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## Staff COVID-19 Exposure

Due to the continued increase in COVID-19 cases throughout the state and region it has been determined that all staff will follow these protocols until further notice.

**Masking:** Masking is recommended but not mandatory for staff to wear. When dealing with sick students it is highly recommended to have a mask and face shield.

**Travel:** Employees who travel to an area of high COVID-19 activity or have been in contact with a possible or known COVID positive person will meet with their building principal or District School Nurse before returning to work. Staff will be asked a series of questions to determine risk. Information from the interview will recommend if the employee should be tested for COVID-19, asked to self quarantine or return to work as normal. The evaluation will follow current CDC guidelines.

**Exposure:** Staff who have had any possible exposure, at any place or time, is required to be reported as soon as possible to their building principal or District School Nurse. Exposure is defined as close contact of any person or contact with bodily fluid from a person who is infected with COVID-19 without proper appropriate protective barrier.

**Personal Illness:** Staff who experience fever (100.4 or greater), shortness of breath, chills, a new cough, sore throat, muscle aches, or new loss of taste or smell shall not be present at work and immediately be excused from the workplace.

Staff may return to work after:

- Resolution of fever for 48 hours without the use of fever-reducing medications.
- Improvement in respiratory symptoms ( e.g. cough, shortness of breath)



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## COVID-19: Employee screening Questionnaire by Building Principal or District School Nurse

This screening is intended to evaluate employees that may have had close contact or suspected contact or exposure to COVID-19 and/or employees that have been more than 100 miles away from the school they are employed in and in areas of escalating COVID-19 cases.

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Position \_\_\_\_\_

Do you have any of the following?

Circle

Y N Fever (100. 4 F or chills)

Y N Cough

Y N Shortness of breath or difficulty breathing

Y N Muscle or body aches or headache

Y N New loss of taste or smell

Y N Sore throat

Y N Nausea or vomiting or diarrhea

Y N In the past 14 days have you been in close proximity to anyone who has experienced any of the above symptoms?

Y N In the past 14 days have you been in close proximity to anyone who has tested positive to COVID-19?

Y N Have you been tested for COVID-19 and are waiting results?

Y N In the past 14 days have you been a region of the United States experiencing a spike in COVID-19? Region \_\_\_\_\_

Y N In the past 14 days have you been in a crowd situation such as a restaurant, sporting event, concert, large family event? Did you wear a mask? Y N

Recommendations: \_\_\_\_\_

\_\_\_\_\_

Resolution/Date: \_\_\_\_\_