

Project Community 2020 - COVID 19 Medical Guidelines

UNDER THE GUIDANCE OF DR. ROBERT VAN AMERONGEN

The COVID 19 pandemic has been and continues to be a very difficult situation for our communities and our country. There remain many more questions about Coronavirus than there are answers. With this understanding in mind, the following guidelines have been developed to assist Project Community program directors in planning programs and activities. While every effort has been made to develop the safest plans possible, any situation where people are socializing runs a risk. By applying these guidelines, we hope to minimize this risk and mitigate any possible exposures as much as possible. It is important to note that these guidelines are a minimum standard, and all local and State regulations MUST be followed. Additionally, wherever possible, CDC guidelines should be practiced.; see https://www.cdc.gov/coronavirus/2019-nCoV/index.html These guidelines are being issued nationally with the understanding that each state is at a different phase of the reopening process. The situation remains a very dynamic one; thus and so these guidelines are subject to modification may need to be amended in the future,, as necessary, to reflect changes in the COVID landscape.

OU program participants benefit tremendously from in-person programming. This will be most evident with summer programming within local communities. Teens and young adults are left with little or no structure and the dangers this poses to them emotionally, religiously, spiritually, and physically cannot be overstated. Similarly, individuals with special needs have been home for months, which has taken an immense toll on them and their families.

The guidelines' basic concept is to organize program participants and their advisors into semi-independent pods. These pods will consist of a group of participants and the advisors assigned to them. For example, a program may have 30 participants, 4 advisors and one senior staff person. These 30 participants and 4 staff can be divided into 2 pods, each with 15 participants and two staff members. [This is just an example; each program must follow the guidelines within their state and county]. Each pod will be its own semi-independent entity, meaning that this pod will have the same members every day and that they will have their own activities separate from other pods. The idea is to minimize interaction between pods as much as possible.

Below are basic guidelines that must be followed at a MINIMUM and each locale should add to these standards based on local regulations.

1. Anyone attending a program (participant, volunteer, and staff member(s)) must be symptom-free in order to attend. Pre-registration is required for any event this summer, until further notice. In addition, all participants must:

a. Answer a screening questionnaire daily.

- i. Anyone answering yes to the screening questionnaire must be sent home, unless answering yes to the question of taking Tylenol or Motrin, in which case further questioning is required to determine symptoms.
- b. Have temperature checks daily
 - i. Temperature taken with contactless thermometers

ii. Anyone with a temperature of 100.4 or greater must be sent home c. Sign the COVID waiver

2. Participants, staff and volunteers should be dropped off at the beginning of the program and picked up at the end of the program in staggered fashion. If participants want to carpool to the camp together, they should be part of the same pod (unless they are siblings.)

3. All programs will develop pods as outlined above. Pods should be limited in number in accordance with local regulations. Each pod should not exceed 20 participants, even where local guidelines allow for more. This number includes both participants and advisors.

a. Transportation can be offered within the pod if necessary.

b. Within the pod, participants don't have to wear masks. As they interact with other pods, they need to practice social distancing, and masks if appropriate.

c. Head staff who interact with multiple pods must wear masks when doing so and maintain social distancing of 6 feet minimum.

d. Best practice (but not required) is to color code the pods to best monitor social distancing. This pod color can be further used to identify the table they sit at for meals, where they daven, etc.

There may be activities where the entire program participates, such as eating meals or a movie night. In these instances, each pod will be assigned a specific location to sit. Each table or location should be separated from the next pod's table or location by a minimum of 6 feet.

4. Any program that takes place indoors must include hand washing stations. Program attendees must wash hands with soap and water upon entering the building, before any meals, when hands are visibly soiled and before leaving the program for the day. Additionally, hand sanitizer composed of at least 60% alcohol must be accessible to all attendees throughout the day and used in between programming.

5. Every facility and surface that is used must be cleaned and disinfected at the end of the day, or prior to the next days'-programming. This includes tabletops, doorknobs, bathrooms, arms on an armchair and any other surface that people generally come in contact with. In between activities if used between pods.

6. For special needs programming specifically, if a participant needs assistance in the restroom or other physical assistance, masks and gloves must be worn by the staff member assigned to that pod.

7. Food service requirements:

a. Boxed meals or having participants bring their own food is best practice.

b. If that isn't available, the counselor should serve the food only to their assigned pod. This also applies to BBQs.

If a participant/staff member has a fever, or presents with any illness, they should be isolated from the rest of the pod. The participant/staff member should be sent home as soon as possible, as should the entire pod (including staff) until the testing results for that sick participant comes back. Senior staff must be notified immediately.

In the event that the test results are positive, the pod must be closed for 2 weeks and everyone in the pod

should seek medical attention. Senior leadership must be informed immediately if there is a positive test result; the Medical Director must also be informed.

8. General Events:

a. Trips requiring transportation should be limited. For programs that don't have pods (ie one off events), if transportation is necessary, masks are required.

b. Bowling is allowed but hands need to be sanitized, and everyone should use his/her own bowling ball. Pod integrity needs to be kept. If this is a one off event then masks and social distancing would be required.

c. Avoid sports and other activities that lead to direct physical contact between members of different pods (i.e. no football, basketball, or hockey). However, these activities are allowed within the pod. d. Biking, hiking, and outdoor events are permissible between pods as long as social distancing is followed. Everyone must have their own equipment.

e. Swimming (if permitted by the state and county)

i. Swimming may take place at a private pool.

ii. Only one pod is allowed in the water at a time.

iii. Going to the beach is permissible within the pod (assuming there are no halachic issues) but social distancing from other beach goers must be enforced.

iv. Public pools are not favorable and should be avoided

f. Public places: amusements parks, etc.

i. One should inquire beforehand what the recreation area's policies are regarding social distancing, number of total attendees and visitor group size.

ii. Public recreation areas should be following regulations regarding social distancing.

Programs may visit these areas but maintain social distancing and continue to keep pods apart.

iii. If the venue is not following any such policies, that venue should be avoided.



The situation continues to evolve and thus these guidelines are formulated based solely on currently available information and advice. As always, at a minimum, the guidelines provided by local and national authorities, including the CDC and local health departments, should be followed.