

COVID-19 In-Person Protocols for Field Staff (5.28.21)

The protocols listed herein are crafted in accordance with OBUSA’s COVID-19 Interim Safety Standards and take into consideration CDC guidelines, governmental regulations, and industry standards. Protocols are regularly reviewed and revised in light of changing guidance from the aforementioned bodies, as well as with input from staff. It is our intention to utilize guidelines that mitigate COVID-19 risks, promote well-being, and support the social and emotional needs of our staff, students, and members of the broader community.

Field Staff Masking/Distancing Table

	Fully Vaccinated		Not Fully Vaccinated	
	Mask	Distance	Mask	Distance
Students Not Present				
Indoor Workspace	Per base protocols	Per base protocols	Yes	Yes
Outdoor workspace	No	No	No, if distanced	Yes
Indoor non-workspace	No	No	Yes	Yes
Outdoor non-workspace	No	No	No, if distanced	Yes
Students Present				
“Family Unit”	No	No	No	No
Cohort	Yes	Yes	Yes	Yes

A space is considered to be a “workspace” if any work-related business is conducted within, even if it is also used for personal/non-work activities. For example, The Lodge at Mazama is a workspace.

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Work-related Vehicle Considerations

	“Family Unit” includes driver*	Fully Vaccinated Course Group	Cohort*	Driver Alone or Fully Vaccinated Staff Group
Mask	No	No, after Day 1 negative test results	Yes. N95 or KN95 required	No
Distance	No	No	As much as possible	No
Plastic Divider	No	No	Yes, if driver unvaccinated and not part of cohort	No

*See Definitions below.

“Family Unit” Protocols

“Family Unit” General

- Masking and distancing are no longer required within the group
- Masking and distancing will be utilized when in close proximity to others outside the “family unit,” including members of the public and unvaccinated staff
 - Fully vaccinated staff may immediately join the “family unit”
- Groups of fully vaccinated individuals may immediately enter into “family unit” status. **Requires PD approval.**
- Staff will emphasize in-field hygiene including:
 - Regular hand washing and hand sanitizing
 - Respiratory etiquette: coughing/sneezing into one’s elbow, minimizing spread of respiratory droplets

“Family Unit” Transportation

- Prior to traveling in a vehicle, students will be assessed for COVID symptoms.
- Any person with COVID symptoms will not be permitted to travel in the vehicle with the group and will be transported following the *Evacuation for Symptoms or positive COVID test* below.

Cohort Protocols

Cohort General

- Individuals will maintain effective physical distancing (6 feet).
- Masks will be worn when not distanced.
- Even when masked, cohort members should minimize time in close proximity to each other

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- Masks must be multi-layered (not a tube-style “Buff”, 3-layer is recommended), not have a ventilation port, and must fit so that it covers both the mouth and nose at rest and while being active.
- “Mask-off” times will be clearly established in the first days of course. Guidelines will include:
 - Students will be at least 6’ apart (greater distance lends itself to greater risk mitigation) and preferably stationary.
 - “Mask-off time” will include eating, drinking, and sleeping, as well as times when staff determine that individuals can maintain effective physical distancing outdoors, or when masking would create a greater risk to well-being, such as when swimming.
- Staff should log instances when COVID protocols have not been followed in a non “family unit” group, such as a group in close proximity to avoid an objective hazard.
- **Exception:**
 - During course activities where it will not be possible to maintain physical distance, including when staff and students need to directly assist each other for safety reasons (correcting stove or equipment misuse or brief shoulder-to-shoulder instruction/support). These interactions will be short duration and only happen if other options (i.e. verbal coaching) are not available.

Cohort Transportation

- Prior to traveling in a vehicle, students will be assessed for COVID symptoms.
- Any person with COVID symptoms will not be permitted to travel in the vehicle with the group and will be transported following the evacuation guidelines (below).
- Any time unvaccinated persons are present, N95 or KN95 masks will be worn by all.
- Seating should maximize distance between cohort members.
- When possible, students should be split into their patrols prior to transport and be transported in their respective patrols.
- Air should not be recirculated.
- Windows should be opened and the vehicle ventilated prior to transporting a group.
- Eating and drinking will not be permitted when in vehicles and masking is required.
- For longer drives, the group should be provided regular breaks for eating, drinking and mask removal outside of the vehicle. CD should create a plan for vehicle stops.
- Unvaccinated drivers who are not part of the cohort should use a plastic divider between front and rear seats, and the front passenger seat should remain empty.

