



Midland Valley
Christian Academy

COVID-19 Protocols for Employees

These protocols should be used to log possible and confirmed cases as may be required by the SC DHEC. Give one copy to the employee and one copy should be kept at school.

MVCA COVID-19 PROTOCOL OVERVIEW (For all students and employees)

A	Ill with COVID-like symptoms	Complete Appendix A	24 hours symptom-free AT HOME	
B	Exposure to someone with COVID-like symptoms	Complete Appendix AA	Remain at school IF ASYMPTOMATIC	
C	Exposure to confirmed positive person	Complete Appendix B	14 days at home AND symptom-free	Letter(s) sent electronically and by USPS
D	Ill with positive test for COVID	Complete Appendix C	<p><u>Symptomatic</u></p> <p>10 days since first symptoms AND 24 hours symptom-free</p> <p><u>Asymptomatic</u></p> <p>10 days since test administration with no symptoms</p>	Letter(s) sent electronically and by USPS

For the purposes of all questionnaires, the following definitions will be used to determine direct or close contact:

Direct contact is defined as being in contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils or drinks, etc.). **Close contact** is defined as someone who was without a mask within 6 feet continuously of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection).

Employee is ill with COVID-like symptoms:

1. If an employee registers a temperature of 100 degrees or more or exhibits two or more symptoms, send the employee home and **complete the protocol in Appendix A.**
2. Provide the students and/or staff in the same classroom/area with an alternative setting and sanitize the classroom/area after an appropriate waiting period.
3. Require the employee to be symptom-free for 24 hours without fever-reducing medications or present a negative test result before returning to work.
4. If an employee is sent home with COVID-like symptoms and later reports a positive test result, complete Appendix C and send appropriate letters at that time.

Employee is exposed to someone who is ill with COVID-like symptoms:

1. When an employee reports contact with someone who is awaiting test results or who is experiencing COVID-like symptoms, **complete Appendix AA.**

*An employee who has had direct or close contact with a person experiencing COVID-like symptoms may come to work under the following conditions:

The employee must

- Be **ASYMPTOMATIC.**
 - Wear a face covering when in proximity to others.
 - Social distance and avoid gathering with other school personnel.
 - Monitor symptoms and stay home if experiencing any COVID-like symptoms.
2. If the exposed employee reports that the infected person tests positive for COVID, **complete the protocol in Appendix B for the exposed employee.**

Employee is exposed to a confirmed COVID-19 positive person:

If an employee is reported to have come into ***direct or close contact** with someone who has tested positive:

1. Send the employee home.
2. **Complete the protocol in Appendix B** to determine the date of re-entry.
 - Employees who are determined to be in direct or close contact with an infected person will be required to stay home until
 - 14 days have passed since the time of exposure, AND
 - the individual remains symptom-free during the time of quarantine.
3. An employee who displays symptoms during the quarantine window should consult his/her local physician or health department for further instructions and stay home until he/she has been symptom free for 24 hours, even if the 14 day window has passed.

Employee is confirmed to be positive for COVID-19:

1. **Complete the protocol in Appendix C by phone.**
2. Require the infected employee to remain at home until he/she has met the CDC criteria.
 - a. *Symptomatic employees with confirmed COVID-19* can return to school after:
 - i. At least 24 hours have passed since recovery (as defined by no fever without the use of fever-reducing medications AND improvement in respiratory symptoms) **AND**
 - ii. At least 10 days have passed since symptoms first appeared.
 - b. *Asymptomatic persons with confirmed COVID-19* can return to school after:
 - i. At least 10 days have passed since the date of test administration and the person remains asymptomatic
3. Determine possible contacts with staff and students.
4. Use Appendix B with each possible contact and notify affected families and/or staff using **the appropriate Appendix C1 or C2 letter** while maintaining confidentiality consistent with applicable federal and state privacy laws.

**Loss of sense of taste and smell are excluded from this list as those symptoms can last for an extended period of time beyond the infectious window.

Important: Any employee awaiting COVID-19 test results for ANY reason must remain at home until the test results are received. If the test reveals a positive result, the employee should contact the Head of School immediately and follow the appropriate protocol.

