Great Oaks Charter School- Wilmington (“GOWILM”) takes very seriously its obligation to provide each employee and member with a safe workplace. It requires the concerted commitment of each team member to maintain the optimal learning environment. Great Oaks Community members will be expected to follow this policy and to seek clarity whenever appropriate. This policy promotes responsible behavior of all employees/scholars. We encourage frequent and transparent communication to maximize the exchange of accurate information, reduce rumors, and alleviate unnecessary anxiety.

GENERAL EMPLOYEE/SCHOLAR EXPECTATIONS

1. **Wear a Face Covering to Protect Others**
   All employees, tenants, contractors, and visitors must wear a mask or face covering throughout the building unless working alone in one’s own office or workspace.

2. **Wear Your Face Covering Correctly**
   - Wash your hands before putting on your face covering
   - Put it over your nose and mouth and secure it under your chin
   - Try to fit it snugly against the sides of your face
   - Make sure you can breathe easily
   - **Don’t** put the face covering around your neck or up on your forehead
   - **Don’t** touch the face covering, and, if you do, wash your hands or use hand sanitizer to disinfect

3. **Follow all entry protocols**
   - Mask-wearing
   - Completion of symptom screen questions
   - Staged entry into the building, and
   - Optional use of hand sanitizer.
4. **Be a role model with regards to safety and hygiene**
   - Be familiar with all protocols and follow the guidance
   - Cough into arms and away from others
   - Frequently wash hands and clean surfaces
   - Be aware of your surroundings and quickly raise any concerns in a productive fashion
   - Be aware of how you are feeling and do not endanger others.

5. Maintain physical distancing recommendations and remain at least six feet apart from others even while wearing a mask. Only four individuals may ride an elevator at a time. Masks may be removed for eating or drinking, but social distancing must be maintained.

6. Stay home if you are not feeling well. If you are experiencing a fever of 100.4 or higher, stay home. A list of currently known COVID-19 symptoms, according to the CDC, can be found [here](#).

7. Wash hands and use hand sanitizer whenever possible and especially when moving within common spaces. Be mindful of spacing and direction when walking in hallways; note the directional arrows on the floor. Please follow guidelines on all school signs.

8. Wipe down workspaces before each shift/class in the building. The CEB’s cleaning team continuously wipes down appropriate surfaces and engages in deeper cleaning at least weekly. Ventilation systems have been upgraded to include ionization. Desk screens are available for all scholars and teachers.

9. Every student and employee will get an on-site COVID test at the beginning of each week. If preferred, individuals may get tested off-site and provide the results to school leadership (in lieu of on-site testing).

10. Be considerate of the risk tolerance of others. Be kind.

11. Communication is extra important during this time. Please share your feelings, concerns, and queries as soon as they arise. Please feel comfortable reaching out to any team member to discuss ways to continuously improve the learning environment. If you believe that an accommodation could benefit your personal situation, please initiate a conversation.

**PROCEDURES FOR CONFIRMED COVID-19 INFECTION (positive test result or illness)**

Any employee who has symptoms believed to be indicative of COVID-19 or who has tested positive for COVID-19 should stay at home and immediately report this information to your team leader and Nurse Rasheeda Ames-Davis. If a team leader learns of this information, the team leader shall maintain employee confidentiality and immediately report any disclosed diagnosis or potential infection to Nurse Rasheeda Ames-Davis.

Once reported, GOWILM shall take the following steps:
1. Nurse Rasheeda Ames-Davis, on behalf of GOWILM, shall immediately contact the employee and verify the diagnosis or symptoms.

2. The diagnosed will be encouraged to self-isolate and seek all medical care and testing that they feel may be appropriate.

3. GOWILM will not tolerate discrimination or retaliation against any employee because of the diagnosis. While information about the diagnosis may be shared with others, the affected employee will not be identified by name. GOWILM will contact DPH for guidance.

