



EXPERIENTIAL
CONSULTING
*Risk Management
for
Outdoor Programs*

Northwest Youth Corps Crew/Intern Operations Protocol for a COVID-19 Environment

NOTE: Because the COVID-19 situation and associated data is constantly changing, this document will be updated and/or revised as necessary. This version last updated **June 18, 2020**.

Legal Notice: The following protocols have been uniquely developed for Northwest Youth Corps programs, in consideration of our specific programmatic and organizational elements. While we gladly share this document as a resource, these protocols are not meant to be applied to any other organizations without careful consideration and revision to match the uniqueness of that organization's population, staff, mission, training, resources, environment, and risk tolerance. *By adapting or otherwise utilizing these protocols in your program, you do so at your own risk and expressly agree to release from liability, and hold harmless, Northwest Youth Corps; our physician advisor Dr. Greg Moore; Aerie Backcountry Medicine; and Experiential Consulting, LLC for any liabilities, losses, damages, suits, or expenses of any kind.* If you have any questions, please contact Northwest Youth Corps.

At Northwest Youth Corps, the health and well-being of our members, staff, and the communities we serve is paramount. We are experienced in managing the inherent risks associated with running conservation service programs – including, but not limited to, using sharp tools and working and living in remote areas. We deeply believe the benefits of our programs are significant to the participants, staff, and the public lands we serve.

Northwest Youth Corps (NYC) and Idaho Conservation Corps (ICC) provide paid job training, education, and applied life skills which build resilience and leadership in our participants. We deem it critical to offer these opportunities as a part of national recovery efforts, when we can do so safely. We believe our communities need us now more than ever.

We also take the current COVID-19 health emergency very seriously. The following protocols describe our organization's: (1) approach to assessing conditions to ascertain when we can successfully offer field-based programs; (2) protocols for screening staff and applicants prior to their participation in, and during programs, to help reduce and mitigate the introduction of COVID-19 into our programs; and (3) standard operating procedures and guidelines for operating field-based crews and internships while COVID-19 remains a public health threat, including practices to help ensure that all participants are healthy when they return home.

These field protocols were developed by NYC staff with the participation of Aerie Backcountry Medicine's Director Dave McEvoy, Experiential Consulting's Principal Steve Smith, and under the guidance of NYC's Physician Advisor, Dr. Greg Moore.

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COVID-19 Protocol for Crew Based Programming

I. Decision making matrix for fielding Crew-Based Programming

In our efforts to offer program opportunities, the following conditions will be considered to ascertain if Northwest Youth Corps and Idaho Conservation Corps can safely offer programs. We will only offer programs if our analysis indicates that our staff and participants will not increase their risk of contracting or spreading COVID-19 due to their participation. Key assessments include:

1. Organization COVID-19 Protocols are in place: NYC/ICC programs may resume programming when this protocol is in place, is understood by all relevant staff and stakeholders, and we have the resources available to implement this set of protocols.
2. Civil Authority Restrictions are lifted: NYC/ICC programs may resume programming when national and/or state Executive Orders allow our program to resume travel and do not exceed mandated gathering numbers of individuals necessary to operate our program model.
3. Medical resources are available for support: It is understood that COVID-19 related demands on our medical infrastructure are an important consideration for three reasons:
 - a. Additional demands on medical facilities/medical personnel may distract from our collective ability to meet the demands associated with COVID-19 and therefore may be irresponsible;
 - b. Additional demands may strip the physical/personnel resources away from the communities in which NYC/ICC operate (e.g. medical personnel may lack access to proper PPE) which might make medical care less available, or
 - c. May increase the likelihood of exposure to patients if care is sought. NYC/ICC programs may resume programming if COVID-19 models (<https://covid19.healthdata.org/united-states-of-america>) and/or other available data indicate that the demand on the medical facilities in the areas in which we operate programs will not be overwhelmed during the times in which our programs are operating.
4. Our partners are prepared: NYC/ICC programs may resume programming when our partners are secure and confident enough in their own operations/availability to provide us reasonable assurance that plans, schedules, camping opportunities, etc., won't remain in flux – thereby increasing our opportunity costs, financial risks, and risks to our people.
5. It is socially responsible: NYC/ICC programs may resume programming when the organization believes it is socially responsible for us to be operating. We believe that paid workforce development programs will be a key part of our national recovery effort and we want to begin offering those opportunities as soon as these activities can be done safely, including gaining assurances from experts, our board of directors and our larger stakeholder groups that they are comfortable with us going back to work.

6. We are prepared: Lastly, NYC/ICC programs may resume programming when: (a) we've had the time to recruit and train sufficient staff, participants; (b) identify sufficient project/recreational/camping partners, and; (c) we have the physical equipment and supplies to implement our planned activity.

