



## WCSD COVID-19 Safety Protocol Training

Mandatory Training Video: \_\_\_\_\_

By watching the above recorded COVID-19 Training Video you have been trained about the following:

### **Screening Process:**

As a staff member you must scan the QR code and answer the screening questions every time you come to campus. You should also be checking yourself before you even leave home to make sure that you are not symptomatic. If you have any possible COVID-19 symptoms, stay home and contact your site administrator.

### **Personal Protective Equipment (PPE):**

Staff **must wear a face covering at all times**. Face masks must cover the nose and mouth. Face shields can be worn as well, but a mask is still required underneath.

### **Physical Distancing:**

Attempt to maintain at least 6 feet of distance between yourself and others, as much as is realistically possible.

### **Handwashing:**

Continually wash your hands throughout the day especially after the restroom, before and after eating, and after coming into the classroom from outside. You must wash your hands for **20 seconds** or you may use hand sanitizer and rub together until your hands are dry.

### **Cleaning and Disinfecting:**

The provided spray bottle containing the disinfectant should be used on “high contact” surfaces throughout the day including door knobs, light switches, desks, or any other visibly dirty surface.

### **Isolation Room:**

Call the isolation room staff and have them escort the student to the isolation room if the student is having COVID-19 symptoms that are new and unexplained. Parents will pick up this student if it is determined that this student is displaying COVID-19 symptoms and the district nurses will follow up.

### **Contact Tracing:**

If a COVID-19 positive student or staff member has been identified, all contacts of this individual will be notified. They will be required to stay home from school for 14 days.

**By signing below, you are attesting that you have watched the required video on the above COVID-19 safety protocols and you agree to comply with these guidelines.**

Signature:

Date:

Printed Name:

Position/Substitute Type:

Employee ID:

I wish to sub during COVID: