

The Purpose of Guidance:

- Support team members who may be ill, worried or under stress during a difficult time.
- Prevent the spread of COVID-19 in the workplace.

All personnel shall follow the instructions of the medical provider(s) and public health agencies coordinating their care. This information is intended to address the intersection of this care with the continuity of operations in the workplace.

What does this guidance document cover? Each section of the guidance document covers information intended to address many of the questions and concerns our workforce is faced with during the COVID-19 Pandemic. This document is current as of 5.12.20 with the latest information from the CDC and North Dakota Department of Health. It will be updated as needed and periodically under the advice of Fargo Cass Public Health. Employees can stay up to date with accurate information on <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> and <https://www.health.nd.gov/diseases-conditions/coronavirus>

What Does this Guidance Cover?

1. Wellness - how do I stay well during these troubling times?
2. Testing - what to do if someone has been tested for COVID-19?
3. Travel - is travel allowed right now and where can I travel or not?
4. Underlying Health Conditions - why do they matter?
5. Employee Health Clinic - when do I call Employee Health for a phone consultation?

Click the arrow to the left of each section for more information

WELLNESS

All employees **must** conduct the daily personal assessment below before reporting to work each day.

Good morning! Please ask yourself the following every morning before coming to work:

1. Do I have a new onset of a cough, shortness of breath or difficulty breathing?
2. Do I have a new onset of at least two of the following symptoms?
 - a. Fever (greater than 100.4 F (or 99.5 F if you are 60 years of age or older)
 - b. Chills
 - c. Sore Throat

- d. Muscle Pain
- e. Headache
- f. New Loss of Taste and Smell
- g. Repeated Shaking with Chills
3. Have I traveled internationally (within 14 days)?
-return to work after travel will follow NDDoH guidelines for quarantine
4. Have I been in close contact with a person diagnosed with COVID-19 (within 14 days)?

If you answered **“Yes”** to **any** of the questions → call your supervisor and **STAY HOME!**

If you answered **“No”** to **all** of the questions → come to work if you are scheduled.

Everyday Wellness

1. Practice Social Distancing / Physically Staying 6 Feet From People
2. Get Adequate Sleep
3. Eat Well Balanced Meals
4. Wash Hands Often
5. Cover Your Coughs and Sneezes
6. Avoid Touching Your Face
7. Clean High Touch Surfaces Often (phones, steering wheels, water bottles etc.)
8. Wear a face covering while in public
9. Call Before Visiting Your Doctor (If you have symptoms)
10. See [“City of Fargo Employee Guidance Regarding COVID-19”](#) for more information on testing, underlying health conditions, return to work and employee health

TESTING

What should I do if an employee says they were tested?

1. If an employee is tested for COVID-19 they may voluntarily inform their supervisor of the test.
2. If an employee is tested for COVID-19 they shall call Employee Health for a phone consult. A call shall also take place if they are off work due to illness, symptoms, travel, or if a household member or an individual with whom they have had close contact within the last 14 days has tested positive. Employees may not return to work until authorized by Employee Health via a work status report.

3. If notified of an employee test, the supervisor shall make a list of personnel, facilities and equipment that the employee has come into contact with over the preceding 14 days and shall:
 - a. Immediately initiate cleaning and housekeeping to mitigate potential exposure to virus
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
 - b. Contact their own supervisor and Human Resources to access support and notify them of employee test.
 - c. Collaborate with the Safety Manager and others to identify other departments and operations with which the employee in question may have made contact. Work with Human Resources to professionally communicate the status of the workplace to personnel in the department
4. Upon receipt of a positive test result the employee shall inform Employee Health of the test result and will be instructed to inform supervisor or Human Resources of the result of the test. The City of Fargo Employee Health Staff will provide the Safety Manager de-identifying information to ensure proper follow-up is completed.
5. Supervisors notified of a positive test result from an employee, North Dakota Department of Health, or other agency shall reinitiate step 3 of this guidance.
6. Supervisors will not allow employees to return to work until authorized by Employee Health via a work status report.
7. Employees and their families can access the assistance program via The Village 1-800-627-8220 <https://www.thevillagefamily.org/village-business-institute>

TRAVEL

The City of Fargo is modifying the travel restrictions for our team members as follows:

- Employees can travel between cities and states within the United States of America without a requirement to quarantine.
- International travel is still discouraged and a 14-day quarantine upon return will be required (this includes Canada and Mexico).
- City-sponsored travel remains fully suspended.



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- Updated 5.8.20 TRAVEL ORDER:
https://www.health.nd.gov/sites/www/files/documents/Files/MSS/coronavirus/State%20Health%20Officer%20Orders/2020-02.2travel_executed.pdf

Personal responsibility is engrained within these modifications. We are still asking our employees to be smart about their actions. Please continue utilizing good hygiene, engage in physical distancing, wash your hands thoroughly/often, staying home when you are sick and utilize the [self-assessment tool](#). Also, please try to stay away from people who appear to be sick.

You are encouraged to utilize the City-provided tools to protect you, including hand sanitizer, cleaning solutions and face coverings (especially when physical distancing is not possible).

If you have returned from travel, please complete the NDDoH assessment online and follow the instructions given at the end of the assessment.

https://ndhealth.co1.qualtrics.com/jfe/form/SV_eb7sJjKhR2UfB7n

Who's Affected By Travel Orders?

