



## PARSIPPANY- TROY HILLS TOWNSHIP SCHOOL DISTRICT

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### COVID-19

#### **DIRECTIONS/INSTRUCTIONS**

##### ***(WHAT TO DO IF YOU SUSPECT YOU MAY HAVE CONTRACTED COVID-19, OR ARE EXPERIENCING COVID-19 SYMPTOMS)***

As stated in our COVID-19 Exposure, Prevention, Preparedness, Response and Safety Plan, the Parsippány Troy Hills Township School District (PTHSD) takes the health and safety of our employees very seriously. With the spread of the coronavirus or “COVID-19,” a respiratory disease caused by the SARS-CoV-2 virus, the PTHSD must remain vigilant in mitigating the impact of the outbreak on our schools.

With that said, if you suspect you may have contracted COVID-19, or are experiencing COVID-19 symptoms, you will need to follow the directions in our Safety Plan found on our district web-site. For your courtesy, below is the information found in our plan:

##### **Employee Exhibits COVID-19 Symptoms (but has not been tested)**

If an employee exhibits COVID-19 symptoms, the employee must remain at home until:

1. He or she is symptom free for 24 hours (1 full day) without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants) AND;
2. Other symptoms have improved (when cough or shortness of breath have improved) AND;
3. At least 10 days have passed since symptoms first appeared.

The PTHSD will require an employee who reports to work with symptoms to return home until the above referenced criteria is satisfied or the employee obtains a doctor’s note clearing them to return to work.

##### **Employee Tests Positive for COVID-19**

An employee who tests positive for COVID-19 will be directed, or who have been directed by their health care professional, to self-quarantine away from work. Employees who test positive - and are symptom free - may return to work ten (10) days after his or her test, provided that the employee remains symptom free. In the event that an employee tests positive for COVID-19 and has been hospitalized as a result of the illness, may return to work when cleared by their medical care providers in accordance with district policy and procedures or two negative test results.

In order to return to work, the employee must download the Return to Work COVID-19 Certification Form and have their Medical Care Provider fill out and sign the form. Once completed, the form (or a physician’s note- clearing the employee to return to work) must be sent to the Human Resources

Office. The completed form or physician's note can be scanned and emailed to Dr. Robert S. Sutter at [rssutter@pthsd.net](mailto:rssutter@pthsd.net).

● **Employee Has Close Contact with an Individual Who Has Tested Positive for COVID-19**

Employees who have come into close contact (i.e. within six feet for a prolonged period of time of 10 minutes or more) with an individual who has tested positive for COVID-19 (co-worker, spouse, other immediate family member, etc.) will be required to self-quarantine away from work for 14 days from the last date of close contact with that individual. The employee should also contact their health care provider for medical guidance. If an employee learns that he or she has come into close contact with a confirmed-positive individual outside of the workplace, he/she must alert an administrator or supervisor of the close contact and self-quarantine for 14 days from the last date of close contact with that individual, and also contact their health care provider for medical guidance. Below is the criteria for "contact vs. close contact." If the PTHSD learns that an employee has tested positive, the PTHSD will inform those co-workers or students who may have had "close contact" with the confirmed-positive employee in the prior 48 hours that an individual with whom they've worked has tested positive. If applicable, the PTHSD will notify any contractors, vendors/suppliers or visitors who may have had close contact with the confirmed-positive employee.

In order to return to work, the employee must download the Return to Work COVID-19 Certification Form and have their Medical Care Provider fill out and sign the form. Once completed, the form (or a physician's note- clearing the employee to return to work) must be sent to the Human Resources Office. The completed form or physician's note can be scanned and emailed to Dr. Robert S. Sutter at [rssutter@pthsd.net](mailto:rssutter@pthsd.net).

**What if I am around someone who has COVID-19 (Frequently asked questions)?**

**Question:** Contacts vs. close contacts. What is a "close contact?"

**Answer:** A close contact is defined as being within approximately 6 feet (2meters) of a COVID-19 case for a prolonged period of time (approximately 10 minutes or longer); close contact can occur while caring for, living with, visiting, working with or sharing a health care waiting area or room with a COVID-19 case OR Having direct contact with infectious secretions of a COVID-19 case (for example, being coughed on).

**Therefore, if we apply this question to a classroom or building situation, the teacher, paraprofessional, student, or anyone in close contact exhibiting symptoms, should report this information to their immediate Supervisor (Principal, Assistant Principal) and call their own health care provider. The Principal will have their designee notify the individuals in the classroom and they will have to follow the guidance listed above under (*Employee Has Close Contact with an Individual Who Has Tested Positive for COVID-19*)**

**Question:** I am a close contact of a COVID-19 case. I was told to self-quarantine for 14 days. It is day 10 and I have no symptoms, can I go to work?

