

# **COVID-19: LCSD Employee Protocols, Procedures, and Documents**

Based on Iowa Dept. of Public Health, OSHA, and Legal Counsel Guidance



The following information includes protocols/procedures specifically for employees of LCSD.

\*NOTE: Guidance is subject to change under direction of the Governor of Iowa, Iowa Department of Public Health, Plymouth County Public Health, Le Mars Board of Education, or LCSD Superintendent.

Updated August 17, 2020

# LCSD Employee COVID Protocols, Procedures, and Documents

Based on Iowa Dept. of Public Health, OSHA, and Legal Counsel Guidance

## Masks for Staff Members

Masks will be worn:

- During the school day.
- During onsite staff gatherings, when social distancing cannot be attained.
- Bus drivers: During all AM and PM routes.

Masks do not need to be worn:

- When an employee is working alone in a work space (office, classroom, etc.) in which social distancing can be attained.
- During a staff gathering when social distancing can be attained.

Extenuating Circumstances:

- According to the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>), children under the age of 2, anyone having trouble breathing, anyone who is unconscious, incapacitated, or otherwise unable to remove the cloth facemask without assistance. If you fall under any of these guidelines, the CDC recommends you consult with your healthcare provider for advice about wearing a cloth facemask. If there is no reasonable solution for a cloth facemask, an Iowa licensed physician (MD or DO), nurse practitioner, or physician assistant note describing the health issue and why you cannot wear a facemask must be provided. A clear face shield may be approved for usage instead.
- You may not wear a face shield instead of a facemask unless there is a medical diagnosis of a health issue, an Iowa licensed physician (MD or DO), nurse practitioner, or physician assistant note describing the health issue and why you cannot wear a facemask must be provided. Then, you may be permitted to wear a face shield. Anyone can wear a face shield in addition to a mask.

## Employee Social Distance Protocol at Work

Stay 6 feet or more away from students and others, as much as possible, even with a mask.

Employees should avoid congregating in break rooms, office, etc., even with a mask.

Consider limiting communal items such as coffee pots, refrigerators and vending machines. However, if these items are essential to daily work flow, employees should wash their hands after touching communal surfaces.

## **Sick Staff** (Iowa Dept. of Public Health and Iowa Dept. of Education Guidance as of 7-30-20)

Staff members should remain home when sick. Staff members with any high-risk symptom or two or more low risk symptoms should stay home and are advised to seek an evaluation by a healthcare provider.

- **High Risk Symptoms:** New cough, shortness of breath or difficulty breathing, new loss of taste or smell.
- **Low Risk Symptoms:** Fever, headache, muscle and body aches, fatigue, sore throat, runny nose, congestion, nausea, vomiting, diarrhea

## **Evaluation by a Healthcare Provider** (Iowa Dept. of Public Health and Iowa Dept. of Education Guidance as of 7-30-20)

- **Negative COVID-19 Test-** Return to school after 24 hours with no fever (without the use of fever reducing medicine) AND symptoms improving.
- **Alternative Diagnosis-** Return to school after 24 hours with no fever (without the use of fever-reducing medicine) AND symptoms improving.
- **Positive COVID-19 Test-** Return to school after 24 hours with no fever (without the use of fever-reducing medicine) AND symptoms improving AND 10 days since symptoms started.

\*NOTE: School staff are considered “critical staff.” Therefore, staff will be able to continue working if exposed; however, staff member must remain asymptomatic and wear a mask.

Any absent employee required to be gone due to any COVID reason must complete the “Emergency Paid Sick Leave Request form under the Families First Coronavirus Response Act (FFCRA).” This document is attached to this document. Otherwise, located on district website. Contact Sandy Downing if additional information.

## **Procedures for any Employee Prohibited from Coming to Work:**

- Contact the building principal (information will remain confidential).
- Complete the “Emergency Paid Sick Leave Request form under the Families First Coronavirus Response Act (FFCRA).” This document is attached to this document. Otherwise, located on district website. Contact Sandy Downing if additional form needed.

## **Employee Notification of Infections**

Employees will be notified if they have been exposed to COVID-19 at work. Employees are not entitled to know the identities of those infected.

## **Staff Mental Health**

As stated by the CDC, “Whether you are going into work or working from home, the COVID-19 pandemic has probably changed the way you work. Fear and anxiety about this new disease and other strong emotions can be overwhelming. How you cope with these emotions and stress can affect your well-being, the well-being of the people you care about, your workplace, and your community. During this pandemic, it is critical that you recognize what stress looks like, take steps to build your resilience and manage job stress, and know where to go if you need help.”

