



BULLETIN

SUBJECT: COVID-19 Travel Guidelines **2020-21 NO. BS-37**

TO: All Sites and Departments

DATE: June 15, 2021

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The purpose of this bulletin is to provide guidance on the Travel Advisory in effect by the California Department of Public Health (CDPH) for employees requesting to travel for District business (professional development, meeting, etc.). The CDPH and the Center for Disease Control and Prevention (CDC) recommend delaying travel unless persons are vaccinated for COVID-19. This guidance is in effect because travel may increase the risk of contracting and spreading COVID-19.

Attached to this bulletin are the COVID-19 Travel Guidelines and revised Travel Request Form (ACC-F014) for employees requesting to travel for District business. The Travel Request Form (ACC-F014) has been revised to require additional signatures from both the traveler and supervisor confirming understanding and compliance with the Travel Guidelines.

Please note there are two separate guidelines:

1. for individuals who are vaccinated for COVID-19 and
2. for individuals that are not vaccinated for COVID-19

The Risk & Disability Office will continue to provide updates as we receive them from CDPH and CDC. Please feel free to contact the Risk & Disability Office at (916) 643-9421 if you have any questions regarding COVID-19 guidelines.

Attachment: COVID-19 Travel Guidelines & FAQ's
Travel Request Form (ACC-F014)

COVID-19 TRAVEL GUIDELINES

Schools Insurance Authority recommends only sending fully vaccinated staff on essential business trips. Virtual options should take president. There are no restrictions with requesting validation for vaccinations as long as HIPPA laws are not violated.

Please Note – non-vaccinated people are not restricted by public health or CDC from traveling. There is a requirement to take additional steps with regards to the guidelines. Below are best practices that should be followed.

Supervisor Responsibilities

- Travel should be for essential purposes
- Employees should not be permitted to travel if exposed to COVID19, sick, test positive for COVID19 or waiting for COVID19 test results
- Require COVID19 Mitigation guidelines associated with travel destination
 - Ensure California COVID19 guidelines are adhered to

Supervisor Responsibilities for Vaccinated Travelers

- If vaccinated refer to most recent travel advisory guidelines:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Travel-Advisory.aspx>
 - Self-monitor for symptoms
 - Wear mask and take all precautions during travel

Supervisor Responsibilities for Non-Vaccinated Travelers

- If non-vaccinated refer to most recent travel advisory guidelines:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Travel-Advisory.aspx>
 - Ensure traveler has gotten tested 1-3 days before travel
 - Ensure traveler has gotten tested 3-5 days after travel and self-quarantine for 7 days.
 - Ensure traveler self-quarantines for 10 days if traveler does not get tested
 - Ensure travelers are following [Health screening](#) requirements prior to coming back to work. If symptoms arise employees should stay home and follow quarantine/isolation guidelines.

Traveler Guidelines - Departure/Arrival

- Prior to departure (24-48 hrs) make sure to review and follow all state, local, and territorial governments of destination as well as check airlines if applicable. See travel planner for assistance: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-planner/index.html>
- During travel mask are required – employee should avoid crowds and stay 6 feet or more from anyone who is not traveling together – adhere to all mitigation guidelines

- After travel self-monitor for COVID19 symptoms; isolate and get tested if symptoms arise.

Non-Vaccinated Travelers

- Before Travel
 - Get tested and have results 1-3 days before travel
- During Travel
 - [Wearing a mask over your nose and mouth is required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
 - Follow all state and local recommendations and requirements, including mask wearing and social distancing.
- After Travel
 - Non-vaccinated employees should provide proof of COVID test 3-5 days after travel and stay home and self-quarantine for a full 7 days **even if test negative**
 - If employee refuses to provide proof of COVID test, stay home and self-quarantine for 10 days
 - [Health screening](#) required prior to coming to work. If symptoms arise employees should stay home and follow quarantine/isolation guidelines.

