

Staff Return to Work Guide: Covid-19

AUGUST 14, 2020

School District of Janesville
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In the event a staff member has a direct contact with a confirmed positive COVID-19 person, or has their own positive COVID-19 test result, the employee should:

(A) contact their principal or supervisor

(B) contact Rock County Health Department at (608) 757-5440.

The Health Department, using contact tracing guidelines, will follow up with all direct contacts and provide that person with guidance on home quarantine practices. The County will then stay in contact until it is decided that it is safe to discontinue quarantine. Time frames for quarantine will vary.

Per Rock County Health: “It is our responsibility to follow up, or assign a contact tracer to follow up, with positive cases and contacts of those cases. Once school resumes, we will need the help of the school nurse, teachers or other support staff to help identify who close contacts would be within the areas the positive student or staff were in.”

Upon receiving proof of a positive test result, the district will rely on the return to work expectations per the Health Department and Physician for each individual case. There are certain circumstances in which the district may have employees self-quarantine prior to receiving a positive diagnosis from the health department or physician on a case-by-case basis.

Close Contact: Definition

Someone who was within 6 feet of an infected person for at least 15 minutes in a 24 hour timeframe starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.

What if I need time off due to COVID?

FFCRA (Families First Coronavirus Response Act) provides 10 days paid leave implemented by the Federal Government. This does not come out of vacation leave or accumulated sick leave. There are criteria and proof of need required to qualify for FFCRA. Each case is evaluated and leave is determined through the Benefits Department.

Sick Bank 1 and 2 - Sick leave accrued prior and/or after July 1, 2015 was previously only used for FMLA and purchase of additional months of health insurance coverage in retirement. The Employee Handbook explicitly states that these days can also be used “for other qualifying events approved by the district.” The district determined that COVID-19 related illness is a qualifying event, and therefore will open bank 2 for the same criteria as FFCRA.

Vacation - Employees are able to use vacation time to cover COVID-19 related leave.

Work from Home - If an employee is required to Quarantine and is able to work from home they are able to do so without penalty of used FFCRA/Sick time/Vacation. Each situation will be reviewed by the Benefits Department.

ADA - If an employee is medically compromised and is requesting accommodations due to high risk health conditions related to COVID-19, the district will do everything it can to accommodate. Each employee’s case is reviewed on a case-by-case basis and determination of accommodation are made through the Benefits and HR Departments. It should be noted that an employee in this category must medically certify their need for accommodation through their physician.

Please do not hesitate to contact Tina Johnson – 608-743-5022 office or 608-289-7307 cell.

In case you missed the Board Meeting on 7/14/2020, here is a link to the clip that speaks on this:

<https://drive.google.com/file/d/1KZ6jqGRJik02Pv38FuqlwJCJXFT8GYnb/view?usp=sharing>

If requesting accommodation to reduce the risk of exposure to COVID-19, the district will require documentation from a medical provider in order to establish your right to receive accommodation under the ADA.

FAQ

Should I file for ADA? If you have a medical condition that puts you at high risk as declared by a physician please have a conversation with him/her, then contact the Benefits Department for further options and direction.

Will I be able to enroll for short term disability? No, the enrollment window is closed and cannot be reopened until next year.

Would critical care insurance cover any related illness to COVID-19? The Critical Illness policy will only pay for specific ailments. Infectious and contagious diseases are not covered.

Who would pay for COVID-19 testing? COVID-19 testing is covered at 100% by all medical facilities.

Are masks required? Yes. Progressive discipline will be enforced for people who are non-compliant.

If a staff member is transferred, due to staffing/enrollment needs OR an accommodation, to another school in August are they guaranteed their position back for the 2021-2022 school year?

The district will do what it can to place the staff member back to their original position and building (2019-2020 building), however, we cannot guarantee that the staff member will be placed back into their 2019-2020 assignment. This is due to the unknowns of enrollment and student distribution. As with every year, this will be reviewed during staffing. When possible, if additional staff are needed to be hired, the district will be using Limited Term contracts in the event that we do need to fill a face-to-face position. If staff members have questions about their staffing assignment and or accommodation, please contact Scott Garner.

SCENARIOS FOR REQUESTING LEAVE DUE TO COVID-19

1. If requesting leave due to an alleged quarantine or isolation order, provide the name of the government entity that issued the quarantine or isolation order and documentation regarding the quarantine or isolation order.
2. If requesting leave because employee has been advised by a healthcare provider to self-quarantine due to COVID-19 related concerns, including a possible diagnosis, employee must provide the name (including phone number, address and/or hospital) of the healthcare provider who advised self-quarantine and documentation provided by the healthcare provider related to their advice.
3. If requesting leave because employee must care for an individual who is subject to a quarantine or self-isolation order or has been advised by a healthcare provider to self-quarantine due to COVID-19 related concerns employee must provide the individual's name and relationship to employee and either:
 - (A) the government entity that issued the quarantine or isolation order to which the individual is subject or
 - (B) the name of the healthcare provider (including phone number, address and/or hospital) who advised the individual to self-quarantine.
4. If requesting leave due to child care needs, please provide the name of the daycare provider and closing dates, and documentation regarding the closing. OR if requesting to take leave under expanded family and medical leave to care for employee child, employee must provide the following information:
 - (A) the name of the child being cared for
 - (B) the name of the school, place of care, or childcare provider that closed or became unavailable due to COVID-19 reasons
 - (C) a statement representing that no other suitable person is available to care for the child during the period of requested leave. If your child is older than 14, you must provide a statement as to why, during daylight hours, you are unable to work or telework.
5. If requesting leave due to an alleged pre-existing condition ie., auto immune, mental health, immunodeficiency etc., please provide documentation from medical care providers as to medical conditions and accommodations/restrictions the employee may need for ADA requirements.
6. Please be aware, despite the scenarios, each request we receive for leave related to COVID-19 will need to be individually examined and reviewed on the facts and circumstances of each case.

Request for Leave Under the Families First Coronavirus Response Act

Employee Name: _____ Position _____

Hrs. Worked/Week _____ Hire Date _____ Phone Number _____

I, _____ hereby request a leave from work under FFCRA for the following time frame:

State Date _____ End Date _____

This leave will be: Consecutive _____ Intermittent _____ Combination _____

Reason for Leave Request (check applicable reason):

- _____ Government Self-Isolation or Quarantine Order
- _____ Healthcare Provider Advised Self-Quarantine due to COVID-19
- _____ Care for Individual Whose Healthcare Provider Has Advised Self-Quarantine due to COVID-19 or the Individual is Subject to a Government Self-Isolation/Quarantine Order
- _____ Child's School, Daycare and/or Caregiver is Unavailable
- _____ Pre - existing Conditions - ADA requirements

Please provide a brief explanation and supporting documents of the inability to work or work remotely:

Employee Signature _____ Date _____

Please return completed form to Tina Johnson in the Benefits Department.

The length of time an employee may be eligible for leave shall be consistent with the requirements of the FFCRA and other applicable State or Federal Regulations and/or district policies.