

COVID-19 RELATED ILLNESS- DEFINITIONS [Students & Staff]

CONFIRMED CASE

- The individual was tested for COVID-19 virus and learned that the test result was positive for COVID-19, regardless of whether there were symptoms.

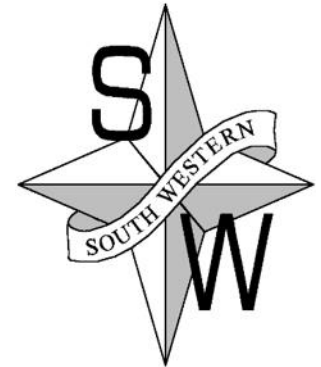
SUSPECTED CASE

- The individual has any one of the following signs or symptoms, whether at home or in the District, which are new or not explained by another reason:
 - Cough
 - Shortness of Breath
 - Difficulty Breathing
 - New Loss of Taste or Smell
- The individual has any TWO of the following signs or symptoms, whether at home or in the District, which are new or not explained by another reason:
 - Fever (100.4 or higher)
 - Sore Throat
 - Runny or Congested Nose
 - Chills
 - Muscle Pain
 - Nausea or Vomiting
 - Headache
 - Diarrhea

If it is determined that an individual who is a suspected case has been in contact (within 6 feet for 15 minutes) of a confirmed case, then that individual is considered a **Probable Case**

CONTACT

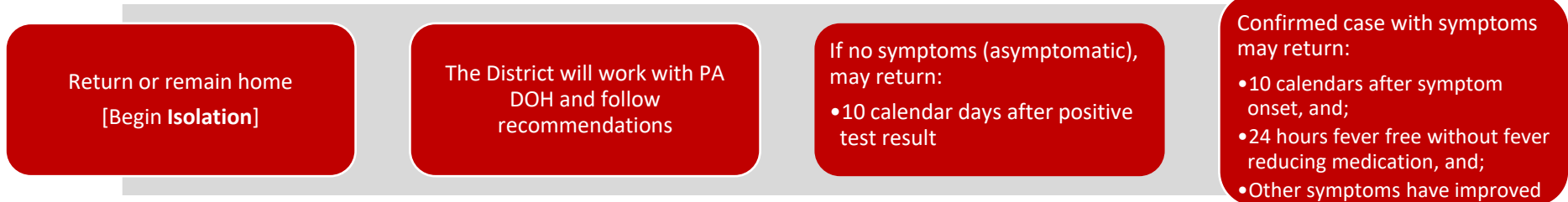
- The individual was within six (6) feet of a confirmed or probable case for more than 15 minutes over a 24 hour period.
- Confirmed/Suspected individual could be someone from home, in the District, or in the community.



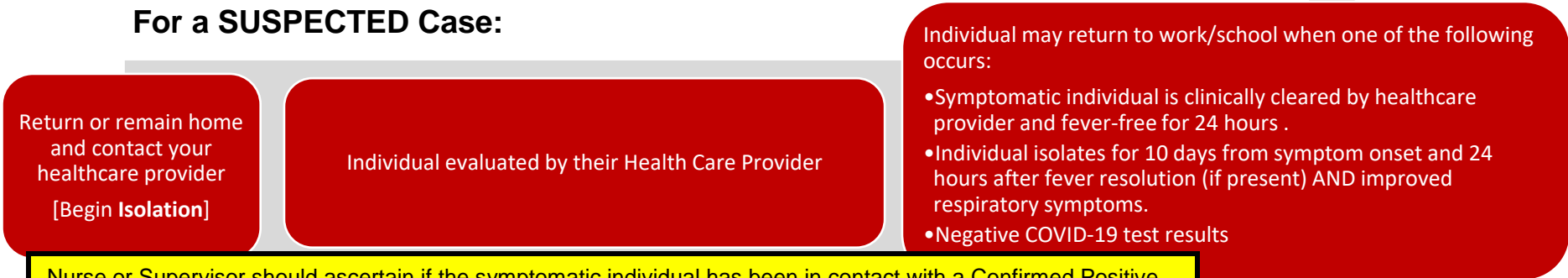
Once it is determined that an individual is a Confirmed Case, Suspected Case, or Contact (Exposure), utilize the following flow charts to determine appropriate course of action. For staff members, refer to the **COVID-19 Case Notification Protocol & Return-to-Work Procedures**.

