

NEW CASTLE COUNTY PERSONNEL POLICY

POLICY #	3.24
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DATE	07/13/2022

SUBJECT: COMPREHENSIVE COVID-19 POLICY

APPROVED:



OBJECTIVE

To provide a comprehensive personnel Policy specific to the monitoring or management of the novel coronavirus, known as COVID-19.

STATEMENT

The COVID-19 public health threat presents an unprecedented situation that is not addressed by existing County Personnel Policies. This requires a new and comprehensive statement of County Policy during the active monitoring or management of COVID-19. The Chief Human Resources Officer (CHRO) will modify this Policy as often as needed to adapt to evolving circumstances, and to reflect changes in law relating to the COVID-19 public health threat.

PROCEDURE

1. **COVID-19 Screening Measures**

- A. Effective March 2, 2022 at 12:01 a.m., visitors will not be required to wear masks in County facilities, although they may wear a mask if they so choose.
- B. At the entrance of each County facility there shall be a poster advising employees and visitors to remain out of the facility if: (1) they have recently been diagnosed with COVID-19, (2) they are experiencing symptoms known to be related to COVID-19, or (3) they were recently exposed to someone known to be diagnosed with COVID-19 and they are experiencing any symptoms known to be related to COVID-19.

2. **Employees working in County Facilities or traveling as part of their Job Duties**

Effective March 2, 2022 at 12:01 a.m., face masks will no longer be required to be worn by County employees while within County facilities, although employees may wear such if they so choose.

- i. Employees that visit non-County facilities should comply with posted mask mandates.

3. **COVID-19 Related Leave**

Effective January 24, 2022, the County will offer COVID Leave Pay. Employees are eligible for COVID Leave Pay if they have worked for the County for 30 days or more. Employees are eligible for COVID Leave Pay for the qualifying reasons as listed below.

- A. Qualifying reasons for leave.

The employee does not have the ability to telecommute and has been directed by Risk Management that they cannot report to work because:

- i. The employee has been diagnosed with COVID-19; or
- ii. The employee is experiencing symptoms of COVID-19.

- B. Maximum amount and duration of COVID Leave Pay.

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- i. Qualified employees may receive up to two (2) weeks of COVID Leave Pay (the two weeks being dependent on your work schedule i.e. 35 hours per week may receive up to 70 hours of COVID Leave Pay) in a twelve (12) month period. The maximum amount of covered occurrences is three (3).
- ii. For qualifying reason i., the employee shall test on day 5 post-positive test and report the results of the same to Risk Management immediately via email to stephanie.tickle@newcastlede.gov. If the County has rapid tests available, the employee must take a rapid test on day 5, and each day thereafter until either the employee tests negative or completes a 10-day self-isolation.
- iii. For qualifying reason ii., the employee shall test on the first day that the employee is seeking leave pay and report the results of the same to Risk Management immediately upon receipt via email to stephanie.tickle@newcastlede.gov.

C. Requesting COVID Leave Pay.

Employees who request COVID Leave Pay must submit the required form (**APPENDIX B** of this policy) through their supervisor and General Manager to the Office of Human Resources. Requests will be reviewed by the Office of Human Resources to confirm eligibility for leave and processing.

4. **Reporting COVID Matters and Returning to Work after COVID-19 Illness or Risk of Illness**

- A. Regardless of an employee's vaccination status, an employee meeting any of the criteria listed below shall immediately report such status to Risk Management. The criteria are:
 - i. The employee has been diagnosed with COVID-19.
 - i. Risk Management shall request that the employee immediately cease work and remain home until at least 10 calendar days post positive testing.
 1. If 5-days after testing positive an employee (1) is asymptomatic and (2) has tested negative, with a PCR or Rapid test, the employee may return to work after receiving Risk Management's approval. Employees that return to work before the expiration of the initial 10-day post positive test period will need to wear a mask at all times, with no exception, for the remaining portion of the 10-day post-positive test period.
 - ii. The employee is currently displaying two or more of the following symptoms which have not been diagnosed by a medical professional as being associated with a non-coronavirus affliction: Fever of 99.5 degrees or more; chills; coughing; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headaches; loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; or diarrhea.
 - i. Risk Management shall request that the employee immediately cease work in County facilities and remain out of County facilities until either he/she supplies a negative test result (PCR),

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or is approved by a medical provider to return to work, or 5 days has expired since the symptoms began and the employee is now reporting to be asymptomatic and has tested negative with a Rapid Test on day-5 post development of symptoms.

