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COVID-19 Management Plan *For SCA Members*

12/15/2020

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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. It is likely that the pandemic will continue to evolve throughout 2021. This document reflects a shift from incident response to maintaining business and operational continuity under widespread COVID-19 conditions.

This management plan is designed to be implemented on a national level. The policies and procedures 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 and procedures described within the SCA Field Guide and Incident Response Handbook.

The SCA's COVID Management Plan will be designed and reviewed by utilizing a diverse range of perceptions and experiences from across the SCA. 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 Manager, Stuart Slay sslay@thesca.org.

This plan is designed under several guiding principles:

- The safety of staff, members, and SCA partner personnel is paramount.
- 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).
- 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 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 will be implemented at the local level and are dependent upon the State and county a program or work and service is conducted.

Decisions to change from one phased plan to another will be made with consultation from the local Program Manager or Coordinator, the National Program Manager, and the National Safety Manager.

This document reflects Phase 2 conditions and indications.

Phase 1	Phase 2	Phase 3
<p>Indications: Upward trajectory of transmission (e.g. widespread community transmission). Limited-capacity of local healthcare resources. Local emergency orders are in place.</p> <p>SCA Management: Severe limitation of work and travel. Possible stay-at-home orders will be applied to the work and program context.</p>	<p>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.</p> <p>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.</p>	<p>Indications: Downward trajectory of transmission (e.g. transmission rates are low and stable, vaccination may be widespread). Standing restrictions and regulations are lifted. Local healthcare resources are widely available.</p> <p>SCA Management: Toward pre-COVID management framework</p>

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.

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

Quarantine – separation of an individual or group of people from others. Implemented to monitor for the development COVID-19 sign(s) and symptom(s).

State / locally mandated quarantine – the separation of an individual or group of people from others, as mandated by local and/or state governments. Usually mandated for the duration of 14 days.

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 or at home.

Staff – personnel employed SCA.

Members – crew leaders and participants of SCA programming.

Personnel – an umbrella term, referring to SCA staff, leaders, and members. May also be used with 'agency', 'partner', or 'site', in which refers to staff and other persons associated.

Direct Exposure – the potential that an individual(s) are or 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.

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 [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 will know and acknowledge understanding of SCA's COVID-19 management policies and procedures.
- (2.2) 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 all applicable laws.

Procedures

1. SCA staff should work from home and avoid in-person meetings whenever possible.
2. SCA staff who are well but have a sick family member at home with COVID-19 should notify their supervisor.

3. Communications Policies & Procedures

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 of which they are responsible ([Link to State Health Departments](#) and [Link to Local Public Health Departments](#))
- (3.3) SCA will keep staff informed of new and updated directives and related developments through a combination of:
 - o Compass Point alerts,
 - o the twice-monthly Compass newsletter,
 - o posts to the COVID section of the intranet,
 - o memos to affected staff,
 - o presentations at program leadership meetings,
 - o and 'brown bag' sessions

External Communications

- (3.4) 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. When warranted, SCA will also reach out to individuals by telephone. Should the pandemic persist, related policies will be added to SCA's Member and Partner Handbooks.

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](#)).

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
- Pursuing COVID testing
- Contact tracing: informing personnel who may have been exposed to COVID-19
- Contact tracing: investigation to identify potential pathways to exposure

Behavioral & Structural COVID Mitigation Techniques

- Physical distancing from others (e.g. minimum of 6ft), including single occupancy accommodations
- Group size limitations, including the use of phased program starts and re-entry
- Designation of 'Self-contained' groups or 'family units' to prevent transmission and enable efficient work
- Minimization of non-essential travel
- Remote and/or independent work
- 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
- Regular sanitation of PPE
- 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 for conducting technical and safety-critical work/service
- Eye protection
- 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 cleaning of surfaces utilizing bleach solutions and other recommended products by the CDC and EPA.