COVID-19 RELATED ILLNESS: WHAT TO DO [Students & Staff]

For a CONFIRMED Case:

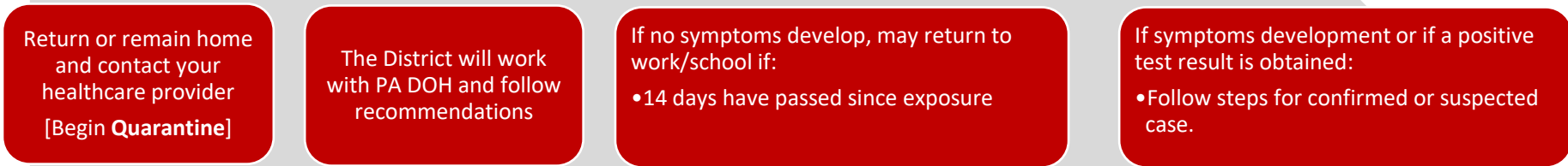


For a SUSPECTED Case:

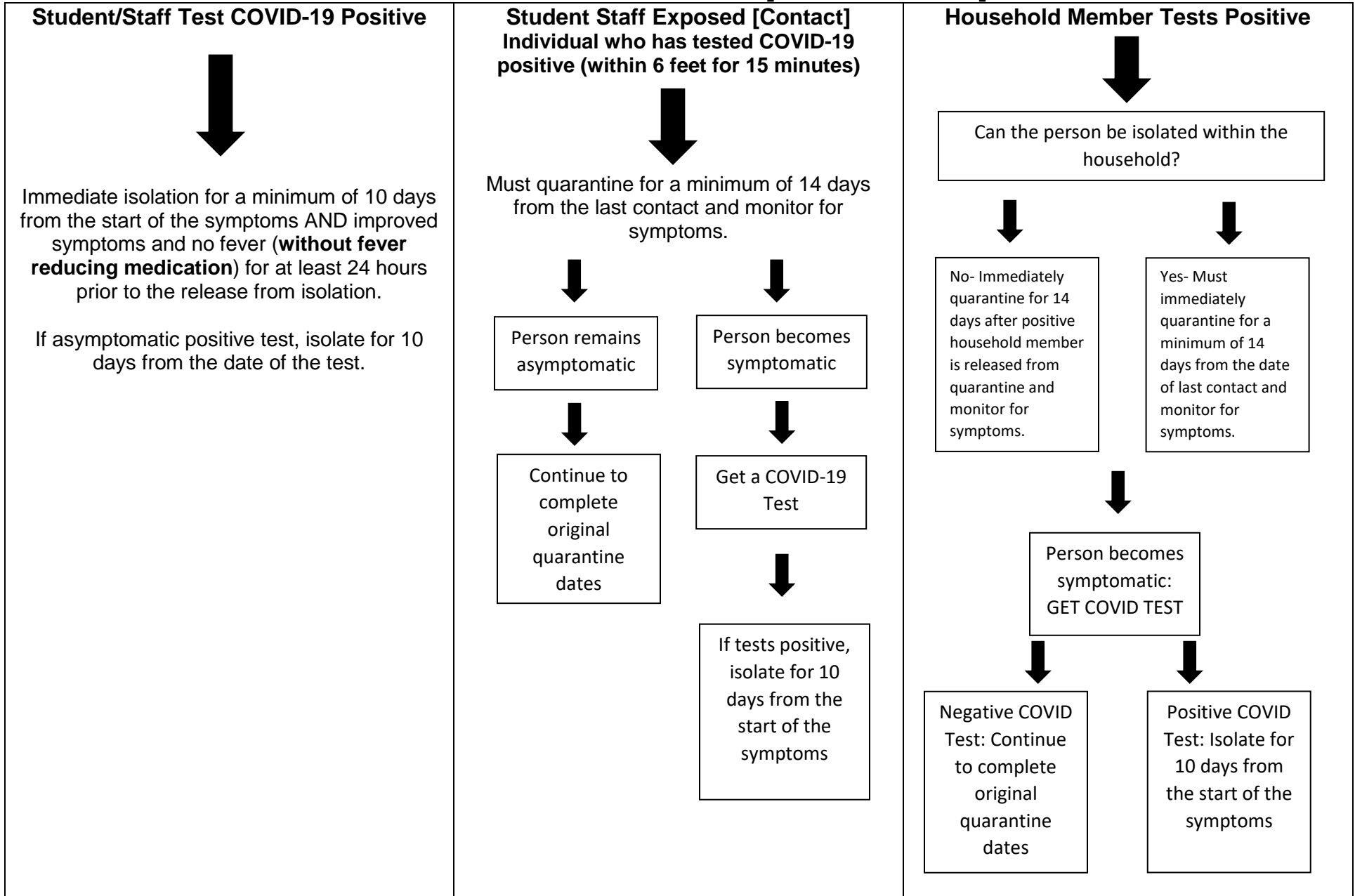


Nurse or Supervisor should ascertain if the symptomatic individual has been in contact with a Confirmed Positive Case within the past 14 days. If it is determined that an individual who is a suspected case has been in contact (within 6 feet for 15 minutes) of a confirmed case, then that individual is considered a **Probable Case**. **Probable Cases** will be reported to the Department of Health and **contacts of Probable Cases** should quarantine.

For a CONTACT:



SWSD COVID-19 Flowchart [Students & Staff]



Questions to Ask by Administration and/or Nurses

Confirmed Case (Requires notification to Department of Health):

1. At any time while on District property within two (2) weeks prior to receiving your test, or first becoming symptomatic- which ever occurred first, were you (or your child) at any time within six (6) feet of anyone for a period of 15 minutes or longer over a 24 hour period? If so, who were you in contact with?
2. When did you (or your child) receive the positive test result?
3. When did you (or your child) begin experience symptoms?

Suspected Case:

1. Which of the following symptoms are you (or your child) experiencing: Fever (100.4 or higher); Chills/Shivering/Shaking; Cough; Sore Throat; Shortness of Breath/Difficulty Breathing; Feeling Unusually Weak or Fatigued; New Loss of Taste or Smell; Muscle Pain; Headache; Runny/Congested Nose; Diarrhea?
