GYA’s COVID-19 ORGANIZATIONAL GUIDELINES

This is a public document intended as guidance for domestic and international gap year providers during the Covid-19 pandemic. The information here is informed by real-world operations in the field and supported by experts current to the date listed in the footer. Information here is intended for primary use by gap year providers and, recognizing the limitations, is informed only by hundreds of student experiences and not tens of thousands.

- These are well-informed and well-intended guidelines - not any official endorsement of specific practices by the GYA nor its committees. As new information arises, the GYA Standards Committee may update this and otherwise welcome suggestions for improvement.
- * Note, at the time of writing, several vaccinations are being approved by the FDA. However, until vaccinations are broadly available to the public, with more published information about side effects, the GYA Standards Committee have chosen to leave those considerations for the next draft of these guidelines.
- * Note, at the time of writing, several variants of the Covid-19 virus are emerging that are showing 50%-70% more infectious. Greater research and caution are encouraged.

The Covid-19 pandemic has significantly impacted gap year organizations, as well as global and domestic communities. The Gap Year Association’s Standards & Accreditation Committee offers this set of guidelines as a resource. A special thank you to the expert individuals and organizations that informed these guidelines. Our goal is for this set of guidelines to evolve and apply to future pandemics or other global health crises, should they arise.

SELF-AUDIT FOR EFFECTIVE ORGANIZATIONAL PRACTICES:
Covid-19 information shared by the organization should (1) have an acknowledgement of risk or statement of understanding, (2) clearly list a set of current Covid-19 precautions and protocols, (3) outline critical program deadlines, share refund policies (emphasizing clear Covid-19 expectations), and highlight programming adjustments made for Covid-19. Organizations should be clear about pre-arrival, during the program, and post-departure protocols.

As with all risk management practices, organizations should strive for data-informed strategies that incorporate a diversity of perspectives; thus informing smart procedures that are credible (eg, informed by the CDC, and State and Federally licensed epidemiologists, with relevant citations for transparency).

Sources with thanks:

- NOLS
- Wilderness Risk Management Conference (WRMC)
- Adventure Travel Trade Association
- American Camp Association
- Experiential Consulting
- HistoriCorps - pre-departure survey
  - NW Youth Corps - full write up
  - Fred C. Church Education Practice Group - self-audit
  - Centers for Disease Control and Prevention
  - CET Academic Studies
  - Downwest Semesters
  - Outward Bound Costa Rica

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CORE ORGANIZATIONAL CONSIDERATIONS
Organizations should evaluate and have strategic goals set in place to manage new risks and uncertainties during Covid-19. Organizations should consider policies, trainings, and communication that address:

1. Risk Inventory - listing all possible Covid-19 risks to:
   - Students
   - Staff
   - Organizational partners
   - Any vulnerable populations in a given host community. For example, a rural weaving cooperative whose residents live 4-6 hours from hospitals treating for Covid-19.
   - Other stakeholders (parents, local infrastructure, etc.)

2. REGULAR self-audit for effective organizational practices using emerging scientific and community-sourced data.

3. Evaluate current destination data for which Covid-19 strains are present and relative program safety (such as through vaccination efficacy and impact of new strains on local infrastructure) - B.1.1.7 (AKA UK Strain), E484K or 501.V2 (AKA South African Strain), or a new California strain.

4. Create a vector inventory and assign possible barriers to mitigate each vector.

5. Enhance cleaning and disinfecting practices - in most cases every organization will clearly articulate, educate, and actively facilitate more frequent and thorough cleaning practices.

6. Screening - recognizing the likelihood of asymptomatic carriers, and availability of testing in each location.

7. Staff training - behavioral: Emphasizing the added need to occasionally redirect or hold hard rules for students regarding Covid-19 safety related behavior; Acknowledging the emotional toll such considerations creates for stakeholders, and strategizing solutions.

8. Staff training - logistical: adherence to the established Covid-19 bubble, quarantine, and potential Covid-19 exposure risks should be clearly outlined prior to hiring. A waiver acknowledging these risks, consequences of deviating from the articulated expectations, as well the organization’s commitment to provide care for staff members should be signed at hiring. All of these items should be reviewed at staff training.

9. Strive for prompt responses & communication - document all symptoms, be proactive with actions, and err on the side of more communication with families.

