



COVID-19 PREPAREDNESS PLAN HANDBOOK

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Introduction

Conservation Corps Minnesota & Iowa (CCMI) takes pride in providing an environment free of known hazards for our staff/member, members, project hosts, and partners. In response to the growing number of COVID-19 cases, the rapid spread of the virus and variants, as well as the potential risks to those exposed to the virus, CCMI has implemented a vaccination policy for all Staff/Members.

All staff/members of CCMI are covered by this policy and are required to be fully vaccinated.

All staff/members are required to also comply with the company's associated safety policies, including those recommended by the CDC to minimize the risks of exposure and/or spread of COVID-19. Staff/Members who travel as part of their job responsibilities may be required to abide by policies at other worksites.

New CCMI staff/members are expected to acknowledge that they have received and reviewed this COVID-19 Preparedness Plan Handbook by signing and returning to their supervisor the form found in Addendum D at the bottom of this of this document.

If you have any questions, please contact:

Human Resources
Conservation Corps Minnesota & Iowa
hr@conservationcorps.org
(651) 209-9900

These protocols were developed by CCMI staff while following guidance from the CDC, state health departments, and federal regulations. Some language and field BMPs were inspired from partner organizations.

CCMI COVID-19 Vaccination Policy

CCMI is committed to providing a safe workplace for all staff/member. This includes taking protective measures to protect against physical, mental, and environmental hazards. The COVID-19 pandemic is determined to be a workplace hazard, and in accordance with CCMI's vaccination policy, all Staff/Members must be fully vaccinated.

CCMI recognizes that there may be religious or medical reasons staff are not able to be vaccinated. Any staff/member unable to be vaccinated may request an exemption from the organization's vaccination policy. All requests will be considered, consistent with the program needs of CCMI in accordance with state and federal law. Where there is an objective basis to do so, CCMI may ask you for additional information to determine if you are legally entitled to an exemption. Objections to COVID-19 vaccinations that are based on nonreligious reasons, including personal preferences or nonreligious concerns about the vaccine, do not qualify for an exemption.

Religious Exemption Requests

CCMI may consider several factors in assessing whether a request for an exemption is based on a sincerely held religious belief, including whether the staff or member has acted in a manner inconsistent with their professed belief. But no one factor is determinative. An individual's beliefs—or degree of adherence—may change over time and, therefore, a staff/member newly adopted or inconsistently observed practices may be based on a sincerely held religious belief. All requests for a religious exemption must be signed by a member of the clergy/spiritual leader and will be evaluated on an individual basis.

Medical Exemption Requests

CCMI may require that staff/member applying for a medical exemption also submit documentation from a medical practitioner qualified to make such a determination. This means the medical provider must be treating the staff for the diagnosed medical condition that interferes with the staff or member's ability to receive the vaccination or be involved in care related to the health condition.

In general, it is the staff/member responsibility to notify Human Resources of the need for an exemption. When appropriate, CCMI may need written permission to obtain additional information from the staff or member's physician or other medical or rehabilitation professional. CCMI may also require that staff/member sign an affidavit with the exemption request. Any information obtained will be maintained confidentially.

COVID-19 Procedures - Overview and General Information

Reporting Vaccination Status

All Staff/Members are required to report their vaccination status and provide proof of vaccination directly to Human Resources. Staff/members are expected to report truthful and accurate information about their COVID-19 vaccination status, and, if applicable, their testing results. Acceptable proof of vaccination status should include the staff or member's name, type of vaccination administered, the date(s) of vaccination, and the name of the health care professional or clinic that administered the vaccine, and can be any of the following:

- The record of immunization from a health care provider or pharmacy
- A copy of the COVID-19 Vaccination Record Card
- A copy of medical records documenting the vaccination
- A copy of immunization records from a public health, state, or tribal immunization information system
- A copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the health care professional(s) or clinic site(s) administering the vaccine(s).

If a staff/member is unable to provide any of the indicated forms of vaccination verification, the staff or member can provide a signed and dated statement attesting to their vaccination status (fully or partially vaccinated) and that they have lost or are unable to produce one of the other forms of acceptable proof, and include the following language:

"I declare that this statement about my vaccination status is true and accurate. I understand that knowingly providing false information regarding my vaccination status on this form may subject me to criminal penalties."