Environmental COVID Mitigation Techniques

- Direct and long exposure to sunlight to sanitize gear and equipment.
- Conducting work/service such as in-person meetings, events, and operations outdoors, and/or in well and regularly vented areas.

5. Pre-Program COVID Management

Pre-Program Policy 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 program or 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) Members and field staff will conduct a SARS-Cov-2 PCR test prior to a program or position's commencement, and will report the results before travelling to or beginning a program or position.
- (5.4) Members and field personnel will quarantine and physical distance for 14 days prior to travelling to a new program's start.
- (5.5) Members and field personnel will self-monitor for COVID-19 related symptoms 14 days prior to travelling to a new program's start.
- (5.6) In the event a member or staff shows a COVID sign or symptom(s) and/or reports a positive SARS-CoV-2 PCR test result, they will delay travelling to the program start.
- (5.7) Members and staff with COVID signs or symptoms will be cleared by a medical professional, a COVID PCR test, or be symptom free for 72 hours prior to travelling to a program start.

Pre-Program Policy for Program Management

- (5.8) COVID risk assessment and planning rubrics (see [Appendix](#)) will be completed and submitted to the respective National Program Manager and National Safety Manager prior to a new program and/or position(s) commencement.
- (5.9) SCA COVID management policies, procedures, and protocols will be shared with partner agencies and site managers prior to a new program or position(s) commencement.
- (5.10) 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.
- (5.11) COVID management and emergency planning will be conducted with partner agencies and site managers prior to a new program or position(s) commencement. Emergency COVID planning includes (see [Appendix](#) for template rubric):
 - Quarantine and isolation locations, and medical and logistical support,
 - Role clarity and protocols for emergency transport to a medical facility,
 - Inclusion and notification of contact tracing measures, such as personnel exposures or potential exposures,
 - Emergency contact information and information flow, and
 - 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 Policy

- (6.2) A SARS-CoV-2 PCR test will be conducted no earlier than day 4 after a new program or position's commencement. Individually placed positions will consult with SCA personnel and their site supervisor, and may forgo this test in the event a post-arrival test is not possible or is irrelevant (i.e. an intern does telework).
- (6.3) Members and staff will conduct and record a daily health log, including screening for COVID-related signs and symptoms and temperature check.
- (6.4) Face masks will be available and ready to be worn at all times. Considerations and culture around wearing face masks will be taught and regularly monitored.
- (6.5) Face shields will be available to be worn for technical and safety-critical work/service
- (6.6) Frequent, regular, and proper hand washing and sanitation will be taught, practiced, and monitored.
- (6.7) Regular and frequent cleaning, sanitation, and disinfection of surfaces will be conducted.
- (6.8) Community contracts for shared commitment will be designed early in a 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.)
- (6.9) Commitments made in a community contract will be re-iterated and revisited prior to days off, leave, and holidays.

On-Program 'family unit' or 'self-contained' Group Designation Policy

- (6.10) Intact (e.g. non-commuting) groups will be designated a 'family unit' or 'self-contained' after all the following conditions are met:
 - o 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 *and* a negative PCR test result is reported (conducted no earlier than day 4 from program's start),
 - o Community contracts are established,
 - o Appropriate and adequate protective measures are observed to be utilized and apart of the group culture, and
 - o Knowledge and adherence to SCA's COVID Management policies and procedures are demonstrated.
- (6.11) Groups will return to "un-contained" status when:
 - o Group members observe or report COVID signs or symptoms,
 - o Inappropriate and inadequate protective measures are observed or reported,
 - o Lack of knowledge or adherence to SCA's COVID Management policies and procedures are observed or reported,
 - 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 Policy

- (6.12) External group visitors such as partner and site personnel, SCA managers, and trainers will be screened for symptoms and will delay or cancel their visit in the event they show or report a sign or symptom(s).
- (6.13) External visitors such as partner and site personnel, SCA managers, and trainers will follow SCA's COVID [Mitigation Strategies and Techniques](#) , and program procedures and group norms when visiting an SCA work site.

