



DIAL/SELF Youth and Community Services

Strengthening community through positive youth development and civic engagement since 1977

196 Federal Street
Greenfield, MA
01301

(413) 774-7054
Fax: 773-3335
www.dialself.org

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Phillip Ringwood
pringwood@dialself.org
(413) 774-7054 x115

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COVID 19 On-Site Workplace Policy (effective 4/1/2023)

[This policy replaces the policy issued on 7/1/2022]

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Statement of purpose

The purpose of this document is to ensure that all staff have the knowledge of agency policies established to improve the safety of employees, volunteers, program participants and the general public. Due to access to COVID vaccine for ages 6 months and up, access to testing, emerging variants of concern combined with evolving state and federal guidance, the core DIAL/SELF COVID policies and practices need to evolve as well. These policies and practices need to continue to balance the physical safety of all and the quality or service and employment experience the agency offers. ***These policies and the rationale behind them will continue to be monitored and policy updates will be issued again by December 2023 or earlier to reflect any changing conditions over the six months.***

DIAL/SELF considers many factors when creating agency protocol, including: the mission of our agency as frontline youth service providers to many of the most vulnerable and disadvantaged in our community, the best available evidence and guidance, the statistics in our region, and the input of staff and stakeholders. Although we recognize the risks will never be “zero”, DIAL/SELF’s commitment to harm-reduction and community safety continue to guide us. Federal, State and local DPH recommendations continue to change, and are often not in alignment with each other creating confusion on expectations. DIAL/SELF has intentionally attempted a more cautious approach in line with our purpose in the community and the unpredictable nature of this pandemic thus far.

At the time of this policy revision MA DPH reports 69-77% of residents are fully vaccinated and that 57% - 71% of residents have had at least one booster dose.

According to the WHO (World Health Organization) in order to reach “herd immunity” a large population base needs to be fully vaccinated. This percentage varies from virus to

virus and numbers presented to the community so far for COVID are just best guess estimates since this is a new virus. To provide some historical context, Polio required an 80% vaccination rate, while Measles required a 95% vaccination rate. Based on these numbers and historical context DIAL/SELF will continue to take a stronger stance on continuing certain risk management safety measures than some other institutions in the community. ***According to MA DPH, the community spread, hospitalizations and deaths continue to go up and down and have yet to level out for a consecutive 60 days. These rates are all higher in March of 2023 than they were at the end of June and July of 2021. While vaccination and new drug treatments are helping to reduce the symptoms of COVID, a new body of research is starting to emerge that indicates long-term adverse effects for many people who have contracted COVID. These factors continue to elevate the risk posed by COVID over that of other more traditional flu viruses.***

1) Physical (Social) Distancing and Mask Use

- a) Posters shall be displayed at the entrance to work sites that clearly state that mask wearing is required for all people while inside an enclosed space. *The use of masks while outside where airflow is able to better disperse breath particulates shall be optional, but encouraged if operating in close contact with other and/or exhorting oneself in a manner that increases the forcefulness of breathing.*
- b) All employees and volunteers shall wear masks when interacting with others indoors. Masks should meet N95, KN95 or KF94 ratings to address more transmissible variants of concern like those presented with the Omicron variant. A reusable mask can be worn over a higher functioning mask, and reusable masks should be washed and dried daily if re-used.

2) Hygiene Protocols

- a) All locations have both hand sanitizer and sinks with soap, water and paper towels for regular handwashing. All staff should frequently wash hands, especially after any interactions with others and after removing PPE.
- b) Agency staff are responsible for cleaning high touch surfaces (such as but not limited to workstations, equipment, screens, doorknobs, restrooms) in their workspaces after use by program participants and others whenever possible.

