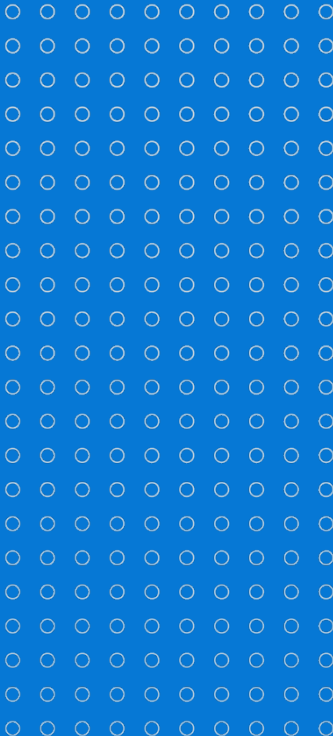


# COVID-19 Workplace Safety Self-Inventory Toolkit



February 2022





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## Introduction

The employer's safety protocols are an essential tool to help reduce the community spread of COVID-19 in the workplace, prevent and defend against lawsuits, and demonstrate compliance with OSHA safety requirements. [OSHA has issued guidance regarding safety practices in the workplace focusing on a permanent COVID-19 Healthcare Standard. The CDC also provides guidance on health safety protocols for employers and businesses owners.](#) Both the CDC and OSHA have provided a number of resources and webpages to assist employers and many of those links are included throughout this document. We generally recommend that employers develop written policies and protocols that include (but may not be limited to) the considerations detailed in this document.

## How to Use This Document

We have created this document as a self-inventory for employers. The document is divided by topic and subject. In each section we provide questions that employers should consider addressing in their own COVID safety policy. We have also provided some best practices, employer tips, and examples.

Throughout this document we address many important employer considerations that are often also addressed by various government agencies such as the Centers for Disease Control (CDC), Department of Labor (DOL), and the Equal Employment Opportunity Commission (EEOC). We have placed links to the applicable guidance throughout this document for your easy reference. Additionally, we have provided an appendix of various CDC and OSHA webpages providing guidance to specific industries – see [Appendix A – OSHA and CDC Industry Specific Guidance.](#)

## Your Organizational Approach

A threshold consideration for any safety program is identifying specific departments/divisions that will be involved and how they will be involved in the design, implementation, enforcement, and review/update process. For example, employers may consider developing a multi-disciplinary COVID Taskforce. This team would meet regularly – digesting the most up-to-date information and translating that into course of action and updated policies.

The taskforce should assign responsibilities to members of the team based (in part) on areas of expertise. A designated subject matter expert should be appointed to remain on top of updates and changes in local, state, and federal COVID guidance/requirements and address questions and concerns. All managers and supervisors should be familiar with the policies, prepared to answer questions from employees, and know where to go for further information. The employer should ensure that employees are provided with the COVID safety policy and held accountable for noncompliance.

## The People

Employers must determine the scope of the COVID policy and how it will apply to different populations of people in the workplace. Likewise, the employer must determine employee roles and responsibilities associated with workplace safety.

### 1. Who is subject to your COVID safety policy?

- Visitors
- Employees
- Vendors
- Customers

### 2. Who is allowed in the workspace?

- Visitors
- Employees
- Vendors
- Customers
- Children
- Family members

### 3. Who is the COVID lead/contact person? – this person may have responsibilities including:

- [Contact tracing](#)
- Coordinating with:
  - Local health departments
  - Vendors for disinfecting and cleaning offices
  - Office building management
  - Human Resources
  - Internal leadership/management
  - Employees and/or their family members
- Managing and communicating with third parties that may come to the workplace
- Handling (and securing) employee confidential medical information

## Workplace Attendance

### 4. Arrivals and departures/Clock-in/Clock-out – Knowing who has been in the office, when they have been present, and where they were in the office-space is essential for contact tracing purposes. How will you track entry and exit of people in the workplace including visitors and employees? Will there be a sign-in sheet? Exempt employees generally do not clock-in and out – they will be harder to track than non-exempt employees – will they be required to sign-in and out? Have you provided no-contact time-clock options to non-exempt employees?

- **Workplace Tip:** Develop clock-in/clock-out procedures that eliminate timeclocks and lines of employees to clock-in and clock-out.
- **Workplace Tip:** Consider mailing paper paystubs to employee's homes or offer paperless paystubs rather than physically handing them out to employees.

5. **Employee Attendance and Schedules** – Will you establish new work schedules to limit the number of employees in the workplace? Consider staggered shifts, work-teams, or cohorts. Will there be new absentee reporting protocols to contemplate a greater volume of medically related absences?

*Example: Team A would be assigned to be in the office three days a week and work remote the two other days, and Team B to be in the office on the two days that Team A is remote and at home on the three days Team A is in the office. The teams might switch schedules weekly or monthly.*

6. **Employee Travel and Third-Party Contact** – Will employees be allowed to visit customer sites? Will there be special rules that an employee must follow to visit a customer site such as notice and approval requirements? Will employees be allowed to hold or attend off-site meetings (for example, at client offices or restaurants)? Will visitors be allowed onsite? Will employees be allowed to travel by air? Stay in hotels? Or travel by car with others in the vehicle? [See CDC Guidance regarding travel](#). Will there be special approval processes or protocols for any of these considerations?
7. **Wage Replacement Benefits** – Are employees eligible for any wage replacement benefits such as PTO, vacation, and/or sick leave? Are employees **required** to use PTO, vacation, and/or sick during otherwise unpaid time off? Is there a request procedure? Are employees required to provide documentation to receive certain wage replacement benefits? What department is responsible for oversight and managing time off and wage replacement benefits?
- **Employer Tip:** Consider the ramifications of not paying employees while they self-isolate because of symptoms or exposure. Employees that cannot forgo wages may be more inclined to be less transparent about their COVID exposure and/or symptoms.

