The coronavirus pandemic has resulted in changes in the way we live on a day to day basis. From a District perspective, the way we operate today is completely different from the norm. This guide is intended to provide a source of information for staff as it relates to practices, policies, and procedures related to COVID-19. Please keep in mind that the situation is ever-evolving and this document will continue to be updated as necessary. As information changes frequently, employees are encouraged to visit the sites directly for the most up-to-date information from the Governor, the Centers for Disease Control (CDC), the Minnesota Department of Health (MDH) and the Minnesota Department of Education (MDE). Please refer to the agencies directly for the most current information.

What is Coronavirus/COVID-19?
COVID-19 is a viral respiratory illness caused by a coronavirus. Many cases have mild or moderate illness that do not require treatment and most do not require hospitalization. Those at highest risk for severe illness include older people or those that have certain underlying health conditions. These include such high-risk conditions as a blood disorder, chronic kidney disease, chronic liver disease, compromised immune system, late term or recent pregnancy, endocrine disorders, metabolic disorders, heart disease, lung disease, neurological conditions.

According to CDC, patients with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. People with these symptoms or combinations of symptoms could have COVID-19:

● Cough
● Shortness of breath or difficulty breathing

Or at least two of these symptoms:

● Fever
● Chills
● Repeated shaking with chills
● Muscle pain
● Headache
● Sore throat
● New loss of taste or smell

Preventing Coronavirus
Measures to avoid contracting the Coronavirus and avoiding the spread from others who unknowingly have the virus are strongly encouraged. Please keep in mind the highest risk of transmission is less than six feet for more than 10 minutes.
COVID-19 PREVENTION

PRACTICE GOOD HYGIENE

- Wash your hands frequently for 20 seconds or more.
- Avoid touching your eyes, nose, mouth and face.
- Cough and sneeze into the bend of your elbow or a tissue.
- Practice social distancing.
- Disinfect surfaces like doorknobs, tables, and desks regularly.

STAY HOME IF...

- You are feeling sick
- You have a sick family member at home

TAKE CARE OF YOUR EMOTIONAL AND MENTAL WELL-BEING
In addition, the CDC newly recommends & encourages the wearing of cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission. This is in light of new evidence that indicates that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms.

The use of simple cloth face coverings will help to slow the spread of the virus. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure. The school district is actively seeking public donations of cloth face masks, and will distribute them to staff as they are received.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. MDH generally recommends that mask wearing for children (age two and older) be optional; as most children don’t wear them well.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

It is critical to emphasize that maintaining 6-feet social distancing remains important to slowing the spread of the virus. NOTE: There is a shortage of PPE (personal protective equipment) including a shortage of masks. Hence the CDC and MDH encourage the public to make their own masks. This link gives detailed instructions in how to do so.


How to Wear & Care for Cloth Face Coverings

Cloth face coverings should—
- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

Do:
- Wash HANDS before putting on a mask, then avoid touching your face while wearing the mask.
- Wash hands immediately after removing.
- PLACE your used face mask into a baggie and put into your pocket / purse when intermittently not using during the day.
- Wash routinely depending on the frequency of use.
  - Machine washing is preferable to hand washing; daily washing is recommended.

Do NOT:
- Place your used face mask on a food surface.
- Allow children or others to handle your used face mask.
- Touch your eyes, nose, and mouth when removing their face covering
COVID-19 Exposure
The District will partner with and follow the recommendations of the Minnesota Department of Health (MDH) in addressing confirmed and presumed COVID-19 cases.