II. Leader and Participant Health Screening Protocols

Our organization's COVID-19 screening process will involve assessments which occur:

- a. During an assessment phase prior to physical engagement in our programs, to limit participation of potentially more vulnerable populations, since exposure to COVID-19 cannot be ruled out entirely;
- b. A physical screening of participants during their program orientation, to identify any symptoms and limit program initiation to healthy individuals; and
- c. Ongoing daily screening in the field to aggressively monitor the ongoing health and well-being of all participants and staff.
- d. Each of those phases is further detailed below.

Pre-program Health Assessment Protocol (2 weeks prior)

Steps in Protocol:

1. Applicant will be informed of the potential risks associated with participating in our programs, and informed about our COVID-19 protocol and the commitments necessary for participants to make (including engaging in self isolation outside of the programs dates if necessary). It is required to sign and return the [Assumption and Release Risk Agreement](#) (staff) or [Assumption and Release Risk Agreement](#) (participant) form, along with the [Community Well Being Agreement](#) addendum.
2. Applicant will accurately and honestly submit Health and Medical History form for evaluation.
 - a. If medical history is deemed acceptable for participation, the attached [Risk Analysis Questionnaire](#) will be covered with each applicant via phone or Zoom conversation to provide guidance to our hiring teams, to assess applicant wellness and fitness for program, while letting the applicant know that we are asking these questions for their safety as well the safety of crew and community. The requirement and importance to be open and transparent will be consistently emphasized. Applicants will be briefed on risks associated with program and guided through the questions on the [Risk Analysis Questionnaire](#).
 - b. NYC/ICC's medical screening team will evaluate the responses to the questionnaire and make determinations about any participant based on a Risk Assessment Rubric that will score the risk level of each applicant based upon their

answers. The intent of that rubric is twofold: (1) rule out any individual who may be more vulnerable to ill effects of COVID-19, since exposure to the virus during a program cannot be eliminated, and (2) to rule out any individual whose potential exposure to COVID-19 may be at a higher level due to their health history, recent travel/activities and/or other risk factors.

- c. NYC/ICC staff will let applicants know if they are accepted, based upon their answers, within seven working days.
3. Participants who are offered a position in our programs will be asked to sign an [Assumption and Release Risk Agreement](#) and [Community Well Being Agreement](#) addendum to help keep themselves and other participants safe. That agreement:
 - a. Asks that each participant arrives well rested, nourished, and hydrated. The goal is for individuals to arrive as resilient as possible.
 - b. Orients all participants to required illness-reducing strategies which promote the idea of social distancing, hand washing, etc., particularly in the two weeks leading up to their program.
 - c. Acknowledges that NYC/ICC reserves the right not to admit people who pose a communicable disease risk to others, and that a physical assessment will be conducted at orientation which could potentially be disqualifying of participation.
 - d. Directs potentially ill people not to come to NYC/ICC if they exhibit COVID-19 symptoms. While delayed inclusion is likely not an option, participation in programs with a later start date may be possible.

Orientation Health Assessment Protocols

The orientation protocols are designed to ascertain if an individual is exhibiting any physical symptoms which could be related to COVID-19, and to determine if each staff/participant has engaged in proper mitigation activities within the two-weeks prior to their program's initiation to limit their exposure.

Steps in Protocol:

1. Participants will undergo a Health Screening designed to ascertain if they are demonstrating any symptoms which could be related to COVID-19, including a quick test for COVID-19 when and where these tests become accessible and available to organizations like ours.
2. In lieu of testing availability, the health screening will also include:
 - a. General Health Screening Questions
 - b. Temperature check (below 100 F is required) via "touch less" thermometer will occur each day during orientation
 - c. Observation over the course of Orientation for any health concerns (24-48 hours)

- d. Assessment of positive attitude regarding General Health and observing protocols
 - e. Participants showing any symptoms consistent with COVID-19 will not be allowed to engage in programs
3. Participants will review the [Assumption Risk and Release Agreement](#) and [Community Well Being Agreement addendum](#) form. Staff will emphasize the in-field protocol requirements and commitments that participants are making in accordance with those protocols (hand-washing behaviors, quarantine in-place, etc.). Participants will be required to sign their commitment to abide by those protocols during their program. Participants unwilling or unable to commit to the protocols or demonstrating uncooperative attitudes toward protocols and hygiene will not be allowed to join and/or remain in programs.
 4. In programs which serve youth under the age of 18, parents and/or legal guardians will also be required to sign an [Assumption Risk and Release Agreement](#) and [Community Well Being Agreement](#) addendum form which indicates their commitment that their child will follow these protocols.