Cohort In-Field Hygiene

- In the first 24 hours of course, staff will teach and emphasize throughout course the importance of in-field hygiene including:
 - Regular hand washing and hand sanitizing
 - Respiratory etiquette: coughing/sneezing into one’s elbow, minimizing spread of respiratory droplets
- Students should not share personal-use items

Kitchen and Camp

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- Individuals will wash or sanitize their hands prior to cooking and eating
- Food will be served in such a way that limits contact with multiple individuals. (Consider using individual snacks.)
- Masks will be worn during food preparation and distribution.
- Camp layout will be designed to physically distance students. This could include the use of solo tarps, larger shelters with good all-weather ventilation, or sleeping without a shelter.
- When using large group shelters, a barrier (backpack, totes, dry bags, etc.) will be placed between students, who should be at least 3 feet apart and arranged to have at least 6 feet of distance between individuals' heads.

Testing

Student Testing

	Fully Vaccinated*	Not Fully Vaccinated*	Test Type**
Pre-course	Yes	Yes^	NAAT
Day 1	Not required	Yes^	Viral
Day 5-9	No	Yes^	Viral
If symptomatic	Yes	Yes	Antigen (maybe add'tl tests)
5 days after int'l travel and before course start	Yes	Yes	NAAT
Field Staff Testing			
72 hrs before on base	No	Yes	NAAT
First day course Prep	Yes	Yes	Viral
Min 4 days after Prep test	No	Yes	Viral
If symptomatic	Yes	Yes	Antigen (maybe add'tl tests)
5 days after international travel and before return to base	Yes	Yes	NAAT

*See Definitions below. **See Test-Type Matrix below. ^In some cases, Documentation of Recovery* may be used in lieu of testing.

Testing (Free testing options are available. Check Walgreens, RiteAid and others.)

- Staff will supervise student testing and result tracking.
- Unvaccinated staff *may* be tested upon arrival to base, but pre-arrival testing with receipt of results is *strongly* preferred and encouraged.
- Unvaccinated staff awaiting results will follow masking and distancing guidelines and should minimize time in shared indoor spaces, until negative results are received. (ie socialize outdoors, take on outdoor morning chores, etc.)

Outcomes and Documentation

- *All test results, from all rounds of testing are negative:* a “family unit” may form.

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- *One or more tests is inconclusive:* the group will remain a cohort.
 - Further testing will be performed for a conclusive result.
- *One or more tests has a positive result:* See below.
- All test results will be documented on the Field Testing Log. (See Field Testing Reporting document for positive cases.)
- Test results delivered in the field will be shared with base within 24 hours of receipt.
- Positive test results will be reported to program admin as soon as possible.
- Courses will carry viral tests in the field for use in the case of emerging COVID symptoms.

Emerging COVID-19 Symptoms or Positive Test Results

- Any person exhibiting emerging COVID-19 symptoms not explained by other illness or injury will be evacuated and tested. (Testing may happen in the field and/or in a healthcare/testing setting.)
 - Staff will notify program admin as soon as possible.
- All positive test results will be documented and reported according to governmental regulations. (See Field Testing Reporting document.)
- In the case of a positive test result in the field:
 - Staff will inform the tested person(s) of the positive test.
 - The individual(s) with the positive result will be isolated.
 - Staff will inform the group of the positive test result (only after individual(s) with positive result has been notified).
 - Cohort mitigations will remain in place or be enacted.
 - Staff will notify program admin as soon as possible.
 - The cohort will remain in the field.
 - Staff will consult with program admin.
 - Medical direction will be sought.
 - A medical advisor, and local health authorities will be consulted to determine next steps for the remaining group members.
 - All members of the cohort will monitor symptoms daily on the health log.
- Staff should prioritize both physical and emotional well being, as well as the social dynamics that might ensue from a positive test result.
- Positive test results should be referred to as such, rather than describing the individual or status as being COVID positive. For example, indicate that an individual received a “positive test result,” not that they “have COVID.”

Isolating in the Field.

- The individual(s) with the positive result will:
 - Follow COVID-19 mitigation practices.
 - Have their own shelter.
 - Have one designated staff person to bring them necessities, etc. This should remain the same individual.
 - Be monitored by a staff person.

Evacuations

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- Staff accompanying an individual with COVID-19 symptoms or a positive test result will use appropriate PPE (gloves, N95 or KN95 mask, eye protection) when in close proximity to, or contact with, the patient.
- A staff member evacuating because of a positive test or possible symptoms should only evacuate solo after an assessment of their condition, the evacuation route and the environment, and should receive support if needed. The SD should be notified of any solo evacuations.
- Evacuations will be structured in a way that limits interaction with multiple staff members (i.e. if a staff member picks up the student by vehicle, they will also accompany them to a medical facility).

Definitions

Commuter staff: staff who live and/or travel regularly off base, and do not become part of a basecamp or course *family unit* because of regular *close contact* with people outside the group.