4. GOWILM shall seek to identify the scope of the risk immediately.
   a. GOWILM shall interview the employee to determine all co-workers/students with whom the employee was near (within six feet for at least 15 minutes) (“close contacts”) during the 2 days prior to the onset of signs or symptoms or 2 days prior to the date of the positive test (the “Infectious Period”).
   b. Close contact may also include interactions where participants were not wearing masks and were not physically distancing (e.g. lunch), were within six of each other for more than 15 minutes, or where a coworker visited an employee for more than 15 minutes in an enclosed space (even if maintaining six feet of physical distancing) where the employee was not wearing mask, such as in the employee’s office.
   c. The employee will be asked to identify all areas within the workplace where he/she was physically present during the Infectious Period.

5. The Division of Public Health will also be in contact with any individual who tests positive and will be reaching out to those who have been in close contact with the individual identified as positive.

**PROCEDURE FOR NOTIFYING CLOSE CONTACTS OF POSSIBLE EXPOSURE**

1. GOWILM will call each worker and parent of students identified by as a close contact of a presumptive positive.

2. These close contacts will be instructed that, out of an abundance of caution, GOWILM will require quarantine from 2-10 days, depending on the circumstances. Close contacts will be encouraged to self-quarantine and seek all medical care and testing that they feel may be appropriate. If the presumptive positive obtains a subsequent negative result on their PCR test, then the quarantine may be ended for all involved parties.

3. If the identified close contact has been fully vaccinated (2 weeks past their final vaccination shot), and does not exhibit any symptoms, they will not be required to quarantine. Documentation of vaccination (CDC vaccination record card or equivalent) will be required.
4. Co-workers who have potentially been exposed may return to work after the required quarantine period, as long as they have exhibited no illness symptoms and have not been near a person who has a confirmed case of COVID-19.

5. Co-workers will be reminded that discrimination or retaliation against individuals that are suspected to have tested positive for, or been exposed to, COVID-19 (or any other illness) is strictly prohibited.

6. If possible, affected employees and any potentially affected co-workers who are being asked to self-quarantine shall work remotely. Please involve supervisors in these discussions.

7. GOWILM will issue a general notice that a GOWILM employee has tested positive for COVID-19 (without identifying the employee). Any such notice will reassure employees that, unless one has been notified directly by the employer, it is not believed that the employee has been in close contact with or shared an enclosed workspace with the infected employee.

8. GOWILM will close impacted areas of the workplace identified by the employee in accordance with DPH guidelines to allow for additional cleaning and disinfecting required.

RETURNING TO WORK
1. An employee who has been positively diagnosed with COVID-19 (via PCR) and is experiencing symptoms shall not return to work unless the employee provides one of the following:
   a. A return-to-work authorization from the employee’s doctor; or
   b. A return-to-work authorization from DPH; or
   c. A signed certification of the Form A attached.

2. An employee who is experiencing NO SYMPTOMS but has tested positive may return to work:
   a. After Day 10 without testing and if no symptoms have been reported during daily monitoring; or
   b. After Day 7 if the employee tests negative for COVID-19 after Day 5 and NO SYMPTOMS have been reported during daily monitoring.
   c. Upon returning to work the employee shall provide one of the following:
      1. A return-to-work authorization from the employee’s doctor; or
      2. A return-to-work authorization from DPH; or
      3. A signed certification of the Form A attached.

SUSPECTED EXPOSURE
1. If an employee believes that he/she may have been infected but has not yet been tested or is awaiting test results, the employee shall remain at home pending test results and shall notify the employee’s supervisor and Nurse Rasheeda Ames-Davis. The employee will be expected to make every effort to get tested as soon as possible. If the employee has been fully vaccinated (2 weeks past their final vaccination shot), and does not exhibit any symptoms, they will not be required to quarantine. Documentation of vaccination (CDC vaccination record card or equivalent) will be required.
2. GOWILM shall contact the employee to discover the nature of the unconfirmed diagnosis.

3. GOWILM shall determine the need to notify co-workers of an unconfirmed diagnosis on a case-by-case basis, depending upon the nature of the workplace, the proximity within which the employee worked with others, and any factors that may increase the likelihood the employee is actually infected.