Appendix A COVID-like Symptoms

EMPLOYEE NAME: _____

Date: _____

Circle One

STEP 1: DETERMINE IF THE EMPLOYEE HAS HAD DIRECT OR CLOSE CONTACT WITH A CONFIRMED POSITIVE COVID-19 INDIVIDUAL IN THE PAST 14 DAYS									
<p>1. Direct Contact: Have you kissed, shared utensils, shared drinks, been coughed, or shared secretions in any other manner with the infected person?</p> <p>2. Close Contact: Have you been within 6 feet of contact continuously, without a face covering, for more than 15 minutes with the infected person?</p> <p><i>If the answer is "YES" to question 1 or 2, stop here. Complete the protocol Appendix B.</i></p> <p><i>If the answer is "NO" for both questions, continue to Step 2.</i></p>	YES / NO								
STEP 2: DETERMINE IF THE EMPLOYEE HAS TWO OR MORE COVID-LIKE SYMPTOMS									
Do you have a <i>new</i> cough that you cannot attribute to another health condition?	YES / NO								
Do you have <i>new</i> shortness of breath that you cannot attribute to another health condition?	YES / NO								
Do you have a <i>new</i> fever (100°F or higher) or chills that you cannot attribute to another health condition?	YES / NO								
<p>Do you have any of the following symptoms that are new or unexplained?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Fatigue</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Congestion or runny nose</td> <td><input type="checkbox"/> Diarrhea</td> </tr> <tr> <td><input type="checkbox"/> Sore throat</td> <td><input type="checkbox"/> Muscle or body aches</td> </tr> <tr> <td><input type="checkbox"/> New loss of taste or smell</td> <td><input type="checkbox"/> Nausea or vomiting</td> </tr> </table> <p><i>If the answer is "YES" to any of the four questions, continue to Step 3. If the answer is "NO" to all questions, the employee may return to work and follow the usual safety precautions.</i></p>	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Congestion or runny nose	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Muscle or body aches	<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Nausea or vomiting	YES / NO
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headache								
<input type="checkbox"/> Congestion or runny nose	<input type="checkbox"/> Diarrhea								
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Muscle or body aches								
<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Nausea or vomiting								

STEP 3: DETERMINE THE RETURN TO WORK DATE

The employee has been determined to be exhibiting COVID-like symptoms. The employee should leave work and seek medical advice as necessary.

Today's Date: _____

To return to work, the employee must be **symptom-free** without medication for 24 hours or present a negative test result.

Earliest Return Date: _____

Employee Signature: _____

Protocol Completed by: _____

Appendix AA Exposure to COVID-like Symptoms

EMPLOYEE NAME: _____

Date: _____

Circle One

STEP 1: DETERMINE IF THE EMPLOYEE HAS HAD DIRECT OR CLOSE CONTACT									
<p>1. Direct Contact: Have you kissed, shared utensils, shared drinks, been coughed, or shared secretions in any other manner with the infected person?</p>	YES / NO								
<p>2. Close Contact: Have you been within 6 feet of contact continuously, without a face covering, for more than 15 minutes with the infected person?</p>	YES / NO								
<p><i>If the answer is YES for question 1 or 2, the employee is determined to have direct or close contact. This will be important information should the person with whom they have been in contact become confirmed positive.</i></p> <p>For YES or NO answers, <u>continue to Step 2.</u></p>									
STEP 2: DETERMINE IF THE EMPLOYEE HAS TWO OR MORE COVID-LIKE SYMPTOMS									
<p>Do you have a new cough that you cannot attribute to another health condition?</p>	YES / NO								
<p>Do you have new shortness of breath that you cannot attribute to another health condition?</p>	YES / NO								
<p>Do you have a new fever (100°F or higher) or chills that you cannot attribute to another health condition?</p>	YES / NO								
<p>Do you have any of the following symptoms that are new or unexplained?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Fatigue</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Congestion or runny nose</td> <td><input type="checkbox"/> Diarrhea</td> </tr> <tr> <td><input type="checkbox"/> Sore throat</td> <td><input type="checkbox"/> Muscle or body aches</td> </tr> <tr> <td><input type="checkbox"/> New loss of taste or smell</td> <td><input type="checkbox"/> Nausea or vomiting</td> </tr> </table>	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Congestion or runny nose	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Muscle or body aches	<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Nausea or vomiting	YES / NO
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headache								
<input type="checkbox"/> Congestion or runny nose	<input type="checkbox"/> Diarrhea								
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Muscle or body aches								
<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Nausea or vomiting								
<p><i>If the answer is YES to any of the four questions, <u>continue to Step 3.</u> If the answer is NO, <u>skip to Step 5.</u></i></p> <p>IMPORTANT FOLLOW UP INFORMATION REQUIRED:</p> <p><i>**If the person that the employee was exposed to (who was experiencing COVID-like symptoms) later reports a positive test AND the employee was determined to have close or direct contact with the individual, then <u>complete the protocol in Appendix B.</u></i></p> <p><i>**If the person that the employee was exposed to (who was experiencing COVID-like symptoms) later reports a negative test, the employee should continue in school and monitor symptoms for the full 14 days.</i></p>									

STEP 3: DETERMINE THE RETURN TO WORK DATE FOR EMPLOYEE EXHIBITING COVID-LIKE SYMPTOMS WITH POSSIBLE EXPOSURE

The employee has been determined to be exhibiting COVID-like symptoms. The employee should leave work and seek medical advice as necessary.