Vaccination Support

To help staff/members receive the required vaccination, CCMI will consider advance requests for schedule changes or time off to obtain the vaccination. In addition, CCMI will reimburse staff/member and members for the cost, if any, of receiving the vaccination, with submission of the appropriate supporting documentation.

Paid Time for Vaccination and Recovery

Staff/member may be entitled to up to 4 hours of paid time, per dose, to travel to the vaccination site, receive a vaccination, and return to work. These hours are not counted toward the calculation of overtime. Up to 2 days may be taken by a staff or member experiencing side effects related to the COVID-19 vaccination that prevent them from working.

This time is paid by CCMI and will not be taken from a staff or member's available PTO or sick pay.

Additional time may be granted, if necessary, but will be unpaid or require the use of available PTO or sick pay.

Testing and Masks

COVID-19 Weekly Testing

Any staff/member who is not fully vaccinated will be required to comply with weekly testing in support of our COVID-19 policy.

Staff/member who report to the workplace at least once every seven days:

- (A) must be tested for COVID-19 at least once every seven days; and
- (B) must provide documentation of the most recent COVID-19 test result to HR no later than Sunday 5 pm prior to the workweek. Any staff or member who fails to comply will not be allowed to work in the workplace.

If a Staff/Member receives a positive test result, they will be required to follow CDC's quarantine and isolation guidelines.

Failure to comply with this portion of the policy may result in disciplinary action and absences may be subject to discipline in accordance with CCMI's attendance policy.

Scheduling for COVID-19 testing will be the responsibility of the individual staff/member. However, CCMI may cover full or partial cost for testing cost on a case-by-case basis. Please speak to your supervisor or Human Resources for more information.

Please See Addendum A for a summary of CDC guidelines for actions to take when a staff/member has tested positive for COVID-19 or exposed to someone who is COVID-19 positive.

Staff/members who have received a positive COVID-19 test or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for 90 days following the date of their positive test or diagnosis.

Masks

Conservation Corps policy for masks will follow CDC recommendations. This means CCMI will recommend all members/staff to wear a well-fitting mask indoors in public, regardless of vaccination status when the Covid-19 Community Level is High. Current covid-19 community level data by county is available at <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>

Unvaccinated members/staff are required to wear a mask during work/service in all indoor businesses and public indoor spaces including CCMI vehicles and shops as well as outdoors when social distancing is not possible regardless of community level.

The following are exemptions to CCMI's requirements for masks:

1. When a staff/member is alone in a room with floor to ceiling walls and a closed door.
2. For a limited time, while a staff or member is eating or drinking at the workplace or for identification purposes in compliance with safety and security requirements.
3. Where CCMI has determined that the use of masks is infeasible or creates a greater hazard (e.g., when it is important to see the staff or member's mouth for reasons related to their job duties, when the work requires the use of the staff/member's uncovered mouth, or when the use of a mask presents a risk of serious injury or death to the staff/member).

CCMI Fleet / Vehicle Travel

- Vehicles should be equipped to always carry at least a few new disposable face masks in each vehicle for use when cloth masks are damaged, or a new mask is needed.
- It is recommended to use fresh air settings for climate controls and avoid recirculated air, and/or travel with windows adjusted to ensure adequate air flow.

New Hires

This policy is shared with prospective staff/members upon an offer of employment or AmeriCorps service. All new staff/members are required to comply with the vaccination requirements outlined in this policy upon hire. Any new hire that is not fully vaccinated may have the start date delayed until such a date that they are considered fully vaccinated, or the offer may be rescinded. Accommodation requests may be submitted to Human Resources prior to the first day of employment and will be considered in accordance with CCMI policies.

Contract or Subcontract Staff/member

CCMI may place staff/members at locations that are considered government contractors or subcontractors. Any staff working at such a location will be expected to comply with the requirements of that work site. CCMI will make every effort to provide continuous employment for any staff/member requesting an exemption to this policy; however, we cannot guarantee that each request can be accommodated, based on work requirements and business needs.

Failure to comply with this policy is subject to discipline, up to and including termination of employment.

