COVID-19 Management Plan:
Phase 3

For members & SCA partners

4/7/2021

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SCA's COVID-19 Management 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 continue to evolve throughout 2021. This document reflects an operational continuity plan under a downward trajectory of transmission and a widespread vaccination program.

This management plan is designed to be implemented on a national level. The policies and guidelines outlined within apply across all programs, work, service, 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 and other federal guidelines.
- Personnel are empowered to exercise personal agency (i.e., 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 is an iterative process.
- Clear communications and delegation of responsibilities are essential components of an effective plan. The policies outlined within this document are coded to enable clear and targeted communications and feedback.

Phased Structure to SCA COVID Management

As the COVID-19 situation is constant and evolving in the United States, the SCA strives to outline an adaptable and resilient management framework. These phases are implemented at national level.

Decisions to change from one phased plan to another are made with consultation from the Safety and Risk Management Team, the Program Leadership Team, and the COVID Management Team.

This document reflects Phase 3 conditions and indications.

Phase 1	Phase 2	Phase 3
Indications: Upward trajectory of transmission (e.g., widespread community transmission). Limited capacity of local healthcare resources. Local emergency orders are in place.	Indications: Fluid state of transmission. Local healthcare resources are available yet strained. Local emergency orders are not in place, yet standing restrictions and regulations are enforced.	Indications: Downward trajectory and overall trend of transmission and hospitalization rates. Widespread vaccination programs are in place. Local healthcare resources are available.
SCA Management: Severe limitation of work and travel. Possible stay-at-home orders will be applied to the work and program context.	SCA Management: Emphasis on identifying potential infection and response. Limitation of travel, control program entry points and response to limit potential for infection and spread.	SCA Management: Incorporation of vaccines as an additional control measure, utilizes CDC guidance as policy indicators toward relaxing operational restrictions.

Definitions

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.

Guideline – a plan of action informed by, and consistent with, approved policies and preferred practices. Program managers determine the extent that national SCA guidelines are applied and required to the local and program context. The term _should_ is used to communicate guideline.

Local programs may choose to document and communicate the applicability or requirement of a national guideline to their program context by adding a decimal and letter, followed by the program name to the guideline, for example:

1. National guideline is this.

    1.a (local program name) the guideline is applied in this way.

Quarantine – separation of an individual or group of people from others. Implemented to monitor for the development of COVID-19 sign(s) and symptom(s). Quarantine may occur under the direction and supervision of SCA personnel, site/partner agency personnel, or self-quarantine at home.

Isolation – separation of an individual from others to contain the spread of known COVID-19 sign(s) and symptom(s). Isolation may occur under the direction and supervision of SCA personnel, site/partner agency personnel, or self-isolation at home.

Staff – personnel employed by SCA.

Members – crew leaders and participants of SCA programming.

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

Direct Exposure – the potential that an individual(s) within 14 days have been in direct contact with a known or suspected case of COVID-19. For example, a person is considered to have one degree of separation, or contact, with a confirmed case or 'person-under-suspicion' of COVID-19.

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.

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

Full Vaccination – A person is considered fully vaccinated two weeks after the last (second) dose of a two-dose vaccine, or first dose of a one-dose vaccine.

1. Signs & Symptoms of COVID-19

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.

General symptoms

(1.1) This list will be used to identify and communicate COVID related signs and symptoms.

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:

- 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)

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
- Bluish lips or face
- *Other symptoms that are severe or concerning

Before seeking medical care, the healthcare provider 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.

2. General SCA COVID Management Policies

Policies

(2.1) SCA staff and leaders will know and acknowledge understanding of SCA's COVID-19 management policies and procedures.

(2.2) At a minimum, all SCA operations will comply to local, state, and national laws and regulations pertaining to COVID-19. In the rare event an SCA policy conflicts with a governmental regulation, the more conservative policy or regulation will be applied.

(2.3) Circumstances in which an SCA policy is not followed will be reported in an incident report.

(2.4) Member and staff medical information will be kept confidential, in accordance with all applicable laws.

(2.5) Staff working in an SCA office or facility will check-in with their supervisor about applying the appropriate, applicable, and relevant COVID management policies, specifically section 4 (COVID mitigation policies), section 7 (travel and visitor policies), and section 8 (incident response policies).

