

# West York Area School District

## Reduced Quarantine Process

Quarantined employees attesting to being 1) symptom-free and 2) not in close contact with individuals testing positive for COVID-19 during the time of their quarantine may return to work after 10 days, rather than the 14-day recommended quarantine period. In limited situations, an employee may return after 7 days.

After being instructed to quarantine, employees must:

- Step 1.** Contact your building principal or department supervisor to determine if you are a candidate for telework. Only your supervisor can make this determination. It may not be possible for all employees.
- Step 2.** If you can telework, your supervisor will communicate the expectations for working remotely and notify the HR Department. If you cannot telework, the HR Department will contact you with options available to account for these days and coordinate with payroll accordingly.
- Step 3.** Put your name and the date you were notified to quarantine at the top of pages 2 and 3 of this document.
- Step 4.** Complete Section 1 on page two of this document.
- Step 5. Determine either 10 or 7-day return option**

- **10-Day Return**

- a. On page three, sign and date each day you are 1) symptom-free and 2) not in close contact with individuals testing positive for COVID-19 during the time of their quarantine.
- b. After a successful quarantine for 10 days from the date of possible exposure, you may return to work on day 11. Page 2 of this document must be signed and returned to your supervisor before returning to work.
- c. Continue to monitor your symptoms on the Daily COVID 19 Screener on page 3 (through Day 14).
- d. Sign, date, and return page 3 of this document and return the completed form to your building principal on Day 15.
- e. If you start to experience symptoms during your quarantine you should contact Ms. Rose at (717) 793-0399.

- **7-Day Return**

- a. On page three, sign and date each day you are 1) symptom-free and 2) not in close contact with individuals testing positive for COVID-19 during the time of their quarantine.
- b. On the 5th day from possible exposure, obtain a COVID-19 test from a pharmacy or through your healthcare provider.
- c. After 7 days of quarantine and upon receipt of a negative test result, sign and date page 2 of this document and return it with a copy of your negative test result to your supervisor on day 8 (or later). Email confirmation of negative test results should be sent to Kris Denney in Human Resources. Please make sure your name and date are on the test result.
- d. Continue to monitor your symptoms on the Daily COVID 19 Screener on page 3 (through Day 14).
- e. Sign, date, and return page 3 of this document and return the completed form to your building principal on Day 15.
- f. If you start to experience symptoms during your quarantine you should contact Ms. Rose at (717) 793-0399.

Employee Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

### Quarantine Instructions for Employees Identified as a Close Contact

The safety of our students and employees is a priority at West York Area School District. You are receiving this document because you have been identified as a close contact for a confirmed or probable COVID-19 case. Per guidance from the Centers for Disease Control and Prevention (CDC) and the PA Department of Health (PA DOH), the 14-day quarantine period may be reduced to 7 or 10 days when certain criteria are met. The incubation period for COVID-19 remains at 14 days, so continued monitoring of close contacts for symptoms is essential. If you have further questions about close contact quarantine expectations, please contact Nurse Cindy Rose immediately by email or phone (717) 793-0399.

#### Section 1

Close Contact First Name	Close Contact Last Name	Position/Role	Building
Phone Number	Household Contact (Y/N)* <i>*A reduced Quarantine will not be possible for a household close-contact.</i>	<b><u>10 Day Option:</u></b>	
Possible Exposure Date	Quarantine START DATE	Quarantine END DATE—10 Day Option (10 days after the date of exposure)	RETURN TO SCHOOL—Day 11 or after

#### 7 Day Option:

Date to be tested for Day 7 Option (Day 5* or after)	Quarantine END Date—7-Day Option With NEGATIVE Test—Day 5 or after	RETURN TO SCHOOL—Day 8 With NEGATIVE Test—Day 5 or after
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#### Quarantine Options and Symptom Status – Check the box for the appropriate reduced quarantine option.

<b>10-Day Quarantine</b> <ul style="list-style-type: none"> <li>I was NOT tested.</li> <li>I was symptom free Day 1 through Day 10.</li> <li>I will continue to monitor for symptoms through Day 14 using the Daily COVID-19 screener. If symptoms develop, I will notify the District immediately for further guidance.</li> <li>I will return to work on Day 11 or the next scheduled work day following the Day 10 quarantine end date.</li> </ul>
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<b>7-Day Quarantine</b> <ul style="list-style-type: none"> <li>I WAS tested and received a NEGATIVE report on or after Day 5 of quarantine.</li> <li>A copy of the official NEGATIVE test report that includes my name and test administration date is attached to this form or has been emailed to my supervisor. <i>The negative test report must be received by Human Resources prior to returning to work.</i></li> <li>I was symptom free Day 1 through Day 7 of the quarantine period.</li> <li>I will continue to monitor for symptoms through Day 14 using the District daily COVID-19 screener. If symptoms develop, my supervisor will be notified immediately for further guidance.</li> <li>I will return to work on Day 8 or the next scheduled work day following the Day 7 quarantine end date.</li> </ul>
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#### Authorization

I attest that the Quarantine Option and Symptom Status selected above is accurate.

Employee's First and Last Name--PRINT	Employee's Signature	Date
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**Please return this form to your building principal.**

**Daily COVID-19 Screener (Employee)**

Employee Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_

Below is a list of symptoms that must be monitored in order for you to return to work in 7 or 10 days. It is required that you attest, DAILY, that you are not experiencing any COVID-19 symptoms. Please complete for 14 days regardless of whether you return to work in 7 or 10 days. Return it to your building principal.

- Fever
- Chills or Rigor
- Cough
- Sore Throat
- Shortness of Breath
- Difficulty Breathing
- Feeling Unusually Weak or Fatigued
- New Olfactory Disorder (A loss in the ability to smell or a change in the way odors are perceived)
- New Taste Disorder
- Myalgia (Muscle pain)
- Headache
- Runny Nose or Congestion
- Diarrhea
- Nausea or vomiting
- Fatigue

Day 1 (Exposure Date): _____	Signature: _____
Day 2 (Date): _____	Signature: _____
Day 3 (Date): _____	Signature: _____
Day 4 (Date): _____	Signature: _____
Day 5* (Date): _____	Signature: _____
Day 6 (Date): _____	Signature: _____
Day 7 (Date): _____	Signature: _____
Day 8 (Date): _____	Signature: _____
Day 9 (Date): _____	Signature: _____
Day 10 (Date): _____	Signature: _____
Day 11 (Date): _____	Signature: _____
Day 12 (Date) : _____	Signature: _____
Day 13 (Date): _____	Signature: _____
Day 14 (Date): _____	Signature: _____

**I swear or affirm that the above responses concerning daily screenings myself for COVID-19 symptoms are true and correct under penalty of law. I understand that my intentional misrepresentation of any information on this form may result in the removal myself from work for a quarantine period for up to 14 additional days, and potential referral to law enforcement for prosecution for unsworn falsification to authorities, 18 Pa. C.S.A. § 4904. I further understand and agree if I experience any COVID-19 symptoms within 7 calendar days of the return to school from quarantining, it is my responsibility to notify Nurse Cindy Rose immediately by email or phone (717) 793-0399.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date