In Program Health Assessment Protocols

Steps in Protocol:

1. Field Leaders will maintain a [Daily Health Log](#) which chronicles the general health of each participant to include:
 - a. General Q/A: How are you feeling? Have you noticed any change in your health? Any reports of coughing or shortness of breath?
 - b. Daily temperature check: using oral thermometer with protective sleeve
 - c. Concerning symptoms include: temp over 100.4 F (for over 24 hrs.), dry cough, or shortness of breath at rest
2. Leaders are required to contact NYC/ICC offices if any individual presents any of the following, as prompt medical attention will need to be sought :
 - a. Fever over 100.4 F for over 24 hrs.
 - b. Dry cough
 - c. Shortness of breath at rest
 - d. Sudden confusion (with no other rationale)
 - e. Difficulty breathing
 - f. Pain or pressure in chest (with coughing)
3. Signs/symptoms consistent with COVID-19 will quarantine in place, following guidance below for field exposures.

III. COVID-19 Related Standard Operating Procedures

The following sections describes any additional standard operating procedures being undertaken by our organization due to the threat of COVID-19 for the immediate future.

Additional Training Protocols

1. All leaders will have training at Wilderness First Aid level or higher (WFR, WEMT, etc.) and CPR.
2. All leaders will receive a specific training lesson to identify and prevent exposure. Training will highlight signs/symptoms and field observation/monitoring of COVID-19, thresholds for communication, and standards for seeking organizational assistance.
3. This will be coupled with an assessment of each participant's ability to implement and personally use the strategies (e.g., through performance appraisal process.)
4. Training cohorts will not exceed CDC-recommended group sizes of (as of this writing) 10 individuals.
 - a. This may require several separate trainings or smaller cohorts in a general area.
 - b. In the case that a field training necessarily exceeds 10 individuals total, steps will be taken to limit group numbers. i.e. saw training and trails training in different locations.
 - c. Each "family" of leaders will be separated by cohort, and these cohorts will not mix or exchange members.
 - d. Camp site will be distanced, but in the same general area; efforts to minimize ecological impact will be observed.
5. Communal meals will occur in smaller groups; all shared surfaces (tables, dishes, utensils, etc.) will be sanitized after each with CDC-recommended solution of 1/3 cup bleach to one gallon of water.
6. Daily check-ins on health and hygiene will take place by cohort leads.
7. All shared tools and equipment will be sanitized daily (handles wiped down, chainsaws, vehicles, etc.).
8. Discussion spaces will be held outdoors, providing adequate space between individuals. In adverse weather, this can take place under tarp cover or other improvised shelter, not within wall tents.
9. Trainers will be the "shepherds" of this culture change, modeling exactly how crews will operate.

10. Training durations may be extended to 14 days, to allow health observation for symptoms.
11. In the case that symptoms are observed, COVID-19 related procedures outlined later in this document will be observed, including the engagement of a Response Team that includes NYC's Physician Advisor.
12. Training cohorts will either be led by a specific staff member and/or will have roving trainers. Roving trainers will move between all cohorts, this increased exposure will require greater effort to distance themselves; this will include meals away from teams. Roving trainers may be required due specific individual skill set expertise (saws, trail, etc.).
13. It will be important to manage emotional as well as physical/medical safety. Staff should strive to be thoughtful around humor style, etc.; something that is funny for some groups may be very uncomfortable for others. It is important to create group norms around this, based on each group's comfort levels and be consistent. Staff will check in with each group regarding this.

Additional Camping Protocols

NYC/ICC Camping locations will be dispersed, or within closed established sites to limit contact with the general public. If project partners cannot identify such a location, NYC will attempt to identify alternatives which limit public interaction.

Additional Standard Operating Procedures and Protocols

Crew Size

1. Crews will be no larger than up to date CDC and/or state public health recommendations, currently 10 individuals, including leaders.
2. Necessary support visits will take place under protocols described later in this section.

Distancing

1. Discussion spaces will take place outside where workplace distance can be achieved between individuals. In adverse weather, this can be under tarp cover or other improvised cover.
2. All possible efforts should be made with the Project Partner for project site(s) to be closed to public, in order to protect the crew and public as much as possible. Consider signage to facilitate this. The NYC/ICC crew should proactively keep distance if isolating procedures are not possible by members of the public.

Personal Hygiene

Crews will be instructed to the importance of effective individual and group hygiene, particularly around thorough handwashing and avoidance of touching their own face.

