



This document serves as the written safety plan outlining how Cornell Cooperative Extension of Fulton Montgomery County (CCE) and the 4-H Youth Development Program will aid in the prevention of the spread of COVID-19. This document has been reviewed by the CCE Board of Directors.

The following procedures have been developed to facilitate the transitioning of staff and 4-H volunteers and participants to in-person activities in accordance with the Governor’s New York Forward phased approach to re-open New York State. This plan is a living document and will be updated and modified as preparation for future phases of the plan are rolled out and additional requirements are outlined by regulatory agencies. This plan was developed in coordination with the following:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.health.ny.gov/>

<https://forward.ny.gov/>

The following staff have the primary responsibility to develop, maintain and/or implement the 4-H Club Meeting & Activity Safety Plan and will serve as contact persons when there is a need.

	Name	Title	Email Address	Cell Phone
Emergency Contact	Brian Gilchrist	Executive Director	Btg5@cornell.edu	
4-H Emergency Contact	Kyle Yacobucci	4-H Educator	Ky292@cornell.edu	
Secondary Emergency Contact	Georgia Dutcher	Programs Assistant	Gad23@cornell.edu	

Overview

The following are general guidelines CCE Fulton & Montgomery County will be adhering to for the safety of the Association Staff, Volunteers, 4-Hers and Community, per NYS Department of Health, Center for Disease Control, and Public Health recommendations. This plan will be updated as changes occur; 4-H volunteers will be notified of any changes in procedures. This plan as well as any updates will be posted for the public at <http://ccefm.com>

COVID-19 Safety Plan

I. People

- a. All volunteers must attend a training conducted by CCE staff before resuming any 4-H club meetings or program activities.
- b. All 4-H volunteers & members must read, sign & submit to the CCE office the COVID-19 Assumption of Risk form *prior* to participating in any 4-H club meeting or event.
- c. CCE staff will be responsible for sharing best practices with 4-H volunteers and participants to ensure that proper procedures are being followed:
 - i. **Physical Distancing:** Ensure 6 ft. distance between participants, unless safety or core function of the activity requires a shorter distance.



- ii. Face Coverings: Any time participants are less than 6 ft. apart from one another they must wear acceptable face coverings. It is suggested that everyone wear masks at all times to be prepared for closer contact.
- iii. Tightly confined spaces will be occupied by only one individual at a time, unless all occupants are wearing face coverings. If occupied by more than one person, occupancy will be kept under 50% of maximum capacity.
- iv. Prevent youth from touching each other through games & activities.

II. Meeting Guidelines

- a. To ensure the safety of all participants, volunteers planning to hold a 4-H meeting/event, must notify 4-H staff and submit a meeting/event plan for approval two weeks prior to the event using the Meeting Safety Plan Checklist provided by us.
 - b. There should be no more than 25 people (includes total of volunteers, youth participants, parents, speakers, etc.) at a meeting. Depending on the capacity of the given space, attendance may be limited to less than 25. Written documentation of attendance is required (more details under # h).
 - c. The meeting time should be limited to no more than 1.5 hours.
 - d. Meetings must not take place inside private homes. Hold meetings outdoors whenever possible or a larger public facility.
 - e. Social distancing & face mask procedures as described in Section I must be followed.
 - f. Hand sanitizer should be available at all times.
 - g. Only single serve, commercially prepared, food and drink should be provided. Participants are welcome to bring their own water (clearly labeled with their name) for hydration.
 - h. Volunteers must complete a meeting log to document attendance and health screening which will also be used as a tracing mechanism. A suggested meeting log is attached. A copy must be sent to the CCE office following the meeting or event. This will include:
 - Date and time of event
 - Who was there – including parents, youth participants, siblings, presenters, etc.
 - Verification of a completed Health Screening. (Health screenings are not kept by the volunteer.)
 - Where the event or meeting was held (specifics: outside on the lawn, in the barn...)
 - How long the event lasted
 - i. Meeting notices will include the questions stated below, stating if someone answers 'yes' to any of them that they must not come to the meeting or event. Health screenings will be presented to the designated 4-H volunteer & checked off if approved. Any paper copy must be returned to the parent/adult. No 4-H volunteer must keep these to abide by HIPPA guidelines. Health Screening is attached.
 - j. There will be youth and families who are not comfortable meeting in person at this time. It is critical that these decisions are respected and that there is no pressure applied, or opportunities withheld, due to a decision not to participate.
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III. Places: Building & Meeting Space

- a. Meetings and events will take place at a public facility or space where social distancing can be complied with. **Meetings must not take place in private homes.** Outdoor meetings or open air venues are strongly suggested.
- b. Meeting organizers are responsible for having PPE items available to attendees. This includes face masks, hand sanitizer and cleaning products.
- c. CCE will provide needed PPE items at the request of the meeting organizer.
- d. Each group is responsible for cleaning and maintaining the area in which they use for programs or meetings.
- e. Post signage at doors and around the meeting space to remind participants of social distancing protocols/ expectations. CCE will provide reproducible signage for 4-H Volunteers to use.