Please refer to the following CDC site to learn more: <https://www.cdc.gov/coronavirus/2019-ncov/community/mental-health-non-healthcare.html>. Also, LCSD employees are able to access Plains Area Mental Health services through our Employee Assistance Program, if needed. Call (712) 546-4624 for assistance and mention state you are an employee of the Le Mars Community School District and would like to take part in the Employee Assistance Program.

# Temporary Leave Due to COVID-19

*This summary is intended to serve as an easy to read guide to temporary leave options that may be available to employees affected by COVID-19. In the event that the following information is inconsistent with state or federal law, a collectively bargained agreement, or with established District policy, the applicable law, contract, or policy will control.*

## **Order of Temporary Leave Usage (if applicable)**

1. Family First Coronavirus Response Act Leave (FFCRA)
  - a. Available until December 31, 2020, once fulfilled...
2. Family Medical Leave Act (FMLA), once fulfilled...
3. District Leave

## **Family First Coronavirus Response Leave (FFCRA)**

### **Emergency Paid Sick Leave – for a maximum of two weeks of paid leave**

Employees may be eligible for two weeks of paid sick leave capped at 80 hours paid at the employee's regular rate of pay when the employee is unable to work because the employee is quarantined in accordance with a Federal, State, or local government order or advice of a health care provider, and/or experiencing COVID-19 symptoms and seeking a medical diagnosis. Note: For employees who are not full-time, hours will be prorated (Example: 27.5 hrs./week will be capped at 55 hours).

Alternatively, employees may be eligible for two weeks of paid sick leave capped at 80 hours paid at 2/3 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 in accordance with a Federal, State, or local government order, or advice of a health care provider, or to 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.

Please review the U.S. Department of Labor's FFCRA poster, below, for more information. Eligible employees may request emergency paid sick leave by completing the "Emergency Paid Sick Leave Request form under the Families First Coronavirus Response Act (FFCRA)."

### **Expanded Family Medical Leave**

The FFCRA expanded the Family Medical Leave Act to include leave due to the need to care for a child due to the COVID-19 related closure of the child's school or day care. This leave is available for up to 12 weeks. The first two weeks of the expanded FMLA is unpaid. Employees may be eligible for up to an additional 10 weeks of paid expanded family and medical leave at 2/3 the employee's regular rate of pay when the employee, who has been employed for at least 30 calendar days, 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.

Eligible employees may request expanded family medical leave by completing the “Emergency Paid Sick Leave Request form under the Families First Coronavirus Response Act (FFCRA).”

### **Family Medical Leave and District Leave**

Once FFCRA has been utilized, FMLA leave may be granted under legal guidelines. Banked sick leave may not be substituted for the 2/3 paid expanded FMLA to care for a child due to a school or day care closure. Banked sick and vacation leave *must* be used concurrent with traditional FMLA leave.

If an employee does not qualify for FMLA, or has already exhausted his or her FMLA leave entitlement, District leave may be granted under the Master Contract Guidelines and District policy. Please contact LCSD Business Manager, Sandy Downing, for further details.

### **Request to Perform Job-Related Tasks Remotely**

Staff members who experience a temporary leave may be requested to perform some of their duties remotely (Example: Telework, teach online/virtually, perform online tasks, etc.). The district may pursue this option due to lack of substitutes and ability to perform tasks. Upon which, employee will be paid regular wage and discussion of work hours will take place if telework is likely to continue.

Note: If teachers are performing some of their job duties remotely, no leave will be applied if working full-time.

**EMERGENCY PAID SICK LEAVE REQUEST FORM UNDER THE FAMILIES FIRST  
CORONAVIRUS RESPONSE ACT (FFCRA)**

Name: \_\_\_\_\_

Anticipated Begin Date: \_\_\_\_\_

Expected Return to Work Date: \_\_\_\_\_

**Employee Request for Leave at Full Pay**

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the employee's full regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- I am quarantined pursuant to Federal, State, or local government order.
- I am quarantined on the advice of a health care provider due to COVID-19 concerns.
- I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

*Please attach the applicable government order or documentation from an Iowa licensed physician (MD or DO), nurse practitioner, or physician assistant provider corresponding to the item(s) selected. If you are experiencing symptoms and seeking a medical diagnosis, please identify your symptoms and the date of your medical appointment.*

**Employee Request for Leave at 2/3 Pay**

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the 2/3 of the employee's regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- I need to care for an individual subject to quarantine pursuant to Federal, State, or local government order or advice of a health care provider due to COVID-19. I represent that no other person will be providing care for the individual during the period for which the I am receiving Emergency Paid Sick Leave.