4. If the employee experiences symptoms, GOWILM may instruct the employee to stay home a minimum of 10 days from the onset of symptoms. The employee must also experience 24 hours without fever (without the use of fever-reducing medications) and any other symptoms must show clear improvement. Documented recommendations by an employee’s health care provider or the applicable health department will be taken into consideration.

5. A list of currently known COVID-19 symptoms, according to the CDC, can be found here.

**TRAVEL OUTSIDE OF THE COUNTRY**

1. Cases of COVID-19 have been reported in all countries, and some areas are experiencing increased community spread of the disease. Travel increases your chances of getting and spreading COVID-19.

2. We expect employees to use good judgement when making plans for personal travel outside of the country. The CDC has provided guidance for individuals to protect themselves and others during their trip. If you are planning personal travel outside of the country, you will be required to report your travel plans, in advance, to your team leader and to Nurse Rasheeda Ames-Davis as a temporary precaution during the COVID-19 pandemic.

3. Employees who travel may be required to stay at home for up to 14 calendar days upon return from their travel, as a safety precaution. Employees who are required to stay home for any quarantine period, and who are able to perform their duties remote, as determined by their immediate team leader, will be allowed to work remote.

4. Employees who are unable to work remote will be required to use vacation/PTO during this period; once vacation/PTO is exhausted, the time will be unpaid. While these procedures are more restrictive than normal, we feel obligated to take this step to help keep employees safe. If GOWILM learns an employee traveled and did not communicate to Human Resources, this could be grounds for corrective action, up to and including termination from employment.

**MANDATORY TESTING FOR COVID-19**

As part of GOWILM’s comprehensive efforts to safeguard the health and safety of our Community, all GOWILM employees, resident contractors, and on-site scholars are required to receive weekly on-site tests for COVID-19.
COVID-19 tests will occur during normal work hours and will be conducted by an authorized and trained team member. Results will be tracked via the State COVID tracking system. Results will not be included in any employee’s personnel file or shared beyond “need to know” basis.

The employee will incur no expense for the testing. Testing will be applied in a consistent, non-discriminatory manner, in accordance with all state, local, and federal laws. Personnel may obtain their weekly COVID test at a certified testing site and provide test results to GOWILM.

Failure to comply with testing requirements will disqualify an employee from working and disqualify a student from in-person learning options. If an employee is unable to be tested due to disability or religious belief, the employee must contact Nurse Rasheeda Ames-Davis.

COVID-19 VACCINATION

This policy is part of GOWILM’s comprehensive efforts to safeguard the health and safety of all employees, contractors, students, visitors, and the community at large from infectious diseases, such as COVID-19, that may be reduced by vaccination. This policy will comply with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention and local health authorities, as applicable.

All employees are strongly encouraged to receive a COVID-19 vaccinations as determined Delaware’s Department of Public Health and as administered in accordance with Delaware’s vaccination plan.

GOWILM employees and resident contractors will be notified by GOWILM regarding the timeframe and process for COVID-19 availability and administration, which is being determined by the State of Delaware. The State of Delaware will pay for the COVID-19 vaccination covered by this policy.

Employees shall work with their team leaders to schedule an appropriate time to comply with this policy and shall provide proof of vaccination to Nurse Rasheeda Ames-Davis.

ACKNOWLEDGEMENT

I acknowledge that I have been provided GOWILM’s COVID-19 PROTECTIVE MEASURES IN THE WORKPLACE POLICY which includes the requirement to physically distance when possible, required face coverings, etiquette for covering coughs and sneezes, hand-washing frequency, travel policy, and return to work requirements for any employee who has received a diagnosis or is experiencing symptoms of COVID-19, or who has had direct contact with anyone diagnosed with or experiencing symptoms of COVID-19.

