

## **Employee Notification and Exposure Screening During COVID-19 Pandemic**

### *Notification of Pandemic Prevention Precautions*

On March 11, 2020, the World Health Organization declared the Coronavirus Disease 2019 (COVID-19) to be a global pandemic and, on March 13, 2020, the President of the United States declared a national emergency with respect to this dangerous virus. On March 6, 2020, the Governor of the State of Indiana declared a public health emergency within Indiana. To reduce and slow the spread of COVID-19, the Centers for Disease Control and Prevention and the Indiana State Department of Health recommend implementation of mitigation strategies, which will be implemented and enforced by the School Corporation, including, but not limited to:

- Frequent hand washing using soap and warm water for at least 20 seconds
- If soap and water aren't available, using a hand sanitizer that contains at least 60% alcohol.
- Coughing and sneezing into elbows or a tissue/handkerchief
- Avoid touching eyes, nose, and mouth with unwashed hands.
- Self-quarantine at home as much as possible
- Maintain physical distance between yourself and other people of at least 6 feet at all times
- Do not use other employees' phones, electronic devices, or other office supplies
- Cover mouth and nose with a cloth face cover while around others
  - The cloth face covering is meant to protect other people in case you are infected
  - Do not place face coverings on children under age 2, anyone with trouble breathing, or unable to remove the mask without assistance

**Failure to follow these mitigation strategies, to the extent possible in the workplace, will result in discipline, up to and including termination of employment/cancellation of contract. While these mitigation measures will likely reduce the spread of COVID-19 in our facilities, we cannot guarantee that you (or anyone you come into contact with) will not be, or otherwise, become infected with COVID-19.**

*(See next page for COVID-19 exposure screening)*

*Individual Exposure Screening*

**We request that you complete this questionnaire, which will be solely used to determine whether health and safety restrictions should be implemented with respect to your presence at our facilities, and such information will be otherwise maintained as confidential.**

- 1) Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 in the past 14 days? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- 2) In the past 48 hours, have you experienced any of the following NEW symptoms:  
Fever of 100F or above: Yes \_\_\_\_\_ No \_\_\_\_\_  
New uncontrolled cough that caused difficulty breathing : Yes \_\_\_\_\_ No \_\_\_\_\_  
Sore Throat: Yes \_\_\_\_\_ No \_\_\_\_\_  
Loss of Taste or smell: Yes \_\_\_\_\_ No \_\_\_\_\_  
Diarrhea, vomiting, or abdominal pain: Yes \_\_\_\_\_ No \_\_\_\_\_  
New onset of severe headache, especially with a fever: Yes \_\_\_\_\_ No \_\_\_\_\_
  
- 3) Have you recently been in close contact with anyone who has exhibited any symptoms or tested positive for COVID-19? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- 4) Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including China, Italy, Iran, and countries in Europe. Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Name:

Employee Signature:

Date Submitted:

**Following the initial submission of this questionnaire, each employee is required to do a self-temperature check before every shift. Any change in responses/symptom status must be reported to the employee's supervisor *immediately*.**