(2.6) Single day programs or events will apply the appropriate and relevant COVID management policies, specifically section 4 (COVID mitigation policies) and section 7 (travel and visitor policies).

(2.7) The design and planning for single day programs or events will be discussed with the Safety Department prior to implementation.

(2.8) The Executive Team will provide final approval for any SCA initiated program cancellation due to COVID threat or outbreak.

Guidelines

1. SCA staff should communicate and plan with their supervisor on a regular, pre-determined basis their physical workspace needs and preferences (i.e., percentage of work in office, home, travel, etc.)
2. SCA staff who are well but have a sick family member at home with COVID-19 should notify their supervisor.

3. Communications Policies & Guidelines

Internal Communications

(3.1) The SCA COVID Management Team will monitor Federal COVID management and response communications, recommendations, and regulations.

(3.2) Program Managers, under the direction of their National Program leadership, will monitor State and local COVID management and response communications, recommendations, and regulations for the programs and positions for which they are responsible (Link to State Health Departments and Link to Local Public Health Departments)

External Communications

(3.3) SCA will communicate new and updated policies and practices to external audiences, including but not limited to members, parents, partners, and funders, via email alerts, MySCA posts, posts to the SCA website, and/or social media.

SCA Operational COVID-19 Policy Framework

4. COVID Mitigation Best Management Practices, Strategies and Techniques

(4.1) These techniques make up the broader COVID management strategy employed by the SCA. These techniques will serve as best management practices for designing, planning, and conducting normal work/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 and work at SCA offices and facilities.

Informational COVID Mitigation 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.
- COVID-19 viral testing for diagnostic and medical screening purposes.
- Contact tracing: informing personnel who may have been exposed to COVID-19 and to identify potential pathways to exposure.
- Determining vaccination rates of personnel involved in a position.

Behavioral & Structural COVID Mitigation Techniques

- Physical distancing from others (e.g., minimum of 6ft, no more than 15 minutes of close contact per day), including single occupancy accommodations.
- 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. For example, establishing group size limitations to the smallest size possible and phased program starts and re-entry. May be referred to as 'self-contained' groups or 'family units'.
- Cover coughs and sneezes with a barrier (e.g., tissue or mask), and into the elbow.

Personal Protective Equipment (PPE) COVID Mitigation Techniques

- PPE standards for normal work/service remain relevant and in effect.
- Minimization of PPE sharing.
- Face masks as recommended by the CDC (i.e., N-95, KF-94, or multi-layered and designed to be worn over the mouth and nose.
- Face shields and eye protection for conducting technical and safety-critical work/service.
- Gloves such as work gloves used in normal practice, or medical gloves when handling potentially contaminated materials and assessing potential patients.

Sanitation and Disinfection COVID Mitigation Techniques

- Frequent handwashing with soap and running warm water for at least 20 seconds and use of hand sanitizer when handwashing is unavailable.
- Regular sanitation of PPE.
- Regular cleaning of surfaces and equipment 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 COVID Mitigation Techniques

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

COVID-19 Vaccinations, Antibodies, Tests, and Proof of Recovery

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. 40%-50% of positive test results are from asymptomatic patients (people without a sign or symptom but can transmit the virus to others). CDC Information on tests and FDA Information on tests

COVID-19 tests are used for medical diagnostic and medical screening purposes.

People who have recovered from COVID-19 may falsely test positive for 90 days.

At this time, the COVID-19 vaccine is not required to participate, work, or serve with the SCA. There are three vaccines approved by the FDA for Emergency Use Authorization (EUA). Two vaccines require two doses; each dose is administered in accordance with the drug manufacturer's time frame (21 or 28 days, respectively). The other vaccine requires one dose. *All three vaccines require a two-week period after the last dose to be considered fully vaccinated and fully effective.* At this time, COVID-19 vaccines are only recommended by the FDA for people age 16 and older.

Vaccination reduces the risk and severity of illness. The effect and extent that vaccination reduces the risk of transmission is not yet known and is yet to be widely accepted. Vaccination alone will not cause a COVID test to be positive. CDC Information on vaccination

Policies

(4.2)   The following criteria will be used to determine the suitability of a COVID-19 test:
- A viral test (either a molecular or antigen test, including a Nucleic Acid Amplification (NAAT), or a Polymerase Chain Reaction (PCR) test), *and*
- FDA approved, *and*
- tested in a laboratory setting (including home specimen collection kits that are tested in a laboratory).