On-Program COVID Management Procedures

1. Physical distancing (e.g. 6ft/15 min), 'family unit' or 'self-contained' status, and potential for risks such as heat illness should be considered in regards to face masks.
2. Number of personnel in accommodations should be considered in the program design phase. Factors such as risk of transmission, 'family units' or 'self-contained' groups, 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:
 - Hand sanitizer
 - EPA approved disinfectant (e.g. wipes or spray)
 - 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 & Procedure

Policy

- (7.1) Members and staff will be personally responsible for knowing current CDC recommendations related to travel. [Link to CDC travel advice](#).

Procedure

1. Travel via public transportation (e.g. bus, train, plane) for non-essential work and business should be minimized when possible.
2. Members and staff should drive their personal vehicles to project sites when possible.
3. Members and staff travelling for work-related purposes should follow current Federal, state, and local guidelines and recommendations (e.g. [Link to State Health Departments](#) and [Link to Local Public Health Departments](#))

Vehicle Related Policy & Procedure

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, until 'family unit' or 'self-contained' status is obtained (see [On Program COVID Management Policies](#) for intact, non-commuting groups).
- (7.4) Number of passengers per vehicle will not exceed half the vehicle's usable seatbelt capacity, until 'family unit' or 'self-contained' status is obtained (see [On Program COVID Management Policies](#)).

Procedure

4. Program managers, under the direction of their national program leaders, should consider modifications and exceptions to the in-person driving test requirement, including to members who report to and receive in-person training from a partner.
5. Vehicles should be well-ventilated while in use.
6. Each vehicle should contain a designated hand-sanitizer and wipes for regular and frequent use.

8. COVID Related Incident Response

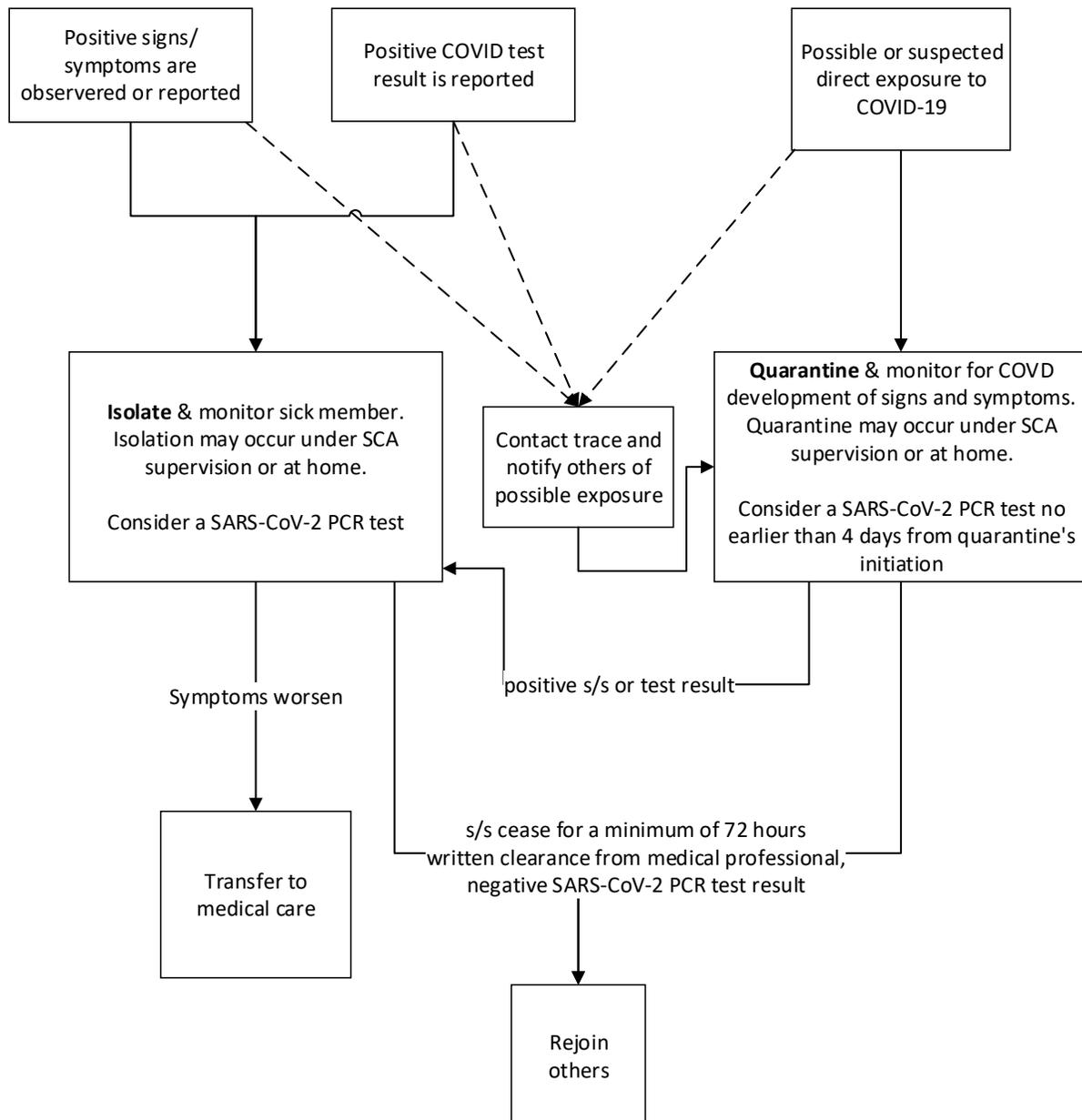
Definitions:

Quarantine – separation of an individual or group of people from others. Implemented to monitor for the development COVID-19 sign(s) and symptom(s).

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 or at home.

Supplies checklists for supporting personnel in isolation and quarantine are in [Appendix](#).

Incident Response Flowchart



Isolation Policies and Procedures

Policy

- (8.1) A member or staff will be isolate, including not commute to work/service and/or return home in the event:
 - o the presence of a sign and/or symptom(s) are observed and/or reported, or
 - o a positive SARS-CoV-2 PCR test result is reported
- (8.2) In the event a member or staff observes or reports a COVID sign/symptom or a positive test result, a supervisor and/or YOSOOGY will be notified.
- (8.3) In the event of an exposure or suspected exposure, contact tracing will be conducted and personnel will be notified of their potential exposure.
- (8.4) Personnel in isolation will conduct and report a daily health log, including temperature checks.
- (8.5) Personnel in isolation will receive communications guidance while in isolation
- (8.6) Personnel in isolation will be monitored a minimum of once a day for increasing or worsening sign(s) and symptom(s) and psychological stress
- (8.7) Personnel will remain in isolation until either:
 - o sign(s) and symptom(s) cease for minimum of 72 consecutive hours,
 - o written clearance is received from a medical professional, or
 - o care is transferred to professional medical care.
- (8.8) Personnel in isolation will not leave or be in physical contact with other individuals.
- (8.9) 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.

Procedure

1. 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 isolation site and personal belongings, and
 - o Contact tracing and possible exposure to other SCA and site personnel, public, etc.
2. A SARS-CoV-2 PCR test should be considered for personnel in isolation to confirm readiness to rejoin others after symptoms subside, as an additional measure to the policies listed above.
3. Temperature should be measured by touchless thermometer.

Quarantine Policies and Procedures

Policy

- (8.10) Personnel who have had direct exposure to someone suspected with COVID-19 will quarantine.
- (8.11) Personnel in quarantine will conduct and report a daily health log, including temperature.
- (8.12) Members and personnel will not physically contact and remain physically distanced from others while in quarantine, including utilizing single room accommodations.