COVID-19 EXCLUSION GUIDANCE
Decision Tree for Symptomatic Individuals in Schools & Childcare Programs

Send home or deny entry if ANY of the following symptoms are present:
fever (100.4°F or higher); new onset or worsening cough; or shortness of breath

<table>
<thead>
<tr>
<th>Has the person been clinically evaluated?</th>
<th>Has the person been clinically evaluated?</th>
<th>Has the person been clinically evaluated?</th>
<th>For a person not clinically evaluated who is monitoring symptoms at home</th>
<th>For a person not clinically evaluated who is monitoring symptoms at home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab confirmed COVID-19</td>
<td>Clinically diagnosed COVID-19</td>
<td>Alternate clinical diagnosis or laboratory confirmed condition (e.g., norovirus, hand/foot/mouth)</td>
<td>If ANY of the following symptoms: fever, new onset or worsening cough; or shortness of breath</td>
<td>Other symptoms not consistent with COVID-19 (diarrhea, vomiting, rash only)</td>
</tr>
<tr>
<td>MDH will provide instructions to the individual &amp; household contacts about when it is safe to return to work/school</td>
<td>Stay home at least 7 days or for 3 days with no fever &amp; improvement of respiratory symptoms – whichever is longer.</td>
<td>Follow provider directions/recommended treatment &amp; return guidance</td>
<td>Follow the Infectious Diseases in Childcare Settings and Schools Manual (<a href="https://www.hennepin.us/daycaremanual">https://www.hennepin.us/daycaremanual</a>)</td>
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</tr>
</tbody>
</table>

Minnesota Department of Health
Infectious Disease Epidemiology, Prevent and Control Division
www.health.state.mn.us | 651-201-5414 | 1-877-676-5414
4/2/2020

* Siblings & household members also stay home for 14 days
al [Green box] = COVID-19
al [Blue box] = Other symptoms
IN YOUR HOUSEHOLD

Lab confirmed
If you or someone in your household is determined to be a close contact of a lab confirmed case of COVID-19, the Minnesota Department of Health (MDH) will speak with you directly about staying home for 14 days after exposure.

IN YOUR HOUSEHOLD

Without lab confirmation:
If you were exposed to a close contact (e.g., household or intimate contact) who was diagnosed with COVID-19, but not laboratory confirmed, it is still important that you monitor your health for 14 days after that exposure.

● Please stay at home as much as possible.
● For those required to go to work:
  o It would be optimal for direct child care providers or food service preparation staff to stay home for 14 days, or to be reassigned to other work.
    ▪ If you are assigned other work, but become symptomatic, go home and follow below “Do Not Return to Work” guidance.
  o Employees who do not provide direct child care or food preparation may come to work if feeling well, but are encouraged to monitor health and avoid long conversations and groups of people.
    ▪ If you become symptomatic, go home and follow below “Do Not Return to Work” guidance.

AT WORK

Clinically Diagnosed Exposure
If you are exposed to someone at work who was clinically diagnosed with COVID-19:

● If you have no symptoms, you may still go about normal activities, but continue to monitor your health.
● Only the person diagnosed must quarantine for 14 days.
● MDH considers exposure to clinically diagnosed individuals on a case-by-case basis dependent upon the closeness of contact and duration of contact.
● Contact your primary health care provider or the MDH Covid-19 Hotline at 651-201-3920 or 1-800-657-3903 if you have questions or are in need of further guidance.
● MDH states that risk of transmission to you should be low IF you were following the recommendations of:
  o social distancing,
  o frequently washing hands,
  o not touching face,
  o wearing a cloth face mask, and
  o staying home if feeling ill.

Contact with someone who was exposed
If you are exposed to someone who has been exposed to COVID-19:
● If you have no symptoms, you can still go about normal activities.
● MDH does not consider contacts of contacts to be at increased risk for COVID-19.
RETURN TO WORK GUIDANCE

Do Not Return to Work until:

● You have been fever-free for three full days without taking fever reducing medication
● Seven full days have passed since the first day of symptoms onset.
● Parents of children who are symptomatic
   o Stay home as much as possible.
     ▪ Siblings & household members stay home for 14 days.
     ▪ Why longer?
       ▪ The purpose is to monitor the transmission in the household, it may take longer to display symptoms.
       ▪ If other household members do develop symptoms, then they do the 7 days stay at home.
● If you have symptoms and can manage those symptoms at home, you don't have to seek health care or be tested for COVID-19.
   o Just stay home while you are sick.
   o This prevents you from accidentally spreading COVID-19 to others who may be at higher risk for serious complications.
● If you are older or have underlying medical conditions, it may be helpful to let your healthcare provider know you are sick. They may have some specific advice for you.
● Some people with COVID-19 have worsened during the second week of illness.
   o Seek medical care right away if your illness is worsening (for example, if you have difficulty breathing).
   o Before going to the doctor’s office or emergency room, call ahead, tell them your symptoms, and follow their guidance.
● If you have symptoms of illness (including fever, muscle aches, sore throat, and headache), you should stay home for at least 7 days, and for 3 days with no fever and improvement of respiratory symptoms—whichever is longer.
   o Your fever should be gone for 3 days without using fever-reducing medicine.
   o For example, if you have a fever and coughing for 4 days, you need to stay home 3 more days with no fever for a total of 7 days. Or, if you have a fever and coughing for 5 days, you need to stay home 3 more days with no fever for a total of 8 days.
● Please stay home if you are experiencing symptoms. If you report to work and are demonstrating symptoms and report to work, you may be asked to go home.

Please note that some employees may experience symptoms consistent with COVID-19 that may be attributed to other conditions such as seasonal allergies. While we must all be diligent in controlling the spread of COVID-19, please be cautious in making assumptions.

It is important to understand that personal health information is private. If you are considered to have been in close proximity to an employee or child who has tested positive or is experiencing symptoms consistent with COVID-19, MDH will guide the District on any action required.

During these stressful times, please remember the importance of maintaining a working environment where all individuals are treated with respect and dignity.
Managing Stress and Anxiety
The outbreak of coronavirus disease 2019 (COVID-19) is stressful. Fear and anxiety in this situation can be overwhelming and cause strong emotions in all of us. How we respond can vary depending on our culture, our background, our personalities, and the communities in which we live. It is natural to feel stress, anxiety, grief, and worry during this time.

We recognize that these are uncertain times and employees are concerned for their personal health and safety, as well as the health and safety of their coworkers, friends, and family. We encourage all employees to also take care of their mental health during this time. The District’s Employee Assistance Plan provides employees access to no-cost confidential help with a variety of concerns such as depression, stress management, anxiety, financial or legal concerns, etc. You may reach out any time at 866.451.5465 or by visiting www.niseap.com.

Working During School Closure
The District’s goal is to continue to maintain the regular number of hours and earnings for staff during the closure. In order to accomplish this goal to the extent possible, employees may be required to perform tasks outside the scope of their normal responsibilities. In order to provide the mandated services, the Executive Orders suspend all provisions regarding:

- limitations on the District’s ability to determine employee work schedules and hours of work; notice periods for changes in work schedules, work hours, or work locations,
- limitations on supervisor rescission of vacation approval, seniority requirements for filling vacancies, reassignment, or distribution of overtime or one-call work;
- seniority requirements for filling vacancies, reassignment, or distribution of overtime or on-call work;
- restrictions on appointment, assignment or reassignment; and
- notice requirements for seasonal layoff and recall.
- For the duration of the peacetime emergency, employees are subject to the scheduling and assignment decisions and work direction of the District.

In effort to limit the number of employees in our buildings, some employees who can effectively perform the duties of their position off-site will work remotely. In effort to limit exposure to those who must report to work on-site, employees who are working remotely are asked to:

- limit visits to schools and/or offices as much as possible
- avoid bringing additional visitors to District sites
- practice preventive measures when on District property.

In order to satisfy our obligations under the Governor’s Executive Orders, certain positions must continue to report work on-site, such as:
- Building Administrator(s)
- Building Clerical (minimum one/building)
- Building Engineers, custodians, maintenance, transportation, etc.
- District Nursing staff
- Child Nutrition
- Paraprofessionals
- Payroll/Finance
- Others as needed
We understand that employees have concerns about working during this time. Employees with underlying health conditions that may impact their ability to perform their job duties should provide written medical documentation from a healthcare provider to Human Resources (See Leave Options below).

According to the Department of Labor, those without underlying health conditions who refuse to report to work or perform tasks without providing substantiation as to a need for some type of reasonable accommodation, could be deemed insubordinate and subject to disciplinary action.

