



## Jackson Parish Police Jury

### COVID-19 (Coronavirus) Policy

Adopted by the Jackson Parish Police Jury effective August 10, 2020

**PURPOSE:** In response to the global pandemic of Coronavirus (COVID-19) and in the interest of protecting our employees and residents of Jackson Parish, the Jackson Parish Police Jury has established a policy to safely allow our employees to continue to work and to return to work following a positive test for COVID-19, following self-imposed quarantine after being exposed to someone with the virus, or after experiencing COVID-19 symptoms.

**SCOPE:** This policy applies to all full-time and part-time employees of the Jackson Parish Police Jury, including hourly, salary exempt, and salary non-exempt classifications.

#### **PROCEDURES**

##### ***Prevention:***

- A. As a preventative measure, all employees are to abide by the Coronavirus Contingency Plan adopted by the Police Jury as well as the guidelines put forth by the Federal Government, State of Louisiana, Louisiana Department of Health, and the Governor's Office. As additional guidance is released, it will be implemented at the department level.
  - a. General guidance includes, but is not limited to:
    - i. Split shifts: staff is divided into shifts to ensure smaller groups of people exposed to each other
    - ii. Face Coverings/Masks: Various styles of face coverings have been supplied to all staff and it is mandatory that they be worn when sharing a vehicle/equipment and/or when mandated by the Governor's Office. *Employees with a bona fide doctor's excuse will be exempt unless a modified alternative can be provided.*
    - iii. Social Distancing: Workspaces have been modified to ensure 6 ft. separation whenever possible in order to alleviate "close contact".
      1. "Close contact" is defined as a person who was within 6 feet of an infected person for at least 15 minutes starting two days before symptom onset or two days before test collection date if asymptomatic until the case isolated
    - iv. Cleaning & Sanitization: Vehicles, equipment, shared spaces, and commonly touched surfaces are to be disinfected frequently. Increased personal hygiene including frequent handwashing and use of hand sanitizer is encouraged and available at each department.
    - v. Stay Home When Ill: Employees are encouraged to stay home if they are exhibiting symptoms of COVID-19 or any other illness.
    - vi. Restrict Unnecessary Exposure: Employees are restricted from entering truck stops and gas stations during working hours.

##### ***Exposure to Close Contact***

- B. If an employee believes they may have been directly exposed to close contact with a suspected positive case or with someone that is awaiting test results, or is presumed positive by a medical doctor, they should remain isolated from all other staff for 10 days (social distancing of a minimum 10 – 15ft) but can continue working as long as they are not exhibiting symptoms.
  - a. They should monitor their health by checking their temperature twice daily and watching for symptoms, such as cough or shortness of breath.
  - b. If they begin to exhibit symptoms, they should stay home, and stay away from others, call their local medical facility, explain their symptoms, and follow the treatment prescribed, up to and including testing.



## Jackson Parish Police Jury

---

- c. If symptomatic, they should request a self-imposed quarantine for up to 14 days or until they receive a negative test result, whichever occurs first.
  - i. If the employee is eligible for teleworking, they should request to continue working remotely.  
*See the Telecommuting Policy.*
- d. Requests are to be made in writing on the below form and turned in to the to the Secretary-Treasurer.
- e. If the original close contact person has a positive test result, the employee should request approval for a self-quarantine for up to 14 days. If symptoms develop, the employee should contact their medical facility, explain their symptoms and circumstances, and follow the treatment prescribed.
- f. If an employee has been exposed to or tests positive for COVID-19 a second time, a second quarantine and testing period will be required.

### ***Experiencing Symptoms:***

- C. If an employee feels ill and has symptoms (fever, cough, shortness of breath, severe chills and/or fatigue, complete loss of taste and smell), they should alert their Department Superintendent and stay home from work.
  - a. The employee should stay home and stay away from others, call their local medical facility, explain their symptoms, and follow the treatment prescribed, up to and including testing.
  - b. The Department and Secretary-Treasurer will perform Contact Tracing to determine other employees who may have had close contact (details about Contact Tracing are below).
  - c. The employee's workspace should be thoroughly cleaned and sanitized.
  - d. All employees should monitor their health for symptoms, not come to work if they develop any symptoms, and consult their doctor.
    - i. Employees who have had close contact with someone experiencing symptoms should remain isolated from all other staff for 10 days but can continue working as long as they are not exhibiting symptoms.
    - ii. All efforts should be made to keep strict social distancing and increase sanitization.
  - e. If another employee begins to exhibit symptoms, these same procedures will apply for them as a separate event.