2. Are these symptoms new or related to any non-COVID disability/illness? (This should be verified by individuals Health Care Provider and ultimately it is the Health Care Provider who will determine if symptoms are reasonably explained by a non-COVID disability/illness)
3. At any time while at work or on District property within two (2) days prior to experiencing these symptoms, were you at any time within six (6) feet of anyone for a period of 15 minutes or longer over a 24 hour period? If so, who were you in contact with?
4. Have you or your child been in contact with anyone who is a known confirmed/positive COVID case within the past 14 days? (It is critical that this question is asked. Answering 'yes' would make the Suspected Case a Probable Case and would result in notification to the Department of Health)

Contact:

Ask the following questions when an employee discloses that they have been exposed to a Confirmed or Suspected case:

1. How do you know that the person you were exposed to is a Confirmed or Suspected case? What symptoms are showing? Has a test been completed?
2. Were you within six (6) feet of the Confirmed or Suspected case for at least 15 minutes over a 24 hour period?
3. For contact with a suspected case: Has the individual who is symptomatic been in contact in the past 14 days with a Confirmed case?

When informing an employee they are an exposed case due to the District being made aware of a Probable or Confirmed case:

1. The questioning about social distancing will be conducted with the individual who is the Probable or Confirmed Case.
2. Do not question the employee who is the Contact about their contact/proximity to specific students or employees in order to protect the confidentiality of the individual who is a Probable or Confirmed Case.

