HUNTINGDON COUNTY
Career and Technology Center

● 11893 Technology Drive ● P.O. Box E● Mill Creek, PA   17060-0905
Phone: (814) 643-0951 ● Email: admin@hcctc.org ● Website: www.hcctc.org

Training Tomorrow's Workforce Today…

Huntingdon County Career & Technology Center
COVID SYMPTOM
RETURN TO BUILDING PROCEDURE
Effective July 1st, 2020

EXPOSED means that the person was within 6 feet of a confirmed/suspected case for 10 or more minutes without wearing a mask. "Confirmed/suspected case" used in this definition can mean another employee, a family member, a friend, or any other person that the employee has come into contact with.

CLARIFICATION POINT - If an employee was within 6 feet of a confirmed or suspected case for 10 or more minutes, but was wearing a mask, are they considered an exposed case? or Maybe – this depends on who was wearing a mask - [My mask protects you and your mask protects me]:

♣ If the suspected or confirmed case was wearing a mask but the potentially exposed case was not, then the potentially exposed case will not be deemed an exposed case. HOWEVER, the potentially exposed case should monitor symptoms for 14-days, wear a mask, and social distance;

♣ If the potentially exposed case was wearing a mask but the suspected or confirmed case was not, then the potentially exposed case is deemed an exposed case.

♣ If both the suspected or confirmed case and the potentially exposed case were wearing masks, then the potentially exposed case will not be deemed an exposed case. HOWEVER, the potentially exposed case should monitor symptoms for 14 days, wear a mask, and socially distance.

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Exposed Student
- Report exposure to Pandemic Coordinator and Administration immediately.
- Remove individuals from student program till full cleaning can occur.
- Have student report to the quarantine room.
- Contact parents or guardians to pick up and remove students from the school.

Exposed Faculty
- Report exposure to Pandemic Coordinator and Administration immediately.
- Remove individuals from Instructors' programs till full cleaning can occur.
- Have faculty member leave the building
- Faculty must follow quarantine procedures

Exposed Staff
- Report exposure to Pandemic Coordinator and Administration immediately.
- Conduct full CDC recommended cleaning of the office area.
- Have staff member leave the building
- Staff must follow quarantine procedures

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SYMPTOMATIC is defined as having a temperature greater than 100.4 and additional COVID-like Symptoms, whether at home or at the HCCTC, which are new or not explained by another reason:

- **Fever, Chills, or Repeated Shaking/Shivering**
- **Cough**
- **Sore Throat**
- **Shortness of Breath, Difficulty Breathing**
- **Feeling Unusually Weak or Fatigued**
- **New Loss of Taste or Smell**
- **Muscle pain**
- **Headache**
- **Runny or congested nose**
- **Diarrhea**

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Symptomatic Student
- Report exposure to Pandemic Coordinator and Administration immediately.
- Remove individuals from the student program till full cleaning can occur.
- Have students report to the quarantine room.
- Contact parents or guardians to pick up and remove students from the school.
- Students will be required to contact a health provider for further treatment or follow quarantine procedures.

Symptomatic Faculty
- Report exposure to Pandemic Coordinator and Administration immediately.
- Remove faculty from the program till full cleaning can occur.
- Contact program Para educator for coverage outside of the classroom area.
- Have faculty leave the building as appropriate or contact a guardian.
- Staff will be required to contact a health provider for further treatment or follow quarantine procedures.

Symptomatic Staff
- Report exposure to Pandemic Coordinator and Administration immediately.
- Remove staff from the office till full cleaning can occur.
- Arrange coverage from another area if feasible
- Have staff leave the building as appropriate or contact a guardian.
- Staff will be required to contact a health provider for further treatment or follow quarantine procedures.

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COVID POSITIVE is defined as a person that has received notification from a health professional of a COVID positive test result.