Child Care
Screening Procedures
Per guidance from the Minnesota Department of Health, children and childcare staff will be screened each day before entering our emergency childcare centers. The purpose is to identify and slow the spread of illness in our community and keep our students and staff healthy. Non-childcare center staff may request, but are not required to be screened by a nurse in the school health office.

NOTE: SICK PARENTS should not bring their children to the school child care center.

Screening process:

- Wash hands before and after screening a child or staff, wear gloves, eye protection and mask. (mask per MDH 4-8-2020; eye protection per MDH 4-15-2020) Eye protection may be prescription glasses and/or additional eye protection barrier (e.g., face mask with eye shield, safety glasses) per personal preference.
- Ask parents/guardians to take their child’s temperature before arriving, if able.
  - Confirm that the child does not have fever, shortness of breath or cough.
- If temperature was not taken at home, screen for fever.
- Clean thermometer between persons being tested.
- Oral thermometer and/or ear thermometer
  - use a new probe cover for each person, dispose of probe cover after each use.
- Forehead thermometer
  - clean the scanner tip with alcohol wipe (or cotton ball damp with rubbing alcohol) between each person being tested.
  - Use caution to prevent dripping liquid into the scanner tip, as this will result in the thermometer becoming non-functional.
- Note - highest risk of transmission is less than 6 feet for more than 10 minutes.
  - Screening does not require being in close contact for a long period of time.
  - Take temperature, then step away (social distancing) to ask the questions.
- ANY of the NURSES in the schools CAN TRAIN STAFF on how to take temperatures as needed.
Staff will take the temperature of children/childcare staff and ask if they have any of the following symptoms:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>If yes:</th>
<th>May return to childcare:</th>
</tr>
</thead>
</table>
| Temperature Fever of 100.4 F or above | Child/childcare staff will NOT be allowed to enter the building and will be asked to return home.  
- Siblings must also return home. | Child & siblings cannot return to childcare until:  
- Three full days have passed without a fever, without taking fever reducing medication  
- Seven full days have passed from the first day of symptoms onset.  
  - Siblings & household members must stay home for 14 days.  
  - Household contacts will stay for 14 days  
  ■ Why longer?  
    Purpose is to monitor the transmission in the household, it may take longer to display symptoms. If other household members develop symptoms, then they do the 7 days stay at home. |
| Shortness of breath     | Child/childcare staff will NOT be allowed to enter the building and will be asked to return home.  
- Siblings must also return home. |                                                                                          |
| Cough                   | Child/childcare staff may stay with occasional cough IF:  
- No fever  
- No shortness of breath  
Staff shall bring the child to a space away from other students for nursing staff to provide further evaluation. Nursing staff may contact parents to obtain additional health history details.  
*Note that the concern - is for any new or worsening cough! If so, children & siblings will be sent home.* |                                                                                          |
| If child becomes ill during the day: |  
- Child will be moved to a space away from other students and staff to wait for parents or guardians to pick them up from care.  
- All siblings of the sick child at the child care center must also be sent home.  
- Families of students being sent home will be encouraged to contact their healthcare provider for guidance. |  
- May only return to child care when the above guidelines met and ALL symptoms improved |

**Mitigation / Prevention Efforts in School / Emergency Childcare Centers**  
#SafeHands - - Do the 5!  
1. Hands - Wash Hands frequently & thoroughly  
2. Elbow - Cough / Sneeze into your Elbow / Sleeve  
3. Face - Don’t touch your face / eyes / mouth / nose.  
4. Feet - Stay 6 feet away from others  
5. Feel - Stay home if you feel sick (fever >100, vomiting, diarrhea, sore throat)
Social Distancing

● Social distancing is challenging when working with children. We understand this and encourage staff to do the best they can.
  ○ MDH guidance is that 3 foot social distancing is acceptable when working with children in the child care centers.
● Adults are encouraged to model social distancing and avoid initiating close contact.
● Adults are encouraged to take opportunities to teach safer social distancing with kindness and compassion.
  ○ Example: If a child runs into you with a hug, a kind response would be to respond as you deem best, but then redirect child in an attempt to stop the hug
  ○ Teach / model that for "both to stay well, we must do social distancing"
  ○ Encourage virtual 'high-fives or fist-bumps or elbow touches vs a hug.

