

Extension Program Guidance & Approval

June 1, 2020

As an employee or volunteer with UW-Madison, Division of Extension, your health and that of program participants are of utmost importance.

By following best practices, we hope to offer more opportunities for participants to interact face-to-face within the parameters provided by public health officials.

This form is designed to provide guidance, support program planning, and obtain approval for holding a program or event. Please review the form and complete it to the best of your ability. If you have any questions please work with your supervisor, Extension Educator or Area Director.

Please provide additional details of the facility layout that are important to consider while programming. Include details regarding shared use facility space and any safety protocols partner sites have implemented:		
Shared Equipment		
To the extent possible, reduce the need for sharing equipment during programming. Will there be any shared equipment provided during programing (e.g. tools, electronics, art/craft supplies)? No		
☐ Yes, we will be assigning individuals their own equipment		
☐ Yes, we will be sharing equipment between individuals (for example expensive tools, electronics)		
If shared equipment is needed, please provide a list of all necessary equipment/supplies you will be providing, how you will handle materials to limit sharing, and the protocols in place to thoroughly sanitize between uses.		
Personal Protection Equipment (PPE)		
☐ Hand sanitizing equipment (soap and water preferred, hand sanitizer with at least 60% alcohol, tissues		
and no-touch trash cans) will be readily available and frequently used. □ Signs will be posted on how to stop the spread of COVID-19 (We will be developing and distributing		
appropriate signage for use at events; if needed prior to them being available, please use the link below, additional languages are found on the CDC website).		
CDC "Stop the Spread of Germs" poster		
 CDC "Detenga la propagación de gérmenes" (Spanish Language) □ Individuals will be asked to wear protective <u>face coverings</u>, and a supply of disposable masks will be 		
available for those who do not bring theirs. This is required for enclosed spaces.		
 Note: some individuals may choose not to wear a face covering due to medical concerns. Gloves will be used when the nature of the work requires such (e.g. gardening, food service). Note in most cases, wearing gloves is not necessary. 		
Please describe additional considerations for necessary protective equipment:		

Foods		
Will there be food present during the event/programming?		
 □ No □ Yes - Participants will be asked to bring their own. Participants will be notified to clearly label their 		
 Yes - Participants will be asked to bring their own. Participants will be notified to clearly label their bottles and containers. 		
☐ Yes, we will be providing pre-packaged foods, purchased from a store or caterer, under the following		
conditions: o Individuals will only eat and drink their own food and beverages (no sharing outside of		
individuals/households)		
 There are no common source touch points like reaching for a slice of pizza, grabbing cookies out of a jar or package, shared pouring of beverage containers, or reaching into a cooler, etc. Staff will use gloves when handling ready-to-eat foods (including ice). Disposable plates, cups, and utensils will be utilized. 		
If you are providing food, please describe how this is important to the planned programming:		
Social Behaviors/Interactions		
Marketing & Registration		
There is a pre-registration process for the activity to manage the numbers of participants and learn about any accommodations needed to keep them safe.		
□ Prior to the event, attendees receive information on standards or practices that may be required of		
them to participate as indicated by nature of activity, including a disclaimer or accommodations for		
participants who are considered at high risk themselves or if they live or work with individuals at high		
risk. □ Event registration includes the following language:		
UW-Madison Division of Extension faculty, staff and volunteers may require that program		
participants leave a program, based on health concerns associated with COVID-19.		
□ Consider and communicate any staggering of arrival and drop off times to limit contact between groups		
as possible □ Registrants will be informed to stay home when:		
They are experiencing any of the symptoms of COVID-19 or have had known contact with anyone		
with COVID-19 in the last 14 days.		
☐ There are plans in place and shared with registrants regarding cancellation and a refund policy.		
Please provide any additional information about recruitment and registration for your event:		
Transportation		
Will participants be responsible for their own transportation?		
☐ Yes, Participants are responsible for their own transportation.		
 No, the program will be responsible for arranging transportation (e.g. bus) that allows physical distancing and wearing of face coverings. 		
 Confirm transportation company thoroughly cleans before and after each use. 		

Please detail why providing transportation is necessary and additional safety planning:		
Partic	cipant Arrival	
	Sanitizer will be available at the door for use upon arrival and departure and participants are directed to use.	
	Onsite signage reminds participants to stay home if exposed to COVID-19 or experiencing symptoms, and to maintain physical distancing (suggested postings are being developed for use at events; if needed prior to them being available, please create signage as required in consultation with appropriate Extension personnel).	
	There is a "check-in" process in place and identify trained person(s) who will be responsible for the following:	
	 verifying or supplying proper face coverings confirming health status by asking participants if they are experiencing any of the symptoms of COVID-19 (see addendum). And, if any question is answered yes, politely informing them not to attend or participate in the meeting/activity and to contact a healthcare provider. using the registration form to complete the attendance of everyone that was at the event/activity directing where to wait until activity starts to ensure social distancing, etc. 	
Durin		
	Social distancing (6 feet) will be maintained throughout the event. (You may need to be creative with different ice-breaker activities, rollcalls, etc.)	
	There is a plan to minimize contact between groups.	
	All participants will be reminded to practice good hygiene by avoiding touching their face, mouth, nose, and eyes, and covering coughs and sneezes.	
	Program timeframe will not exceed 2 hours. Longer contact times increase potential exposure, maximize time in large outdoor spaces if possible.	
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	Everyone will be required to wash their hands or uses hand sanitizer prior to leaving.	
	If your program involves younger children, there is a plan to maintain distancing after the meeting and	
Please	while waiting for pick-up/transitions to ensure the safety of the children. provide additional details on managing contact between participants and groups during the event:	
Post	-Event	
	Person responsible for the event will complete the participant contact form and submit a copy to the	
П	Extension Educator (if volunteer led) or to a supervisor/Area Extension Director (for employees) If you learn that a staff member, volunteer or program participant has tested positive for COVID-19, you	
	agree to consult <u>CDC guidelines</u> and contact your <u>local health department</u> to discuss the appropriate management of potentially exposed staff and community members, and to determine additional cleaning and planning for future gatherings. Cooperate fully with state and local health department contact tracing efforts.	

Please provide any other details or considerations:		
My signature indicates that I agree to abide by the saf	ety requirements as outlined in the plan.	
Person Submitting the Plan (Signature):	Date:	
Phone Number:	Email:	
Signatures in this section indicate that I have reviewed	d and approved the plan.	
Program Educator, if volunteer event (Signature):	Date:	
Phone Number:	Email:	
Supervisor/Area Director (Signature):	Date:	
Institute Director (Signature):	Date:	