3) Staffing & Operations

- a) Staff must self-check for COVID-19 Symptoms daily prior to reporting to on-site work.
 - i) Symptom screening should ensure that staff have a temperature less than 100.4 F and have none of the following symptoms, or that any presenting system is tied to another identified condition; cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat or new loss of taste or smell.
- b) Employees or volunteers with presenting symptoms should not report to onsite work and should contact their supervisor immediately to determine a plan to confirm their situation, determine if testing is needed/available and consider if a quarantine pending test results is called for. If symptoms are discovered when already at a worksite, the employee shall contact their supervisor at once.
- c) If a staff person becomes ill from COVID 19 they shall stay physically isolated. See the return to work policy for COVID positive testing staff section for additional guidance on returning to in-person work.

**DIAL/SELF Protocol for staff to return to
Returning to in-person work after testing positive for COVID-19
Effective 04/01/2023**

Acknowledgments:

- WHO and CDC have conflicting guidance on discontinuing COVID isolation.
- WHO and CDC have shifted guidance from test-based to symptom-based recommendations for determining the timeline for discontinuing COVID isolation in most situations.

Initial reasons for this shift to symptom-based guidance revolved around:

- Long periods of isolation for individuals with prolonged viral RNA detection after resolution of symptoms, affecting individual well-being, society, and access to healthcare.
- Insufficient testing capacity to comply with initial isolation discharge criteria in many parts of the world, causing backlogs in healthcare centers leading to a lack of beds to treat people with more acute cases of COVID. Isolation guidance for those isolating at home has been based on isolation protocols in health care settings
- Prolonged viral shedding around the limit of detection, having negative results followed by positive results, which unnecessarily challenges trust in the laboratory system.
- Several variants of concern have not been studied enough yet to see if viral shedding RNA remnants are more transmissible than previous strains of COVID.
- DIAL/SELF exists in a region with evolving access to free PCR testing which can include drive up, appointment based and walk-in testing sites. DIAL/SELF also maintains a stockpile of rapid tests that can be requested from the administration by any employee as needed.
- As an independent organization and employer DIAL/SELF reserves the legal right to issue protocols that meet or exceed the baseline standards set by the local, state and national regulatory agencies. Any standard that exceeds the regulatory baseline has been implemented to provide the maximum safety possible for the youth and young adults served by the agency, fellow co-workers and the community at-large.

Symptomatic:

Employees who test positive for COVID and are displaying symptoms such as fever, cough, difficulty breathing and or fatigue should continue to isolate and confer with medical supports until they are symptom free. Once symptoms resolve see the **Non-Symptomatic** policy section.

Non-Symptomatic:

- Employees who test positive but have no symptoms, or whose symptoms have fully resolved, should continue to isolate for 5 days. The first of the 5 days being the first fully symptom free day on or after the sample collection date of their positive test.
- Employees should schedule a PCR test for day 6. If a medical professional or local regulatory official requires a period of time longer than 5 days, the agency will honor the longer time advised by that official. A rapid test administered on day 4 AND day 5 is acceptable.
- After the first 5 symptom free days employees should continue to wear a properly fitted N95/KN95 equivalent or better mask at all times when leaving isolation and going into the community to get a test or when interacting with any other household or community members.
- An employee who has had more than 5 days of non-symptomatic isolation, and can present a negative PCR test obtained on the 6th symptom free day or later may return to on-site work. A negative rapid test on day 4 AND day 5 is also acceptable.
- Employees should review these requirements with their supervisor who will authorize an employee's return to in-person work when completion of the protocol is achieved.

Additional resources for individual research:

- World Health Organization release on initial shifts from test based to symptom based isolation protocols: <https://www.who.int/news-room/commentaries/detail/criteria-for-releasing-covid-19-patients-from-isolation>
- CDC interim guidance on ending isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>
- CDC specific section of guidance detailing limitations of current evidence base: https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html#anchor_1631644692156
- NIH Human Genome Project. Understanding COVID PCR testing: <https://www.genome.gov/about-genomics/fact-sheets/Understanding-COVID-19-PCR-Testing>
- CDC travel guidance, including sections on proof of COVID recovery documentation for international travel: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>