Definitions and Key Terms

Terms	Definitions
<i>Fully Vaccinated</i>	A person is considered fully vaccinated two weeks after their second dose in a two-dose series, such as the Pfizer-BioNTech and Moderna vaccines, or two weeks after the single-dose J&J/Janssen vaccine. Fully vaccinated, however, is not the same as having the best protection. People are best protected when they stay up to date with COVID-19 vaccinations, which includes getting boosters when eligible.
<i>Up to date</i>	You are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.
<i>COVID-19 Test</i>	A medical test to determine if someone has an active COVID-19 infection. As methods become available, recommended tests may include a polymerase chain reaction (PCR) test or an antigen test. A test will be administered by contracted medical personnel or, if approved by CCMI Human Resources, may be self-administered.

COVID-19 “DETECTED POSITIVE” Notification and Excusal from the Workplace

Staff/members are required to notify their immediate supervisor and Human Resources Department at CCMI immediately following receipt of a positive COVID-19 test or following a diagnosis by a licensed health care provider. Staff/members diagnosed with COVID-19 will be immediately excused from the workplace and required to quarantine according to current CDC and/or local public health agency guidelines.

Failure to comply with this policy is subject to discipline, up to and including termination of employment.

Return to Work Following a Confirmed Positive COVID-19 Test

Staff/members who have received a positive COVID-19 test or have been diagnosed with COVID-19 by a licensed healthcare provider, are not required to undergo COVID-19 testing for 90 days following the date of their positive test or diagnosis.

Please See Addendum A for a summary of CDC guidelines for actions to take when an staff or member is tested at COVID-19 positive or exposed to someone who is COVID-19 positive.

Exposure Communications

Management Communications When a Staff/Member Has Contracted COVID-19

If a staff/member states that they have COVID-19 or an unvaccinated member state that they have been exposed, the SUPERVISOR should send the person home and inform their manager IMMEDIATELY. Their respective manager is advised to inform any other staff/members in the same team of their possible exposure to COVID-19 while maintaining confidentiality of the individual allegedly infected, as required by the Americans with Disabilities Act (ADA). The manager should instruct staff/members about how to proceed based on the above CDC guidelines.

If a manager learns that a staff/member has been diagnosed positive for COVID-19, the manager will also notify any immediate and/or recent project host(s) site(s) where the staff/member may have had contact with anyone else in the workplace. CCMI expects the same courtesy from our partners if indeed the partner identifies a COVID-19 staff at a CCMI project host site.

Template for Manager Communications to the Team:

We have been notified that one of our staff/members has been diagnosed with COVID-19. As such, anyone working at [site/team name] may have been exposed to this virus. According to the Center for Disease Control and Prevention (CDC), the virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) If you experience symptoms of respiratory illness (fever, coughing, or shortness of breath), please inform your crew leader/manager at [contact information] and contact your health care provider. CCMI will keep all medical information confidential and will only disclose it on a need-to-know business basis.

Conservation Corps Minnesota & Iowa is always taking measures to ensure the safety of our staff/members during this coronavirus outbreak.

For more information on COVID-19, including symptoms and treatment, visit the CDC website at www.cdc.gov.

Please See Addendum A for a summary of CDC guidelines for actions to take when a staff/member tests positive for COVID-19 or is exposed to someone who is COVID-19 positive.

Accommodations to CCMI COVID-19 Policies

Reasonable Accommodations to Workspace or Service

CCMI will make reasonable accommodations for staff/members who request altered worksite arrangements or time off from work or service due to underlying medical conditions that may put them at greater risk from COVID-19.

Please refer to Addendum B for information regarding vaccine exemptions for religious or medical reasons.

Occupational Safety and Health Act (OSHA) – Adherence to Guidelines

A staff/member can refuse to work if they reasonably believe they are in imminent danger, according to the Occupational Safety and Health (OSH) Act. They must have a reasonable belief that there is a threat of death or serious physical harm likely to occur immediately or within a short period for this protection to apply.

CCMI COVID-19 Policy for Staff/Members Serving at Partner Facilities or Job Sites

When there is a difference between CCMI protocols and the partner's agency, the highest caution standards practices should be followed.