(4.3)   An antibody or serological test will not be used for the COVID-19 testing purposes outlined throughout this document.

(4.4)   Proof of recovery from COVID-19 will be required for personnel to forgo any testing policy or procedure. Documentation of recovery includes:
- a positive COVID-19 test result from the previous 90-day period, *and*
- indication that SCA's criteria to end isolation has been met (*see* section 8), *and*
- a letter from a healthcare provider or public health official that states clearance for travel and/or clearance to be around others.

Guideline

1. Personnel who anticipate travelling in order to receive a COVID vaccine should communicate in advance with their supervisor to research local vaccine distribution and access possibilities, and/or to consider travel arrangements.

Quick Reference for COVID Policy Timeframes

The following table is a reference for timelines related to testing and quarantining and/or isolation. The reference table indicates how various timelines are used throughout the policy framework. This quick reference is not a substitute for knowing and following the specific policies and guidelines for the circumstances and purposes outlined throughout this document.

Reference Guide for SCA COVID Policies Timeframes	
72 hours	Minimum consecutive hours no signs or symptoms are present to discontinue isolation
4 days	Minimum number of days to wait after starting quarantine to get a COVID test. (Can get tested starting on fifth day)
7 days	Minimum duration of quarantine period when a COVID test is used to determine presence of illness
10 days	Minimum duration of quarantine period when COVID test is not used to determine illness
14 days	Quarantine and distancing period before a position start (agreed to in the pre-program agreement form)
2 weeks	Period of time after last vaccine dose until a person is considered fully vaccinated
90 days	The period after recovery from COVID in which a test may be falsely positive. A COVID test should not be administered during this period

Timeline of Pre-Program and Program Start COVID Management Steps
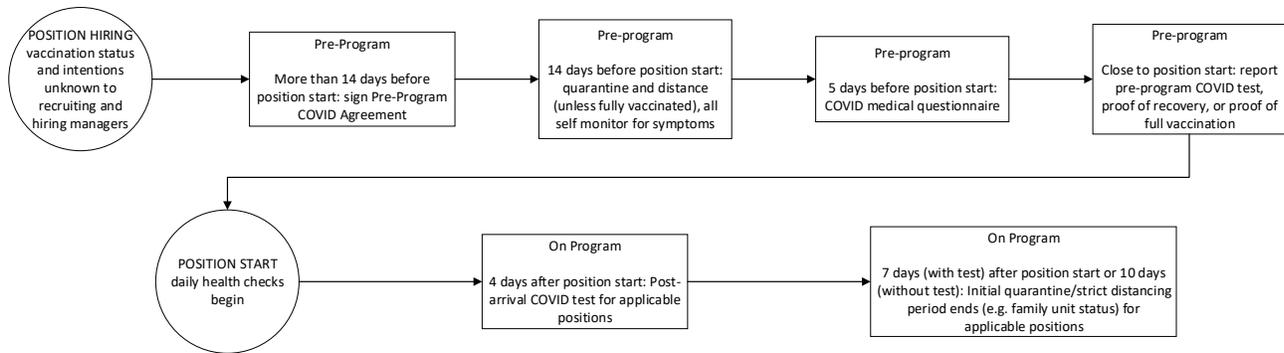
5. Pre-Program COVID Management

Pre-Program Policies for Members and Participants

(5.1)   A member agreement specific to COVID-19 will be acknowledged within 14 days prior to travelling to or commencing a position (*see* Appendix).

(5.2)   Members will complete and submit a COVID-19 specific medical questionnaire within 5 days prior to travelling or beginning a program or position (*see* Appendix).

(5.3)   For the purposes of medical screening, prior to a position's commencement members and field staff will:
- o   Conduct a COVID-19 diagnostic test and report the results, *or*
- o   Submit proof of recovery if they have recovered from COVID-19 within the previous 90 days (*see* section 4), *or*
- o   Report proof of vaccination status, if applicable

(5.4)   Members and field personnel will quarantine and physical distance for 14 days prior to travelling to a new position's start, unless fully vaccinated.

