both partner and SCA testing standards in circumstances which the partner organization requires additional and/or regular tests for screening purposes.
- As a best practice aligned with CDC recommendations, **commuting-based** programs should consider regular testing throughout the duration of the program for unvaccinated members living and working in close contact with others.

Proof of Recovery

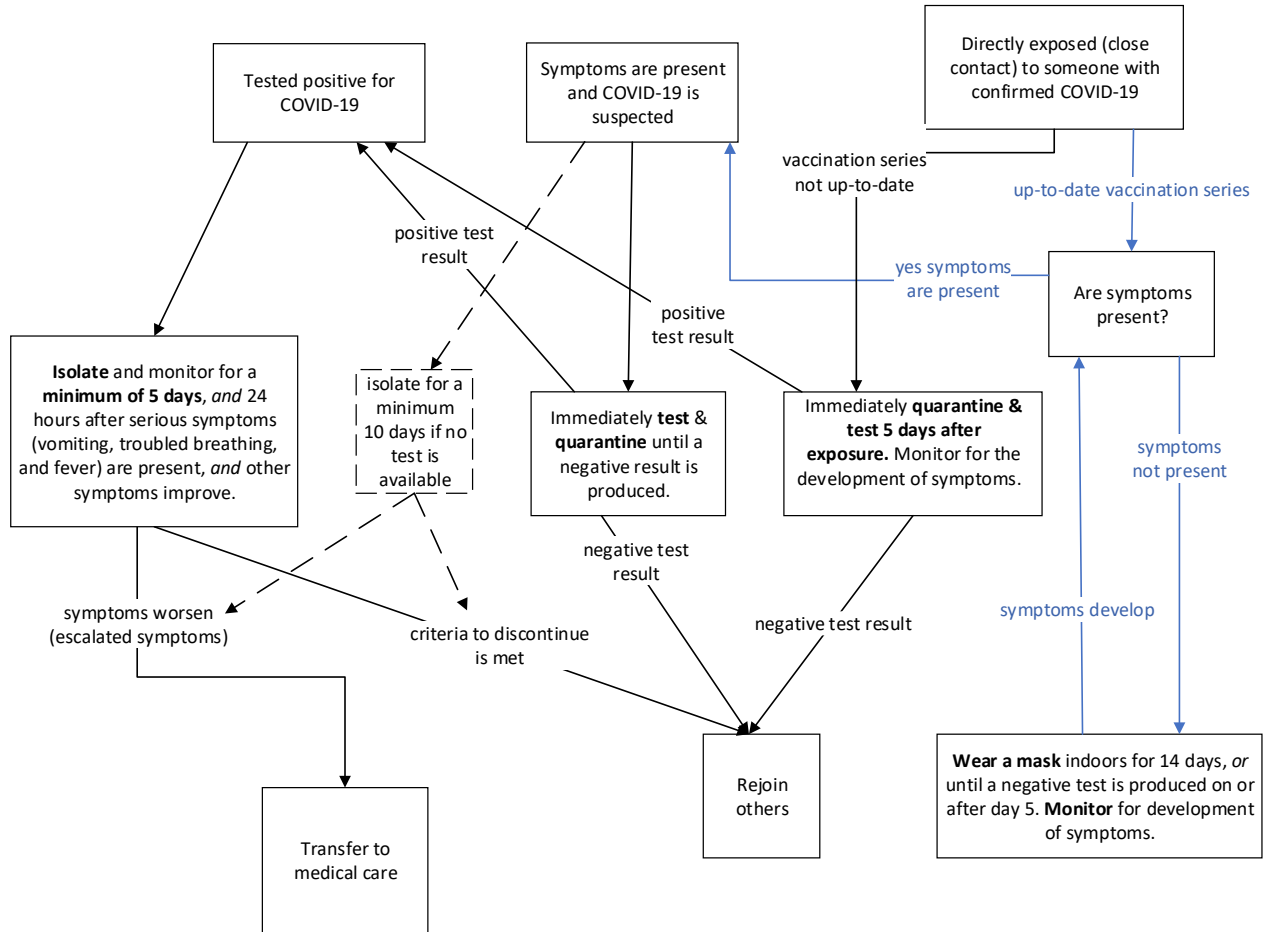
Background

People who have recovered from COVID-19 may falsely test positive for 90 days. [CDC Guidance for Proof of Negative Test or Recovery for Airline Passengers](#)