### ***Positive Test Result***

- D. If an employee tests positive for COVID-19:
  - a. The employee should stay home and stay away from others, follow the guidance of their medical facility, and alert their Department Superintendent.
  - b. The employee will have a mandatory 14-day quarantine.
  - c. The employee's workspace should be thoroughly cleaned.
  - d. All employees should monitor their health for symptoms, not come to work if they develop any symptoms, and consult their doctor.

### ***Returning to Work***

- E. An employee can be allowed to return to work when the following criteria are met:
  - a. Fever free without the use of fever-reducing medications for at least 24 hours, and
  - b. Improvement in other symptoms (e.g., cough, shortness of breath), and
  - c. At least 10 days have passed since symptoms first appeared, and
  - d. Medical release from physician OR one (1) negative COVID-19 test result
- F. The Return to Work Self-Certification form must be completed before the employee is allowed back.



## Jackson Parish Police Jury

---

### **Contact Tracing**

- G. Contact tracing is an important part of supporting our employees who may have been in close contact with someone suspected of having COVID-19 or who have received a positive test result. The following steps will be used by the Department Superintendent and Secretary-Treasurer to contact trace:
- Interview the employee who tested positive to help them recall everyone who they have been in close contact with during the timeframe they may have been infectious. (CDC states 48 hours prior)
  - Notify those individuals of their potential exposure as quickly and sensitively as possible.
  - Protect the privacy of the employee who tested positive.
  - Contacts are only informed that they may have been exposed to the virus.
  - Contacts are to follow the procedures in item B. Close Contact

### **Employee Benefits**

- H. The Police Jury will provide up to 80 hours of regular pay for a quarantine period (self-imposed and manager-approved) as provided for in the Families First Coronavirus Response Act (FFCRA) under qualifying reasons:
- Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
  - Has been advised by a health care provider to self-quarantine related to COVID-19;
  - Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
  - Is caring for an individual subject to an order described in (a) or self-quarantined as described in (b)
- I. The Police Jury will provide up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for the below qualifying reasons for up to \$200 daily and \$12,000 total: as provided for in the Families First Coronavirus Response Act (FFCRA).
- Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; or
  - Is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.
- J. It is the responsibility of the employee to provide the proper documentation including request letters and doctor's notes to ensure property coding in the payroll system.

### **Resources:**

#### Clinics:

- Jackson Parish Hospital COVID Clinic: (318) 259-9939, Contact: Melissa Porter
- Mercy Medical: (318) 259-1100, Contact: Brittany
- Green Clinic, Hodge: (318) 395-1168, Contact: Kelly

#### Personnel:

- Office of Emergency Preparedness Director, Mark Treadway (318) 278-2504
- Police Jury President, Amy Magee (318) 235-0002
- Police Jury Secretary-Treasurer, Gina Thomas (318) 395-6020



## Jackson Parish Police Jury

### Employee Request for Emergency Paid Sick Leave

Generally, employers covered under the FFCRA must provide employees (from 4/1/2020-12/31/2020):

- Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:
  - 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
  - 2/3 for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
  - Up to 12 weeks of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 below for up to \$200 daily and \$12,000 total.
- A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

This form is to be filled out by the **EMPLOYEE**

<b>Employee Name:</b>		
<b>Employee Home Address:</b>		
<b>Home Phone:</b>		<b>Cell Phone:</b>
<b>Department:</b>	<b>Title:</b>	<b>Supervisor:</b>
<b>This is a (<i>chose one</i>):</b> <input type="checkbox"/> New Request for Leave <input type="checkbox"/> Request for an extension		
<b>Anticipated Begin Date of Leave:</b>		<b>Expected Return to Work Date:</b>
<b>Notes:</b>		