(5.5)   Members and field personnel will self-monitor for COVID-19 related symptoms 14 days prior to travelling to a new position's start.

(5.6)   In the event a member or staff report a COVID sign(s) or symptom(s) they will delay travelling to the position start and self-isolate for a minimum of a 10-day assessment period, including if fully vaccinated.

(5.7)   In the event a member or staff report a positive COVID test result, they will delay travelling to the position start and self-isolate for a minimum of a 10-day assessment period.

(5.8)   In the event travel the position's start is delayed due to the presence of COVID-19 signs/symptoms or positive test result, program staff will check in and monitor for worsening sign/symptoms and clearance to travel throughout the isolation period.

(5.9)   Members and staff with COVID signs or symptoms will be symptom free for a minimum of 72 consecutive hours prior to travelling to or commencing a program/position start. Program managers may require additional documentation from a healthcare provider or public health official.

Pre-Program Policies for Program Management

(5.10) Member vaccination status, plans, and intentions will be blind to recruiters and hiring managers. Recruiters and hiring managers will not seek or acquire, either outright or covertly, a member's vaccination status, plans, or intentions during recruiting and hiring.

(5.11) Program managers will confirm vaccine status and COVID test results prior to a position's commencement.

(5.12) Program design and planning COVID rubrics will be initiated by program managers or NPC/agency supervisor and completed/reviewed with program staff and crew leaders prior a new position(s) commencement (*see* Appendix).

(5.13) Job Hazard Analysis (JHA) and Emergency Response Plans (ERP) will include COVID specific risks and plans for responding to illness and preventing the spread of further transmission.

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

(5.15) SCA personnel will discuss and collaborate with agency partners and site managers to discuss and implement modifications to work/service sites for additional protective measures, including: signage, physical distancing and traffic flow, and physical barriers.

(5.16) COVID management and emergency planning will be conducted with partner agencies and site managers prior to a new position's commencement. Emergency COVID planning includes (*see* Appendix for template rubric):

- o Quarantine and isolation locations, and medical and logistical support,
- o Role clarity and protocols for emergency transport to a medical facility,
- o Inclusion and notification of contact tracing measures, such as personnel exposures or potential exposures,
- o Emergency contact information and information flow, and
- o Standards, expectations, and roles between SCA personnel, agency personnel, site visitors, and public for physical distancing, masks and other PPE, sanitation and disinfection, testing, and return to work/service related COVID protections.

6. On Program COVID Management

On-Program COVID Protections Policies

(6.1) For medical screening purposes a COVID-19 test will be conducted no earlier than day 4 after a new position's commencement. Exceptions include:
- Individually placed positions, *or*
- Commuting based positions in which members are not staying in shared partner or SCA sponsored housing, *and*
- Members who are fully vaccinated.

(6.2) Members and staff will conduct and record a daily health log, including screening for COVID-related signs and symptoms and temperature check.

(6.3) Face masks will be available and ready to be worn at all times. Considerations, culture, and local regulations and federal recommendations around wearing face masks will be taught, considered, and regularly monitored.

(6.4) Face shields will be available to be worn for technical and safety-critical work/service.

(6.5) Frequent, regular, and proper handwashing and sanitation will be taught, practiced, and monitored.

(6.6) Regular and frequent cleaning, sanitation, and disinfection of surfaces will be conducted.

(6.7) Community contracts for shared commitment will be designed and implemented early in a 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.)

(6.8) Commitments made in a community contract will be re-iterated and revisited prior to days off, leave, and holidays.

'Cohort' Policies: 'family unit' or 'self-contained' group designations

(6.9) Cohorting policies and procedures will not apply and are not needed for groups with 100% vaccination rate.

(6.10) Intact (e.g., non-commuting) groups will be designated a 'family unit' or 'self-contained' after all the following conditions are met:
- A minimum 10-day period in which no signs or symptoms are observed or reported, *or*
- A minimum 7-day period in which no signs/symptoms are observed with a negative COVID-19 test result (conducted no earlier than day 4 from program's start), *and*
- Community contracts are established, *and*
- Appropriate and adequate protective measures are observed to be utilized and apart of the group culture, *and*
- Knowledge and adherence to SCA's COVID Management policies and procedures are demonstrated.