- (2.20) Proof of recovery from COVID-19 will be required for personnel to forgo any testing requirement. Documentation of recovery includes:
- A positive COVID-19 test result from the previous 90-day period, *and*
 - Indication that SCA's [criteria to discontinue isolation](#) has been met (i.e., minimum 5 days and no symptoms for 24 hours), *and*
 - A letter from a healthcare provider or public health official that states clearance for travel and/or clearance to be around others.

3.0 COVID Related Incident Response for SCA Programs & Offices

Incident Response Decision Tree



Positive COVID-19 Test Result: Isolate to monitor illness

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:

- (3.1) Regardless of vaccination status, 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) Regardless of vaccination status, 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: Quarantine to 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](#)

Quarantine – Separation of asymptomatic individuals to monitor for the development of illness (i.e., development of symptoms and/or a test result).

Quarantine can be under the direction of SCA or self-quarantine at home. Symptom checks should be conducted daily during quarantine. [CDC Quarantine & Isolation](#)

For Vaccinated Individuals

- (3.3) In the event vaccinated staff and members are directly exposed to a positive case of COVID-19, they will:
 - Continue to wear a mask in public indoor settings, *and*
 - Physically distance from others, *and*
 - Monitor for the development of symptoms for 14 days after the exposure.
- As a best practice aligned with CDC recommendations, test for COVID-19 5 days after close contact with an infected individual.

For Unvaccinated Individuals

- (3.4) In the event unvaccinated staff and members are directly exposed to a positive case of COVID-19, they will quarantine and monitor for the development of symptoms, until:

- A test is conducted 5 days after exposure and a negative result is returned, or
- 10 days after exposure if a test is not available, and no signs or symptoms develop.

COVID-19 Symptoms: Quarantine and test

Quarantine – Separation of asymptomatic individuals to monitor for the development of illness (i.e., development of symptoms and/or a test result).

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

- (3.5) Regardless of vaccination status, staff and members who report symptoms of COVID-19 and suspect COVID infection will immediately quarantine and test for COVID-19.
- A negative test result is required to return to work or service, or otherwise rejoin others.
 - A positive test indicates isolation is required and the [criteria to discontinue isolation](#) must be met to return to service, work, or otherwise rejoin others.
- (3.6) Members and staff who report symptoms of COVID-19 and suspect COVID infection, but cannot access a COVID-19 test, will isolate for a minimum of 10 days. The [criteria to discontinue isolation](#) must be met to return to service, work, or otherwise rejoin others.

4.0 COVID Management Policies for Field-based Programs

Pre-Program Policies

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

Participation Agreement & COVID Medical Questionnaire

- (4.1) A [member agreement specific to COVID-19](#) will be acknowledged within 14 days prior to travelling to or commencing a position.
- (4.2) Members of team-based positions will complete and submit a [COVID-19 medical questionnaire](#) within 5 days prior to travelling or beginning a program or position.

Suspected Illness Prior to Position Start

- (4.3) 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.
- (4.4) 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.
- (4.5) 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

- (4.6) **COVID rubrics** for program design and planning will be initiated by program managers of team-based positions and completed/reviewed with program staff and crew leaders prior to a new position's commencement (see [Program Design & Planning COVID Rubrics](#)).
- (4.7) SCA COVID management policies and guidelines will be shared with partner agencies and site managers prior to a new position's commencement.
- (4.8) SCA personnel will discuss and collaborate with agency partners and site managers to identify and implement adequate protective measure, such as signage, physical distancing and traffic flow, physical barriers, etc.

On-Program Policies

In addition to the [Specific COVID Management Policies](#) including [Testing](#) and [Masking](#), and [COVID Related Incident Response](#) policies, the following policies apply to all SCA members and programs:

Sanitation, Hygiene, & Disinfection

- (4.9) Frequent, regular, and proper handwashing and sanitation will be taught, practiced, and monitored.
- (4.10) Surfaces will be regularly and frequently cleaned, sanitized, and disinfected.