**Answer:** No. Symptoms may appear anywhere between 2-14 days. You should continue

to isolate yourself and do not go to work/school or public places/gatherings.

**Question:** I am a close contact of a confirmed COVID-19 case, but I am not sick and have no symptoms. Can I go to work or school? Can I get tested?

**Answer:** Close contacts of confirmed COVID-19 cases who do not have symptoms of fever, cough or difficulty breathing, should stay home and self-monitor for symptoms for 14 days. If symptoms appear, you must stay home and be fever-free for at least 1 day (24 hours) without the use of fever-reducing medicine AND symptoms improve AND at least 10 days have passed since symptoms first started. Wash hands frequently and do not go to work/school or public gatherings while self-isolating. Consider getting a COVID-19 diagnostic test (nasal swab or saliva) to see if you are currently infected. More than 200 locations across the state offer COVID-19 diagnostic testing.

**Question:** I have an underlying medical condition, what should I do?

**Answer:** If an employee has an underlying medical condition, the employee should contact the Human Resources Department. The employee will be asked for medical documentation, and could qualify for accommodations under Section 504.

**If an employee is subjected to any of the above referenced scenarios, they should:**

- *Alert their immediate supervisor, consult with their healthcare provider, complete the FFCRA LOA Request Form for COVID-19 (found on the HR website) and submit the completed form via email to the Assistant Superintendent of Human Resources at [rsutter@pthsd.net](mailto:rsutter@pthsd.net). The employee should also “cc” the Manager of Human Resources at [jmgladis@pthsd.net](mailto:jmgladis@pthsd.net) and Secretary of Human Resources [llubertowicz@pthsd.net](mailto:llubertowicz@pthsd.net)*
- *Once the employee has visited with their Health Care Provider, and followed the Safety Plan Guidelines for self-quarantine, in order to return to work, the employee will need to fill out the COVID-19 Return To Work Form (found on the HR website) and submit the completed form via email to the Assistant Superintendent of Human Resources at [rsutter@pthsd.net](mailto:rsutter@pthsd.net). The employee should also “cc” the Manager of Human Resources at [jmgladis@pthsd.net](mailto:jmgladis@pthsd.net) and Secretary of Human Resources [llubertowicz@pthsd.net](mailto:llubertowicz@pthsd.net)*

**Will I be paid for their time out of work due to COVID 19?**

In order to verify your absences as well as your pay (due to COVID-19), all employees will need to fill out the FFCRA LOA request Form for COVID-19 which is also found on our website (**FILLING OUT THE FFCRA FORM IS MANDATORY**).

According to the Families First Corona Virus Response Act (FFCRA), the Act provides that covered employers must provide to **all employees:**<sup>[2]</sup>

- *Two weeks (up to 80 hours) of **paid sick leave** at the employee's regular rate of pay* where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or
- *Two weeks (up to 80 hours) of **paid sick leave** at two-thirds the employee's regular rate of pay* because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

A covered employer must provide to **employees that it has employed for at least 30 days**:<sup>[3]</sup>

- *Up to an additional 10 weeks of **paid expanded family and medical leave** at two-thirds the employee's regular rate of pay* where an employee is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

**Covered Employers:** The paid sick leave and expanded family and medical leave provisions of the FFCRA apply to certain public employers, and private employers with fewer than 500 employees.<sup>[4]</sup> Most employees of the federal government are covered by Title II of the Family and Medical Leave Act, which was not amended by this Act, and are therefore not covered by the expanded family and medical leave provisions of the FFCRA. However, federal employees covered by Title II of the Family and Medical Leave Act are covered by the paid sick leave provision.

Small businesses with fewer than 50 employees may qualify for exemption from the requirement to provide leave due to school closings or childcare unavailability if the leave requirements would jeopardize the viability of the business as a going concern.

### **Qualifying Reasons for Leave:**

Under the FFCRA, an employee qualifies for paid sick time if the employee is unable to work (**or unable to telework**) due to a need for leave because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
6. is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Under the FFCRA, an employee qualifies for expanded family leave if the employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

## **Duration of Leave:**

**For reasons (1)-(4) and (6):** A full-time employee is eligible for up to 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

**For reason (5):** A full-time employee is eligible for up to 12 weeks of leave at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

## **Calculation of Pay:**[\[5\]](#)

**For leave reasons (1), (2), or (3):** employees taking leave shall be paid at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

**For leave reasons (4) or (6):** employees taking leave shall be paid at  $\frac{2}{3}$  their regular rate or  $\frac{2}{3}$  the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

**For leave reason (5):** employees taking leave shall be paid at  $\frac{2}{3}$  their regular rate or  $\frac{2}{3}$  the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period—two weeks of paid sick leave followed by up to 10 weeks of paid expanded family and medical leave).[\[6\]](#)

If you have any questions or concerns regarding your leave, please contact the Human Resources Department.