

EMPLOYEE PROCESS MAP FOR COVID-19

Updated December 8, 2020

SITUATION	Employee tests positive for COVID-19 with or without symptoms	Employee reports having direct contact* with a confirmed COVID-19 case (Includes those within their home)	Employee begins to have symptoms of COVID-19 and cannot pass the daily self-screening	Employee reports someone in their home or workplace was exposed to someone who tested positive or has symptoms
ACTION	Employee does not report to work and should self-isolate and avoid public spaces for 10 days since testing positive or onset of symptoms	Employee does not report to work and should self-isolate, self-monitor, and avoid public spaces for 14 days. If symptoms develop, employee should contact their primary care physician.	Employee does not report to work and should see primary care physician. If positive test, follow steps in blue column . If negative test, follow the guidance of your primary care physician.	If the "someone" at home or in the workplace is not symptomatic, continue working (no need to self-isolate). If you become symptomatic, follow steps in orange column .
COMMUNICATION	Employee must report this information to their supervisor or principal and provide test results. Employee qualifies for 10 days of FFCRA leave.	Employee must report this information to their supervisor or principal and provide positive test results of the direct contact. Employee qualifies for 10 days of FFCRA leave.	Employee should inform their supervisor. Employee may be eligible for FFCRA depending on results of the COVID-19 test	Employee should inform their supervisor.
INSTRUCTION	When employee returns to work, he/she must sign the COVID Leave Form (see immediate supervisor for directions)	When employee returns to work, he/she must sign the COVID Leave Form (see immediate supervisor for directions)	If employee tests positive, he/she must sign the COVID Leave Form upon returning (see immediate supervisor for directions). If employee tests negative, any missed days will be taken from employee's personal sick leave.	Continue to watch for symptoms. Situation does not qualify for FFCRA Leave.
RETURN	<p>All the following requirements must be met:</p> <ul style="list-style-type: none"> -Isolate for 10 days from onset of symptoms -At least 24 hours have passed since resolution of fever without fever-reducing medications -The individual has improvement of symptoms -Clearance from CCPH clearing the individual to return to school 	<p>OPTION 1- Return <u>after</u> day 7 if NO SYMPTOMS developed and -Obtain a negative COVID-19 test result with proper documentation (Test not to be performed prior to Day 5), and -Mask and self-monitor through day 14</p> <p style="text-align: center;">OR</p> <p>OPTION 2- Return <u>after</u> day 10 if NO SYMPTOMS developed and -Mask and self-monitor through day 14</p> <p style="text-align: center;">OR</p> <p>OPTION 3- Return <u>after</u> day 14 if NO SYMPTOMS developed</p>	<p>-Obtain documentation from a doctor clearing the individual for return based on an alternative diagnosis</p> <p style="text-align: center;">OR</p> <p>-Obtain a negative COVID-19 test result with proper documentation</p>	Employee continues to report for work and complete daily self-assessment

*Direct contact is defined as being directly exposed to infectious secretions (e.g. being coughed on), being within 6 feet of infected person for 15 or more minutes, or living in the same household as infected individual.

(See back of form for a quick reference symptoms list)

BHISD STAFF SELF-ASSESSMENT List of COVID Symptoms:

**ALL EMPLOYEES ARE REQUIRED TO COMPLETE THIS SELF-ASSESSMENT DAILY
BEFORE REPORTING TO WORK**

(Are you experiencing any of the following symptoms in a way that is not normal for you?)

- Fever equal to or greater than 100°F
- Chills/muscle aches
- Headache (new onset or severe headache)
- Diarrhea
- Cough (new cough or uncontrolled cough that causes difficulty breathing)
- Shortness of breath/difficulty breathing
- Loss of taste or smell
- Sore throat
- Unusual fatigue
- Congestion or runny nose
- Nausea/vomiting or abdominal pain
- Someone in my household has tested positive for COVID-19 in the past 14 days

If you answered yes, please contact your supervisor immediately as well as your primary care physician.