COVID Positive Student
- Report exposure to Pandemic Coordinator and Administration immediately.
- Remove all individuals from the program area till full cleaning can occur.
- Complete contact tracing to determine if the student has been exposed in the building
- If Yes, Follow COVID Closure Procedures.

COVID Positive Faculty
- Report exposure to Pandemic Coordinator and Administration immediately.
- Remove all individuals from the program area till full cleaning can occur.
- Complete contact tracing to determine if the Faculty has been exposed in the building
- If Yes, Follow COVID Closure Procedures.

COVID Positive Staff
- Report exposure to Pandemic Coordinator and Administration immediately.
- Remove all individuals from the exposed office area till full cleaning can occur.
- Complete contact tracing to determine if the staff has been exposed in the building
- If Yes, Follow COVID Closure Procedures.

COVID Positive Visitor
- Report exposure to Pandemic Coordinator and Administration immediately.
- Complete contact tracing to determine if the visitor has been exposed in the building
- If Yes, Follow COVID Closure Procedures.

COVID Positive Home School Not HCCTC Student
- Report exposure to Pandemic Coordinator and Administration immediately.
- Complete contact tracing to determine if the student has been exposed to students in the building
- If Yes, Follow COVID Closure Procedures.

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Quarantine Procedures

Asymptomatic – Includes travel outside of the state of Pennsylvania to a red zone state listed on the PA Department of Health website at the time of travel or a red zone within the state of Pennsylvania.

- Remain home till a NEGATIVE Test result can be reported to the Administration OR 10 days free of any symptoms.
- **FACULTY** - Contact your Para educator in order to coordinate from home instruction via ZOOM or other video based format.
- **STAFF** – Coordinate telework duties with your supervisor. Staff deemed to have essential duties with no telework options may be permitted to return to work but will be required to wear a face covering at all times.
- **STUDENT** – required to complete virtual assignments and lecture with the instructor.

Symptomatic – Includes fever of higher than 100.4, shortness of breath, cough accompanied with any of the following: chills, muscle pain, sore throat, headache loss of taste, and shaking.

- Contact a health care provider for COVID screening test
- Remain home till a NEGATIVE Test result can be reported to the Administration OR 10 days free of any symptoms.
- **Faculty / Staff:** Arrange days off with Administration to verify correct usage of employee days and follow appropriate procedures for reporting off, employee portal records, and substitute arrangements.
- **Students**: Arrange for missed work with instructors. All make up work policies apply**.**

COVID Positive

- Arrange days off with Administration to verify correct usage of employee days and follow appropriate procedures for reporting off, employee portal records, and substitute arrangements.
- The Employee should be directed not to return to work until the appropriate Return to Work procedure has been met. The District should determine the best course of action to document how the communication occurred: phone call, email, mail, or text message.

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Return to Work:

If a test is made available and the Employee was showing symptoms:
- The Employee may return to work if the Employee receives two (2) consecutive negative tests, at least 24 hours apart, AND at least three (3) days have passed since resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath).
- Employee communicates their lack of symptoms, and attaches a doctor's note evidencing the 2 negative tests by filling out the Verification Form.

If a test is made available and the Employee was NOT showing symptoms.
- The Employee may return to work if the Employee receives two (2) consecutive negative tests, at least 24 hours apart. Employee attaches a doctor's note evidencing the 2 negative tests by filling out the Verification Form.
- If a test is NOT made available and the Employee had symptoms:
  - The Employee may return to work if 10-calendar days have elapsed since symptom onset AND at least three (3) days have passed since resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Employee communicates their lack of symptoms by filling out the Sample Verification Form.
- If a test is NOT made available and the Employee did NOT have symptoms:
  - The Employee may return to work if 10-calendar days have passed since the date of their positive test result AND at least three (3) days have passed since resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Employee communicates this by filling out the Verification Form.