Cleaning

● Facilities management is providing leadership and specific directions regarding the cleaning efforts to be done in schools.

Cloth Face Covering Recommendations for Child Care and Schools
On April 8, 2020, MDH provided guidance encouraging those providing care to children of essential workers to wear cloth face coverings during the work day as much as possible. These alternative masks are often homemade and should not be the medical-grade face masks such as surgical facemasks or N95 respirators. Cloth masks are used to reduce the likelihood that the wearer will transmit the virus to other staff members or children.

Key messages about cloth face coverings:

● Create and wear masks by following CDC guidance.
● Be careful not to touch your eyes, nose, and mouth while wearing cloth masks to prevent potential contamination.
● Wash your hands thoroughly before putting on the mask.
● Remove the mask carefully and wash your hands thoroughly after removing.
● Wash the mask daily. Machine washing is preferable to hand washing.
● Wearing cloth masks does not replace the need to continue frequent hand washing, avoiding touching the face, and practicing social distancing, which are our best tools to help prevent the spread of illness.
● Continue to use your typical systems and processes for cleaning toys, keeping sick children home, frequently washing hands, and other practices that are used every day. The CDC additionally recommends to clean frequently touched surfaces. These actions help to keep the community healthy and safe.
● Cloth masks do not provide adequate protection for others if a staff member has symptoms compatible with COVID-19. Ill staff members should stay at home.
MDH does not recommend that children attending child care programs wear cloth face coverings to reduce the risk for transmission unless the provider determines they can reliably wear, remove, and handle masks following CDC guidance throughout the day. Based on the evidence, children are less likely to get sick from COVID-19 and if they do, their cases are typically mild.

**Recommended Supplies**

*For all students and staff*
- Liquid soap.
- Running water.
- Paper towels.
- Tissues.
- If soap, water, and paper towels are not readily available, provide alcohol-based hand rubs (ABHR) for use if hands are not visibly dirty. Only ABHRs with 60% alcohol or more are recommended in relation to COVID-19.

**Additional supplies for custodial staff**
- Disposable gloves.
- Selected EPA-Registered Disinfectants | United States Environmental Protection Agency (EPA)
- American Chemistry Council: Novel Coronavirus (COVID-19)—Fighting Products (PDF)
  ACC Center for Biocide Chemistries (CBC) list for use during the 2019 COVID-19 outbreak.

*For health services staff*
- Disposable gloves.
- Surgical masks (to be provided to ill students with fever and cough and nurses)
- Thermometers (forehead/strip or digital thermometers with a disposable sleeve)
- Disinfecting wipes
- N95 Respirators are not necessary in the school health office at this time (3/13/20)

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**Facilities Management Coronavirus Response Plan During Distance Learning - School Year 2019-20**

In accordance with CDC and MDH guidelines, the following actions will be taken in response to a positive lab confirmed or clinically diagnosed COVID-19 test in a school building:

**Child Care Sites:**
The child with symptoms of COVID-19 will remain in the school isolation room until he or she is able to leave the premises, and a staff member with symptoms of COVID-19 will leave the premises as soon as reasonably possible.

Facilities Management will review the specific exposure details, determine disinfection procedure, and direct cleaning effort as per MDH / CDC guidelines. This will range from extra cleaning efforts with no site closure, up to and could include site closure for a period of time to allow for a more in depth cleaning effort.
If Facilities Management deems a closure necessary, assigned staff and students will report to the designated alternate site as listed below as directed by District Administration, to allow the disinfection and cleaning process to occur.

As stated, all efforts to clean and disinfect the school will follow MDH and CDC guidance as it pertains to each individual COVID-19 situation or exposure.

School Settings | COVID-19
Cleaning and Disinfecting Your Facility

If an alternative child care location is deemed necessary, child care will be shifted as per below for the affected site as directed by District Leadership:
Congdon Park → Lester Park  Laura MacArthur → Piedmont  Lowell → Myers

Notification of parents and any special instructions to be followed will be accomplished by District Administration and Site Leadership.