All individuals traveling back to North Dakota from all international locations must quarantine immediately upon reentry to the state of North Dakota and for a period of 14 days.

Essential critical infrastructure workers, as defined by the [United States Department of Homeland Security](#), are exempt from this order.

Affected individuals are encouraged to fill out [the travel form](#) to receive information on how to monitor for symptoms. If you have symptoms and wish to seek medical care, please call before you go in.

Requirements

1. You are required to remain in quarantine at person's place of residence.
2. While under quarantine, you must take precautions, as directed by healthcare staff and Department of Health personnel, to prevent the possible spread of 2019-nCoV/COVID-19.
3. You must cooperate with the efforts of state or local health authorities to contact other exposed people to prevent the possible spread of 2019-nCoV/COVID-19. This includes providing information regarding people you have had contact with, places you visited or traveled to, and your medical history.

4. Only immediate household members are allowed to be at the place of quarantine. No other individuals are allowed at the place of quarantine unless approved by the North Dakota Department of Health.
5. You are only authorized to leave quarantine for reasons approved by the Department of Health. Prior to leaving quarantine for an approved reason, such as a physician appointment, you must coordinate your plan with the state or local health authority.
6. If you, or any immediate household members at the place of quarantine, have any symptoms suggestive of 2019-nCoV/COVID-19 you must contact the state or local health department immediately. Symptoms may include fever, cough, shortness of breath, body aches, headache, chills, or sore throat.
7. If you, or any immediate household members at the place of quarantine, become ill or are diagnosed with 2019-nCoV/COVID-19, it is necessary for the North Dakota Department of Health to investigate and trace any persons who may have been in contact with you while you were infectious with 2019-nCoV/COVID-19. You are required to cooperate with this investigation and provide complete and true information to the investigator. This includes providing information regarding people you had contact with, places you visited or traveled to, and your medical history.

Failure to Adhere

A person is guilty of a class B misdemeanor if that person fails to cooperate with this order to quarantine, which could result in 30 days imprisonment and/or up to \$1500 fine. [North Dakota Center Code 23-07.6-02\(3\)](#).

UNDERLYING HEALTH CONDITIONS

Guidance for Alternate Work Arrangements for Employees with Underlying Health Conditions

1. Employees who self-identify as having an underlying health condition placing them at greater risk of exposure to COVID-19 may request an alternate work arrangement such as the following:
 - To physically report to work in an area of lesser public/co-worker contact than normally required by their position
 - To work remotely
 - To be home on emergency paid leave
2. The department head / manager requests the employee obtain documentation of their underlying health condition from their personal healthcare provider. The documentation should not be provided to the department head / manager but rather



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should be provided to Employee Health via email at EmployeeHealth@FargoND.gov or fax at 701.476.5992. Employees such as sworn police and firefighters who have an Employee Health medical record should call Employee Health at 701.476.4030 to determine if further documentation of the underlying health condition is necessary before contacting their personal healthcare provider.

3. An Employee Health phone assessment will be conducted to substantiate the underlying health condition necessitates an alternate work arrangement and/or leave.
4. Employee Health will send a work status report to the department head / manager and to HR Fitness For Duty indicating whether an alternate work arrangement and/or leave is necessary.
5. The department head / manager communicates with the employee to determine the details of the alternate work arrangement (examples above in step 1) and to ensure they are appropriate based on the employee and their position.

Employee Health Contact Information

Phone 701.476.4030
Fax 701.476.5992
Email EmployeeHealth@FargoND.gov

EMPLOYEE HEALTH CLINIC

The Employee Health department is dedicated to making sure our workforce is healthy.

When should I call Employee Health?

You must call Employee Health if any of the following have occurred:

1. Someone you live with has been tested for COVID-19 and results are pending.
2. Someone you live with has been tested positive for COVID-19.
3. You are sick with COVID-19 symptoms (fever, cough, shortness of breath, sore throat, body aches, chills, fatigue) to determine self-isolation time.
4. You have been tested for COVID-19 to determine time of quarantine or self-isolation.

Do not call Employee Health for the following incidents:

1. You have not been within 6 feet for 15 minutes or more with an individual who is sick with COVID-19 symptoms (fever, cough, shortness of breath, sore throat, body aches,



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chills, fatigue) or who has traveled internationally or to any of the above-mentioned states. You are not considered a close contact, therefore are able to go to work.

2. To determine what work tasks will be changed to make alternative work arrangements based on your underlying medical condition. This task is between you and your supervisor.

What should I do before I call Employee Health?

Before you call 701-476-4030, please ensure the following;

If you are pursuing alternative work arrangements due to an underlying chronic medical condition and are not a City of Fargo sworn in Law Enforcement Officer or Firefighter (City of Fargo or Municipal Airport Authority), submit via email (employeehealth@fargond.gov) or fax (701-476-5992) a letter from your healthcare provider indicating the chronic medical condition for which would necessitate alternative work arrangements

Healthcare is a precious commodity. Now, more than ever, it is critical that we conserve Healthcare resources. If you have appointments for a personal health condition or work injury condition, please ensure that you are calling in to your provider's office as soon as possible if you cannot make it to a scheduled appointment. It is both a common courtesy and a vital way we can all contribute to saving resources.