**HOW COVID-19 IS SPREAD**

There is currently NO vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus.

The virus is thought to be spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet).

It can be spread through respiratory droplets produced when an infected person coughs, sneezes or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It is important to know that some people who are not showing any symptoms of COVID may be able to spread the virus.

It may be possible that a person can get COVID by touching a surface or object that has COVID on it and then touching their own mouth, nose or possibly eyes.

**KNOW THE SYMPTOMS**

Fever, cough, shortness of breath/difficulty breathing, chills, muscle pain, headache, sore throat, new loss of taste or smell. You may not have all, or any, of these symptoms and could still be infected.

**WHEN TO SEEK MEDICAL ATTENTION**

Trouble breathing, persistent pain/pressure in the chest, bluish lips and/or face.

**TAKE PRECAUTIONS**

* Prevent the spread of germs by practicing good hygiene. Wash hands often with soap and water for at least 20 seconds before eating, after using the bathroom, and after blowing your nose, coughing or sneezing.
* Be aware of anyone feeling ill or displaying symptoms of COVID.
* Do not shake hands with others.
* Maintain social distancing of at least 6 feet.
* Wear a face mask.

**WHAT [COMPANY NAME] IS DOING TO PROCTECT YOU**

* Disinfecting shared vehicles, tools, workspaces.
* Separating crews and individual workers as much as possible.
* Scheduling meetings over technology versus in person.
* Monitoring employees for symptoms and not allowing employees to work who are ill or may have been in contact with someone who is ill.
* Providing extra soap, hand sanitizer, tissues and other cleaning supplies for employees.
* Posting notices concerning our Employee Assistance Program (EAP).
* Posting the Employee Rights FFCRA notice issued by the DOL.

**RETURN TO WORK POLICY**

[Company Name]has a comprehensive policy stating the requirements for employees coming back to work after experiencing COVID symptoms or being diagnosed as positive for COVID (see attached).

**EMPLOYEES SHOULD SPEAK WITH ONE THE FOLLOWING INDIVIDUALS (LISTED IN NO PARTICULAR ORDER) IF THEY ARE CONCERNED ABOUT ANYTHING COVID-RELATED IN THE WORKPLACE.**

*[Name of HR contact] [Title of contact] [Email] [Phone number]*

*[Name of second HR contact] [Title of contact] [Email] [Phone number]*

**Acknowledgement of Return to Work Policies**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have read the above Return to Work Policies and understand the precautions my employer is taking regarding Covid-19. I understand that my return to the office today is purely voluntary during the COVID-19 pandemic.  I understand that my employer is following or exceeding state and federal regulations, recommended universal personal protection and disinfection protocols to limit transmissions of all diseases in our office.

 I agree to consent to wear a mask, have my temperature taken, agree to submit to an employer paid covid-19 test or any other legal measures my employer deems necessary.  I understand that, as with the transmission of any communicable disease, I may be exposed to covid-19 at any time or any place.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Employee Name Date

\*Based on CDC information as of 4/23/20. This document will be updated as necessary.

<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

**RETURN TO WORK AFTER ILLNESS REQUIREMENTS**

**UPDATED May 18, 2020**

During this current pandemic of COVID-19, and to assure the safety of healthy employees, we are implementing CDC guidelines for their return to work. Individuals who were sent home from work or called in sick due to experiencing COVID-19 symptoms must meet any of the following criteria before they may return to work:

1. If the employee will not have a test to determine if they are still contagious, they may return to work after **all three** of these criteria are met:

* At least 3 full days (72 hours) have passed with no fever and without the use of fever- reducing medications **and**
* Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
* At least 7 days have passed since symptoms first appeared.

1. Employees who have COVID-19 who have symptoms and were directed to care for themselves at home may return to work under the following conditions:

* Resolution of fever without the use of fever-reducing medications **and**
* Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
* The employee provides proof of 2 consecutive “negative” test results 24 hours apart.

1. Employees who provide a note from their healthcare provider stating that they are cleared to return to work and not in a contagious state will be permitted to return to work.

The health and safety of our employees is top priority at [Company name]. Employees are expected to continue to practice appropriate social distancing (maintaining a distance of at least 6 feet), avoid congregating in common areas, and to wash their hands frequently.