



# BOULDER CREST

## FOUNDATION

Boulder Crest VA  
Volunteer OnSite SOP  
COVID19 Guidelines  
Updated April 15th, 2021

Boulder Crest will be taking precautions in regards to our volunteer program during the pandemic of COVID19. Please read below the steps we are taking to ensure a safe, healthy, and virus free facility for our staff, guests, participants, and volunteers:

1. Upon arrival, volunteers must have a mask on to enter the facility, provide their **Daily Self Assessment** form to a BC staff member, and wash their hands. If you do not have a printer, please take a picture of the form and bring with you. If you are sick, have a fever, cough, or any other symptoms related to the coronavirus, PLEASE STAY HOME.
2. The Daily Assessment Form is required for each shift a volunteer signs up for at BC.
3. Volunteers in the kitchen will be required to wear masks and gloves at all times. Hair should be tied up or in a hat. If you move/walk throughout the facility, a mask is required (to leave, to go to the bathroom, replenish snacks upstairs in the lodge).
4. In order to maintain a social distance of 6 ft, there will be only one volunteer **(as of April 15th 2 volunteers during indoor shifts permitted)** and the BC chef in the kitchen at any given time. There will be NO EXCEPTION to this rule.
5. Gloves will be provided. Please bring your own mask. We will have a limited supply of disposable masks. Change gloves regularly to prevent cross contamination and the spread of germs.
6. Volunteers will be required to wash their hands every 60 minutes during their shift in the kitchen. BC will have signage in sight to remind volunteers the proper way to wash hands. [Stop the Spread of Germs](#)
7. All food and drinks will be kept behind the counter to limit communal consumption. Food will not be served buffet style. Volunteers will assist the Chef in plating and serving food. BC will use all disposable products with the exception of silverware.
8. Following FDA regulations, all prep and food areas will be cleaned and sanitized as needed during, before, and after food preparation.

9. After each meal, all high touch surfaces will be cleaned and sanitized using disinfectant and paper towels. These areas include tables, chairs, counters, faucets, lightswitches, door handles, and appliances.
10. Hand sanitizer and disinfectant wipes will be available throughout the facility and required for use when using the bathrooms.
11. All BC facilities will be cleaned and sanitized before, during, and after programs by contracted cleaners. Staff will also sanitize during the program in order to maintain a safe and virus free environment.
12. After your shift has been completed, we ask that you leave as soon as you can to avoid any overlap with other volunteers.

#### **Property Maintenance Volunteers:**

1. Please bring your **Daily Self Assessment form** and give to BC staff.
2. Bring a mask in case you need to enter the facility. A mask is not required if working outside. Please bring your own water, sunscreen, and gloves, if needed.
3. Wash hands frequently during your volunteer shift.
4. Maintain 6ft social distance during your shift.
5. After your shift has been completed, we ask that you leave as soon as you can to avoid any overlap with other volunteers.

#### **Equine Volunteers:**

6. Please bring your **Daily Self Assessment form** and give to BC staff.
7. Bring a mask in case you need to enter the facility. A mask is not required if working outside. Please bring your own water.
8. Wash hands frequently during and after your volunteer shift.
9. Maintain 6ft social distance during your shift.
10. After your shift has been completed, we ask that you leave as soon as you can to avoid any overlap with other volunteers.

#### **Cleaning Volunteers:**

1. Upon arrival, volunteers must be wearing a mask, have a completed **Daily Self Assessment Form** to give to BC staff, and wash hands immediately.
2. Gloves and masks will be worn while cleaning and disinfecting facilities at BC. BC will provide all gloves and cleaning supplies.
3. Maintain 6 ft social distance during your shift from all staff.
4. Wash hands frequently during and after your shift.
5. Please bring your own water bottle.
6. After your shift has been completed, we ask that you leave as soon as you can to avoid any overlap with other volunteers.

## **General Guidelines for Volunteers:**

**DO NOT** attempt to volunteer if you have:

- Have experienced symptoms that could be related to COVID-19 in the last 14 days.

[Feeling Sick?](#)

- Been in contact with anyone who has COVID-19 in the last 14 days
- Traveled to any foreign country in the last 14 days
- Been on a cruise or been in an airport in the last 14 days
- Been to an event where more than 50 people were in attendance in the last 14 days

**DO NOT** consider volunteering if you live with or are in frequent contact with people in the higher-risk categories for the virus.

If you have any questions, please contact Carrie Nelson, [carrie.nelson@bouldercrest.org](mailto:carrie.nelson@bouldercrest.org).

Boulder Crest takes maintaining a safe & healthy workplace seriously. We also want to respect your privacy. We are not doing temperature checks which are, or have been done, in other businesses.

We ask each person who comes to work each day at Boulder Crest to complete a self-check before they come into any of our work sites. If you work remotely, you do not need to complete this self-check when you are not at a work site. However, if you are coming into any BC facility the self-check is required.

### How it works

**Review yourself over the most recent 24 hours by answering the statements below.**

For example, if you normally are short of breath because you are trying to lose weight or walking excessively causes this, you would mark no for item 3 below. But, if you **developed** shortness of breath in the **last 24 hours**, you would mark yes for item 3 below.

**If you answered No to items 1 – 11 and Yes to item 12, then come to work and bring this with you. When you arrive to work turn this in to your supervisor or other designated employee/area.**

**If you answered Yes to any of items 1 – 11; before your start time, call your supervisor immediately to review your ability to come to work.**

- |     |     |    |  |
|-----|-----|----|--|
| 1.  | Yes | No | I have a fever of 100.4 or higher.                               |
| 2.  | Yes | No | I have a cough.  |
| 3.  | Yes | No | I have shortness of breath.                                      |
| 4.  | Yes | No | I have respiratory difficulties.                                 |
| 5.  | Yes | No | I have chills.   |
| 6.  | Yes | No | I have repeated shaking with chills.                             |
| 7.  | Yes | No | I have a headache.   |
| 8.  | Yes | No | I have muscle pain.  |
| 9.  | Yes | No | I have a new loss of taste or smell.                             |
| 10. | Yes | No | I am sick.   |
| 11. | Yes | No | I have been exposed to someone who has COVID-19 or its symptoms. |
| 12. | Yes | No | I am fit to work.  |

I attest that my responses above are true and accurate.

Name: \_\_\_\_\_

Please sign