1. Handwashing stations will be present at camp, project site, etc.
2. Hand washing will occur frequently, especially after using bathroom/latrine, before preparation of food, or meals, before bed, and after rising in the morning.
3. Crew Leaders will ensure that alcohol-based hand sanitizer is also available; hands must be rubbed thoroughly until dry.
4. All communal surfaces will be disinfected daily and in the kitchen after each meal (tables, dishes, pots/pans, etc.) using CDC-recommended solution of $\frac{1}{3}$ cup bleach per one gallon of water and air dry.
5. The crews will develop field laundry options to reduce or eliminate the need to visit laundromats (DIY agitator buckets, line dry).
6. Programs will facilitate more frequent bathing, which may include natural water sources.
7. Programs will consider requiring extra work clothing (shirts/pants) for each member.
8. Usual group activities should eliminate person to person contact (Big Funs, activities, etc.)
9. Face masks (disposable surgical masks when possible) will be worn by anyone exhibiting signs of respiratory symptoms, and for all crew members if transporting an individual for medical evaluation.
10. Food prep, storage, and communal meals
 - a. Hand washing will be carried out prior to entering kitchen area; alcohol-based hand sanitizer will also be available.
 - b. Surfaces will be disinfected prior to preparation or handling of food products or dishes/utensils.
 - c. Food will be prepared by select members each day, who shall wear masks; those not involved will not enter kitchen area.
 - d. Consideration will be made toward where the crew is purchasing food: large vs. small stores, area, etc.

Tenting

1. Wall tents, especially, should have air circulated through them when possible, with sides drawn up to allow air circulation and UV penetration.

Vehicle Sanitation Practices

1. There will be daily wipe-down of vehicle seats, door handles, shifting levers, steering wheel, and keys with approved disinfectant wipes.
2. In Oregon (where self-serve is not allowed), the crew will ensure that the vehicle fleet card (fuel) is only handled by crew leaders, and is wiped down after use; the fuel attendant will handle fueling of vehicle.

Crew visitation

Crew leaders should courteously approach all visitors to our crews (including NYC/ICC staff) to inquire if the visitor is feeling well or has recently been exposed to an ill person.

1. There will still remain a vital need for crews to be visited by NYC staff and potentially, agency partners.
2. To the fullest extent possible, interactions will be limited to one support staff (e.g. NYC/ICC Woodsboss) and one project partner (if necessary).
3. Visits should be scheduled.
4. Face-mask use during this visit will be required for temporary (<2 hours) visitors. This is not just to stop transmission of contagion, but as a visual and physical reminder not to touch face, etc.
5. Resupply or other public interface (grocery, gas, laundry, Enterprise Roadside Assistance). If necessary, the leader will interact with the public to shop, clean clothes, etc. while the remainder of the crew will remain isolated from public spaces. The person interacting with the general public will wear gloves and a facemask during these encounters.

Transportation and Program Departures

1. In the event that it is necessary for a participant/leader to leave the program before it's scheduled ending date, and there is no evidence or suspicion of exposure, plans will be made for program departure. Most often this will require use of public transportation in some form; participants will be made aware of this in their Risk Acknowledgement – that leaving the program carries its own coronavirus-related risks.
2. Departure protocols remain the same, although persons interacting with the general public will be kept to a minimum and will wear gloves and facemasks during these interactions.

Exposure to Medical Facilities

1. Should a participant be involved in an incident which requires third-party medical treatment, they will likely be treated at a facility where the likelihood of exposure to COVID-19 is more possible. In this event:
 - a. The leader and the patient will be the only ones to interact with medical staff within the medical facility.
 - b. Gloves/masks should be worn while handling paperwork.
 - c. The crew leader supporting the NYC/ICC patient should minimize their time in the facility with the exception of remaining with youth program patients.
 - d. Once discharged from medical facility, if possible, both staff and patient should shower and change clothes.

IV. In the Event of an In-Program Outbreak/Exposure

These protocols encompass two main components:

- a. preparation activities in expectation of an outbreak, and
- b. Direct action protocols, should an exposure or an outbreak occur.

Exposure/Outbreak Preparation

When symptoms consistent with COVID-19 arise, the crew leader must notify the NYC/ICC office. In most circumstances, office staff will ask the field staff to maintain consistent contact and to continue monitoring the situation. Standard practices for dealing with illness in the field will be maintained, in addition to NYC/ICC's COVID-19- related field protocols.

Should the situation worsen (either the symptoms of one patient worsens, are severe, and/or are being transmitted to others members of the crew), NYC's office will initiate an "emergency response", which means that office staff will assist field staff in coordinating a formal response.

An Office Emergency Director (OED) will be designated to help determine the most appropriate response based upon the situation. The OED's role will be to:

1. Determine if external medical assistance is warranted utilizing all organizational assets, including physician advisor.
2. Support the field staff. This will include providing guidance about how to set-up camp to mitigate the risk of transmission among crew-participants
3. Build a Response Team. Key roles of the Response Team may include:
 - a. Communications: One staff member to handle the phone system and route phone calls;