Today's Date: _____

To return to work, the employee must be **symptom-free** without medication for 24 hours.

Earliest Return Date: _____

STEP 5: DETERMINE THE RETURN TO WORK DATE FOR ASYMPTOMATIC EMPLOYEES WITH POSSIBLE EXPOSURE

The employee may come to school under the following conditions:

The employee must

- Be **ASYMPTOMATIC**.
- Wear a face covering when in proximity to others.
- Social distance and avoid gathering with other school personnel.
- Monitor symptoms for 14 days and stay home if experiencing **any** COVID-like symptoms.

Employee Signature: _____

Protocol Completed by: _____

Appendix B

Exposure to Confirmed Positive Person

EMPLOYEE NAME: _____

Date: _____

Circle One

<p>Have you been contacted by either the South Carolina Department of Health and Environmental Control (DHEC) or Georgia Department of Public Health (DPH)?</p> <p>Yes - Enter the date of return as determined by that agency: _____</p> <p>No - Continue to Step 1.</p>	YES / NO								
STEP 1: DETERMINE IF THE EMPLOYEE HAS HAD DIRECT OR CLOSE CONTACT									
<p>1. Direct Contact: Have you kissed, shared utensils, shared drinks, been coughed, or shared secretions in any other manner with the infected person?</p> <p>2. Close Contact: Have you been within 6 feet of contact, without a face covering, for more than 15 minutes continuously with the infected person?</p> <p><i>If the answer is YES for question 1 or 2, continue to Step 2. If the answer is NO for both questions and the employee is asymptomatic, continue to Step 2.</i></p>	YES / NO YES / NO								
STEP 2: DETERMINE IF THE EMPLOYEE IS SYMPTOMATIC OR ASYMPTOMATIC									
Do you have a <i>new</i> cough that you cannot attribute to another health condition?	YES / NO								
Do you have <i>new</i> shortness of breath that you cannot attribute to another health condition?	YES / NO								
Do you have a <i>new</i> fever (100°F or higher) or chills that you cannot attribute to another health condition?	YES / NO								
<p>Do you have any of the following symptoms that are new or unexplained?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Fatigue</td> <td><input type="checkbox"/> Headache</td> </tr> <tr> <td><input type="checkbox"/> Congestion or runny nose</td> <td><input type="checkbox"/> Diarrhea</td> </tr> <tr> <td><input type="checkbox"/> Sore throat</td> <td><input type="checkbox"/> Muscle or body aches</td> </tr> <tr> <td><input type="checkbox"/> New loss of taste or smell</td> <td><input type="checkbox"/> Nausea or vomiting</td> </tr> </table> <p><i>If the answer is YES to either question in Step 1 and/or Yes to any of the four questions in Step 2, continue to Step 3. If the answer is NO to all questions Step 1 and Step 2, skip to Step 5.</i></p>	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Congestion or runny nose	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Muscle or body aches	<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Nausea or vomiting	YES / NO
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headache								
<input type="checkbox"/> Congestion or runny nose	<input type="checkbox"/> Diarrhea								
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Muscle or body aches								
<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Nausea or vomiting								

STEP 3: DETERMINE THE RETURN TO WORK DATE FOR EMPLOYEES IN DIRECT/CLOSE CONTACT AND SYMPTOMATIC OR ASYMPTOMATIC

When was the last time you had direct or close contact with the infected person? **See definition for direct/close contact.*

Date of Last Exposure: _____

If known, count **14 calendar days** from the last exposure as defined by direct or close contact.

Anticipated Return Date: _____

**Anticipated date is to be utilized as long as the employee has been symptom-free.*

If unknown, count **14 calendar days** from the positive test date.

Anticipated Return Date: _____

**Anticipated date is to be utilized as long as the employee has been symptom-free.*

STEP 5: DETERMINE THE RETURN TO WORK DATE FOR EMPLOYEES NOT IN DIRECT/CLOSE CONTACT AND ASYMPTOMATIC

The employee may return to or remain at work under the following conditions:

The employee must

- Be **ASYMPTOMATIC**.
- Wear a face covering when in proximity to others.
- Social distance and avoid gathering with other employees.
- Monitor symptoms for 14 days and stay home if experiencing **any** COVID-like symptoms.