## Jackson Parish Police Jury

### QUALIFYING REASONS FOR EMERGENCY LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

**(Please mark applicable reasons for your request, attach documentation.)**

	Qualifying Reason(s)	Information Required (To be completed by Employee):
<input type="checkbox"/>	1. Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;	Name of governmental entity ordering quarantine: _____
<input type="checkbox"/>	2. Employee has been advised by a health care provider to self-quarantine related to COVID-19;	Name of Healthcare professional advising self-quarantine: _____
<input type="checkbox"/>	3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;	Upon receiving care, please provide Name of Healthcare professional advising self-quarantine: _____
<input type="checkbox"/>	4. Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);	Name of individual being cared for: _____ Relationship to Employee: _____ Name of Government entity or healthcare professional ordering quarantine: _____
<input type="checkbox"/>	5. Employee is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.  <input type="checkbox"/> <b>Select if applicable:</b> Special circumstances exist that require that I provide care for a child older than 14 during daylight hours.	Name of Child: _____ Age: _____ Name of School/Place of Childcare: _____  Name of Child: _____ Age: _____ Name of School/Place of Childcare: _____  Name of Child: _____ Age: _____ Name/Place of Childcare: _____
<input type="checkbox"/>	6. Employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.	Comments:

Item #5: Employee **must provide** a statement that: **1)** the employee is unable to work or telework because of that reason and **2)** A statement that the employee is unable to work or telework because of that reason **and** that no other suitable person is available to care for the child(ren) during the period requested (Care must not be available FOR COVID-19 RELATED REASONS), and **3)** a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider, and **4)** documentation to show special circumstances exist that require that care for a child older than 14 during daylight hours. **All documentation and proof must be attached, or your request may be delayed.**





## Jackson Parish Police Jury

# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

### ► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li> <li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li> <li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li> <li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li> </ol> | <ol style="list-style-type: none"> <li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li> <li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li> </ol> |
|--|--|

### ► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:

**1-866-487-9243**

TTY: 1-877-889-5627

**[dol.gov/agencies/whd](https://dol.gov/agencies/whd)**



WH1422 REV 03/20



## Jackson Parish Police Jury

---

### Contact Tracing Interview Questions

Were you in direct contact with the person ( <i>within 6 feet for 15 minutes or more</i> )?	
When was the last time you were in direct contact with the person?	
Were you in direct contact with this person any time prior to this? ...in the last week?	
Who else have you worked around in the last week?	
Have you had any symptoms?	
Have you been tested for COVID-19?	
If yes, when?	
When was the last time you were at work?	
Were you in direct contact with anyone in your department or any other department since you've potentially been exposed? (within 6 feet for 15 minutes or more)	
If yes, who?	
When was the last time you were at work?	
Have you been in direct contact with an employee outside of work since the potential exposure?	
What areas/crews did you work? <i>Get as specific as you can on this one to allow us to clean the areas.</i>	
Have you touched or worn any shared PPE, radio, cell phone of the employee?	
Do you have any symptoms of COVID-19 (dry cough, shortness of breath, fever)?	
Is there any other information that might be helpful?	



## Jackson Parish Police Jury

---

### Return-to-Work Self-Certification for COVID-19

Persons with COVID-19 symptoms and/or a positive test who were directed to care for themselves at home may end self-isolation when at least 24 hours have passed since recovery, meaning:

- Fever free without the use of fever-reducing medications, and
- Improvement in symptoms (e.g., cough, shortness of breath), and
- At least 10 days have passed since symptoms first appeared, and
- Have a medical release from a physician OR a negative test result.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue self-isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

Persons suspected of having COVID-19 who have been tested and receive a negative test may discontinue isolation precautions provided they feel well.

If the employee is sick with non-COVID-19 symptoms, or if the employee has tested negative for COVID-19, the employee must still be symptom free for 24 hours before returning to the worksite. If teleworking or working from home, the employee does not have to wait the 24 hours before resuming work duties.

If an employee is a close contact (defined as within 6 feet for 15 minutes) of a confirmed positive and requires isolation, that person may return to work after the 14-day isolation period has passed, as long as no symptoms develop.

---

#### Employee Self-Certification

Test Date: \_\_\_\_\_ / \_\_\_\_\_ / 2020

Test Result (circle one):      Positive              Negative              Not Tested

Date of Symptom Onset: \_\_\_\_\_ / \_\_\_\_\_ / 2020

Date of Recovery (as defined above): \_\_\_\_\_ / \_\_\_\_\_ / 2020

By signing this document, I verify that I have been symptom-free for the appropriate number of days and that the information reported above is correct. Therefore, I can be released from isolation and may resume work-related activities.

---

Signature

---

Print Name

---

Date