- iii. The employee, regardless of vaccination status, was in close, personal contact with someone known to have been diagnosed with COVID-19. The close, personal contact shall be defined as contact without a mask (by both individuals), for 5 minutes or longer, within 6 feet of each other, while indoors.
 - i. Risk Management shall direct the employee to wear a mask while at work for the 10-day period post-exposure.
 - B. Any employee returning to work after being instructed to self-isolate or missing any time from work as a result of the COVID-19 public health threat must complete the Self-Affirming Fitness for Duty Certification Form located at **APPENDIX A** of this Policy and submit it to Risk Management before being permitted to return to work. The Form can be completed and submitted electronically with an electronic signature.
 - C. Exceptions to 4(A) may be made in accordance with the Delaware Health and Social Services Division of Public Health recommendations for managing "Healthcare Personnel". These exceptions will be applicable to Division of Emergency Medical Services medical professional staff only.
5. This Personnel Policy is solely an expression of the County Policy and shall not give rise to any independent employment rights expressed or implied. This Policy may be modified at any time in the complete discretion of the County.
6. **Employees Claiming Violation of County, State, or Federal Employment Law**

An employee who is concerned that the County or one of its employees is violating County, State or Federal Employment Law, is encouraged to notify the County Attorney Wilson Davis at wilson.davis@newcastlede.gov and Assistant County Attorney, Laura Hay at laura.hay@newcastlede.gov, so that the employee's concern(s) may be timely addressed.

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Revised: 08/04/2021
Revised: 01/04/2022
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EXHIBIT A



SELF-AFFIRMING FITNESS FOR DUTY CERTIFICATION FORM – COVID-19

Pursuant to the County's COVID-19 policy, all individual returning to work after missing anytime from work as a result of the COVID-19 pandemic must complete the following form. This form, once completed, must be returned to the County's Office of Risk Management before you can return to the workplace and/or resume any work duties. Failure to return the completed form may result in a delay or denial of your return to the workplace or ability to perform any work duties. Please note that this form may be completed in an electronic format and executed with an electronic signature.

PLEASE COMPLETE THE FOLLOWING:

I, _____ [insert name], a New Castle County employee or contractor, have:

Check applicable box:

- recently been in close, personal contact for prolonged periods of time without a face covering to someone diagnosed with the coronavirus (COVID-19).
- recently been in quarantine or otherwise removed from general contact with others due to exposure (or potential exposure) to the coronavirus (COVID-19).
- recently experienced symptoms that may be related to COVID-19.
- been diagnosed with COVID-19.
- Other (please specify): _____

Please answer, fully and completely, the questions below.

1. I am fully vaccinated, meaning boosted, or completed the primary series of Pfizer or Moderna vaccine within the last six (6) months, or completed the primary series of J&J vaccine within the last 2 months.
_____ Yes _____ No

2. I have been without a fever for the last 24 hours.
_____ Accurate _____ Not Accurate

3. I have not had a combination of any of the following symptoms in the last 24 hours: Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, Loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, or Diarrhea.
_____ Accurate _____ Not Accurate

Comments: _____

4. I tested negative for COVID-19. _____ N/A _____ Yes (date ___/___/___) _____ No

5. It has been 10 days since I've tested positive for COVID-19. _____ N/A _____ Yes _____ No
If "No", please provide detail as to why the 10-day quarantine is not necessary in your situation. (specify below)

I, _____ [insert name], certify that the above information is accurate and correct to the best of my knowledge and belief.

Signature of Employee

Printed Name of Employee

Date: _____

RETURN FORMS and DIRECT QUESTIONS TO: Stephanie Noble Tickle, Risk Manager, New Castle County at stephanie.tickle@newcastlede.gov

EXHIBIT B



APPENDIX B COVID LEAVE PAY REQUEST FORM

To request COVID Leave Pay as provided in Personnel Policy 3.24, please complete the following request form and submit to your Supervisor. Documentation of the need for leave can be provided following submission of this form and may be provided directly to the Office of Human Resources via email, if requested. Verbal notice will be accepted until a form can be provided.

Section 1: Employee Information	
Employee Name (print clearly):	
Supervisor/Manager (print clearly):	
Department:	
Employee ID:	Union:

Section 2: Leave Request

Due to the reason selected below, I am unable to work (or telework) and am requesting COVID Leave Pay (check the appropriate reason):

- I am experiencing symptoms of COVID-19 and I've tested for COVID-19 on the first day of leave.

- I am a close, personal contact of an individual diagnosed with COVID. I was exposed to COVID on _____ and I will test for COVID-19 five (5) days after my exposure.

- I was diagnosed with COVID-19. The date I provided the specimen that tested positive was: _____. I will test again on day 5 post-positive test result.

- Please check here if you have received COVID Leave Pay in the last 12 months.

I understand that if my circumstances change so that I am no longer eligible under one of the qualifying categories listed above, I must immediately inform my supervisor and the Office of Human Resources, and I may be directed to report for work or telework.

Signature: _____ Date: _____

GM (or designee) Signature: _____ Date: _____

Please keep the original and send a copy to the Office of Human Resources at HRBenefits@newcastlede.gov

HR Use Only

Approved _____ Denied (reason): _____

Start Date: _____

Employee Hourly Rate: _____

Regularly Scheduled Hours Per Week: _____