

PUEBLO OF ISLETA

COVID-19 SELF-DISCLOSURE PROTOCOL

Purpose

In an effort to promote the health and safety of our employees, their families, and the community, the Pueblo of Isleta is requiring the completion of self-disclosures related to travel and/or exposure to COVID-19. All employees are required to comply with the following guidelines.

1. Disclosure of Out-of-State Travel

- a. When a POI employee travels, or plans to travel out of the state of New Mexico for any reason, the **COVID-19 Self Disclosure Form** must be completed and emailed to the Safety Officer, [Bryce Lockmiller](mailto:bryce.lockmiller@islclinic.net) at bryce.lockmiller@islclinic.net for evaluation.
- b. Safety Officer will review the disclosure and provide the most appropriate recommendation based on the following factors: completion of the COVID-19 vaccine series, nature of the travel, work environment, and applicability of telework.
- c. The **COVID-19 Self-Disclosure Form** will be completed by Safety Officer with recommended plan and sent to the Tribal Health Officer for approval.
 - i. Once the form is completed and approved, the POI employee will receive an email from Safety Officer with an attachment of completed form and further instructions.
- d. Any employee planning to travel, for any reason, must complete the form at least 48 hours prior to travel to provide the most appropriate plan and to have an approved recommendation in place prior to return from travel.
 - i. In an emergency, the form must be completed immediately.
- e. Fully vaccinated employees will not be required to quarantine.
 - i. POI Employees, who are fully vaccinated, will be tested for COVID-19 at days 3-5 from return to determine COVID-19 status.
- f. POI employees, who are not fully vaccinated, will be required to quarantine for 10 days.
 - i. POI Employees, who are not fully vaccinated, will be tested for COVID-19 at days 5- 7 from return to determine COVID-19 status.
- g. All POI employees are required to self-monitor and report daily symptoms by completing the [POI Employee Daily Symptom Monitoring Questionnaire – TRAVEL](#) for 10 days upon return.
 - i. Safety Officer will monitor daily for any abnormal responses.

- h. POI employees will be required to use vacation leave for time away from work during quarantine.
 - i. POI employees who have documented contraindications for receiving the COVID-19 vaccine, the type of leave will be determined on a case-by-case basis.

2. Exposure to COVID-19

- a. A POI employee who is exposed to a suspected or confirmed COVID-19 positive case, is to call 869-9720 immediately.
- b. The POI employee must complete the **COVID-19 Self-Disclosure Form** and submit to Bryce Lockmiller, Safety Officer, at bryce.lockmiller@islclinic.net
- c. The Safety Officer will assess each employee's exposure to COVID-19 to provide the most appropriate recommendation based on the following factors: nature of exposure, completion of the COVID-19 vaccine series, work environment, applicability of telework.
- d. The **COVID-19 Self-Disclosure Form** will be completed by Safety Officer with recommended plan and sent to the Tribal Health Officer for approval.
 - i. Once the form is completed and approved, the POI employee will receive an email from Safety Officer with an attachment of completed form and further instructions.
- e. Fully vaccinated employees will not be required to quarantine.
- f. POI employees who are not fully vaccinated, will be required to quarantine for 10 days, and tested at days 5-7 before reporting to work.
- g. POI employees required to quarantine are eligible for COVID-19 Leave for time away from work as determined by IHC COVID-19 Response Team and/or the New Mexico Department of Health.
- h. POI employees who are exposed are required to report daily symptoms by completing the **POI Employee Daily Symptom Monitoring Questionnaire – EXPOSURE** for 10 days following the date of exposure.
 - i. Safety Officer will monitor daily for any abnormal responses.

3. Clearance – Return to Work

- a. Upon completion of POI employee's recommended plan, Safety Officer will notify employee via email with clearance instructions.

COVID-19 Travel Disclosure

Post-Travel Return-to-Work Recommendation Plans

Steps:

1. Complete the POI COVID-19 Self-Disclosure Form
2. Use 'SEND FORM' function to automatically email to Bryce Lockmiller, Safety Officer; and, be sure to CC your supervisor
3. Tribal Health Officer will approve recommendation provided by Safety Officer.
4. The following tiers will be used to develop the most appropriate plan to return to work safely:

Fully Vaccinated (> 2 weeks since completion of 2 dose series)	Unvaccinated (Or, awaiting completion of series)
<ul style="list-style-type: none"> Return to work day after return from travel PCR Testing Day 3-5 upon return from Travel* POI Employee Daily Symptom Monitoring Questionnaire - TRAVEL (via Google Forms) 	<ul style="list-style-type: none"> <i>Required</i> 10-Day Quarantine PCR Testing on days 5-7 upon return from travel* Telework Agreement in place to work remotely until receipt of negative test result and completion of quarantine ** POI Employee Daily Symptom Monitoring Questionnaire - TRAVEL (via Google Forms)

*Testing to be done at IHC Public Health Services area (x 9720)

*Testing turn-around time is 24-48 hours

** If no telework agreement is in place, the employee will need to use vacation leave for duration of quarantine period.



COVID – 19 SELF DISCLOSURE FORM

The Pueblo of Isleta's goal is to protect the health and safety of our employees. During the COVID-19 pandemic crisis, the Pueblo is implementing emergency measures to ensure that we are doing everything we can to maintain a safe work environment.

This form is to be used to evaluate when an employee can return to work when they: 1) have possibly been exposed to COVID-19 and/or 2) have traveled out of the state of New Mexico.

Employee Name: _____ **Position:** _____

Employee Phone: _____ **Employee Email:** _____

POI Dept.: _____ **Supervisor:** _____

Date of COVID-19 Exposure: _____

Travel Location: _____ **Date/s of Travel:** _____

Purpose of Travel:

Employee Signature: _____ **Date:** _____

POI ADMINISTRATIVE REVIEW

Reviewed by: _____ **Review Date:** _____

Received 1st dose of COVID-19 vaccine

Received 2nd dose of COVID-19 Vaccine

Recommendation: **Not Report to Work** **Report to Work**

Approved by: _____ **Approved Date:** _____

Employee Authorized to Return to Work On: _____