- b. Health Manager: This role focuses on care of ill crew members and requests for needed supplies/supports. This individual also focuses on keeping things running, augmenting facilities as needed (e.g., digging more “toilets”, dealing with laundry needs), overseeing changes to the physical set-up (e.g., adding quarantine tents), running between areas, keep tools working, etc.;
 - c. Lead Crew Manager: This person’s focus will be operating the rest of the crew in a manner that mitigates the medical situation’s impact to those participants. This might include helping the crew maintain a work schedule or coordinating structured time in a non-work environment;
 - d. Logistics: This person’s focus will be to collect supplies, arrange for needed travel, and get people and materials heading out to the scene;
 - e. Spokesperson: This person’s focus will be to handle potential media and discussions with agency and law enforcement;
 - f. Parent Liaison: One (or more) staff members will call parents and keep them updated with information;
 - g. Note Taker: One staff member will document the entire response including phone calls, decisions made, actions taken, and response;
 - h. Finance: One staff member will have authority to release funds in order to respond to the emergency; and
 - i. Support: One staff member will provide general office duties such as pulling files, gathering data, and offering general assistance to the Emergency Response Team.
4. Manage information
 5. Secure a physical area to track the response effort
 6. Mobilize Help. The OED will decide if and how to get additional resources into the field to support the crew. This support will include a healthy staff member (who may be already staffing the crew) in the response effort, and who will take stringent precaution while providing support activities to the crew; and a “Spot Device” or other means of direct communication to the outside world.

This support may also include assistance in evacuating participant(s) who meet the organization’s evaluation criteria; and additional supplies or resources to aid in the crew’s recuperation and recovery including extra tents to help keep healthy participants isolated from asymptomatic participants, and/or sufficient resources to establish two camps.

7. Determine if it is necessary to organize a Critical Incident Stress Debriefing (CISD); (see chapter on CISD in emergency manual)

8. Determine how to support remaining non-infected crew members, including evaluating if self isolation is necessary.

Exposure/Outbreak Field Response Protocols

When symptoms consistent with COVID-19 arise, the following steps will be taken:

1. The participant presenting with symptoms of COVID-19 will be provided a mask and isolated from other members of the crew.
2. If transport is required to contact external support, the NYC/ICC crewleader should perform a quick thorough sanitizing of the vehicle. After making the plan clear to participants, the leader (and two asymptomatic participants, if available) should gain cell reception to initiate a support response from NYC. They shall travel back to the crew as soon as possible to minimize the amount of time the crew is without a vehicle.
3. The crew leader should contact NYC/ICC office staff to alert them to the situation and specific symptoms. At that juncture, NYC/ICC will initiate a Response Team to continue monitoring the situation and provide guidance on appropriate actions, including:
 - a. Collaborating with the leader in creating an emergency response plan;
 - b. Evaluating the need to contact the Department of Health and/or other oversight bodies, and making that contact if deemed necessary;
 - c. Evaluating the need for additional assistance, determining who and when external support will be arriving, and how interactions with those outside entities will be handled;
 - d. Planning how routine activities will continue for non infected crew members;
 - e. Considering how laundry might get handled and by whom, especially when it may be infectious; and
 - f. Identifying what additional resources might be required (additional sanitizing supplies, PPE, tents, cots, etc.)
4. Once the Response Team is activated to launch the plan, team members will leave knowing when the Response Team will meet again.
5. NYC/ICC will initiate communication with the crew's Emergency Contacts following the established outreach protocols, including:
 - a. A stringent office-based record-keeping system to track information exchange and response activities
 - b. Protocols for contacting and working with the crew's Emergency Contacts

- c. Communication with the project partners. NYC/ICC will create a communication plan between the office and the crew. If reliable communication is not possible from camp, plans will be made to ensure a spot device is made available ASAP
 - d. Preparation to handle inquiries from media
 - e. Engagement of Worker's Compensation
 - f. Systems to capture incurred expenses
6. The patient suspected of having signs and symptoms of COVID warrants immediate medical care if they have a fever over 100.4, and also present with shortness of breath, blue lips, chest pressure, altered mental status etc. Steps should be taken to get participant to definitive care immediately. In the event that a decision is made to transport the participant exhibiting symptoms, the following rules should be followed during and after transport:

- a. Be calm, model calm.
- b. The number of people exposed to the symptomatic individual during transport shall be limited to as few people as possible. In some cases this may require a crew to accompany a patient in order to mitigate the risks of leaving a crew in a remote location without transport/evacuation options. Any transportation of the symptomatic patient requires that appropriate masks and gloves are worn, and resources are available to sanitize the vehicle.

These decisions will be made on a case by case basis by the Response Team. If a crew is left temporarily without a vehicle, their activities will be limited to minimize risks.

- c. Call NYC's emergency phone number as soon as possible to activate an Emergency Response Team, including outreach to our Physician Advisor. If outside guidance has been obtained, follow all directions from the Response Team, healthcare staff etc. This will include recommendations about direct care of the participant, keeping the crew isolated, and a plan of action for the next few days.
- d. In the event that a third-party will be aiding in the transport, follow the specific directions of the guidance given from NYC, and healthcare staff. NYC will assist with or coordinate plan for evacuation. In the event that a medical evacuation is required, air medical support will make the decision whether to extract the patient via air or not. In fire season, air resources are typically scarce.
- e. Crew will regularly monitor and document patient's vitals and symptoms.

