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Author's Note

Hi! Thanks for taking interest in making your group safer from COVID transmission.
A few things:

1. The guidelines in this template are based on the People's CDC's Safer Gatherings Guide and the principle of layers of protection/the "Swiss Cheese Model." I suggest making use of People's CDC resources as well as academic papers, news articles, testimonials, or whatever other media make sense for your group to help support why you are proposing these guidelines and how they'd work. Here is a compilation of resources that might be helpful to you.

2. I created the initial guidelines for my labor solidarity group on a university campus in the Northeastern US. While I've tried to universalize as best I can for a general template, you may have to change a lot or a little to fit your circumstances. The information you provide and the guidelines you suggest are going to differ based on the existing awareness and opinions of your group, the availability of resources like PPE, testing, and filtration to group members, and the mission of your group.

3. Unfortunately, most links and resources I can provide are US-specific.
Please note that resources and hyperlinks have been last updated: January 2023.

4. Please feel free to copy and paste language from the example guidelines and share this document as far and as wide as you'd like!

I hope this proves helpful for all kinds of groups, big and small, and please get in touch on Twitter (@yesallcrops) if you have questions, suggestions, or want to share your version of these guidelines with me.

Solidarity!

Alex

COVID Protection Guidelines for Groups - TEMPLATE

Part 1: Background Information - Why do we need guidelines, and why now?

Given that…

1. **Describe transmission rates and causes for concern in your area**
   Good resources: PCDC Weather Reports, Biobot Wastewater Levels

(This is information accurate as of early January 2023 for the Northeastern US:)

COVID transmission is currently higher than any wave prior to Omicron, particularly in the Northeast (see wastewater levels), even though our access to testing and reporting is lower than ever. This means, even though reported levels are likely deflated compared to actual levels, we are seeing the "ups and downs" of COVID waves trend upwards over time.

2. **Describe any recent variant evolution and cause for concern in your area**
   Good Resources: CDC Variant Tracker

Ex) New variants are constantly evolving that have begun to evade our treatments and get better at infecting us, including the very contagious XBB1.5 that is currently hitting the Northeast hard. Unchecked spread, particularly in densely populated areas like college campuses and big cities is what leads to more variant evolution and prolongs the pandemic, even when the population is vaccinated, because vaccines protect us against severe illness and death, not against transmission.

3. **Describe layers of protection and their effectiveness**
   Good Resources: People's CDC Layers of Protection and Safer Gatherings Guide

Ex) Variant evolution has made it so that each one of our protections is less effective **on its own**. This means that individual rapid tests have a higher rate of false negatives and may not catch an infection until later, so repeat testing is recommended, and one negative result is not a guaranteed negative. Mask quality is also increasingly important, as more contagious variants need less of a viral load to infect you. This means that high-filtration masks like KF94s, KN95s, and N95s are much better protection from infection than cloth or surgical masks. As always, **something is better than nothing,** and you should use whatever tests and masks you have access to, making sure your mask fits well.

4. **Describe Long COVID and its impacts**

Ex) Long COVID persists as a substantial risk to anyone who gets infected (the CDC estimates 1 in 5), with most Long COVID cases occurring after "mild" infection. Long COVID can impact brain function, heart function, your immune system, your circulatory system, and more, and so far, there are no

definitive treatments. Access to Long COVID healthcare, particularly among student populations and marginalized worker groups, can be difficult.

5. **Why do we need guidelines? How did the responsibility land on us**?
   Describe the backslide in protections and how protecting each other has become a communal responsibility in light of institutional abandonment.
   Good Resources: "The Year the Pandemic Ended" - New Inquiry

Ex) Despite this, Northeastern, following CDC protections rollbacks on the tail end of the Omicron wave in early 2022, has taken away our access to free PCR testing, safer indoor air (mask mandates), knowledge of our campus infection rates (public testing dashboard), isolation housing, and hybrid access to our classes, all of which put us at greater risk of infection without our input (see rollback emails). Many of us have already been infected due to these policy rollbacks, which damages our immune systems and, with each subsequent infection, increases our risk of severe outcomes.

6. **Why should we care?**
   Describe how your group's values and/or interests tie in with making your space COVID safe, pursuing accessibility for disabled and immunocompromised folks, ending the pandemic, and/or disability justice in general.

Ex) HOWL directly works with and stands in solidarity with NEU workers who in many cases are at greater risk of severe and/or long-term consequences of COVID infection (decreased access to healthcare due to lack of benefits, income, older and disabled workers).

HOWL should aim to prioritize accessibility in our organizing and apply our understanding of how labor justice intersects with all other issues of marginalization, particularly disability and health justice. This includes making our meetings/events as safe as possible for disabled and immunocompromised organizers and workers, all those who can't afford isolation/treatment if they get sick, and all who wish to participate in organizing without risking long-term health and economic consequences.

