



Safety and Health Procedures to Prevent the Spread of COVID-19 Employee Acknowledgment Form

To All Palm Springs Unified School District Employees:

There is currently no vaccine to prevent the Novel Coronavirus (COVID-19). The best way to prevent infection is to avoid exposure to the virus by maintaining safe behavioral practices. Safety and Health Procedures to help prevent the spread of COVID-19 are in the Palm Springs Unified School District’s Healthy Workplace Practices guide, and the Employee COVID-19 Identification Steps and Process. These include:

- Stay home if you are sick, except to seek medical care or treatment.
- Practice physical distancing by maintaining 6 feet or more from others.
- Frequently wash hands with soap and water for at least 20 seconds.
- Use hand sanitizer with 70% alcohol, if soap and water are not available.
- Avoid touching your eyes, nose, and mouth.
- Properly wear a face covering over your mouth and nose when around others.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Place used tissues in a wastebasket and wash your hands for at least 20 seconds.
- Avoid using other employees’ phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Avoid close contact with people who are sick.
- Perform **daily PSUSD-Healthy Workplace Employee Self Screening** to determine if you are experiencing signs and symptoms. Which can be found in the COVID-19 Identification Steps and Process document and on all District computers.
- Notify your supervisor if you experience symptoms of acute respiratory illness (i.e., cough, sore throat, shortness of breath, fever of 100.4 F. or higher) to be separated from others and be sent home immediately.
- Complete Keenan SafeSchools Trainings for the 2020/2021 School Year, no later than September 16, 2020.

Acknowledgment

I acknowledge that I have read and understood the District’s Healthy Workplace Practices guide, and the Employee COVID-19 Identification Steps and Process, to help prevent the spread of COVID-19. I acknowledge that I have taken the required training. I further acknowledge that I understand it is my responsibility to be familiar with the plan and abide by the protocols.

Department

Title

Signature

Print Name

Date