Employee Signature: _____

Protocol Completed by: _____

Appendix C

Confirmed Positive Employee

EMPLOYEE NAME: _____

Date: _____

Circle One

Have you been contacted by either the South Carolina Department of Health and Environmental Control (DHEC) or Georgia Department of Public Health (DPH)? Yes - Enter the date of return as determined by that agency: _____ No - Continue to complete the protocol.	YES / NO
STEP 1: DETERMINE IF THE EMPLOYEE IS SYMPTOMATIC OR ASYMPTOMATIC	
Do you have a <i>new</i> cough that you cannot attribute to another health condition?	YES / NO
Do you have <i>new</i> shortness of breath that you cannot attribute to another health condition?	YES / NO
Do you have a <i>new</i> fever (100°F or higher) or chills that you cannot attribute to another health condition?	YES / NO
Do you have any of the following symptoms that are new or unexplained? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Fatigue</div> <div style="width: 50%;"><input type="checkbox"/> Headache</div> <div style="width: 50%;"><input type="checkbox"/> Congestion or runny nose</div> <div style="width: 50%;"><input type="checkbox"/> Diarrhea</div> <div style="width: 50%;"><input type="checkbox"/> Sore throat</div> <div style="width: 50%;"><input type="checkbox"/> Muscle or body aches</div> <div style="width: 50%;"><input type="checkbox"/> New loss of taste or smell</div> <div style="width: 50%;"><input type="checkbox"/> Nausea or vomiting</div> </div> <p><i>If the answer is YES to any of the four questions, continue to Step 2a. If the answer is NO, skip to Step 2b.</i></p>	YES / NO
STEP 2a: DETERMINE THE RETURN TO WORK DATE FOR SYMPTOMATIC EMPLOYEES	
When did you first experience one of the above symptoms? _____ Count 10 days from the date of the onset of symptoms. This is the earliest an employee may return. Date of Anticipated Return: _____ The employee must have been symptom-free for 24 hours prior to returning to work. Skip to Step 3.	

STEP 2b: DETERMINE THE RETURN TO WORK DATE FOR ASYMPTOMATIC EMPLOYEES

Date of your test administration: _____

Count 10 days from the date of the test administration.

Date of Anticipated Return: _____

The employee must remain symptom-free throughout the quarantine.

STEP 4: DETERMINE POSSIBLE SCHOOL/WORK-BASED CONTACTS AND NOTIFY AS APPROPRIATE

List the names of any students/staff with whom the employee may have had contact. Complete the protocol in Appendix B for each student/staff member listed below.

STEP 5: SEND THE APPROPRIATE C1 OR C2 LETTER TO AFFECTED FAMILIES AND/OR STAFF

Employee Signature: _____

Protocol Completed by: _____

Appendix C1

Letter to Parents about Exposure to Confirmed Case: Direct/Close Contact

[Date]

Dear Parents/Guardians:

Today, [insert date], we were alerted that a student or staff member that your child/children have come into direct or close contact with tested positive for COVID-19. The student or staff member is under quarantine following CDC and South Carolina Department of Health and Environmental Control (DHEC) guidelines.

As recommended, your child will need to be quarantined for 14 days from the last exposure to the infected individual. In addition, we encourage you to observe your child/children more closely over the next several days for any of the common symptoms of COVID-19, including:

- Fever
- Cough
- Fatigue
- Congestion or runny nose
- Sore throat
- New loss of taste or smell
- Headache
- Diarrhea
- Muscle or body aches
- Nausea or vomiting

Your child/children's anticipated date of return is [insert date]. You may contact your teachers to obtain assignments to complete during the quarantine. Additionally, someone from our school will contact you prior to your return date to ensure your child/children are healthy and have not experienced any of the above symptoms.

Midland Valley Christian Academy considers the health and well-being of our students and staff to be of the utmost importance. It is with that in mind that this letter is being sent home for your information. If you have any questions or concerns, please contact us or your health care provider for additional information.

Sincerely,

Dr. Bryan Easley
Head of School
Midland Valley Christian Academy

Appendix C2

Letter to Parents about Exposure to Confirmed Case: No Direct/Close Contact

[Date]

Dear Parents/Guardians:

Today, [insert date], we were alerted that a student or staff member who may have been in contact with your child/children tested positive for COVID-19. The student or staff member is under quarantine following CDC and Georgia Department of Public Health (DPH) guidelines.

Though your child may have been in proximity to the individual, your child was not identified to have been in close or direct contact as defined by the CDC and DPH. Therefore, no quarantine will be required for your child.

In an abundance of precaution, you may want to observe your child/children more closely over the next several days for any of the common symptoms of COVID-19, including:

- Fever
- Cough
- Fatigue
- Congestion or runny nose
- Sore throat
- New loss of taste or smell
- Headache
- Diarrhea
- Muscle or body aches
- Nausea or vomiting

Midland Valley Christian Academy considers the health and well-being of our students and staff to be of the utmost importance. It is with that in mind that this letter is being sent home for your information. If you have any questions or concerns, please contact us or your health care provider for additional information.

Sincerely,

Dr. Bryan Easley
Head of School
Midland Valley Christian Academy