Community Contracts

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

Visitors

- (4.13) 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 (*see* [Sample Visitor Screening Questionnaire](#)).
- (4.14) 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.

Appendices

Appendix A:
SCA COVID-19 Management Cover Letter for Partners

Dear SCA Partner,

Since the onset of the COVID-19 pandemic in the United States, the safety of SCA members has been paramount in our organization's response and decision-making. As the pandemic continues to evolve and unfold in 2022, the SCA strives to update our management strategy with an effective and relevant policy framework. Attached to this document please find our national COVID-19 management policies and guidelines, and associated local program protocols, operational, and emergency plans.

The SCA monitors CDC, state departments of health, and local public health departments for continued and updated guidance. As the country enters a new phase in the COVID pandemic with widespread vaccinations, our policy framework continues to be informed by and remain consistent with CDC guidance.

Mitigating the risks associated with COVID-19 is a shared responsibility between the SCA and you, our partner agency(ies). While we provide our policy framework for transparency and compliance related reasons, we also ask for mutual cooperation, collaboration, and communication to help protect our members, staff, and the local communities in which we serve. These considerations include:

- Establishing and monitoring safe service/work sites, including regulating the use of face masks by personnel and visitors, ensuring physical distancing precautions are followed, and that regular sanitation and disinfection of sites, equipment, accommodations, and facilities occurs.
- Providing flexibility and opportunity for alternative work/service which may include remote work/service, delayed starts, and flexible timetables.
- Logistical and information flow as related to emergency planning such as isolation, quarantine, and contact-tracing.
- Provision of protective measures such as masks, face shields, gloves, sanitizer, and tests.
- Recognition of SCA's duty of care to our members, including expectations around sharing health screening information, test results, possible exposures, and ability to contact trace.

Please contact the SCA Program Manager who supports the SCA position(s) with which you work regarding the aforementioned considerations and our policies and guidelines as related to specific projects and positions. Preventing and minimizing the effects of illness and its transmission remains a central, nation-wide goal of which we each play a part.

Sincerely,



Stuart Slay
SCA National Safety and Risk Management Officer

Appendix B: Quarantine & Isolation Supplies Checklist

Ill persons may require the following while in quarantine or isolation:

- Sleep facility
- Bathing facility
- Food and water
- Means of food preparation
- Communication
- Sanitation supplies
- First aid medical supplies
- Supportive care medical supplies

These resources should be specifically assigned for ill individuals and not shared with those who are not ill. In cases where not all of these goals are achievable, additional precautions should be taken to sanitize surfaces between use by affected and non-affected persons.

Possible Implementations

- Assign buildings/rooms/tents for affected or unaffected individuals - sign accordingly.
- Assign restrooms as being for affected or unaffected individuals - sign accordingly.
- Assign cooking/food storage areas as being for affected or unaffected individuals - sign accordingly.
- Schedule check-ins and delivery of additional supplies as needed.
- Plan on means to be delivered to ill individuals and to assist with medical care as needed.

Anticipated Challenges

- Not enough cooking facilities (e.g., camp stoves, hot plates, kettles, meals that don't require heat, preparation and delivery to individuals in isolation)
- Not enough bathing facilities: (e.g., schedule use by different groups, sanitize between groups)
- Travel corridors overlap (limit travel of sick/suspected persons through corridor, designate different corridors for use by affected or unaffected persons)
- Limited staff to implement (assign shifts as needed, prioritize essential actions)

When in isolation, consider providing the following:

- Medicine (use as directed and needed)
 - Acetaminophen
 - Cold/flu medicine
 - Ibuprofen (**NOT** for suspected/known COVID-19)
 - Cough drops
 - Other over the counter medicine as needed
- Non-medicinal
 - Thermometer
 - Alcohol prep pads (to wipe down thermometer before and after use)
 - EPA approved disinfectant (for use on all surfaces, doorknobs, light switches, etc. immediately after use)
 - Hand sanitizer

- Kleenex
- Trash can
- Masks (for use around other people)
- Food & water

Checklist for isolation management:

- Communication
 - When member enters the isolation area, a staff member will determine a means of communication via text, app, etc.
 - Member should update supervisor or identified staff daily (i.e., e-mail)
- Germ mitigation
 - Masks should be worn whenever the ill member is to come in contact with others
 - Wipe down surfaces and high-touch items with EPA approved disinfectant (e.g., light switches, doorknobs, etc.)
 - Visits with other members should not be allowed; time with support staff/members should be limited.
- Medical/Urgent Care
 - If member's condition requires care at a medical facility, they may drive themselves if they feel well enough and are approved to drive. Otherwise, precautions to prevent transmission should be implemented including vehicle ventilation (windows down), use of masks and gloves, limiting occupancy, ill member in furthest back seat on passenger side, and disinfection of the vehicle after transport.

When the member is cleared to leave quarantine or isolation:

- When an ill member is cleared to leave the isolation area, they should:
 - Strip all bedding and wash ASAP
 - Wipe down all surfaces and high touch objects with approved EPA disinfectant
 - Write down all missing materials from the Sick Kit and pass that information along to staff
 - Send an email update to supervisor

Appendix C:
Sample Daily Health Log

- 1. General Q/A: How are you feeling? Have you noticed any change in your health?
- 2. Daily temperature check: Temporal thermometer is recommended, cleaned after each use.
- 3. Identification of concerning signs/symptoms including:
 - a. Shortness of breath
 - b. Cough
 - c. Fever (over 100.3 F or “feverish”)
 - d. Chills (with or without fever)
 - e. Muscle pain
 - f. New loss of taste or smell
 - g. Vomiting/ diarrhea
 - h. Sore throat

Daily Health Log Example

Participant Name	Date	Temperature	Overall Physical Health	Overall Mental Health	Signs/Symptoms Noted

Appendix D: Pre-Program COVID Agreement

Since the onset of the COVID-19 pandemic in the United States, the safety of SCA members and staff has been paramount in our organization's response and decision-making. The SCA strives to continually update the COVID-19 management strategy in alignment with CDC and OSHA guidance. Safety and steps to minimize the risk of transmission, however, is a shared responsibility between the SCA, SCA's partners, and the members we serve.

The SCA asks all members, leaders, and their guardians where applicable, review and sign this agreement form prior to starting your SCA position. The policies and guidelines established in SCA's COVID-19 Management Plan are minimum standards to be followed, in some circumstances including during travel and personal time-off. Failure to follow these standards may result in removal from the program or position.

In accordance with SCA policy, prior to program start members will:

- Self-monitor for and disclose any COVID related symptoms or recent close contacts
- Provide proof of Up-To-Date vaccination.

Except where reasonable accommodations are in place, all SCA members, leaders, and staff agree to follow and live by SCA's COVID-19 Best Management Practices. These practices include wearing a face mask and other personal protective equipment (PPE) while conducting work/service, maintaining physical distance from others, frequently washing and sanitizing hands, and conducting meetings and work/service outside or in well ventilated areas. Acceptable face masks will be designed to be worn around the nose and the mouth (a bandana, or scarf will not suffice). Throughout all programs, leaders will maintain a daily health log for members to identify and monitor the development of COVID-19 symptoms.

Throughout a program additional COVID-19 tests, isolation, quarantine, and/or medical clearance may be required or encouraged to ensure group and individual safety. For example, in the event a member develops COVID-19 symptoms, they may be required conduct further testing or undergo isolation to be cleared to return to work.

These policies and best practices are minimum standards to be followed. Additional program-specific policies, procedures, or protocols may be applied in conjunction to local and federal laws, regulations, and guidelines.

By signing this form, you agree that you or your member will adhere to the minimum standard safety measures outlined. Signing this form indicates that you or your member understand that failure to follow the safety precautions outlined by the SCA or SCA staff may result in removal from the position.