- (8.13) Personnel will remain in quarantine until either:
 - o No signs and symptoms are observed or reported for 10 consecutive days, *or*
 - o A negative SARS-CoV-2 PCR test result is reported
- (8.14) A SARS-Cov-2 PCR test used to discontinue quarantine will be administered no earlier than 4 days from the beginning of quarantine.
- (8.15) In the event a SARS-Cov-2 PCR test used to discontinue quarantine, quarantine will be a minimum of 7 days.
- (8.16) Personnel in quarantine will move to isolation or isolation status if a positive sign, symptom, or test result is observed or reported.

Procedure

- 4. 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

SCA Incident Reporting Policy & COVID-related Thresholds

Policy

- (8.17) All COVID related incidents will be reported and updated via an incident report in Salesforce. The “other” box under the Injury/Illness section can be 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 SARS-CoV-2 PCR 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.

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

Level 0: (Near miss) Illness, infection, or transmission is narrowly avoided
Level 1: SCA COVID policies are not followed 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
Level 2: 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 Concern/anxiety over other crew members not following SCA or Partner COVID protocols
Level 3: Member, leader or staff tests positive for COVID
Level 4: Several crew members test positive for COVID COVID related hospitalization
Level 5: Fatality related to COVID

Workers Compensation Reporting

Policy

- (8.19) A workers compensation insurance claim will be filed for all COVID related illness and injury, including suspected exposures.
- (8.20) Workers compensation insurance claims will be submitted within 24 hours of the incident.

2020 Worker's Compensation Policy Information

Policy Number: WC2-Z11-253482-019

Liberty Mutual Address: PO Box 4205
London, KY 40742

Liberty Mutual Phone Number: 1-800-962-5157

SCA Contact: Human Resources at 603-504-3201 and workerscomp@thesca.org.

The Workers Compensation Insurance form is included in the online Incident Report Form on MySCA.

Please contact HR regarding questions related to filing Workers Comp claims.

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

These policies and procedures 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 and recommendations, and will consider the current status of community transmission. 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 procedures will not apply to interns. 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:
- Community agreement,
 - Current CDC guidelines and recommendations for protecting yourself and others,
 - Check-in and communications process and expectations while away, and
 - Return to work/service process, including applicable requirements for quarantining and COVID PCR 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 Procedures

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 & COVID Testing Policy

- (9.3) While away, in the event a member or staff experiences a COVID sign or symptom(s), or a SARS-CoV-2 PCR test result is positive, travel or commuting back to work/service will not occur until signs or symptoms are absent for 72 hours *and*:
- Written clearance by a medical professional, or
 - Negative results of an *additional* SARS-CoV-2 PCR test result
- (9.4) For any COVID PCR test conducted as a part of the return to work/service process, results will be reported.
- (9.5) In the event a test result is positive, the member or staff will delay returning to work/service and [incident response policies](#) will be followed.

Return to Work/Service COVID Testing Procedure

5. Members and staff should conduct a SARS-CoV-2 PCR test within the 4 days prior to returning to work/service, or no earlier than day 4 after returning to work/service.

COVID-19 Testing Resources

Other COVID-19 Testing Resources

If you are not covered under SCA's health plan, visit a [nearby CVS Pharmacy](#) to get a no-cost COVID-19 diagnostic test. If CVS is not offering this service in your state, you can search for other no-cost options by visiting the US Department of Health & Human Services [\(HHS\) website](#).

If you're experiencing COVID-19 symptoms, visit [CDC's](#) online self-checker tool. The tool asks a series of questions, and based on the user's responses, provides recommended actions and resources.

- Members should report their negative or positive test results (not a diagnosis) through their MySCA portal. Privacy of medical information is paramount.

Link to Report Test Results in MySCA

This survey can be accessed via an alert in a member's MySCA portal, or the link can be sent in an email or text.

<https://engage.clicktools.com/v2/28jqej79lwlcp>