Direct Care of Symptomatic Participants

The following protocols will be put into effect if a participant tests positive for COVID-19:

Participants:

1. Once symptoms arise, participants and anyone coming into contact with them will wear masks and gloves.
2. If symptoms are mild or do not merit external medical assistance or testing, as assessed in consultation with NYC/ICC's Physician Advisor, the OED will help create a plan to set up camp in a manner that minimizes risk of additional transmission to the degree possible given the specific circumstances. In general the following steps should be taken while that plan is being put into action:
 - a. Participants presenting symptoms will be temporarily isolated from participants who are asymptomatic.
 - b. Fully brief the entire crew. Explain what to do if they start feeling ill. In so doing, expect that some "sympathetic" illness may show up.
 - c. Create a "holding area" until illness status is determined for each crew member.
 - d. Measures will be taken to get the ill participant back to their residence, or to an appropriate facility in which they can practice self-isolation for 14 days with assurances of appropriate medical care.
 - e. These arrangements will be made with the aid of the NYC/ICC Response Team.
 - f. Leaders will spread calm and allow the group to express their emotions. If further mental health support is needed, efforts can be made to seek local and or teletherapy options which may exist.
 - g. Provide clear, consistent guidelines for young adult crew members to use should they choose to communicate with external constituents (friends, family, etc.). For example, out of respect to the symptomatic students who may still be in the middle of contacting their own families, no one should share names or other private information. NYC supports members and staff reaching out to their external community as needed so long as it does not negatively impact their immediate NYC community or their families. For youth members who do not have phones, they will likely wish to contact parents and we will assist with this communication as soon as the situation has stabilized (this may need to wait until additional staff resources are present).
 - h. While the health screening process should have eliminated more medically vulnerable populations, review health forms and engage the crew to identify individuals who may be at greater risk for the presenting illness; take appropriate steps to protect these people. Should the circumstances warrant external medical care and/or testing due to severe symptoms which arise rapidly, or due to the perceived deteriorating health of the participant, that participant will be provided a mask and be isolated.

Crew Operations:

1. The crew shall quarantine in place for two weeks (preferably in the current location) or until program's end. If the program is completed before the 14 day quarantine window is achieved, members and leaders are urged to continue self isolation as a general measure which helps ensure the safety of the general public.
2. Ensure all shared surfaces are disinfected, per CDC guidelines.
3. The OED will help make a determination about if the remainder of the crew can remain working (if no additional symptoms arise), though physical exertion may be limited to avoid exhaustion.
4. In the case that additional symptoms arise, these symptoms will be handled as described in the protocols above.

End of Term Health Protocol

These health protocols will be followed regardless of the health of the crew, in an effort to mitigate any risks associated with participants unknowingly transmitting disease back into their home communities.

1. Crews will spend their final two weeks isolated from outside visitation to assess potential infection/symptoms before returning to non-program life. Acceptable exceptions may cautiously include NYC programs staff, and Operations Staff (at a workplace distance) during Big Clean activities.
2. Staff will work towards limiting/eliminating field visits from the outside population.

COVID-19 Protocols for Community Programs

Education and Commitment to Community Health. All members will be briefed on issues around the impact of COVID-19 and the mitigation strategies required to protect themselves and others from becoming infected. This includes:

- Not coming to work sick;
- required hygienic practices, including not to touch face with unwashed hands or with gloves; washing hands often with soap and water for at least 20 seconds; using hand sanitizer with at least 60% alcohol;
- cleaning and disinfecting frequently touched objects and surfaces such as telephones, handrails, machines, shared tools, vehicles, restrooms, and others;
- covering the mouth and nose when coughing or sneezing as well as other hygienic recommendations by the U.S. Centers for Disease Control (CDC).
- Making a commitment to support the health of the NYC and partner community. This includes signing the Community Well-being Commitment Document and acting consistently by the principles articulated within. This includes being honest in answering daily health screening questions.

Daily Health Screening. Members should be encouraged to take their own temperature and consider the answers to the standard questions **before** they travel to the work site, and to call the crew leaders if temperature is elevated or they have had an exposure **before** they travel to the work site.

- At the work site every morning, crew leaders will briefly ask screening questions and take temperatures, managing the privacy of the member as best possible.

Daily four questions:

- Do you feel ill in any way, or have any symptoms: a fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell?
 - Does anyone in your household have symptoms?
 - Did you have any contact with someone showing symptoms since last departing the crew?
 - If utilizing public transportation, did you follow mask/distancing?
- Temperature (taken in morning and after lunch).
 - Thermometers used shall be ‘no touch’ or ‘no contact’ to the greatest extent possible. Any worker with a temperature of 100.4°F or higher is considered to have a fever and must be sent home.