*These are the sections I included in the preface to the original guidelines, but you may feel the need to describe different dangers and considerations.

Part 2: Proposed Guidelines

Please make use of all subpoints that can be applied to your group!

1. Virtual Access
   a. We will make all possible in-person events/gatherings hybrid accessible and dedicate an online facilitator.
   b. We will make an effort to make our virtual option engaging and accessible, which may include enabling captioning and/or employing a sign language interpreter for

access and making sure online participants can participate fully in activities and conversation.

c. For all meetings, events, and gatherings that are not fully virtual, we will take the following precautions to protect ourselves, our community, and our mission:

2. Staying Home When Sick or Recently Exposed
    a. Folks experiencing any symptoms of illness will be asked to stay home and/or attend virtually instead (even if COVID negative).
    b. Folks with a recent exposure to COVID (sharing air with someone confirmed positive in the past week) should stay home.

3. Testing
    a. Pre-Event Rapid Tests: Before gatherings, attendees should test 24 hours prior to the event and again directly prior. Swabbing both nose & throat can decrease the chance of false negatives, but testing should be used as one of multiple layers of protection. Here is a helpful guide on swabbing for rapid tests.
    b. Pre-Event PCR Tests: Before gatherings, attendees should take a PCR test as close to the event date as possible (ideally same-day) and employ rapid tests as described above as well. PCR Test results will likely come back after the event has passed and should only be used for retrospective contact-tracing, not for determining whether a participant should attend on the day of the event.
    c. Post-Event Rapid Tests: After gatherings, attendees should rapid test consecutively on Day 5 and Day 6 post-event.
    d. Post-Event PCR Test: After gatherings, attendees should PCR test on Day 6 or 7 post-event.

4. Contact Tracing
    a. We will notify [relevant communication channel or group leadership] if we test positive or develop symptoms in the week after gathering, so that [group] can notify others of their exposure.

5. Masking
    a. We will wear the highest-quality mask we can access that fits well at all times while gathering indoors.
    b. [Group/leadership/etc] will provide [insert type of mask] at events/meetings to reduce the cost barrier to accessing high-quality masks.
        i. This guide to masking has more info on mask FAQs and layering options, as well as info on how to reuse masks that are in good condition.
        ii. Verified places to get high-filtration masks: Project N95, Bonafide Masks

6. Proof of Vaccination
    a. We require that all members over the age of 5 who attend in-person gatherings be up to date with the latest COVID vaccinations, including the most recent booster available.

b. We recognize that some group members may not be able to get vaccinated or may need to delay vaccination due to recent infection.

7. Avoiding Risky Activities
    a. We will avoid activities that carry a higher risk of COVID transmission [consider including a time frame, ex) during the week prior to gatherings/events] including crowded indoor environments, unmasked indoor or crowded activities, travel, etc, whenever possible.

8. Ventilation & Filtration
    a. We will meet in the most spacious and well-ventilated spaces possible. (Outdoors if possible, larger and newer spaces if not possible).
    b. We will increase ventilation in our meeting spaces by [insert strategies.]
    c. We will improve the air quality in our meeting spaces by [insert strategies.]

9. Isolation
    a. If we become sick, we will isolate from others to the best of our abilities for at least 10 days after exposure or our first day of symptoms. Here is a helpful isolation guide to follow from People's CDC.
    b. Members should not attend gatherings in-person until they are fully recovered **and** testing negative consecutively (for some, this may take 14+ days).

10. Revisiting Guidelines
    a. We will keep each other informed and up to date about the state of the pandemic as best as possible and make adjustments and risk assessments with the most vulnerable members of our community centered.

    b. We will reevaluate these guidelines each [insert time frame].

*These guidelines are presented in no particular order. Not all groups can employ all of these layers or all suggestions within them. Some layers require funding and resources that individuals may not be able to access alone. Please consider how your group can collaborate to pool resources or access free resources from other organizations in order to ease the burden on each individual to access each layer of protection.

EXAMPLE GUIDELINES

Proposed to a labor solidarity organizing coalition on a college campus in Boston, MA. Students within the coalition have access to some free rapid tests, but no free masks or free PCR tests. NOTE: Guidelines are adapted to students' abilities to access resources and likelihood to engage in protective behaviors outside of the group. College students generally live in close quarters and frequent high-contact environments in classrooms, etc, but do not usually have the funds to invest in expensive

protective measures. Therefore, there is heavy emphasis on resource-providing and accommodation for a lack of ability to isolate and test with ideal testing materials.

COVID Protection and Accessibility Guidelines - Spring 2023

Given that...

COVID transmission is currently higher than any wave prior to Omicron, particularly in the Northeast (see wastewater levels), even though our access to testing and reporting is lower than ever. This means, even though reported levels are likely deflated compared to actual levels, we are seeing the "ups and downs" of COVID waves trend upwards over time.