I agree to abide by GOWILM’s policies, requirements, and guidelines at all times. I recognize these measures are intended to protect me and others from the risk of exposure to COVID-19 in the workplace, as well as anyone with whom I may have close contact. I understand that I am responsible for notifying the GOWILM in the event I experience symptoms or receive a positive diagnosis or have had direct contact with someone else experiencing symptoms/received a positive diagnosis, and I agree to provide accurate and honest information.
If I have any questions or concerns regarding GOWILM’s protective measures or my ability to safely return to work, I will ask my team leader or Nurse Rasheeda Ames-Davis.

Employee Signature: ___________________________________________

Print Name: __________________________________________________

Date: ________________________________________________________
Form A

COVID-19 Employee Self-Certification
to Return to Work

SYMPTOMATIC

I________________________ , attest to the following:

1. I have had no fever for at least 24 hours without taking fever reducing medication; and
   i. Date of last fever of 100.4 degrees or higher: _______________________

2. My respiratory symptoms (cough and shortness of breath) have improved; and
   i. Date respiratory symptoms began improving _______________________

3. At least ten days have passed since my fever and/or respiratory symptoms began.
   Date fever and/or respiratory symptoms began: _______________________

ASYMPTOMATIC – Positive Test

I, ____________________________, attest to the following:

 o I tested positive for COVID-19 on ____________________. I did not experience any symptoms in the two
days prior to my test and, have not in the 10 days since my test, experienced any symptoms of illness
identified in the attached Health Screening Questionnaire, OR

 o I tested positive for COVID-19 on ____________________. I did not experience any symptoms in the two
days prior to my test, have not in the 7 days since my test, experienced any symptoms of illness identified in
the attached Health Screening Questionnaire, and tested negative for COVID-19 after Day 5 of my positive
test.

ASYMPTOMATIC – Close Contact

I, ____________________________, attest to the following:

 o I was identified as a close contact with a most recent exposure date of ________________. I have not
experienced any symptoms since that contact, and have not, in the 10 days since that exposure,
experienced any symptoms of illness identified in the attached Health Screening Questionnaire, OR

 o I was identified as a close contact with a most recent exposure date of ________________. I have not
experienced any symptoms since that contact, and have not, in the 7 days since exposure, experienced any
symptoms of illness identified in the attached Health Screening Questionnaire, AND I tested negative for
COVID-19 on _________________, which was after Day 5 of my quarantine.

Employee Name: ______________________________________________

Employee Signature: ____________________________________   Date: _____________________

Return to Work Date: _______________________________________
HEALTH SCREENING QUESTIONNAIRE

ALL TENANTS, CONTRACTORS, and VISITORS during the COVID-19 outbreak must perform a self-screening, including taking their temperature at home **BEFORE** entering the building each day.

**STOP**

**DO NOT ENTER** THE BUILDING IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS:

1. In the past 14 days, have you been near (within 6 feet for at least 15 minutes) a person who has a lab-confirmed case of COVID-19, or have you had direct contact with their mucus or saliva?

2. Fever of 100.4 F or above (or symptoms like alternating shivering and sweating)

3. In the last 48 hours, have you had any of the following symptoms?
   - New cough
   - New trouble breathing, shortness of breath or severe wheezing
   - New chills or shaking with chills
   - New muscle aches
   - Sore throat
   - Vomiting or diarrhea
   - New loss of smell or taste, or a change in taste
   - Headache
   - Nausea
   - Fatigue
   - Congestion or runny nose

If you answered **YES** to any of the above, **DO NOT ENTER**. Contact your team leader and doctor.

*This screening tool provided by DHP and was adapted from the Mayo Clinic’s online COVID-19 Self-Assessment.*
EMPLOYEE SYMPTOM LOG

The following is provided for an employee's personal use to document his or her symptoms and recovery. This page should not be provided to the employer but kept for the employee’s personal records.

Date symptoms began: ___________________

Date of last fever of 100.4 degrees or higher: ___________________

Date respiratory symptoms began improving: ___________________

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<th>DATE</th>
<th>TIME</th>
<th>TEMP</th>
<th>RESPIRATORY SYMPTOMS? (Y/N)</th>
<th>OTHER ILLNESS SYMPTOMS</th>
<th>NOTES</th>
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