

# Guidance for Staffing Decisions Related to COVID-19 for QCSD Employees/Contractors

In the last 14 days, have you or a member of your household experienced any of the following COVID-19 symptoms, unrelated to a chronic or pre-existing condition you may have (such as seasonal allergies, asthma, etc.)?

## Group A (1 or more symptoms):

- Cough
- Shortness of breath
- Difficulty breathing
- New loss or altered sense of taste or smell

## Group B (2 or more symptoms):

- Fever (100.4° or higher as registered prior to taking any fever reducing medication)
- Chills
- Rigors (Shivering/Shaking)
- Muscle aches or weakness
- Headache
- Sore throat
- Nausea or vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose

**YES**

- Stay home
- Separate yourself from others
- Contact your medical provider or your local health department
- Contact your Supervisor
- Contact your building CSN
- Report your absence per standard reporting protocol

**NO**

Have you been in contact with someone who has been diagnosed with or tested positive for COVID-19?

**YES**

Have you had close contact, defined as less than 6 feet apart for longer than 15 minutes, with someone who has been diagnosed with or tested positive for COVID-19?

**YES**

**NO**

**NO**

Are you currently under the direction of a state/local health department or under the order of any medical professional to isolate or quarantine because of COVID-19?

**YES**

**NO**

Have you recently been tested for COVID-19 and are still awaiting results?

**YES**

**NO**

In the last 14 days have you travelled internationally OR travelled to one of the states listed on the PA Department of Health website considered to be a 'hot spot'?

**YES**

**NO**

- Stay home
  - Separate yourself from others
  - Contact your medical provider or your local health department
  - Contact your Supervisor
  - Contact your building CSN
  - Report your absence per standard reporting protocol
- Please provide a copy of any quarantine order from your healthcare provider or local health department to Anita Kaseman, Benefits Mgr., akaseman@qcsd.org. Do not return to work until you have been approved by Anita Kaseman to do so.

- Quarantine for 14 days
  - Provide a copy of any quarantine orders to Anita Kaseman, Benefits Manger
  - Separate yourself from others
  - Contact your Supervisor
  - Contact Anita Kaseman, akaseman@qcsd.org
  - Report your absence per standard reporting protocol
- Do not return to any assignment until you have been approved by Anita Kaseman, Benefits Manger to do so.

- You may report to work
- Monitor your symptoms
- Wear a face covering, maintain social distancing, and practice good hygiene

## When Can You Return to Work If You Have Experienced COVID-19 Symptoms?

If you are experiencing symptoms, you must stay home. You may return to work when the following conditions have been met:

1. You have a note from your medical provider or local health department that documents that you are cleared to return to work.
2. The note must indicate your diagnosis, that you are symptom free of COVID-19, and that you can work full duty with no restrictions.

The note must be provided to Anita Kaseman, Benefits Manager **BEFORE** you return to work. Do not return to work until you have been approved by Anita Kaseman to do so.