(6.11) During a position's initial, pre-cohort/un-contained period (i.e., 7- or 10-day period) group sizes will be limited and as small as reasonably possible, and every reasonable effort will be made to prevent and minimize the potential for transmission. These efforts include individual or small group quarantines and pre-determined group or individual rotations through physical spaces.

(6.12) Groups will return to "un-contained" status when:
- o Group members observe or report COVID signs or symptoms, *or*
- o Inappropriate and inadequate protective measures are observed or reported, *or*
- o Lack of knowledge or adherence to SCA's COVID Management policies and procedures are observed or reported, *or*
- o The community contract is broken, *or*
- o Group members are exposed to external visitors/personnel less than 6ft for greater than 15 minutes, *or*
- o Concern is raised by a member(s), SCA staff, or site/partner agency personnel.

Visitor Policies

(6.13) External group visitors such as partner and site personnel, SCA staff and managers, and trainers will be screened for symptoms (*see* Appendix) and will delay or cancel their visit in the event they show or report a sign or symptom(s).

(6.14) External visitors such as partner and site personnel, SCA managers, and trainers will follow SCA's COVID Mitigation Strategies and Techniques, program specific policies and guidelines, and group norms when visiting an SCA work/service site.

On-Program COVID Management Guidelines

1. Potential for risks such as heat illness should be considered in regard to face masks.
2. Number of personnel in accommodations should be considered in the program design phase. Factors such as risk of transmission, group cohorts, program and site capacity and availability, and other hazards such as bears should be considered.
3. Each member should be issued a personal sanitation and protection kit. Contents should be refilled regularly. Contents may include, for example:
   - o Hand sanitizer
   - o EPA approved disinfectant (e.g., wipes or spray)
   - o Masks
4. Providing personal supplies of food and water should be considered and prioritized over group/shared supplies.

7. COVID Related Travel, Vehicle & Transportation Management
Travel Related Policy

Policy

(7.1)   Members and staff will be personally responsible for knowing and following current guidelines and recommendations from the CDC and other federal, state, and local advisories related to travel. Link to CDC travel advice, Link to State Health Departments and Link to Local Public Health Departments

Vehicle Related Policies & Guidelines

Policy

(7.2)   Program managers will report any modifications to SCA's driver training, including exemptions to in-person driver tests.

(7.3)   Masks will be worn in vehicles, unless:
- o   'family unit' or 'self-contained' status is obtained (*see* section 6), *or*
- o   The group is 100% fully vaccinated.

(7.4)   Number of passengers per vehicle will not exceed half the vehicle's usable seatbelt capacity, until:
- o   'family unit' or 'self-contained' status is obtained (*see* section 6), *or*
- o   The group is 100% fully vaccinated.