10. Plan for emergency responses - including evacuation, hospital capacity, staff and housing redundancies (for quarantine especially), and considering emotional/psychological emergencies.

11. Provide viable insurance options for student and staff travel or medical insurance ensuring Covid-19 expenses are covered inclusions (quarantine requirements, hospitalization, testing, etc.).

12. Consider booking all international flights as a group to make full evacuations easier.

13. Consider available housing and supervision needs for students specifically during times of transition: arriving to the program and departing (due to positive Covid-19 tests and ‘close contacts’ to a positive diagnosis, quarantines, travel limitations, etc.).

14. Consider communicating first with referral sources (E.g., gap year counselors) if you need to cancel your program, and establishing responsible referral pathways to other organizations.

MEDICAL CONSIDERATIONS

Do you have a line of communication with State and local emergency services, health officials, and government representatives?

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Do you have reliable information to assess your host location’s ability to meet current and emerging hospital needs? Are their ICU beds full? Are they able to accommodate an emergency of a non-Covid-19 order (E.g., appendicitis)?

Do your medical forms ask (students and staff) about Covid-19 complications or comorbidities that may merit extra attention? Do the right staff have access to that data?

Do medical forms include Covid-19 vaccination status?

Is a Covid-19 vaccine available to students on the program if they have not yet been vaccinated and want to be while under the program’s supervision?

Have existing medical procedures been adjusted in light of Covid-19 protocols? (E.g., CPR)

Does your medical kit need new additions? (E.g., pulse oximeter, extra sterilization swabs, etc.)

How will you support the emotional and mental health needs of staff AND students in event of an outbreak?

What facilities are available for student/staff quarantine in case of unclear symptoms or a likely Covid-19 diagnosis? What are the staffing requirements for this contingency? What additional “in-quarantine programming” has been developed for students that are in quarantine? What is the program’s policy and “duty-of-care” for students/staff still in quarantine after a program has concluded?

When do you plan to test once the program has begun? Do you plan to test when anyone is symptomatic? If so, which symptoms warrant a test? Automatically test at day 5 on arrival?

Do you have additional field-staff who are trained on your protocols and able to replace staff who are sick or have to leave their role early? Have you considered visa, vaccination, and other rapid-mobilization protocols?

PRE-ARRIVAL
Organizations should have clearly defined Covid-19 pre-arrival protocols that might include,

PROTOCOLS FOR ORGANIZATION

1. Clarifying the organization’s policies, in writing, for mask wearing, Covid-19 mitigation practices, and any Covid-19 test(s) needed to be taken within designated time frame(s) of arrival.
2. Clarifying the consequences of breaking policies (I.e. during quarantine or in violation of local requirements). Training staff to appropriately elevate problematic enforcement to executive level.
3. Clearly establishing expectations for a quarantine (I.e., “informed consent”), with specific details about timelines, circumstances to extend those timelines, and more.
   a. Do all people in the program understand their individual Covid-19 related risks?
   b. How often is reliable current information reviewed and implemented (E.g., CDC)?
   c. Is there a clearly defined plan for a sudden shutdown or travel restriction?
   d. Do you have a process for documenting appropriate concerns, and otherwise keeping accurate records of all communications?
   e. Is driving to the program orientation site allowed/required? Are there reasonable accommodations for anyone who does not feel safe flying/traveling?
   f. Is there a clear requirement for health insurance levels for students and staff? Are evacuation and other specific insurance needs different due to Covid-19?
   g. Are you aware of any State / international Covid-19 travel requirements?
   h. Is testing required by the organization, State, or country? Do you need a Vaccination card or proof of vaccination? Must travelers quarantine upon arrival?
   i. Are there programs to smartly shorten mandatory quarantines such as early testing or vaccination?
PROTOCOLS FOR STUDENTS
1. Exploring precautionary measures (E.g., doing a "commitment statement" to minimize exposure, establishing ‘group norms’ virtually prior to arrival, etc.).
2. Clarifying the consequences of breaking policies (i.e., during quarantine or in violation of local requirements).
3. Clarifying the organization’s policies, in writing, for: mask wearing, Covid-19 mitigation practices, and any Covid-19 test(s) needed to be taken within designated time frame(s) of arrival.
4. Clearly establishing expectations for a quarantine (i.e., "informed consent"), with specific details about timelines, circumstances to extend those timelines, and more
   a. Have all participants signed documents related to policies put in place, and how staff, students and vendors will work to mitigate risks?
   b. Have your relevant Covid-19 plans been communicated to all parties involved?
   c. Is there a clear requirement as to the health insurance required for students and staff? Are evacuation and other specific needs different due to Covid-19?