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Leave Designations:
- From the first day of being directed not to come into work until the returns to work, the following rules apply:
- The FFCRA requires Districts to provide its employees with two (2) weeks of paid sick time above and beyond any paid leave time the District may already be providing. Specifically, this new allotment of paid sick time must be provided to the extent an employee is unable to work (or telework) due to a need for leave because:
  - The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID–19.
  - The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
  - The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis.
  - The employee is caring for an individual such as a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.
  - The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

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COVID Closure Procedures

Closure mandated by the State:

- Online Virtual learning would take effect immediately
- All students, faculty and staff would be expected to follow state guidelines for closure.
- Guidance for learning will be provided through Website, Facebook, Sendit Notifications and individual program guidance.
- Cleaning of the entire facility would take place once the state has authorized reentry.

Closure due to a HCCTC COVID positive case:

- Online Virtual learning would take effect once it is determined return to the facility cannot take place swiftly.
- All students, faculty and staff would be expected to follow HCCTC guidelines for closure and virtual learning.
- Guidance for learning will be provided through Website, Facebook, Sendit Notifications and individual program guidance.
- Cleaning of the entire facility would take place once the Administration and the Pandemic Team has authorized reentry.

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CLOSURE Cleaning Procedures

Once an employee is determined to be a suspected or confirmed case, the HCCTC will implement the following cleaning protocol:

- Close off any area visited by the suspected or confirmed case;
- Open outside doors and windows and use ventilation fans to increase air circulation in the area;
- Clean and disinfect all areas visited by suspected or confirmed case – wait a minimum of 24 hours before cleaning and disinfecting;
    - First, clean the surface, area, or object with soap and water.
    - Second, disinfect using an EPA-approved disinfectant.
    - If it has been seven (7) calendar days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary.
    - Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

CLARIFICATION POINT: If an employee is a confirmed or suspected case and it was determined that the employee was in every room of a building, does the District need to shut the entire building down and follow the cleaning/disinfecting procedure for every room?
- Yes; because the employee is suspected/confirmed, and was in every room, s/he may have exposed every room to the virus.
- However, if the suspected/confirmed employee was only in select rooms of the building, only the select rooms need to follow the above guidance.

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COVID Return to Work Verification Form

SECTION ONE: SYMPTOMS

I, _____, attest to the following:

SYMPTOMATIC INDIVIDUAL

_____ I have had no fever for at least three (3) days without taking medication to reduce fever during that time.

> **Temperature:**
> Date of last fever of 100.4 degrees or higher: _____
> (write N/A if no symptoms were present)

_____ My new and unexplained COVID-Like symptoms have improved.

> **Respiratory symptoms** (cough and shortness of breath):
> Date respiratory symptoms began improving: _____
> (write N/A if no symptoms were present)

ASYMPTOMATIC EXPOSURE

_____ I have had none of the following symptoms related to COVID-19 since I was exposed. *Fever, Chills, or Repeated Shaking/Shivering, Cough, Sore Throat, Shortness of Breath, Difficulty Breathing, Feeling Unusually Weak or Fatigued. New Loss of Taste or Smell, Muscle pain, Headache, Runny or congested nose, Diarrhea*

> Date of Exposure: _____

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SECTION TWO: COVID Testing

I, _____, attest to the following:

___ I have received two (2) COVID-19 tests within 24 hours of each other and both tests have been negative. (Attach a letter for a physician indicating that two (2) tests have been conducted and that both tests are negative for COVID-19)

        Date and time of first test: _____

        Date and time of second test: _____

____ At least ten (10) days have passed since my fever and/or respiratory symptoms began.

        Date fever and/or respiratory symptoms began: _____

___ At least ten (10) days have passed since receiving a COVID-19 positive test.
        Date positive test: _____

By signing I certify that for the next fourteen (14) days, I will abide by all HCCTC protocol including wearing a face covering and abide by social distancing guidelines while working in addition to reporting any additional symptoms that occur to administration immediately.

Employee name: _____

Employee signature: _____

Today's date: _____

Date returned to work: _____