Guidelines

1. Program managers, under the direction of their national program leaders, should consider modifications to the in-person driving tests, including to members who report to and receive in-person training from a partner.
2. Vehicles should be well-ventilated while in use.
3. Each vehicle should contain a designated hand-sanitizer and wipes for regular and frequent use.
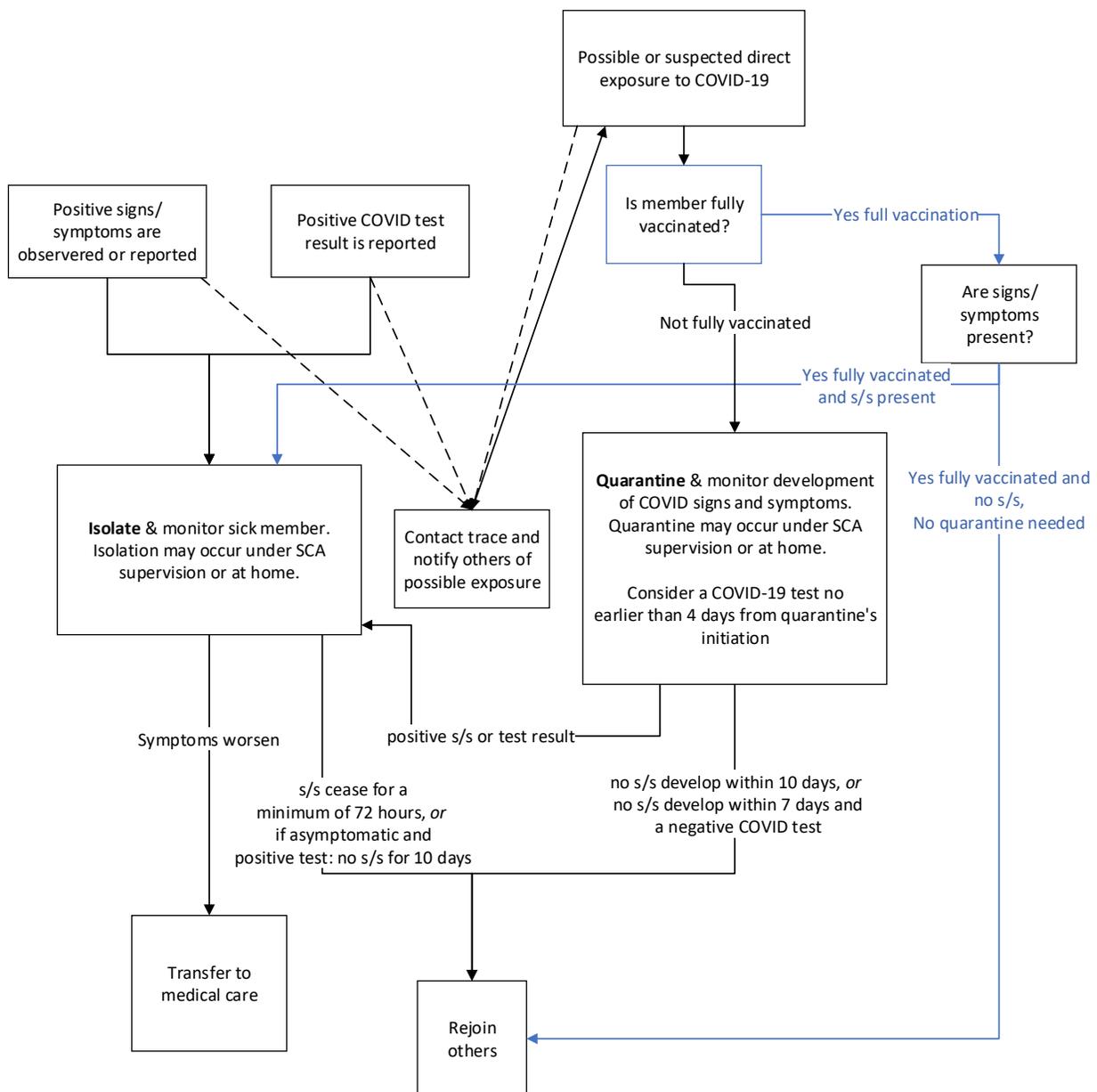
8. COVID Related Incident Response

Definitions:

Quarantine – separation of an individual or group of people from others. Implemented to monitor for the development of COVID-19 sign(s) and symptom(s). Quarantine may occur under the direction and supervision of SCA personnel, site/partner agency personnel, or self-quarantine at home.

Isolation – separation of an individual from others to contain the spread of known COVID-19 sign(s) and symptom(s). Isolation may occur under the direction and supervision of SCA personnel, site/partner agency personnel, or self-isolation at home.

Supplies checklists for supporting personnel in isolation and quarantine are in Appendix.

Incident Response Decision-Tree

Possible or suspected direct exposure to COVID-19

Positive signs/symptoms are observed or reported

Positive COVID test result is reported

Is member fully vaccinated?

Yes full vaccination

Not fully vaccinated

Are signs/symptoms present?

Yes fully vaccinated and s/s present

Isolate & monitor sick member. Isolation may occur under SCA supervision or at home.

Contact trace and notify others of possible exposure

Quarantine & monitor development of COVID signs and symptoms. Quarantine may occur under SCA supervision or at home.

Consider a COVID-19 test no earlier than 4 days from quarantine's initiation

Yes fully vaccinated and no s/s, No quarantine needed

Symptoms worsen

positive s/s or test result

s/s cease for a minimum of 72 hours, *or* if asymptomatic and positive test: no s/s for 10 days

no s/s develop within 10 days, *or* no s/s develop within 7 days and a negative COVID test

Transfer to medical care

Rejoin others

Isolation Policies and Guidelines

Isolation – separation of an individual from others to contain the spread of known COVID-19 sign(s) and symptom(s). Isolation may occur under the direction and supervision of SCA personnel, site/partner agency personnel, or self-isolation at home.