Close contact: anyone who would be identified by [CDC quarantine guidelines](#) as needing to quarantine if person A was diagnosed with COVID-19 is a *close contact* of person A: you were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more; you provided care at home to someone who is sick with COVID-19; you had direct physical contact with the person (hugged or kissed them); you shared eating or drinking utensils; they sneezed, coughed, or somehow got respiratory droplets on you.

Cohort: A group/crew of students and their instructors that has fulfilled requirements for screening and is kept apart from others but has not yet achieved *family unit* (household cohort) status. Cohorts wear masks when not eating, drinking, sleeping, swimming or traveling; and maintain physical distance to the degree the activity allows and as specified in COPPs. Transportation, rafting and sailing are examples in which careful staff supervision and use of masks, high-ventilation or other mitigations may take the place of maintaining six feet of distance.

Documentation of recovery: the CDC definition of “documentation of recovery” has two elements, of which OB will accept either:

- proof of positive viral test that includes test type and a date within 90 days of course start, or
- a signed letter from a healthcare provider or public health official, dated no more than 90 days prior, stating that they have been cleared to end isolation to travel or return to work or school.

“Family unit”: a group of people who, because they have had no *close contact* with anyone outside the group for longer than the incubation period of the virus (or after tests administered late enough to pick up most possible exposures come back negative), may relax *physical distancing* and face mask expectations within their group with no appreciable risk. Such a group returns to ordinary *cohort* status (*physical distancing* and face masks) after any unvaccinated member experiences a close contact outside the group until new test results are in or another incubation period has passed. Groups in which all members are fully vaccinated may operate as a family unit.

Fully vaccinated: people are considered fully vaccinated for COVID-19 two weeks after they have received the second dose in a two-dose series (Pfizer-BioNTech or Moderna), or two weeks

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after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen); there is currently no post-vaccination time limit on fully vaccinated status.

Physical distancing (“social distancing”): practices that prevent people of different households or *family units* from becoming *close contacts* of each other, such as maintaining at least six feet of distance by avoiding crowds and public transportation, remaining in outdoor and well-ventilated spaces and frequent hand washing/sanitizing. Masks, physical barriers and limiting the time of exposure with others are mitigations used in conjunction with physical distancing.

Proof of vaccination: an image of a completed CDC Vaccination Record Card, including the holder’s name, date of birth, vaccine type and lot number, a date from which *fully vaccinated* status is determined, and the facility at which the vaccination was administered. Digitized proofs of vaccination (“vaccine passports”) may be acceptable; some states have experimental models but, as of this update, there is no US-wide standard for them.

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Test Types	Viral Tests (also called molecular tests) include: nucleic acid amplification tests (NAAT)... and ... antigen tests		Antibody Tests (also called serological tests)
What do they do?	NAATs include polymerase chain reaction (PCR) and loop-mediated isothermal amplification (LAMP) tests, among others; these look for sequences of DNA that are unique to a virus	Antigen tests look for various proteins that are unique to a virus	Antibody tests look for markers that indicate the immune system has responded to an infection.
How long before you get results?	Usually 24-72 hours or longer. POC and OTC NAATs are just starting to become available	15-30 minutes if patient is at the point of care ¹ ; if using a home collection kit and mailing it to a lab, up to three days.	Same day, or up to three days.
What are they good for?	NAATs are best for answering the question, “when the sample was taken, did I have an infection at even a weak (early/late) stage in the infection process?”	Antigen tests are best for answering the question, “do I have an infection with a high likelihood of contagion now?”	Antibody tests are good for answering the question, “has my body (ever or recently) mounted a response to this infection?” They are not used in screening.
Is a second test needed?	Not for diagnosis. When used for screening, in preparation for establishing a family unit/household cohort (relaxing physical distancing and mask wearing), run a second test 4-8 days after first.	By their EUA, some antigen tests must be used in a series of at least two tests. In this case, two tests are needed to count as “one test” in the context of this Standard. Confirm with laboratory-processed NAAT when antigen test results are: <ul style="list-style-type: none"> - negative in a person with symptoms, or - negative in a person who has had a probable exposure, or - positive in an asymptomatic person 	As directed by a healthcare professional
How are samples collected?	NAATs and antigen tests may be designed for use on samples taken from any region of the nose, the throat or saliva. The method of collection does NOT indicate the type of viral test being run or the speed of the results.		Blood test

¹ Some antigen tests are approved for use in school or summer camp settings, and this may be an option for on-site testing at OB Schools as they become more available. The School must comply with Clinical Laboratory Improvement Amendments ([CLIA](#)) regulations. This is usually just a state-approved [CLIA Certificate of Waiver](#). A system for reporting results to the state is required. Work with your consulting physician and state health department to determine if this approach would help your School.