IV. Hygiene and Cleaning

- a. Adhere to hygiene and sanitation requirements from the Centers for Disease Control and Prevention (CDC) and Department of Health (DOH). Training for volunteers and event organizers on proper use of PPE and hand washing must be completed prior to the meeting or event.
- b. Modify high-touch surfaces (e.g., propping doors open) to help participants from unnecessarily touching surfaces.
- c. Prevent youth from touching each other through games & activities.
- d. Limit the sharing of objects and discourage touching of shared surfaces; or, when in contact with shared objects or frequently touched areas, wear gloves (trade-appropriate or medical); or, sanitize or wash hands before and after contact.
- e. Hand-sanitizer is available from CCE for 4-H-sponsored activities and events.
- f. It is the meeting organizer's responsibility to properly clean any equipment used during a meeting or event in a CCE space. This includes, but is not limited to chairs and tables, door handles, equipment and any and all surfaces used by the group.

V. Travel

- a. Only family members may travel together in the same vehicle for a 4-H event.
- b. 4-H volunteers and program organizers cannot transport non-family program participants.
- c. Until otherwise documented essential travel only.

VI. Communication

- a. A designated volunteer must review safety practices with those in attendance at the beginning of each meeting.
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- b. Signage must be posted throughout the meeting space to remind users to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.
- c. Meetings Logs with a list of every person who may have close contact with other individuals will be kept at the CCE office.
- d. If any participant in a 4-H-sponsored meeting or event tests positive for COVID-19, they must communicate the results with the 4-H staff or Executive Director Brian Gilchrist.
- e. This 4-H Club Meeting & Event Safety plan will be posted on the CCE website and communicated to the 4-H volunteers and program participants via the 4-H newsletter, volunteer mailings and meetings.

VII. Exposure Response Process

- a. To prevent exposure, stay-at-home requirements apply to any youth participant or sibling, parent or volunteer that are exhibiting any health-related symptoms such as:

Cough	Chills
Shortness of breath	Muscle pain
Difficulty breathing	Sore throat
Fever	New loss of taste or smell
- b. If a 4-H participant tests positive following a 4-H sponsored event, the local health department will be notified and cooperate with contact tracing efforts, including sharing the list of those who had close contact with the individual during a 4-H sponsored event, while maintaining confidentiality required by state and federal laws and regulations.
- c. Isolation, containment and contact tracing procedures will be followed as required and advised by the CDC, NYS Department of Health, Fulton County Public Health and Montgomery County Public Health.

Affirmation:

Affirm you have reviewed and understand these safety expectations, and that you will implement them.

4-H Volunteer/Program Organizer: _____ Date: _____

4-H Issue Leader: _____ Date: _____





Volunteer/Program Participant Health Screening

Please answer the following questions the day of the meeting/event. If you answer yes to any please do not attend this in-person meeting or event:

1. Have you knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?

Yes No

2. Have you tested positive for COVID-19 in the past 14 days?

Yes No

3. Have you experienced any symptoms of COVID-19 in the past 14 days?

Yes No

According to the CDC guidance on “Symptoms of Coronavirus,” people with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms of COVID-19 include, but are not limited to:

- | | | |
|-------------|----------------------------|----------------------|
| Cough | Shortness of breath | Difficulty breathing |
| Fever | Chills | Muscle pain |
| Sore throat | New loss of taste or smell | |

4. Have you returned from travel to a “high COVID-19 infection rate state” as defined by NYS DOH, in the past 14 days?

Yes No

By signing below you are attesting to the accuracy of the answers to the questions above:

If 18 years or Older-

Program Participant/Volunteer _____

Signature

OR

If Under 18 Years -

Guardian to the Program Participant _____

Signature

Due to confidentiality regulations, this screening is to be retained by the adult and/or the guardian of the minor involved in the activity after presenting it for check in.



4-H Meeting & Event Log

Club or Event Name: _____

Meeting Location: _____ Time of event: _____

Attendance for all youth and adult present:

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Name: _____ Health Form Received? Yes ___ No ___

Volunteer Signature _____ Date: _____

This form (or a copy) must be turned in to the 4-H office





4-H Meeting & Event Safety Plan

(This Safety Plan must be submitted to the office two weeks prior to the meeting or event)

Name of Club or Event: _____

Date of Event: _____ Hours (not to exceed 1.5 hours): _____ to _____

Location: _____ Purpose of the Meeting: _____

Name of person(s) checking youth & adults in & maintaining the meeting log: _____

Plans for managing social distancing:

Plans for fulfilling face mask requirement:

Source for Hand Sanitizer: _____

Plans for posting signage: (let us know if you need signs from us)

Plans for serving refreshments, if applicable:

Name & phone number of person completing this form:

Name

Phone Number where you can be reached