*Please attach the applicable government order or documentation from medical provider.*

- I am 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.

*Please attach the applicable government order or documentation from medical provider.*

\_\_\_ I am unable to work or telework because I need to care for my child under age 18 because my child's elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving Emergency Paid Sick Leave.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

*Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.*

*If you are requesting 2/3 paid leave in conjunction with Expanded Family Medical Leave to care for a child under the age of 18 affected by school or care closure due to COVID-19, please complete the "Expanded Family and Medical Leave Request Form" to submit with this form.*

I acknowledge that the above information is true to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

***Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.***

***\*PLEASE RETURN FORM TO SANDY DOWNING AT THE EDUCATION SERVICE CENTER. You may contact Sandy with any questions (sandy.downing@lemarscsd.org).***

**EXPANDED FAMILY AND MEDICAL LEAVE REQUEST FOR UNDER THE FAMILIES  
FIRST CORONAVIRUS RESPONSE ACT (FFCRA)**

Name: \_\_\_\_\_

Anticipated Begin Date: \_\_\_\_\_

Expected Return to Work Date: \_\_\_\_\_

Employees may be entitled to expanded family medical leave in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility standards.

**Reason for Leave**

Employees satisfying the standards below are eligible for 12 weeks\* of leave. The first two weeks of the leave are unpaid unless the employee selects available options in the next box. The remaining 10 weeks of leave are paid at 2/3 of the employee's regular compensation rate unless other options are selected on this form. Please select the applicable reason and follow the related instructions.

I, \_\_\_\_\_, request family and medical leave because I am unable to work or telework because I need to care for my child(ren) under 18 because my child(ren)'s elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to COVID-19. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving expanded family medical leave benefits.

If the age of one or more of the children is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours:

*Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The District reserves the right to request confirmation regarding the nature of the closure or unavailability.*

*\* An employee who qualifies for and utilizes the Emergency Paid Sick Leave provisions of the FFCRA, is entitled to an additional 10 weeks of Emergency FMLA.*

**Substitution of Paid Leave for the First Ten Days of Expanded Family Medical Leave**

In accordance with the FFCRA, the first ten days of expanded family medical leave is unpaid, however you may be eligible to use Emergency Paid Sick Leave provided through the FFCRA to cover this period at 2/3 of full pay. In the event you have already used Emergency Paid Sick Leave, you are permitted to use available District-provided paid leave to cover this period at full pay. Please indicate if you would like to use paid leave during the first 10 days of your absence and how many hours you plan to use. Requested leave is subject to availability based on confirmation by the School District. If requesting Emergency Paid Sick Leave, please complete and submit an "Emergency Paid Sick Leave Request Form."

\_\_\_Emergency Sick Leave    \_\_\_Sick Leave    \_\_\_Personal Leave

**Supplement 2/3 Pay with Accrued District Leave**

Employees may choose to supplement the 2/3 pay provided through expanded family medical leave with accrued District leave to earn full compensation. Please indicate if you would like to use paid leave during your expanded family medical leave to supplement your 2/3 expanded family medical leave compensation. Requested leave is subject to availability based on confirmation by the District.

Emergency Sick Leave     Sick Leave     Personal Leave

After completing the first ten days of expanded family medical leave, an employee may choose to take 10 weeks of continuous leave under expanded family medical leave for the reason indicated above. Continuous leave means the employee will not complete any District duties during this period but will be compensated based on the options selected above.

An employee may also choose to take 10 weeks of intermittent leave only with the District's permission. Intermittent leave means an employee will complete some District duties on a modified schedule as approved by the employee's supervisor. When using intermittent leave, the employee will receive full regular pay for hours worked and 2/3 of regular pay during periods on expanded family medical leave unless supplemented in a manner noted above.

I am requesting (choose one):

- continuous leave
- intermittent leave

If your need for leave is intermittent, please describe the requested schedule for your intermittent leave:

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I acknowledge that the above information is true to the best of my knowledge.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Note: This type of emergency paid sick leave is only available through passage of the federal Families First Coronavirus Response Act and will expire on December 31, 2020. After that date, this exhibit should be removed from policy 409.2, as the benefit will no longer be available to employees.

***\*PLEASE RETURN FORM TO SANDY DOWNING AT THE EDUCATION SERVICE CENTER. You may contact Sandy with any questions (sandy.downing@lemarscsd.org).***

# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$  for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at  $\frac{2}{3}$  for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

### ► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
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### ► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:  
**1-866-487-9243**  
TTY: 1-877-889-5627  
[dol.gov/agencies/whd](https://dol.gov/agencies/whd)



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