

# **COVID-19 Staff Prevention Protocols**

### Conduct a Daily Self-Health Assessment Before Entering the Building

- Temperature check If above 100° Do not enter the building-past Check Point
- If you experienced any of the following symptoms, that are unusual for you, in the last 14 days <u>Do not enter the building</u>:
  - Cough
  - Difficulty breathing or shortness of breath
  - Sore throat
  - Chills and body aches
    - -If any of the above symptoms:
      - You are requested to stay home
      - If employee can perform their duties remotely, they may work remotely
      - Employee is directed to contact their personal Health Care Provider for assessment

Headache

Diarrhea

New loss of taste or smell

Nausea or vomiting

• In the past 14 days, if you have: tested positive for COVID-19; been in close contact with anyone who displays the known symptoms above or of COVID-19; have travelled outside the United States or to any high-risk locations; or been in close contact with anyone who travelled to high-risk locations. Please contact your immediate supervisor.

## **Physical Distancing**

- Stay at least 6 feet from other people to the maximum extent possible
- Do not gather in large groups, please observe social distancing
- Stay out of crowded places and avoid mass gatherings

### **Protecting Self and Others**

- Until further notice, when out of your immediate work area (walking in the halls, etc.), masks/face shields may be worn at all times
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands frequently with water and soap for at least 20 seconds; especially:
  - after going to the bathroom
  - before eating
  - after blowing your nose, coughing, or sneezing
  - after touching surfaces in commonly used areas and/or touching shared items
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry
- Cover coughs and sneezes with a tissue, then throw the tissue in the trash. If tissues are not available, cough or sneeze into the inside of your elbow

### **Sanitation**

• Using RUSD provided sanitizer, all work surfaces to be cleaned and disinfected.

#### **COVID-19 Staff Prevention Protocols Document**

• The COVID-19 Staff Prevention Protocols and Temperature Check documents will be kept confidential, except under the request of a Public Health Official

### **Return to Work After Symptoms:**

Written certification from a medical practitioner that the staff member is:

- Fever-free and has been completely symptom free (no coughs, chills, COVID-19 symptoms, for at least three (3) days, and/or;
- At least ten (10) days have passed since the onset of symptoms and/or;

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physic	cian to return to school is provided and/o	r;
	rming that the staff member can return to ny lingering symptoms, if applicable, are	school, that the staff had a negative test for COVID-19, ar not the result of a contagious illness.
	elow, I certify that I will abide by the in	formation in this COVID-19 Staff Prevention Protocols der request of a Public Health Official.
Signat	ture	Date
Signati		Date

<sup>\*</sup>Please return this form completed and signed to your site or department office staff or Administrator.