Confidentiality of Medical Information

CCMI must maintain the confidentiality of staff COVID-19 test results and vaccination status as provided by law. All information gathered under this Policy, including test results, vaccination status, attestation forms and signed COVID-19 Testing Consent forms, must be retained by HR according to the applicable retention schedule and in a secure medical file separate from the staff member's personnel file.

Testing information may be shared with the designated testing laboratory, the designated vendor, the Minnesota Department of Health, Iowa Department of Health, local public health, HR staff, members of the CCMI's staff with a business need to know, and others authorized by law.

COVID-19 vaccination status may be shared with HR staff, members of the CCMI's staff with a business need to know, and others authorized by law.

Addendum A

CDC Guidelines for Recommended Actions to Take Based on COVID-19 Positive Diagnosis or Exposure

The chart below summarizes general CDC Guidance in various scenarios of a staff becoming infected with COVID-19 or being exposed to an individual with COVID-19. As symptoms and severity of illness can vary greatly from staff to staff, employers should default to recommendations made by a staff/member' health care provider or local health officials as it relates to dates of isolation/quarantine and return to work status.

Recommendations for People with COVID-19

Have you tested positive for COVID-19 or have mild symptoms and are waiting for test results?

Here's What To Do:

Isolate. Stay at home for at least 5 days.*



To keep others safe in your home, wear a mask, stay in a separate room and use a separate bathroom if you can.



Do not travel for 10 days.



If you can't wear a mask, stay home and away from other people for **10 days**.



To calculate the recommended time frames, **day 0** is the day you were tested if you don't have symptoms, or the date your symptoms started.



Contact your healthcare provider to discuss your test results and available treatment options. Watch for symptoms, especially fever. If you have an [emergency warning sign](#), such as trouble breathing or persistent chest pain or pressure, seek emergency medical care immediately.

Day 6: Do a self-check. How are you feeling?

You could have loss of taste or smell for weeks or months after you feel better. These symptoms should not delay the end of isolation.



No symptoms or symptoms improving. No fever without fever-reducing medication for 24 hours: You can leave isolation. Keep wearing a mask around other people at home and in public for **5 more days** (days 6-10).



Symptoms not improving and/or still have fever: Continue to stay home until 24 hours after your fever stops without using fever-reducing medication and your symptoms have improved.



After you feel completely better, keep wearing a mask around other people at home and in public through **day 10**.

*If you are [moderately or severely ill](#) (including being hospitalized or requiring intensive care or ventilation support) or [immunocompromised](#), please talk to your healthcare provider about when you can [end isolation](#). Please refer to [COVID-19 Quarantine and Isolation](#) for guidance on isolation in healthcare settings and high risk congregate settings (such as correctional and detention facilities, homeless shelters, or cruise ships).



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Control and Prevention

Recommendations for COVID-19 Close Contacts

Have you been in close contact with someone who has COVID-19? You were a close contact if you were less than 6 feet away from someone with COVID-19 for a total of 15 minutes or more over a 24-hour period ([excluding K-12 settings](#)).

Here's What To Do:



Protect Others

Take these steps to keep others safe.



Quarantine if you are not up to date with COVID-19 vaccines or didn't have COVID-19 in the past 90 days. Stay home and away from other people for at least **5 days**.

If you are up to date or had COVID-19 in the past 90 days you do not have to quarantine.



Avoid travel through day 10.



Wear a mask around other people for **10 days**.



Watch for symptoms of COVID-19 for **10 days**.

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.



To calculate the recommended time frames, **day 0** is the date you last had close contact to someone with COVID-19.



If you can't wear a mask, **stay home** (quarantine) and away from other people, and do not travel for **10 days**.



Get Tested

Get a COVID-19 test on or after **day 5** or if you have **symptoms**.

People who had COVID-19 in the past 90 days should only get tested if they develop symptoms.



You tested **negative**. You can leave your home.



Keep **wearing a mask** in public and when traveling through **day 10**.



You tested **positive** or have **symptoms**.



Isolate away from other people. Stay home for at least **5 days** and follow steps for [isolation](#).



Do not travel for 10 days.

If you are unable to get tested, you can leave your home after **day 5** if you have not had symptoms. Keep wearing a mask in public and avoid travel through **day 10**.