Example: A member reports COVID signs/symptoms or a positive test result. They are *isolated* to contain the further spread of illness.

Policy

(8.1) Personnel will isolate or self-isolate if:
- the presence of a sign(s) and/or symptom(s) are observed or reported, *or*
- a positive COVID-19 test result is reported.

(8.2) Personnel who are fully vaccinated will isolate or self-isolate in the event a sign or symptom is observed or reported.

(8.3) In the event a member or staff observes or reports a COVID sign/symptom or a positive test result, SCA staff will be notified via the position's emergency call guide.

(8.4) In the event of an exposure or suspected exposure, contact tracing will be conducted and personnel will be notified of their potential exposure.

(8.5) Personnel in isolation will conduct and report a daily health log, including temperature checks.

(8.6) Personnel in isolation will receive communications guidance while in isolation.

(8.7) Personnel in isolation will be monitored a minimum of once a day for increasing or worsening sign(s) and symptom(s) and psychological stress.

(8.8) Personnel will remain in isolation for:
- a minimum of 10 days, *and*
- sign(s) and symptom(s) cease for a minimum of 72 consecutive hours, *or*
- care is transferred to professional medical care.

(8.9) Personnel who receive a positive test result but are asymptomatic will isolate or self-isolate for a minimum of 10 days.

(8.10) Personnel in isolation will not leave or be in physical contact with other individuals.

(8.11) The decision to discontinue isolation and return to work/service will be considered on a case-by-case basis, with the consultation and direction from the medical community and local standards.

Guidelines

1. Agency partners, site managers, and SCA personnel should communicate regarding procedures and practices for:
   - Communications and flow of information,
   - Maintaining isolation, including if transportation is required,
   - Decision making regarding transfer of care to a medical provider and/or transfer home,
   - Sanitation and disinfection of the isolation site and personal belongings, and
   - Contact tracing and possible exposure to other SCA and site personnel, public, etc.
2. Written clearance from a healthcare provider or public health official should be obtained for a member to discontinue isolation.

3. A COVID-19 diagnostic test should be used to detect for an active COVID infection. If personnel have previously tested positive, an additional COVID test is not warranted. If fully vaccinated, a COVID test may still be warranted if signs/symptoms are present.
4. Temperature should be measured by a touchless thermometer.

Quarantine Policies and Guidelines

Quarantine – separation of an individual or group of people from others. Implemented to monitor for the development of COVID-19 sign(s) and symptom(s). Quarantine may occur under the direction and supervision of SCA personnel, site/partner agency personnel, or self-quarantine at home.

Example: A member is exposed to a suspected infected person (e.g., another person who tested positive or showed signs/symptoms). The member is *quarantined* to monitor for the development of illness (e.g., a positive test result or the development of a sign/symptom).

*Fully vaccinated people do not need to quarantine. If a fully vaccinated person has a sign/symptom, they need to isolate (*see* section 8 – Isolation policies and guidelines).

Policies
(8.12) Personnel who have had direct exposure to someone suspected with COVID-19 and who are not fully vaccinated will quarantine, including delaying travel/commuting to self-quarantine, unless fully vaccinated.
(8.13) Personnel in quarantine will conduct and report a daily health log, including temperature.
(8.14) Members and personnel will not physically contact and remain physically distanced from others while in quarantine, including utilizing single room accommodations.
(8.15) Personnel will remain in quarantine until either:
   o No signs and symptoms are observed or reported for 10 consecutive days, *or*
   o A negative COVID-19 test result is reported
(8.16) A COVID-19 test used to discontinue quarantine will:
   o Be administered no earlier than 4 days from the beginning of quarantine, *and*
   o Quarantine will be a minimum of 7 days.
(8.17) In the event a member in quarantine has recovered from COVID-19 within the previous 90 days, a COVID-19 test will not be required to leave quarantine. In this circumstance, personnel will quarantine for a minimum of 10 days.
(8.18) In the event personnel in quarantine develop or report a sign/symptom, or receives a positive test result, they will move to isolation or isolation status (*see* policies 8.1, 8.8, and 8.9)

Guidelines
5. Agency partners, site managers, and SCA personnel should communicate regarding procedures and practices for:
   o Communications and flow of information,
   o Maintaining isolation, including if transportation is required,
   o Decision making regarding transfer of care to a medical provider and/or transfer home,
   o Sanitation and disinfection of the quarantine site and personal belongings, and
   o Contact tracing and possible exposure to other SCA and site personnel, public, etc.