IMPORTANT NOTE

When questioning employees, DO NOT ask the employee specific disability-related questions:

- **Example of Appropriate Questioning:** Have you experienced shortness of breath before due to any other illness or disability? For example, if you have asthma, you may have shortness of breath due to that. Please only answer yes or no, you do not need to disclose what disability or condition you may have.
- **Example of Inappropriate Question:** Do you have asthma that causes the shortness of breath?

Employee COVID-19 Scenarios: Leave Options

Leave Options → Scenario	Emergency Sick Leave (FFCRA)	Expanded FMLA (FFCRA)	Sick Days	Personal Days	Vacation Days	Work-From-Home (Remote Work)	Unpaid Leave of Absence
Employee Tests Positive for COVID-19	✓	✗	✓	✓	✓	If services can be delivered/essential functions can be performed through WFH arrangements, and employee determines they feel well enough to work.	✓
Employee is exhibiting COVID-19 symptoms (i.e. Suspected Case)	✓ (If seeking medical diagnosis/directed by health care provider to quarantine)	✗	✓	✓	✓	If services can be delivered/essential functions can be performed through WFH arrangements, and employee determines they feel well enough to work.	✓
Employee has been exposed to a positive or probable COVID-19 case but is not sick.	✓	✗	✓	✓	✓	If services can be delivered/essential functions can be performed through WFH arrangements.	✓
Employee has a household member who has tested positive for COVID-19, but employee can avoid further close contact.	✓ (If caring for sick family member)	✗	✓ (If caring for sick family member)	✓	✓	If services can be delivered/essential functions can be performed through WFH arrangements.	✓
Employee has a household member who has tested positive for COVID-19, and employee cannot avoid further close contact.	✓ (If caring for sick family member)	✗	✓ (If caring for sick family member)	✓	✓	If services can be delivered/essential functions can be performed through WFH arrangements.	✓
A household member of employee exhibited COVID-19 symptoms but tested negative.	✗ (May use FFCRA for any days while awaiting test results, but not after negative test received)	✗	✓ (If caring for sick family member)	✓	✓	If services can be delivered/essential functions can be performed through WFH arrangements.	✓
A household member of employee has been exposed to COVID-19 but is not symptomatic	✓	✗	✗	✓	✓	✗	✓

Employee COVID-19 Scenarios: Leave Options (Cont.)

Leave Options → Scenario	Emergency Sick Leave (FFCRA)*	Expanded FMLA (FFCRA)*	Sick Days	Personal Days	Vacation Days	Work-From-Home (Remote Work)	Unpaid Leave of Absence
Employee has a child whose daycare or school is closed due to COVID-19, or child's school is fully remote and there is no one to care for child.	✓	✓	✗	✓	✓	If services can be delivered/essential functions can be performed through WFH arrangements while caring for child.	✓
I have traveled to an area outside of PA, specifically an area on the DOH's recommended quarantine list.	✗ (Would be eligible if recommended quarantine becomes a mandated order)	✗	✗	✓	✓	If services can be delivered/essential functions can be performed through WFH arrangements	✗

*FFCRA Leave Notes:

FFCRA Qualifying Reasons	Payment Information
1. Subject to a federal, state, or local quarantine order.	100%, up to \$511 daily and \$5,110 total
2. Has been advised by a health care provider to self-quarantine related to COVID-19.	100%, up to \$511 daily and \$5,110 total
3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis.	100%, up to \$511 daily and \$5,110 total
4. Is caring for an individual subject to a federal, state, or local quarantine or isolation order related to COVID-19, or who has been advised by a health care provider to self-quarantine related to COVID-19.	100%, up to \$200 daily and \$2,000 total
5. Is caring for a son or daughter*** whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons.	Up to 12 weeks of paid sick leave and expanded family and medical leave (FMLA) paid at 2/3 for up to \$200 daily and \$12,000 total
6. 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 Secretary of Labor	100%, up to \$200 daily and \$2,000 total

Additional FFCRA Information:

- For all qualifying reasons, FFCRA covers a maximum of two weeks (80 hours or a part time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage
- FFCRA leave does not count towards service time for PSERS.
- FFCRA applies through December 31, 2020.

***Son or daughter is defined as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is under 18 years of age or older and is incapable of self-care because of mental or physical disability.