Leader/Member Name:

Guardian Name:

Leader/Member Signature:

Guardian Signature:

Date:

Date:

Appendix E:
Pre-Program COVID-19 Symptom Questionnaire

<p>Within the past 14 days, have you been in physical contact (within 6 ft) of any individual with COVID-19 or suspected of having COVID-19 (e.g., someone experiencing symptom(s))?</p>	<p>YES</p>	<p>NO</p>
<p>Within the past 14 days, have you experienced any of the following symptoms?</p> <ul style="list-style-type: none"> <input type="radio"/> Fever or chills <input type="radio"/> Cough <input type="radio"/> Shortness of breath or difficulty breathing <input type="radio"/> Fatigue <input type="radio"/> Muscle or body aches <input type="radio"/> Headache <input type="radio"/> New loss of taste or smell <input type="radio"/> Sore throat <input type="radio"/> Congestion or runny nose <input type="radio"/> Nausea or vomiting <input type="radio"/> Diarrhea 	<p>YES</p>	<p>NO</p>
<p>Have you recovered from COVID-19 in the past 90 days?</p>	<p>YES</p>	<p>NO</p>
<p>Do you agree to notify the SCA if you develop symptoms of COVID-19 and/or come in contact with someone with symptoms within 14 days of your program or position start?</p>	<p>YES</p>	<p>NO</p>

Appendix F:
Sample Visitor Screening Questionnaire

1. Have you been physical distancing, wearing a mask, and regularly washing/sanitizing your hands within the past 14 days?

YES / NO

2. Have you travelled beyond county and/or state lines within the past 14 days?

YES / NO

3. Have you had contact with anyone who has recently tested positive for COVID-19 or anyone symptomatic?

YES / NO

4. Do you have any symptoms of COVID-19 (e.g., cough, sore throat, fever, or shortness of breath)?

YES / NO

5. Do you agree to wear a mask covering your nose and mouth, and physically distance at least 6ft from SCA staff and members throughout your visit?

YES / NO

*Any visitor who has been in contact with someone with COVID-19 or COVID-19 symptoms will be asked to cancel or delay their visit until they have no signs/symptoms, receive a negative COVID test result, and/or are cleared by a healthcare provider or public health official.

Appendix G: Program & Event Planning Rubric for COVID-19

Program Design & Event Planning Rubric for COVID-19 Management

PO#:
Program or Event Name:
Dates:
Manager or Organizer:

Updated *INSERT DATE HERE*
Completed By *INSERT NAME(S) HERE*

Informational	Details
How are participants informed of the inherent COVID risks and expectations prior to position or event?	
How/when are participants briefed on policy and best practices?	
What informational signage will be posted on site or distributed in advance?	
How do screening tests apply to your program/event? Who is getting tested?	
What testing facilities or options does your program have access to?	
What is the plan for contact tracing and identifying potential pathways of exposure, including notifying others?	
Have you reviewed members' proof of vaccination information for your program/event? Will this affect your management of the program?	
Behavioral & Structural	Details
How will physical distancing be built into the program/event design to minimize contact with others?	
How do cohorting techniques apply to reduce the risk of transmission?	
Personal Protective Equipment (PPE)	Details
How will you avoid COVID PPE interfering with normal PPE (e.g. safety glasses)?	
What is your plan to minimize sharing of regular PPE?	
Availability of extra face masks, status of local transmission	
Availability of face shields instead of masks for sensitive individuals or situations (heat/heat exhaustion, safety critical work)	
COVID Medical & Isolation kit - including gloves, thermometer, extra masks.	
Sanitation & Disinfection	Details
Handwash and hand sanitation availability, and plans/practices to promote regular and adequate use	
Plan for regular sanitation of PPE	
Planning and practices around regular and frequent cleaning of high touch surfaces and objects (tools, vehicles, etc)	
Environmental	Details
How will outdoor settings be utilized? What can be done to increase ventilation for indoor settings?	
Emergency Response Preparedness	Details
Have Emergency Response Plans (ERP) been developed and posted in Salesforce? Does this ERP consider preparedness and response for COVID-related emergencies?	
Is there a pre-determined logistical plan for isolations? (including communications plan, supplies, transportation to medical care, etc.)	
What is the maximum capacity to isolate sick members?	
Is there a plan for members if the program or event is suddenly suspended? (e.g., a new stay at home order is mandated or partner suspends work)	
What is the plan if essential staff (e.g., a leader) needs to isolate?	
Is telework available for isolated or quarantined members?	