COVID Related Incident Reporting

Policies

(8.19) All COVID related incidents will be reported and updated via an SCA incident report (the "other" box under the Injury/Illness section is used to signify "COVID-19 related"). Reportable COVID-19 related incidents include:

- o Member or staff reports a potential exposure,
- o Policy not followed,
- o Personnel are moved to isolation, including home isolation,
- o Reporting a positive COVID-19 test result,
- o Quarantine or isolation is broken before meeting the requirements for discontinuation,
- o Signs and symptoms become worse, and/or patient is transferred to medical care,
- o Partner and/or site personnel's standards or practice of safety are perceived as inappropriate and/or inadequate, *and*
- o A member or staff report that personal risk tolerance or safety is not met.

(8.20) A worker's compensation insurance claim will be filed for all COVID related illness and injury, including suspected exposures.

(8.21) Workers compensation insurance claims will be submitted within 24 hours of the incident.

(8.22) The following incident threshold levels will be used for reporting COVID related incidents:

Threshold 0: Near Miss Illness, infection, or transmission is narrowly avoided
Threshold 1: Minor SCA COVID policies are not followed, or concern/anxiety over other crew members not following SCA or Partner COVID protocols Anxiety or discomfort related to COVID (e.g., modifications and accommodations are required for work) Member or leader participated in a large public or family gathering
Threshold 2: Moderate Member or leader has known exposure to someone with COVID symptoms, or COVID positive person Member or leader fails to follow SCA or Partner COVID protocols, including participant agreement
Threshold 3: Serious Member, leader or staff tests positive for COVID
Threshold 4: Severe Several crew members test positive for COVID COVID related hospitalization
Threshold 5: Critical Fatality related to COVID

9. Leave, Return to Work/Service, & Time-off COVID Management

These policies and guidelines apply to holiday time-off and leave. Program managers, under the direction of their respective national program leaders, should determine the applicability and extent to which these policies are applied to weekend and days off. These decisions will be made in accordance with state and local regulations/recommendations and will consider the current status of community transmission and vaccination rates. The GA Tech COVID-19 Risk Assessment Planning Tool and COVID Tracking Project can be utilized in understanding and monitoring community transmission at the county and state levels.

These return to work/service policies and guidelines will not apply to intern or individually placed positions. Interns will follow the guidance and protocols set forth by their agency partners and supervisors.

Prior to Departure for Holiday or Leave Policy

(9.1)   Prior to departure members and staff will review and acknowledge:
- o   Community agreement,
- o   Current CDC guidelines and recommendations for protecting yourself and others,
- o   Check-in and communications process and expectations while away, and
- o   Return to work/service process, including applicable requirements for quarantining and COVID-19 testing.

(9.2)   In the event a member cannot agree to the policies and protocols for return to work/service, a Program Manager will be notified.

While on Holiday or Leave Guidelines

1. Members and staff should self-monitor daily for COVID signs and symptom(s) while away.
2. In the event a member or staff presents with a COVID sign or symptom(s), a program leader or manager should be notified.
3. In the event a member or staff is directly exposed to COVID-19 while away, a program leader, manager, or supervisor should be notified.
4. Members and staff should report the results of their symptom check to program leaders or managers within the 4 days prior to traveling or commuting to return to work/service.

Return to Work/Service Policy

(9.3)   While away, in the event a member or staff experiences a COVID sign or symptom(s) or a COVID-19 test result is positive, travel or commuting back to work/service will be delayed. Personnel will self-isolate until SCA's criteria to end isolation is met (*see* section 8)

(9.4)   Quarantine and isolation policies and guidelines (*see* section 8) will apply for members and staff returning to work/service.