

TEACHER AND STAFF **daily self-screening process**

Teachers and staff will self-screen for COVID-19 symptoms prior to coming onto campus each day. The self-screening will include taking their own temperature and answering the following questions:

- 1.** In the past two weeks, have you had close or direct contact or live with someone who has been lab diagnosed with COVID-19?
 - a. being directly exposed to infectious secretions (coughed on while not wearing a mask or shield)*
 - b. being within 6 feet for a cumulative duration of 15 minutes, while not wearing mask or shield*

*If employee answers **No**, they proceed to next question.*

*If employee answers **Yes**, they should not report to work and are advised to contact their supervisor.*

- 2.** In the past two days, have you had COVID symptoms, such as feeling feverish or measuring a temperature greater than or equal to 100.4 degrees Fahrenheit, loss of smell or taste, cough, difficulty breathing, shortness of breath, headache, chills, sore throat, shaking or exaggerated shivering, significant muscle pain, or diarrhea?

*If they answer **No**, employee may proceed to report to work.*

*If the answer is **Yes**, employee should not report to work and should contact their supervisor.*



REVISIÓN DIARIA **de los maestros y personal escolar**

Los maestros y el personal revisarán si presentan síntomas de COVID-19 antes de llegar a la escuela todos los días. Esta revisión consistirá en tomarse la temperatura y contestar las siguientes preguntas:

- 1.** En las últimas dos semanas, ¿ha tenido contacto cercano, directo o vive con alguien que ha sido diagnosticado con COVID-19?
 - a. ser expuesto directamente a secreciones contagiosas, por ejemplo: que le tosieran sin que usted llevara mascarilla o protector facial*
 - b. estar a menos de seis pies por 15 minutos de una persona contagiada sin llevar mascarilla o protector facial*

*Si responde que **no**, siga a la siguiente pregunta.*

*Si responde que **sí**, no se reporte al trabajo y comuníquese con su supervisor.*

- 2.** En los últimos dos días, ¿ha presentado síntomas de COVID-19, como fiebre o temperatura igual o mayor a los 100.4 grados Fahrenheit, pérdida del olfato o del gusto, tos, dificultad respiratoria, falta de aire, dolor de cabeza o de garganta, escalofríos, temblores fuertes, dolor muscular agudo o diarrea?

*Si responde que **no**, puede reportarse al trabajo.*

*Si responde que **sí**, no se reporte al trabajo y comuníquese con su supervisor.*

