

BEGINNING, JANUARY 1, 2021

Frontier Central School District

Coronavirus (COVID-19) Pertinent Information & Leave Request

- * To help keep everyone safe... if you are not feeling well, call in sick per established procedures.
- * If you are reporting to work, you **are required to** complete the COVID-19 District Screening Protocol

https://www5.healthofficeanywhere.com/Anywhere_Frontier_Central_School_District/Portal/Login.aspx

Teachers, administrators, managerial/confidential and professional employees who have AESOP accessibility follow established sick/family sick protocol

Support staff, nurses and contractual professionals whose attendance is not recorded in our AESOP system, please refer to the attached and continue to work with your building/department supervisor to document accordingly.

FRONTIER CORONAVIRUS (COVID-19 LEAVE PROCEDURE)

1. Contact your building principal or department supervisor. If you answer “yes” to any items on the COVID questionnaire, you are not to report to work or enter the district premises.
2. Employee to enter absence in AESOP/established protocol
3. If COVID-19 eligible, based on NYS and/or Erie County Department of Health Guidelines, employee would note such in AESOP (Teacher, Administrator or Managerial / Confidential)
4. Please complete Frontier COVID-19 form which is located on the Personnel, Business and Curriculum office Google drives and return form to the Personnel Office Fax to (716) 926-1756
5. Personnel Office reviews COVID-19 form to confirm eligibility for paid leave under New York Covid Leave Law (link below):

[New York Paid Sick Leave | The State of New York \(ny.gov\)](#)
6. If eligible, AESOP & attendance record will be amended to reflect NYS Law paid COVID-19 related absence time

FRONTIER CENTRAL SCHOOL DISTRICT

CORONAVIRUS (COVID-19) PAID LEAVE REQUEST FORM

AS OF JANUARY 1, 2021

Name of Employee: _____

Date(s) for which [New York State Paid Leave](#) is requested: _____

By signing this form, I certify that I am entitled to paid leave under the NYS Covid Leave Law for the following reason:

_____ 1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of the government entity that issued the order: _____

Provide order. Orders can be requested by contacting your local health department.

If order is not immediately available, ***I certify by signing this form that I meet the criteria for a mandatory isolation, mandatory quarantine, or precautionary quarantine (select one) as outlined below:***

_____ *Mandatory isolation:* employee has tested positive for COVID-19

_____ *Mandatory quarantine:* (a) employee has been in close contact with someone who tested positive for COVID-19 or is currently in mandatory isolation or (b) In the past 14 days, employee has returned from a work related trip from a Restricted State/Country as determined by NYS Covid-19 Travel Advisory. The updated advisory may be found at <https://coronavirus.health.ny.gov/covid-19-travel-advisory>. Please note, if you have traveled to a Restricted State/Country in the past 14 days as determined by the above NYS Covid-19 Travel Advisory and your trip was not work related, you must quarantine but you are not entitled to pay under the NYS COVID Leave law.

Provide medical documentation establishing the relevant criteria as described above, and provide the quarantine or isolation order as soon as you receive it from the local health department (should be received from local health department within 30 days of request).

_____ 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of the health care provider who advised the self-quarantine: _____

Provide documentation to the Frontier Central Personnel Office (716) 926-1756 confidential fax

_____ 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Provide documentation to the Frontier Central Personnel Office (716) 926-1756 confidential fax

Note: If you need leave for the above reasons but are unable to provide documentation immediately contact, Colleen Duggan, Acting Superintendent of Schools at cduggan@frontiercsd.org or Myra Pinker, Assistant Superintendent for Personnel at mpinker@frontiercsd.org. The District will grant reasonable extensions of time to provide documentation.

By signing below, I certify that the information provided is true and accurate. If this information is not true and accurate you may be subject to discipline.

EMPLOYEE SIGNATURE

EMPLOYEE PRINTED NAME

DATE

INTERNAL COMMUNICATION ONLY:

_____ Communicated to Supervisor/Principal their requested absence – AESOP/form submittal: DATE/TIME: _____

_____ Completed the Frontier COVID-19 Leave Request Form & Submitted appropriate documentation per above

_____ All information reviewed – employee is entitled to:

_____ Emergency Paid Sick Leave Act

_____ Not Eligible for Emergency Paid Sick Leave Act

NOTES: _____



COUNTY OF ERIE
MARK C. POLONCARZ
COUNTY EXECUTIVE

GALE R. BURSTEIN, MD, MPH
COMMISSIONER OF HEALTH

Guidance for P-12 Schools and Higher Education when a student or staff member has COVID-19 symptoms or a positive COVID-19 test

What to do when a student or staff member develops COVID-19 symptoms

If the student/staff is at school when symptoms begin, the student/staff should immediately be sent home or to their school residence. The student/staff should be placed in isolation at home or at their school residence in their own room with their own bathroom.

One of the three following criteria must be met before the student/staff can return to school:

1. A note from the student/staff's medical care provider with an alternative diagnosis is provided OR
2. The result of a negative diagnostic COVID-19 test is provided OR
3. There have been at least ten days since the onset of COVID-19 symptoms.

ECDOH offers free diagnostic testing to symptomatic Erie County residents and close contacts of confirmed cases. Other local testing sites are listed at www.erie.gov/covidtestsites.

What to do when a student tests positive for COVID-19

The student/staff should be placed in isolation in their own room with their own bathroom. All the following criteria must be met before the student/staff can return to school:

continued

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1. At least ten days after COVID-19 symptom onset or ten days from their first positive test if asymptomatic AND
 2. Fever-free for at least 72 consecutive hours without the use of fever-reducing medication

AND

3. Respiratory symptoms are improving.

What to do with classmates or staff members in contact with a confirmed COVID-19 case

Protective measures, such as maintaining six feet of physical distance and masking while in the classroom, are practices aimed at reducing the risk of infection. However, having these practices in place does not mean that a classroom is exempt from quarantine in the event of a positive COVID-19 case. Duration of exposure impacts risk.

Even with protective practices, the following quarantine rules apply:

1. Household contacts and close contacts are placed in quarantine for 14 days. A close contact is defined by NYSDOH as an individual who has been within 6 feet of a positive COVID-19 case for 10 consecutive minutes or more during a time the case was infectious.
2. Contact tracers may make recommendations for quarantine based on other factors, including duration, proximity and presence of symptoms.
3. Persons under quarantine who develop symptoms should be tested for COVID-19. If the test result is positive, the student or staff member will be placed in isolation. If test result is negative, the student or staff member will continue in quarantine for the full 14 days.

Questions regarding this guidance can be direct to the Erie County Department of Health, Office of Epidemiology and Disease Surveillance, School Program at (716) 858-7697 during normal business hours.

Rev. 9/18/2020 to include department letterhead, no changes to text

Rev. 9/21/2020 to clarify that NYSDOH guidance for placing household contacts and close contacts under quarantine applies to cases in the school environment.

Rev. 12/11/2020 to remove 60-minute quarantine criteria.