

To keep you and all our employees safe, we are following local health department recommendations and requiring that every employee be assessed for COVID-19 symptoms and risk factors each day before entering our facilities.

Employees are REQUIRED to assess themselves for symptoms of COVID-19 **before reporting to work** for each work shift. Regardless of self-assessment results, if you feel that you have symptoms related to COVID-19, please contact a healthcare professional.

The self-assessment below should be completed on all days you are scheduled to work at a Center or facility where we are operating, such as a classroom in an elementary school. Employees should ask themselves the following self-assessment questions:

1. Since my last day of work, have I had any of the following:

- A new fever (100.4°F or higher) or a sense of having a fever?
- A new cough that cannot be attributed to another health condition?
- New shortness of breath that cannot be attributed to another health condition?
- New chills that cannot be attributed to another health condition?
- A new sore throat that cannot be attributed to another health condition?
- New muscle aches (myalgia) that cannot be attributed to another health condition or specific activity (such as physical exercise)?

If symptoms such as shortness of breath are due to a known, non-worsening chronic condition, answer “No”.

If an employee answers “Yes” to any of the screening questions before reporting to work, the employee should stay home and not report to work. Stay at home until you receive advice from a medical professional.

2. In the past 14 days, have you:

- Been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

If an employee answers “Yes” to this question, please do not go into work. Self-quarantine at home for 14 days. Contact your primary care physician’s office for testing information.

Sick employees MUST check-in with their supervisor. Please notify your supervisor if you are unable to report to work OR believe you need to leave work before your work shift ends.

Sick employees should not return to work until they have met the criteria to discontinue home isolation.



If I stay at home, when can I return to work and discontinue home isolation?

Situation One

I think or know I had COVID-19, and I had symptoms

You can return to work after:

- 3 days with no fever (without the use of fever-reducing medication) **and**
- [Symptoms](#) improved **and**
- 10 days since symptoms first appeared

Depending on your healthcare provider’s advice and availability of testing, you might get tested to see if you still have COVID-19. If you are tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

Situation Two

I tested positive for COVID-19 but had no symptoms

If you continue to have no symptoms, you can return to work after:

- 10 days have passed since test

Depending on your healthcare provider’s advice and availability of testing, you might get tested to see if you still have COVID-19. If you are tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.

If you develop symptoms after testing positive, follow the guidance above for Situation One “I think or know I had COVID, and I had symptoms.”

Situation Three

For Anyone Who Has Been Around a Person with COVID-19

It is important to remember that anyone who has close contact with someone with COVID-19 should stay home for 14 days **after exposure** based on the time it takes to develop illness.



Safety practices for our workplaces with staff on-site during the COVID-19 pandemic

- Before entering a facility, an employee must complete and pass the self-assessment testing (see preceding Questions 1 and 2).
- Before entering a facility, an employee must be wearing their face mask.
- Upon entering a facility, an employee must notify the front desk so their attendance at that location can be logged.
- Upon entering a facility, an employee needs to wash their hands before proceeding to perform their work duties.
- While in a facility, an employee will:
 - Wear their face mask.
 - Maintain 6 feet of distance between people.
 - Wash hands frequently throughout the day.
- It is recommended to not share equipment. If this is not possible, employees should wash their hands before and after using shared equipment. Clean and sanitize equipment between uses.
- Do not shake hands or hug people, and do not share food or drinks.
- Sanitize your work area before you leave.
- Contact your supervisor and leave work if you start to feel feverish or have respiratory symptoms.
- Follow all requirements put forth by executive orders, executive directives, VA DSS and VA Department of Health.

Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



Statement of Understanding

By signing below, I agree I understand the expectations and guidelines outlined above and will adhere to them. I understand I have the opportunity to ask my supervisor questions to clarify portions I do not understand prior to signing. I understand if I have questions, at any time, regarding rules, regulations, or policies, it is my responsibility to seek clarification from my immediate supervisor. I understand any violation the Children's Center expectations or policies will result in disciplinary action, up to and including termination.

Printed Full Name: _____

Signature: _____ Date: _____

