

# COVID-19 PROTECTIVE MEASURES FOR VISITORS AND CONTRACTORS

The Community Education Building, together with our school partners and resident tenants (together, “the CEB”) take very seriously our obligation to provide employees and visitors with a safe environment. This requires the concerted effort and commitment of each and every visitor, contractor, employee, and student to follow recommended CDC and public health guidelines when out of work, and to adhere to building expectations. This policy, designed to inform our visitors and contractors, promotes responsible behavior of all of us in addition to frequent and transparent communication that will enable the exchange of accurate information, reduce rumors, and alleviate unnecessary anxiety.

## GENERAL EXPECTATIONS

# LIVE SAFELY



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

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

3. Follow all entry protocols including:

**Temperature check:** your temperature will be taken upon arrival. Anyone with a temperature of 100.4 degrees or higher will not be allowed entry into the building and will be directed to contact a health care provider.

**Symptom screen:** You will be asked to self-report any symptoms by answering 3 questions:

1. In the past 14 days, have you been near (within 6 feet for at least 5 minutes) a person who has a lab-confirmed case of COVID-19, or have you had direct contact with their mucus or saliva?
2. In the last 48 hours, have you had a fever of 100.4 F or above (or symptoms like alternating shivering and sweating)?
3. In the last 48 hours, have you had any symptoms known to be associated with COVID-19? (a current symptom list is posted at the door)

**Use hand sanitizer:** prior to entering the building, you will be asked to use hand sanitizer.

4. Maintain physical distancing recommendations, doing your best to remain at least six feet apart from others even while wearing a mask.
5. Stay home if you are experiencing COVID-19 symptoms. **A list of currently known COVID-19 symptoms, according to the CDC, can be found [here](#).**
6. Stay home if you are experiencing a fever of 100.4 or higher.
7. Wash hands and use hand sanitizer whenever possible and especially when moving within common spaces.
8. Disinfect frequently touched areas of your workspaces before and after being in the building.

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

4. A visitor or contractor who has symptoms believed to be indicative of COVID-19 or who has tested positive for COVID-19 should stay at home and not enter the building.
5. We ask all visitors and contractors who test positive for COVID-19 immediately notify their CEB, School Partner, or Resident Partner contact immediately if they were in the building during the during the 2 days prior to the onset of signs or symptoms (the “Infectious Period”).
6. Your appropriate CEB, School Partner, or Resident Partner contact will:
  - a. Contact the organization’s COVID Coordinator and verify the diagnosis or symptoms.
  - b. Identify the scope of the risk.
    - Interview the visitor or contractor to determine anyone with whom the visitor or contractor was in close contact (within six feet for at least 15 minutes) 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”).
    - Close contact may include interactions where participants were not wearing masks and were not physically distancing (e.g. lunch), were within six feet of each other for more than 15 minutes, or where a coworker visited an employee in an enclosed space (even if maintaining six feet of physical distancing) where the visitor or contractor was not wearing mask.

- Identify all areas within the workplace where he/she was physically present during the Infectious Period.
- c. Alert CEB's COVID Coordinator for further guidance.
7. We at the CEB will not tolerate discrimination or retaliation against any person because of a positive COVID-19 diagnosis. While information about the diagnosis may be shared with others, the affected person will not be identified.
  8. 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.
  9. A visitor or contractor who has been positively diagnosed with COVID-19 shall not return to the CEB until the visitor or contractor provides one of the following:
    - a. IF SYMPTOMATIC, the visitor or contractor may return to the CEB with a "return to work" authorization from the person's doctor, by providing an email from DPH authorizing the return to the building, or a signed certification of the Form A attached.
    - b. IF ASYMPTOMATIC, the visitor or contractor shall provide a signed certification that visitor or contractor has experienced no symptoms for 10 days from the date of the positive test, or by providing an email from DPH authorizing the return to the building.

### **SUSPECTED EXPOSURE**

1. If a visitor or contractor has been identified as a close contact of someone who has tested positive for COVID-19, experiencing COVID-19 related symptoms, or for any other reason believes she/he may have been infected, but has not yet been tested or is awaiting test results, the visitor or contractor shall refrain from entering the CEB pending test results.
2. If the visitor or contractor experiences symptoms, he/she shall refrain from returning to the CEB for a minimum of 10 days from the onset of symptoms *plus* 24 hours fever free without the use of fever-reducing medications *plus* other symptoms have improved, OR as recommended by his/her health care provider or the applicable health department.