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Please refer to [COVID-19 Quarantine and Isolation](#) for guidance on quarantine in healthcare settings and high risk congregate settings (such as correctional and detention facilities, homeless shelters, or cruise ships).

Addendum B

COVID-19 Vaccine Religious Exemption Form

CCMI respects the religious beliefs and practices of our Staff/Members. We are also subject to federal mandates that require employers to implement a mandatory COVID-19 vaccination and/or testing program. Staff/member who have a sincerely held religious belief that precludes them from obtaining a vaccination may request an exemption by requesting an accommodation. CCMI will review the request and consider reasonable accommodations, unless doing so poses an undue hardship.

Staff/Members requesting an exemption from the COVID-19 vaccine due to a religious exemption should complete this form, seek approval from their clergy/spiritual leader and submit it to Human Resources for approval.

Section 1: To be completed by the staff

Staff/Member Name

Date

Email address: _____ Phone number: _____

1. Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflicts with the company's requirement to comply with the federal mandate requiring COVID vaccination.
2. What do you propose as the accommodation or modification that will allow you to continue perform your job?
3. List any alternative accommodations that also would eliminate the conflict between the requirement, policy, or practice and your sincerely held religious beliefs.

I, _____, attest that the information provided in this document is truthful and accurately reflects my religious practices or tenets.

Staff/Member Signature

Date

COVID-19 Vaccination Medical Exemption Form

To Whom It May Concern:

In response to the COVID-19 pandemic, Conservation Corps of Minnesota and Iowa (CCMI) has implemented a requirement for staff/member to be vaccinated against COVID-19. The Staff/Member mentioned below has requested an exemption from receiving the COVID-19 vaccination. We will consider requests when provided with documentation from a health care provider stating a health condition exists that would require accommodation under the Americans with Disabilities Act (ADA).

Staff/Member Name

Date

Questions To Help Determine Whether a Staff Has a Disability

For reasonable accommodation under the ADA, a Staff/Member has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether a staff has a disability that would be negatively impacted by receiving a COVID-19 vaccine:

Does the Staff/Member have a physical or mental impairment that would be negatively impacted if the COVID-19 vaccination is administered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Answer the following question based on any limitations the staff/member has related to receiving the COVID-19 vaccination.		
<p>Would receiving the COVID-19 vaccination <i>significantly or severely restrict</i> the staff/members ability to perform the required job duties? <i>Note: Does not need to significantly or severely restrict to meet this standard. It may be useful in appropriate cases to consider the condition under which the individual performs the major life activity; the way the individual performs the major life activity; and/or the duration of time it takes the individual to perform the major life activity, or for which the individual can perform the major life activity.</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<p>OR Describe the staff's limitations when the impairment is active at the bottom of this form.</p>
<p>Possible risks, or contraindications, could include: <input type="checkbox"/> Severe allergic reaction after a previous dose or to a vaccine component <input type="checkbox"/> Other (explain) _____ _____</p>	<p>Exemption Length: <input type="checkbox"/> Temporary through: <input type="checkbox"/> Permanent</p>	

Note: The request for vaccination accommodation does not alter any policy that may be in place for the health and safety of company staff/member. This request will be used to determine the need for and ability of the company to accommodate such a request.

_____ (Staff/Member name) _____ (does) ___ (does not) require an accommodation from the company COVID-19 vaccination requirement, due to a disability that would jeopardize health or safety for this individual.

Physician/Provider Signature

Date

Physician/Provider Printed Name

Name, Address, Phone Number of Practice

Questions

Please direct any questions regarding this policy to HR at hr@conservationcorps.org.

Addendum C

COVID-19 Preparedness Plan Handbook Acknowledgment

I have received a copy of the Conservation Corps Minnesota & Iowa COVID-19 Preparedness Plan Handbook. I understand it is my responsibility to read, understand, and follow the information in this handbook.

Conservation Corps Minnesota & Iowa retains the right to interpret, deviate, change, revise, or eliminate any of the policies described in this handbook as the pandemic and our response evolves and will communicate any revisions with all members.

Name (print)

Signature

Date

Please sign and date this page and return via email to HR at hr@conservationcorps.org.