Weekly Evaluation of Community Health. Every Friday (beginning the week before the crew begins) NYC Program Staff will evaluate local infection rate criteria/metrics which will determine whether running the crew for the following week meets parameters and guidelines established for the most reasonable work place safety possible (it is possible to pause the crew for a week without cancelling the crew).

Based upon the prediction of the Institute for Health Metrics and Evaluation (covid19.healthdata.org/projections), is the incidence of COVID-19 in the communities in which we are operating on predicted to be at the CDC-defined “low threshold” mark of .71 new cases per day/per 100,000 people prior to the start of the program?

If yes, the program will proceed for the following week, after which the metrics will be revalued for the next week of programming. If “no”, the program will be put on “pause” until a week later, when the metric will be reevaluated.

Sanitation and Cleanliness

- Where soap and running water is available on job sites, workers should be encouraged to interrupt work to wash their hands regularly, before and after going to the bathroom, before and after eating and after coughing, sneezing or blowing their nose.
- When running water is not available, portable washing stations, with soap, are required. Alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol can also be used, but are not a replacement for the water requirement.
- Disinfectants must be available to crew leaders throughout the worksite.
- Frequently clean and disinfect high-touch surfaces at job sites, tools, vehicles and other equipment, and portable toilets. If these areas cannot be cleaned and disinfected frequently, the crew leader shall shut down operations until such measures can be achieved and maintained.

Bathroom Use

- Nitrile gloves should be used. Pre-Use of bathroom must include using sanitizing wipes on hard surfaces. After hands are cleaned water fixtures should be turned off using disposable paper towels. If soap and water is not available (Sani-can, etc.), use hand sanitizer and then utilize nearest hand washing station and perform 20 second handwashing with soap and water before returning to work.

Group Food

- Group food is not permitted on community crews, nor should any leader or member share personal food on program. This includes no shared food at graduations.

Personal Protective Equipment. All PPE required for safe conservation work shall be utilized on the work site (hard hats, work gloves, ear protection, eye protection, etc.) In addition, the PPE listed below will be required for group protection from COVID-19:

- Work gloves should be used whenever possible. When not appropriate to use work gloves, use Nitrile Gloves.
- Hand sanitizer will be available and used any time gloves come off

- Masks must be worn by leaders and members to appropriate specifications for the type of mask used, and must be worn in vehicles and while working (except when over ten feet distance to any other person can be maintained). Masks should be taken off carefully for breaks, hydration or eating (once physically distanced) and be kept away from any group food, water or gear.
- Eye-Pro should be worn by all while on the work site except for breaks, and for crew leaders whenever possible while engaging with members to render assistance
- Disposal of PPE and other garbage must be managed by crew leaders to prevent contamination.

Transportation

- If necessary to use Public transportation, NYC staff and members are urged to distance themselves to whatever extent possible and to wear a mask.
- Private vehicles are encouraged to travel to the crew's central meeting place. If providing rides to other team members, gloves and masks must be worn and physical distancing should be practiced as much as possible.
- NYC Vehicles. Masks and gloves must be worn, and members will remain in their consistently assigned seat to assure minimum potential for infection through interaction of hard surfaces. Maximum number of persons in the vehicle including driver shall be ten. While travelling, all windows in the vehicle should be open 1-2 inches (maximum) to promote positive air pressure.

Physical Distancing

- Work site. Distancing of at least 6 feet of separation must be maintained by every person on the worksite at all times for COVID-19 safety. For work safety, 10 feet is better.
 - Identify “choke points” and “high-risk areas” on job sites where workers typically congregate and control them so physical distancing is always maintained.
 - Minimize interactions when picking up tools, equipment or materials, ensure minimum 6- foot separation.
 - Discourage congregation at vehicle(s) without crew leaders present to assure wipe down of all surfaces is accomplished
- Breaks and Lunch. Gatherings at breaks and lunch must be facilitated to ensure minimum 6 feet of separation.
- Transportation. If it is not possible to distance six feet in a vehicle, each crew leader and member will wear gloves and masks in the vehicle.

Tools

- Sanitizing – tools will be sanitized by members under crew leaders supervision at the end of each break, and at the end of the day.

- Sharing – tools will be assigned to each member at the beginning of the day and be sanitized when returned to the tool inventory. Other tools specific to a task will be assigned by the crew leader, and similarly sanitized before return to the toll inventory.

Crew Visitors

- A daily attendance log of all crew members and visitors must be kept and retained for at least four weeks. The log must include the name, phone number, and email address of all workers and visitors.
- All visitors to the crew will maintain all of the same PPE and distancing requirements that the crew practices
- Graduation will not be a family event during the COVID-19 public health emergency.