Vaccinated Travelers

- During Travel
 - [Wearing a mask over your nose and mouth is required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
 - Follow all state and local recommendations and requirements, including mask wearing and social distancing.
- After Travel
 - Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
 - Follow all [state and local](#) recommendations or requirements.

You **Do NOT** need to get tested or self-quarantine if you are fully vaccinated or have recovered from COVID-19 in the past 3 months. You should still follow all other travel recommendations.

Frequently Asked Questions

For a detailed list of frequently asked questions please refer to the FAQ's on the CDC travel guidance [\(CDC\) Travel: Frequently Asked Questions and Answers](#).

Can people who have recently recovered from COVID19 travel?

If you had COVID-19 in the past 3 months, follow all requirements and recommendations for fully vaccinated travelers except:

You can show documentation of recovery from COVID-19 instead of a negative test result before boarding an international flight to the United States. You do NOT need to be tested 3-5 days after travel to the United States unless you have symptoms of COVID-19. We know that people can continue to test positive for up to 3 months after they had COVID-19 and not be infectious to others.

Am I required to quarantine after domestic travel?

CDC does not require travelers to undergo a mandatory federal quarantine. However, CDC recommends that unvaccinated travelers self-quarantine after travel for 7 days with a negative test and for 10 days if they don't get tested.

Check CDC's Domestic Travel pages for the latest recommendations for fully vaccinated and unvaccinated travelers. Follow all state and local recommendations or requirements.

Can flying on an airplane increase my risk of getting COVID19?

Yes. Air travel requires spending time in security lines and airport terminals, which can bring you in close contact with other people and frequently touched surfaces. Most viruses and other germs do not spread easily on flights because of how air circulates and is filtered on airplanes. However, social distancing is difficult on crowded flights, and you may have to sit near others (within 6 feet), sometimes for hours. This may increase your risk for exposure to the virus that causes COVID-19.

For information on all types of transportation visit [Protect Yourself When Using Transportation](#)

TRAVEL REQUEST FORM (ACC-F014)

Sacramento City Unified School District

I have read Bulletin BS-37 Travel Guidelines, Travel Guidelines, and FAQs:

Attendee Signature _____
Principal/Department Head Signature: _____

Request to Attend (circle one):

- Conference/Workshop
- Business Meeting

Purpose for Attending (circle one):

- Professional Development
- Continued Education Credits Earned

Instructions: This form must be completed and received in Accounts Payable at least **30 days** prior to the proposed trip- **60 days** if out-of-state.

REQ #

School/Department Date

Date(s) of Event Location

Event Title (attach brochure)

Purpose*

*(what value does this activity give students, attendees, staff, department/site or community?)

How does this travel align with the District's strategic plan?

How will this activity/event be used and shared?

Name of Attendee(s) (attach sheet for additional attendees)	Position	Substitute (Y/N)**	No. of Days Required	Budget Code (for substitute)
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	No	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	No	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	No	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	No	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	No	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>

****IF A SUBSTITUTE IS NEEDED, SEND A COPY OF THIS FORM TO PERSONNEL, BOX 770**

Additional Attendees Attached

Approvals:

Principal/Department Head Signature & Print Name _____ Date _____

Cabinet Level or Designee Signature _____ Date _____

Chief Business Officer Signature _____ Date _____

Superintendent or Designee Signature _____ Date _____

District cost for all attendees (estimate)

Registration Fee ***

Meals included?

B L D

Lodging _____

Transportation _____

Meals _____

Other _____

TOTAL

Categorical Budget Code(s): _____ \$ _____

General Fund/Unrestricted _____ \$ _____

***If any meals are included in the cost of registration, how many of each: Breakfast _____ Lunch _____ Dinner _____

Prepayment Requested: All checks will be sent to the site/department unless prior arrangements have been made (with AP) to pick up check

Requisition # Dollar Amount

Registration Fee _____

Hotel _____

Airfare **** _____

Car Rental **** _____

**** If airfare or car rental is requested, send a copy of this form to Purchasing, Box 830