PROTOCOLS FOR PARTNERS
1. Regularly checking relationships and inquiring about realistic capacities and tolerance to work with students. Recognizing as well, that local needs (such as income and supplies) may significantly overshadow realistic concerns about hosting student groups.
2. Checking hospital capacity for areas that might be affected by Covid-19, paying attention to impacts on emergency or non-Covid-19 procedures.
3. Having paperwork that clearly acknowledges all Covid-19 policies and any pre-arrival requirements.
   a. Have your relevant Covid-19 plans/policies been communicated to all parties involved?
   b. Have you received a commitment from your partners that they are able to adhere to your organization’s Covid-19 protocol?
   c. Have you solicited partners for their Covid-19 related concerns and expectations? Are you considering how your program will keep them and their community safe?
   d. Are you aware of any State / international Covid-19 travel requirements?
   e. Do you have a clearly defined plan in place for a sudden shutdown or travel restriction?

DURING PROGRAM
Organizations should clearly articulate defined protocols for participants and staff prior to, as well as during the program, including:

PROTOCOLS FOR ORGANIZATION
1. Staff and participants understand the safety processes they are required to follow with each other (E.g., test-mandatory symptoms, quarantine, gloves, masks, taking temperatures, etc.),
2. Staff and participants are clear as to the safety processes they are required to follow outside their bubble (E.g., contact with those outside of the program, activities and events mandatory vs. optional, meal preparation, sleeping arrangements, etc.),
3. Covid-conscious transportation protocols are in place (E.g., minimizing unnecessary public transportation, reducing vehicle capacities, etc.),

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4. Develop contingency plans for a situation where a large portion of the staff is in quarantine.
   a. What policies are in place if someone is not feeling well or shows possible Covid-19 symptoms?
   b. Are your guidelines for public transportation services considerate of Covid-19 exposure?
   c. Do you have or need return-to-program protocols if a participant has to join outside of the established onramp through quarantine and bubbles, etc.?

**PROTOCOLS FOR STUDENTS**

1. Participants are updated about transitioning into their group dynamic after quarantine/arrival (E.g.. testing at day 7 with clear understanding of what outcomes positive/negative tests will require, integrating as a contained bubble, operating in concentric ‘circle pods’, etc.).
2. Staff and participants understand the safety processes they are required to follow with each other (E.g.. test-mandatory symptoms, quarantine, gloves, masks, taking temperatures, etc.).
3. Staff and participants are clear as to the safety processes they are required to follow outside their bubble (E.g.. contact with those outside of the program, activities and events mandatory vs. optional, meal preparation, sleeping arrangements, etc.).
   a. What policies are in place if someone is not feeling well or shows possible Covid-19 symptoms?
   b. Do you have or need return-to-program protocols if a participant has to join outside of the established onramp through quarantine and bubbles, etc.?

**PROTOCOLS FOR PARTNERS**

1. Covid-conscious transportation protocols are in place (E.g.. minimizing unnecessary public transportation, reducing vehicle capacities, etc.).
   a. What policies are in place if someone is not feeling well or shows possible Covid-19 symptoms?
   b. Are your guidelines for public transportation services considerate of Covid-19 exposure?
   c. Have you identified non-local students, faculty, or staff who may face travel restrictions or difficulties returning to school/on-site?

**PRE-DEPARTURE**

Because programs don’t finish in a vacuum, and participants reliably have ongoing travel afterwards, organizations should at least:

1. Clearly discuss re-entry guidelines and protocols, including whether or not testing or quarantining is required or suggested before exiting the premises.
2. Have a clear understanding of requirements for participants choosing to/required to fly, making sure they align with State and international entry regulations.
3. Communication with family members of the above considerations so that they can prepare for and support any additional testing/quarantine to keep themselves and their communities healthy.
4. Share your lessons and evaluate your own protocols to shorten the learning curve!

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