Non-Child Care Sites:
The staff member with symptoms of COVID-19 will leave the premises as soon as reasonably possible.

Facilities Management will review the specific exposure details, determine disinfection procedure, and direct cleaning effort as per MDH / CDC guidelines. This will range from extra cleaning efforts with no site closure, up to and could include site closure for a period of time to allow for a more in depth cleaning effort.

If Facilities Management deems a closure necessary, assigned staff will temporarily report to the designated alternate site as directed by District Leadership to allow the disinfection and cleaning process to occur.

As stated, all efforts to clean and disinfect the school will follow MDH and CDC guidance as it pertains to each individual COVID-19 situation or exposure.

For specific questions regarding this process contact Dave Spooner, Manager of Facilities, at 218-343-0275 or david.spooner@isd709.org

Leave Options

Emergency Paid Sick Leave and FMLA-Public Health Emergency Leave

Effective April 1, 2020, in order to assist our employees in meeting some of these challenges, the following leave guidelines will take effect in accordance with the Families First Coronavirus Response Act (FFCRA). These guidelines are temporary and will expire on December 31, 2020, or as otherwise directed by law.

Emergency Paid Sick Leave (EPSL)
The FFCRA created a new form of paid sick leave called Emergency Paid Sick Leave (EPSL) for certain leave events related to COVID-19.

Eligible Employees. Full-time and part-time employees are eligible to use (EPSL) immediately upon hire.

Reasons for Using Leave. EPSL may be used for the following reasons:

1. To comply with a federal, state, or local quarantine or isolation order related to COVID-19;
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. To care for an individual who is subject to an order as described in (1) above or has been advised as described in (2) above;
5. To care for the employee’s son or daughter (as defined in the FMLA), if a school or place of care is closed, or the child care provider is unavailable, due to COVID-19 precautions; or
6. The employee is experiencing any other substantially similar condition as specified by the designated Federal agencies.

Amount and Usage of Leave. Full-time employees (those scheduled to work at least 40 hours per week) are eligible for eighty (80) hours of EPSL. Part-time employees are eligible for EPSL based on the number of hours the employee is normally scheduled to work in a two-week period. A six-month average will be used if a part-time employee does not work a set schedule. If you are a part-time employee and have a question about your average hours, please contact Human Resources.

EPSL may be used only on a continuous basis, not intermittently or on a reduced schedule basis. Once an employee returns to work, if he/she has not exhausted the EPSL entitlement, the balance can be used at a later time for another qualifying reason.

Other Paid Leave Policies. The District provides other forms of paid leave, including vacation, sick, and personal days. EPSL is in addition to those other forms of leave and employees may opt to use EPSL and other leaves in the sequence of their choice. It is the employee’s responsibility to inform Human Resources of the form of leave being requested.

Pay Rate. EPSL will be paid based on the employee’s regular rate of pay, as determined under the Fair Labor Standards Act (FLSA), taking an average over a six-month period. For leave reasons 1, 2, or 3 listed above, this rate will be the employee’s full regular rate capped at $511/day ($5,110 in the aggregate). For leave reasons 4, 5, or 6 listed above, this rate will be two-thirds (2/3) of the employee’s regular rate capped at $200/day ($2,000 in aggregate).
Termination of Leave. EPSL shall cease beginning with the employee’s next scheduled work shift immediately following the termination of the need for EPSL as described above or when the employee has exhausted the EPSL entitlement, whichever is sooner. EPSL will not carry over from one year to the next or be paid out upon separation for any reasons. See Return to Work below.

Notice and Certification Requirements. See below.

Family and Medical Leave – Public Health Emergency

The FFCRA also added a new reason for the employees to take FMLA leave in relation to the current COVID-19 pandemic. FMLA remains subject to the same twelve (12) workweek limit, counting any amounts of FMLA leave already used in the current leave year.

Eligible Employees. An employee who has been employed for at least thirty (30) calendar days may qualify for FMLA – Public Health Emergency Leave.