### **COMMUNICATING WITHIN CEB BASED ON NOTIFICATION OF A POSITIVE OR SUSPECTED CASE OF COVID-19 FROM A VISITOR OR CONTRACTOR**

1. When a COVID Coordinator learns of a positive case, he/she will contact all COVID Coordinators including CEB, Partner Schools, and Resident Partners with the following information:
  - a. The nature of the diagnosis
  - b. The date of the positive test

- c. The dates of the “infectious period” -- 2 days prior to the onset of signs or symptoms or the date of the positive test
  - d. The areas of the building affected
  - e. Name of any employee of the school or other tenant that the visitor or contractor identified as a close contact during the infectious period.
2. If the individual who tested positive was in the building during the infectious period, the COVID Coordinators will issue a general notice to their staff that a visitor or contractor has tested positive for COVID-19 (without identifying the person). Any such notice will reassure employees that, unless the employee has been notified directly by the employer, it is not believed that the employee has been in close contact with or shared a common workspace with the infected visitor or contractor. The notice shall inform employees that we are providing the general notice to dispel any rumors and to invite other employees to continue to monitor themselves for symptoms and seek treatment if needed.
3. Any person who has been identified as a close contact will be encouraged to self-quarantine and seek all medical care and testing that they feel may be appropriate. Close contacts may return to the CEB after 14 days of self-quarantine from the date of his/her last exposure with a person who has COVID-19, assuming the person does not himself/herself experience symptoms of illness.
4. CEB will close impacted areas of the building as necessary to ensure proper cleaning and disinfecting in accordance with CDC guidelines.

### **QUESTIONS ABOUT POLICY:**

If you have any questions or concerns regarding CEB’s COVID-19 Protective Measures for Visitors and Contractors, please contact your COVID-19 Coordinator:

CEB: Aryn Barreiro, [abarreiro@cebde.org](mailto:abarreiro@cebde.org), 302-265-3115

KUUMBA Academy Charter School: Nurse Carol Moore, [cmoore@kacsde.org](mailto:cmoore@kacsde.org),

Great Oaks Charter School: Damien Burke, [dburke@greatoakswilm.org](mailto:dburke@greatoakswilm.org)

TeenSHARP: Tatiana Poladko, [tatiana.poladko@teensharp.org](mailto:tatiana.poladko@teensharp.org)

Teach for America: Tamara Smith, [Tamara.Smith@teachforamerica.org](mailto:Tamara.Smith@teachforamerica.org)

First State Squash: Owen Butler, [owen.butler@firststatesquash.org](mailto:owen.butler@firststatesquash.org)

DiAE: Nanci Hersh, [nhersh@udel.edu](mailto:nhersh@udel.edu)

SummerCollab: Candice Buchanan, [candice@summercollab.com](mailto:candice@summercollab.com)

*This policy will be in effect until further notice.*

## ACKNOWLEDGEMENT

I acknowledge that I have been provided **CEB's COVID-19 PROTECTIVE MEASURES POLICY**, which includes the requirement to physically distance when possible, required face coverings, etiquette for covering coughs and sneezes, hand-washing frequency, and notifying CEB of any suspected or positive of COVID-19.

I agree to abide by CEB'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 at the CEB, as well as anyone with whom I may have close contact. I understand that I am responsible for notifying the CEB in the event I experience symptoms or receive a positive diagnosis and I agree to provide accurate and honest information. I further agree that I shall not enter the CEB if I am experiencing COVID-19 related symptoms, suspect that I may have COVID or have tested positive for COVID-19.

Visitor Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

# COVID-19

## Self-Certification to Return to CEB

### SYMPTOMATIC

I, \_\_\_\_\_, attest to the following:

- I have had no fever for at least 24 hours without taking medication to reduce fever during that time.
  - Date of last fever of 100.4 degrees or higher: \_\_\_\_\_
- My respiratory symptoms (cough and shortness of breath) have improved.
  - Date respiratory symptoms began improving (write N/A if no symptoms present)
- At least ten days have passed since my fever and/or respiratory symptoms began.
  - Date fever and/or respiratory symptoms began: \_\_\_\_\_

### ASYMPTOMATIC

I, \_\_\_\_\_, attest to the following:

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.

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

Visitor Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

Date returned to work: \_\_\_\_\_