New variants are constantly evolving that have begun to evade our treatments and get better at infecting us, including the very contagious XBB1.5 that is currently hitting the Northeast hard. Unchecked spread, particularly in densely populated areas like college campuses and big cities is what leads to more variant evolution and prolongs the pandemic, even when the population is vaccinated, because vaccines protect us against severe illness and death, not against transmission.

Variant evolution has made it so that each one of our protections is less effective **on its own**. This means that individual rapid tests have a higher rate of false negatives and may not catch an infection until later, so repeat testing is recommended, and one negative result is not a guaranteed negative. Mask quality is also increasingly important, as more contagious variants need less of a viral load to infect you. This means that high-filtration masks like KF94s, KN95s, and N95s are much better protection from infection than cloth or surgical masks. As always, **something is better than nothing,** and you should use whatever tests and masks you have access to, making sure your mask fits well.

Long COVID persists as a substantial risk to anyone who gets infected (the CDC estimates 1 in 5), with most Long COVID cases occurring after "mild" infection. Long COVID can impact brain function, heart function, your immune system, your circulatory system, and more, and so far, there are no definitive treatments. Access to Long COVID healthcare, particularly among student populations and marginalized worker groups, can be difficult.

Despite this, Northeastern, following CDC protections rollbacks on the tail end of the Omicron wave in early 2022, has taken away our access to free PCR testing, safer indoor air (mask mandates), knowledge of our campus infection rates (public testing dashboard), isolation housing, and hybrid access to our classes, all of which put us at greater risk of infection without our input (see rollback emails). Many of us have already been infected due to these policy rollbacks, which damages our immune systems and, with each subsequent infection, increases our risk of severe outcomes.

HOWL directly works with and stands in solidarity with NEU workers who in many cases are at greater risk of severe and/or long-term consequences of COVID infection (decreased access to healthcare due to lack of benefits, income, older and disabled workers).

HOWL should aim to prioritize accessibility in our organizing and apply our understanding of how labor justice intersects with all other issues of marginalization, particularly disability and health justice. This includes making our meetings/events as safe as possible for disabled and immunocompromised

organizers and workers, all those who can't afford isolation/treatment if they get sick, and all who wish to participate in organizing without risking long-term health and economic consequences.

PROPOSALS:

1. Thursday discussion meetings will be fully virtual, while Friday working meetings will take a hybrid format (breakout groups on Zoom can collaborate with in-person groups).
2. For all meetings, events, and gatherings related to HOWL that are not fully virtual, we will take the following precautions to protect ourselves, our community, and our mission:
    1. Make all possible in-person events/gatherings hybrid accessible and dedicate an online facilitator.
    2. Folks experiencing any symptoms of illness will be asked to stay home and/or attend virtually instead (even if COVID negative). Those with a recent exposure to COVID (sharing air with someone confirmed positive) should stay home.
    3. Students should make use of the four free rapid tests per week afforded to us through the Curry Student Center Crossroads (front desk down the steps and through the sliding doors). Before HOWL gatherings, attendees should test 24 hours prior to the event and again directly prior. Swabbing both nose & throat can decrease the chance of false negatives, but testing should be used as one of multiple layers of protection. (Here is a helpful guide on swabbing for rapid tests)
    4. HOWL members should wear the highest-quality mask they can access that fits well at all times while gathering indoors. We will provide KN95 masks at HOWL events to reduce the cost barrier to accessing high-quality masks.
        a. This guide to masking has more info on mask FAQs and layering options, as well as info on how to reuse masks that are in good condition.
        b. Verified places to get high-filtration masks: Project N95, Bonafide Masks
    5. Meet in the most spacious and well-ventilated spaces possible. (Outdoors if possible, larger and newer spaces if not possible).
    6. Test 5-6 days after gatherings and contact the organizers of the event if you test positive or develop symptoms after a HOWL gathering, so we can notify everyone of their exposure.
        a. **Free** PCR Testing and vaccine site near campus - **CIC Health Boiling Building** https://cic-health.com/roxbury , direct sign up link: https://covid.cic-health.com/s/bAssessment?RRAccount=0014R00003IHCwq
        b. Also dorchester location https://cic-health.com/dorchester

7. If you do become sick, isolate from others to the best of your ability for at least 10 days after exposure or your first day of symptoms. Here is a helpful isolation guide to follow. Members should not attend HOWL (or ideally any) gatherings in-person until they are fully recovered **and** testing negative consecutively (for some, this may take 14+ days). We understand that university and co-op policies make this really hard, and we encourage folks to lean on us for support if needed to make that happen (we can help deliver meals to isolating folks, help with writing emails to professors, access to PCR testing, etc).

8. Keep each other informed and up to date about the state of the pandemic as best as possible and make adjustments and risk assessments with the most vulnerable members of our community centered. Reevaluate these guidelines each semester.