Reasons for Using Leave. FMLA – Public Health Emergency Leave can be used when an employee is unable to work, including telework, due to caring for the employee’s son or daughter under age 18 (as defined in the FMLA), if the son or daughter’s school or place of child care has been closed, or the child care provider is unavailable. This must be the result of a COVID-19 related emergency declared by a Federal, State, or local authority. NOTE: The District is providing childcare for all employees with children ages 33 months through 12 years of age. Employees with children within this range would not be eligible for this leave.

Amount and Usage of Leave. All employees will be entitled to twelve (12) weeks of leave with the first two (2) weeks being unpaid. The remaining ten (10) weeks will be paid as set forth below in the “Pay Rate” portion of this policy. Employees’ pay will be based on their regularly scheduled work hours. For individuals who do not keep regular working hours each week, a six-month average will be used. No premium for hours over forty (40) will be included. Exempt employees will be paid based on their regular weekly salary.

FMLA – Public Health Emergency Leave may be used only on a continuous basis, not intermittently or on a reduced schedule basis. Once an employee returns to work, if he/she has not exhausted the full entitlement, the balance can be used at a later time for another qualifying reason.

Other Paid Leave Policies. The first ten (1) days of FMLA – Public Health Emergency Leave will be unpaid unless the employee has another form of paid leave available – vacation, sick, and personal days – and elects to use that paid leave. Or, the employee may use EPSL for the first ten (10) days, if eligible.

Pay Rate. After the first ten (10) days, eligible employees taking FMLA – Public Health Emergency Leave will be entitled to pay at two-thirds (2/3) of their regular rate of pay, as determined under the FLSA, for a number of hours that the employee would normally be schedule to work capped at $200/day ($10,000 in the aggregate) for the entire FMLA – Public Health Emergency Leave period. The regular rate of pay is based on the average rate over a six-month period.

Termination of Leave. Paid FMLA – Public Health Emergency Leave will continue until the employee has exhausted his/her twelve (12) workweek entitlement or the reason for using leave ends. See Return to Work below.
FMLA Administration. All other administrative provisions of the District’s FMLA policy apply to the FMLA – Public Health Emergency Leave, unless modified herein.

NOTICE AND CERTIFICATION REQUIREMENTS
Employees should complete the Application for Emergency Paid Sick Leave form or the Application for FMLA – Public Health Emergency form, whichever is applicable, to request the leave.

In addition, employees must provide documentation to substantiate the need for leave and the qualifying reason. For EPSL, documentation will depend on the reason for the leave, but may be the health official’s quarantine/isolation order for the employee; or written documentation from the employee’s health care provider advising self-quarantine. For FMLA – Public Health Emergency Leave, documentation may consist of a notice published by the government, school or daycare of the closure, on a website or in the newspaper, or an email from the school or place of care. In addition, the usual FMLA medical certification requirements continue to apply for reasons such as the employee’s own serious health condition or caring for a family member with a serious health condition.

RETURN TO WORK
Employees returning to work after using EPSL or FMLA – Public Health Emergency Leave will be restored to the same or an equivalent position, unless in the interim they would have been subject to an employment action, such as displacement.

Please note that, depending on the reason for your leave of absence, medical documentation releasing you to return to work may be required.

QUESTIONS
Should an employee have any questions related to these guidelines or the benefits provided hereunder, he/she should contact the Benefits Department.
Frequently Asked Questions

*Illness or Quarantine*

Will I be informed if one of my coworkers is confirmed to have COVID-19?
If you are considered to be in close contact with a confirmed case, you will be notified. Due to privacy rules, most notifications will be general in nature indicating you have been in “close contact” with a confirmed case within the prior two weeks.” The Minnesota Department of Health provides guidance and notification of confirmed cases.

The same privacy rules apply to employees experiencing symptoms of COVID-19. You may be advised of possible exposure, but again, the identity of the employee experiencing symptoms remains confidential.

Please keep in mind that notification may be limited only to those who have been in “close contact” with the employee within the prior two weeks. The CDC defines “close contact” as “a person that has been within six feet of the infected employee for a prolonged period of time.”