COVID-19 Protocol for Intern Programming

Points to consider in placing interns

1. Interns are willing to serve, and feel safe in the work environment.
2. Agency partners are prepared and committed to providing a safe working environment (including potential for telework, safe workplace distancing, limiting public interaction, providing appropriate PPE, etc.) and agency protocols permit hosting interns.
3. NYC/ICC Intern staff have needed resources to provide support to interns and partners.
4. Agreements are current and funded.
5. Internship is workable within all federal, state and local social restrictive orders.
6. Agency provided housing must meet public health guidelines established by agency.
7. Interns have access to all other needed resources (grocery stores, pharmacies, gas, laundry, etc.) to live and work.
8. Travel to/from site can be accomplished safely.
9. Mental health resources are available (EAP for 1700 hr AC and RAP interns).
10. Assess the following: Do we have the right people, adequate training, and resources to operate programming in this environment?
 - a. Technology resources for intern
 - b. Technology resources of support staff (Corps and partners)
 - c. Guidance/policies for interns and partners to effectively conduct remote work
 - d. Capacity of Corps staff to shift intern placements
 - e. Capacity to meet Agency/AmeriCorps requirements – fingerprints, background checks, handoff of federal laptop, etc.

Medical evaluation and Screening: (Med evaluation for pre-program, on-boarding, on-program and end of term)

1. Pre-arrival (two weeks prior to program). Participation requires intern to complete and submit a [medical survey](#) (separate document). This will be highly dependent upon honest answers and full understanding of implied consent. Subjects addressed include:
 - a. Recent travel history
 - b. Symptoms experienced in the last 14 days. Evaluated by a healthcare professional? (Example: FLU A/B, Noro/rhinovirus, etc.)
 - c. Preexisting health considerations

- d. Reporting any contact with anyone exhibiting signs/symptoms of illness? If yes, what were the signs/symptoms?
 - e. In physical contact with friends or family who work in health care?
 - f. Describe your approach and commitment to social distancing, how has your typical routine changed?
 - g. What are your travel plans to site? How will you protect yourself?
2. At onboard meeting:
- a. All above questions
 - b. Current temperature may not exceed 100 degrees
 - c. Candid description of position, living arrangements, and the social responsibility required being allies to other coworkers/house mates
3. In-program health checks:
- a. How are you feeling (physical/emotional)
 - b. Daily health report logs? (temp, general affect)
 - c. Any signs or symptoms exhibited in field need to be reported as soon as noticed
 - d. Signs/symptoms consistent with Covid-19 mean intern will quarantine in place and seek medical input.
4. End Of Term considerations:
- a. Interns will be encouraged to consider spending last 14 days of term in self-isolation if they are relocating/travelling/coming into contact with new people after the end of their term.

The following guidance is inferred to include all protocols and best practices adopted for the work force of the partner organization. When there is a different between NYC/ICC protocols and the agency's, the more conservative practices should be followed.

Project and Social Distancing Considerations

1. Physical location and contact with partners/public
 - a. Intern placements will either be telework-based or performed with safe work distancing and use of PPE when appropriate.
 - b. Partner/staff contact will be conducted via email, phone, and video conferencing.
 - c. Planned contact with the general public should be minimized and only instituted with Intern's agreement.
 - d. If incidental contact occurs, intern will follow CDC social distancing protocols (six feet of separation, hand-washing, etc.)
2. Site housing
 - a. Intern will be encouraged to self-isolate for 14 days prior to entering site housing.
 - b. Intern will only be permitted to share housing if the housing meets agency public health protocols and other housemates have also self-isolated for 14 days.
 - c. Intern will be encouraged to self-isolate for 14 days prior to leaving site housing.
 - d. All communal surfaces in housing will be disinfected at least twice daily using a dilute bleach mixture (or other approved) and paper towels or disinfectant wipes

3. Hygiene
 - a. Handwashing stations will be present at project site and site housing if applicable.
 - b. All communal work surfaces will be disinfected at least twice daily using a dilute bleach mixture and paper towels or disinfectant wipes.
 - c. Social distancing protocols shall be maintained while at work site (CDC recommendations).

4. Food prep, storage and communal meals if living in host housing
 - a. Surfaces will be disinfected prior to prep.
 - b. Food will be prepared directly by intern or housemate who has self-isolated for 14+ days only.
 - c. Prepared food for the project site will be stored in individual containers for each intern; no communal bags.
 - d. Consideration will be made toward where intern is purchasing food, large vs. small stores, area, etc.

5. Vehicle sanitation practices
 - a. The program will ensure daily disinfectant wipe down of vehicle seats, instrumentation, shifting levers, door handles, and steering wheel.
 - b. In Oregon, the program will ensure vehicle fleet card (fuel) is wiped down after use; the fuel attendant will handle fueling of vehicle.

6. If Intern is working with site crew or other interns, if not teleworking, and in cohort model, s/he should follow crew guidance given above.