

## **General Personnel**

### **RETURN TO SCHOOL HEALTH SCREENING AND COVID-19 SICK LEAVE POLICY (EMPLOYEES)**

During a state of emergency due to the COVID-19 pandemic and while the District remains in Phase 1, 2, 3 or 4, the District requires all employees to undergo a daily health screen before entering any District Building.

The District will require daily health screening for all employees before entering the school building. This may be in the form of a self-certifying Health Screen Form completed at home, temperature testing and screening at school, or both. This policy lays out the procedures for both options, as guidance is rapidly changing, and the District will notify employees of the screening requirements and any changes.

#### **At Home Screening**

Prior to entering any District building, all employees must complete and submit the District's Health Screen Form (a copy attached as **Exhibit A**). This form shall self-certify that the employee does not have a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius, is not exhibiting any of the known COVID-19 symptoms, and has not been in close contact with someone who has tested positive for COVID-19. The known COVID-19 symptoms are fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea. The employee's temperature must be taken daily and recorded on the District's Health Screen Form.

#### **At School Screening**

1. **Prior to Entry Screening.** ~~Prior to~~ Upon entry into the District building, all employees must have their temperature taken. ~~Employees will have their temperature taken at the front office and may be asked questions about their health. Staff will self-certify and take their own temperature before entering the building or immediately upon arrival.~~
2. **Exhibiting Symptoms Screening.** Any employee exhibiting any COVID-19 symptoms while on District property shall have their temperature taken by school nurse or designee and asked questions about their health and symptoms.

#### **Presenting with Symptoms**

Any employee exhibiting COVID-19 symptoms or having a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius shall not enter District buildings and must remain at home or will be sent home.

If an employee has been sent home after exhibiting COVID-19 symptoms, the employee cannot return to school until after the employee has been fever free without fever reducing medication for 72 24 hours. Any employee exhibiting COVID-19 symptoms cannot return to school until they have a doctor's authorization and have been symptom free of all communicable illnesses for 72 24 hours in accordance with CDC guidelines. The doctor's authorization can be in the form of a

negative COVID-19 test, a positive test for a disease other than COVID (i.e. the employee is suffering from a sinus infection) or another medical explanation ruling out COVID-19. A negative COVID-19 test result can be provided to the appropriate administrator or nurse in the form of verbal or written confirmation from the Illinois Department of Public Health or the Boone County Health Department. If an employee is exhibiting COVID-19 symptoms and has not been tested, the employee must isolate for a minimum of 10 days and be symptom free for at least 24 hours before returning to school.

If an employee exhibits any symptoms of a communicable illness while at school, they will be immediately quarantined (to the extent possible) or sent home.

#### Sharing of Health Information

The District may share health screening information as necessary to protect the health and safety of employees in the District. If an employee tests positive for COVID-19 and the District determines that there is an articulable and significant threat to the health or safety of students or employees at the District, the District may disclose, without prior written consent, identifying information about the employee to the Illinois Department of Health and the county health department. Additionally, the District will need to engage in contact tracing and the District will notify other parents and employees that an employee has tested positive for COVID-19, but will not reveal the identity of that employee without consent or unless it is absolutely necessary to protect the health or safety of employees or other individuals. Unless necessary to protect the health or safety of employees or other individuals, the District shall keep employees health information confidential.

#### Isolation and Quarantine

Employees who have tested positive for COVID-19 should isolate at home for 10 days and must be fever-free and symptom-free for 24 hours without fever-reducing medication.. Employees who have had close contact with someone who is suspected to have COVID-19 should quarantine until a negative test result is received. Employees who have had close contact with an individual who has tested positive for COVID-19 should quarantine at home and monitor for symptoms for 14 days. The District may, in its discretion, allow an employee to return to work earlier with a doctor's authorization and symptom free of all communicable illnesses for 72 24 hours in accordance with CDC guidelines. Close contact means the individual was within 6 feet of the individual who tested positive for COVID-19 or is suspected of having COVID-19 infection for more than cumulative 15 minutes within 24 hrs. Employees cannot return to school unless they meet the criteria of this policy.

If the employee is able, remote teaching will be expected will be available consistent with the District's Remote Learning Plan.

Adopted: August 18, 2020

Exhibit A

## Self-Certifying Health Screening Form

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Temperature: \_\_\_\_\_

1. Have you or anyone in the household experienced any cold or flu-like symptoms in the last 72 hours (fever, cough, shortness of breath, vomiting, loss of taste or smell or other respiratory problem)

\_\_\_\_ YES      \_\_\_\_ NO

2. Have you or anyone in your household been in close contact with or cared for someone with COVID-19 within the last 14 days?

\_\_\_\_ YES      \_\_\_\_ NO

3. Has the employee taken any fever reducing medication within the last 24 hours in order to alleviate a fever?

\_\_\_\_ YES      \_\_\_\_ NO

4. Has the employee had a temperature greater or equal to 100.4 Fahrenheit within the last 72 hours?

\_\_\_\_ YES      \_\_\_\_ NO

I certify that the above statements are true and accurate.

Signed: \_\_\_\_\_