What happens if I, or an immediate family member that I care for, become ill from COVID-19 or am quarantined?
You may use existing leave, if available, or apply for Emergency Paid Sick Leave of the Families First Coronavirus Response Act (FFCRA). Employees must continue to report all absences as usually required.

If I Do Not Have Paid Leave, But Cannot Work Due to Quarantine or Compromised Health, Is the District Required to Pay Me?
The FFCRA creates a new leave requirement effective April 1, 2020 that may provide additional paid leave that applies regardless of your existing leave status. If the provisions of the Emergency Paid Sick Leave Act or Emergency FMLA do not apply to you or do not fully compensate you for work missed, you will be unpaid.

Who is eligible for the FMLA Public Health Emergency Leave?
An employee who has been employed by the District for at least 30 calendar days is eligible for FMLA Public Health Emergency Leave. This eligibility threshold does not change the eligibility criteria for other forms of FMLA leave.

Can the District require me to use accrued vacation or sick leave?
If you are eligible for paid leave under the provisions of the federal Families First Coronavirus Relief Act (FFCRA), you will not be required to use other paid leave *before* you use the paid leave pursuant to that legislation.

You may elect to substitute any accrued vacation leave, personal leave, or medical or sick leave for the unpaid portion of the leave provided in the expanded FMLA under the FFCRA. However, this may not be necessary if you are eligible and choose to utilize the paid sick leave under the FFCRA for the 10-day unpaid portion of the expanded FMLA.

If you have exhausted your personal leave benefits outside of the application of the FFCRA, Duluth Public School policy is that sick leave, personal leave, vacation, etc. must be exhausted prior to your being eligible for an unpaid leave of absence.
Can I be sent home if I’m showing signs of potentially having COVID-19?
Yes; if you are showing signs of having a respiratory illness like COVID-19, you may be sent home. You should avoid reporting to work if you are experiencing symptoms consistent with COVID-19.

If I am sent home due to showing signs of potentially having COVID-19, how will I be paid?
You may use existing leave, if available, or apply for Emergency Paid Sick Leave of the Families First Coronavirus Response Act (FFCRA). If the provisions of the EPSLA or EFMLA do not apply to you or do not fully compensate you for work missed, your absence will be unpaid.

If the District has directed me not to report to work due to concerns that I’ve been exposed to COVID-19, can the District require me to take Emergency Paid Sick Leave?
The District cannot require you to take EPSLA paid leave. You are entitled to use any other paid leave in which you would otherwise be entitled instead of EPSLA leave.

Risk Factors
Does the District have to provide leave to an employee who is asserting an inability to work because the employee’s age or because the employee has an underlying medical condition that is a risk factor for COVID-19?

As noted above, effective April 1, 2020, an employee who “has been advised by a health care provider to self-quarantine due to concerns related to COVID-19” is entitled to up to 80 hours of Paid Emergency Sick Leave under the recently adopted FFCRA. Thus, if the employee provides a note from a health care provider that advises the employee to self-quarantine due to COVID-19, the employee would be entitled to sick leave under the new law.

The law currently does not require an employer to provide leave to an employee based solely on the person’s age or claim of an underlying medical condition without documentation from a healthcare provider advising the employee to self-quarantine due to COVID-19.

Childcare Issues
I’m unable to work because of childcare issues.
You may be able to receive 67% of your pay for up to 12 weeks according to the Families First Coronavirus Response Act (FFCRA).

Note: District-provided child care is available for staff with children between the ages of 4 and 12. Employees whose children are eligible for this care will not be eligible for this leave. If your child(ren) is unable to attend District-provided care due to medical reasons, please submit documentation along with your application for FFCRA.

Other
How may an employer address an employee’s refusal to report for duty or complete tasks due to a fear of becoming ill?
The new leaves do not allow an employee to refuse to work or complete assigned tasks due to fear of falling ill with COVID-19. If an employee refuses to report for duty or complete tasks and is not entitled to leave under the employee’s terms and conditions of employment or an applicable law. An employer may impose discipline, up to and including immediate termination, if an employee refuses to report for duty or complete assigned tasks.