Culberson County-Allamoore Independent School District
Ken Baugh, Superintendent of Schools
400 West 7th Street • P.O. Box 899 • Van Horn, TX 79855
(432) 283-2245 School Phone • School Fax: (432) 283-9062

EMPLOYEE SAFETY PROTOCOL: COVID-19

By checking the boxes and providing my signature below, I hereby acknowledge the following requirements as specified in the *CCAISD Employee Safety Protocols Related to COVID-19:*

ACCESS:

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☐ I have access to and I accept responsibility for reading the *CCAISD Employee Safety Protocols Related to COVID-19,* located here:

DAILY SELF-SCREENING:

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☐ I commit to completing the required daily self-screen *prior* to entering my workplace. The self-screen requires (1) taking my temperature and (2) evaluating whether I have symptoms consistent with COVID-19.

COVID-19 SYMPTOMS REVIEW:

Each checkmark below indicates that I have read and know the symptoms to watch for regarding my daily self-screening for COVID-19 (please check each symptom as you read it to verify a thorough review of all symptoms):

☐ Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
☐ Loss of taste or smell
☐ Cough
☐ Difficulty breathing
☐ Shortness of breath
☐ Fatigue
☐ Headache
☐ Chills
☐ Sore throat
☐ Congestion or runny nose
☐ Shaking or exaggerated shivering
☐ Significant muscle pain or ache
☐ Diarrhea
☐ Nausea or vomiting

REQUIRED FACE COVERINGS AND PROTECTIVE EQUIPMENT:

☐ I agree to the required use of Personal Protective Equipment and Face Coverings as specified. I understand that face coverings are the default requirement, which include non-medical and medical grade disposable face masks and cloth face coverings (over the nose and mouth). Face shields may only be worn in place of face coverings in very limited circumstances as specified in protocols.

SOCIAL DISTANCING:

☐ I agree to required appropriate Social Distancing of six feet or more for all staff and all students, as much as is feasible, and as specified. I also understand that social distancing will be practiced even with the use of face coverings.

COMMON AREAS:

☐ I agree to the use of Common Areas as specified, including required use of hand sanitizer when entering and exiting common areas, maintaining social distancing, wearing face coverings, and cleaning the space used before leaving.

If I have COVID-19 symptoms, I understand that I must:

- ☐ Stay home
- ☐ Seek medical assistance
- ☐ Notify supervisor or **Covid-19 Liaison (Pam Baugh, R.N.)**
- ☐ Remain home until cleared by Covid-19 Liaison and provided a return-to-work date

If I have been diagnosed with COVID-19, I understand that I must:

- ☐ Stay home
- ☐ Seek medical assistance
- ☐ Make two lists: (1) a list of those in close contact at work, and (2) a list of all places visited at work while contagious
- ☐ Notify supervisor or Covid-19 Liaison
- ☐ Remain home until cleared by Covid-19 Liaison and provided a return-to-work date

If I have been in close contact (directly exposed to infectious secretions OR within 6 feet for a cumulative duration of 15 minutes) with a person who tested positive for COVID-19, I understand that I must:

- ☐ Stay home
- ☐ Monitor for symptoms
- ☐ Seek medical assistance as necessary
- ☐ Notify supervisor or Covid-19 Liaison
- ☐ Remain home until cleared by Covid-19 Liaison and provided a return-to-work date

FULL NAME:

First Name:	Last Name:

SIGNATURE: _____