## Standards of Conduct

8. What are the standards of conduct and expectations of *any person* (not just employees) in the workplace?
9. **Employee Noncompliance and Accountability** – Policies should detail the consequences for employee noncompliance.
- **Workplace Tip:** Inquiring minds such as the EEOC or plaintiff's counsel will look for consistency – employers must apply the work rules and related discipline consistently across the employee population. Inconsistent application of work rules and related consequences may be used as examples of discriminatory treatment in support of action against an employer.

*Example: Employees who fail to follow the workplace protocols and standards of conduct may be refused entry to the workplace and/or face other disciplinary action up to an including termination.*

10. **Employee Acknowledgement** – An employee acknowledgement can serve multiple purposes and should be crafted deliberately and carefully. Acknowledgements demonstrate receipt of the policy which will be important for enforcement purposes. [See Appendix C: Sample Employee Acknowledgement Form](#).

Employers should consider including the following in an employee acknowledgment: (1) an “at will” statement; (2) affirming no guarantee or contract of employment; (3) the employee’s responsibility and obligation to read and comply with the policy; (4) identify the position/department to which the employee may direct questions; and (5) an employee acknowledgement of the consequences for non-compliance.

**11. Masks, Face Coverings, and PPE** – Does your policy accurately delineate between masks (i.e. surgical masks), face coverings (cloth masks), and PPE (N95 respirators governed by [OSHA respirator standards](#)). Will employees be required to wear masks, face coverings, or PPE? Under what circumstances must an employee (or another person) wear a mask, face covering, or PPE? Who will provide them? Will you provide instructions regarding proper placement of the masks? See [OSHA](#) and [CDC](#) guidance regarding masks.

- **Drafting Tip:** Be specific regarding when and where masks must be worn.

*Example: Employees must wear a face covering or mask any time they are not at their desk or in their office including walking through common areas, when they first arrive to work, and when they leave at the end of the day or for a break.*

**12. Social Distancing** – What are your expectations of social distancing? What are the rules regarding in-office meetings? Have you removed chairs from meeting and break rooms?

**13. Cleaning/Disinfecting** – The [CDC offers specific guidance](#) for cleaning and disinfecting. Will professional vendors clean and disinfect the office space in response to a positive COVID person in the office? Whose responsibility is it to clean and disinfect each employee’s workspace and equipment? If employees are responsible, how frequently must they clean their work area or common areas? Who will provide the supplies and equipment?

- **Drafting Tip:** Be specific – “regularly”, “frequent”, and “often” are subject to individual interpretation – be clear about your expectations and set (at least) a minimum

*Example: Employees must wipe down their desk area including keyboard, mouse, desk, and telephone, with disinfecting wipes at least two-times each day – once in the morning and once in the afternoon after lunch*

**14. Handwashing** – The [CDC offers specific guidance](#) and a printable poster regarding handwashing – have you included the CDC guidance in your policy? How frequently should employees wash their hands? Are there specific events that trigger the requirement such as re-entry to the office, after using the restroom, etc.?

**15. Hand Sanitizing** – How frequently should employees sanitize their hands? Will the employer provide hand sanitizer? Where can employees find the hand sanitizer in the workplace?

**16. Use of shared/common spaces** – Are there limits to the number of people allowed in a common/shared room at one time? Have chairs in meeting rooms been removed to ensure social distancing? Have [CDC posters](#) been placed in common areas and meeting rooms to remind employees of applicable protocols? Have you addressed building common spaces such as elevators, lobbies, stairwells, and restrooms?

- **Drafting Tip:** Encourage virtual meetings even if employees are physically present in the office.

- **Workplace Tip:** Be sure that the restroom is stocked with plenty of soap and disposable paper towels – ensure employees are not sharing cloth towels.
- **Workplace Tip:** Do not host potluck/shared food/buffet events – in the event of an office gathering (which is not recommended) all employees should remain socially distanced and eat their own individually prepared food. Employers may require that employees wear masks when not eating.
- **Workplace Tip:** Consider closing breakrooms and other rooms where social distancing is not possible or disinfecting/sanitizing is more difficult.

**17. Use of Shared Equipment** – Are there limits to the equipment that may be shared? What are the sanitizing/disinfecting expectations? Before use? after use? both? What equipment is included? Postage meter? Copy machine? Coffee machine? Etc.

- **Drafting Tip:** Be specific regarding prohibited shared equipment such as phones, headsets, etc. Likewise, be specific regarding the frequency and timing of cleaning the shared equipment.
- **Workplace Tip:** Remove all shared office supplies from public access – for example, remove all pens and scissors from the copy room to limit exposure.

## Screening Protocols

**18. COVID Screening, Prevention, and Control** - Employers may engage in preventative employee screening protocols for employees coming to the workplace (employers may not ask COVID questions of employees that do not come to the workplace). There are different rules associated with critical infrastructure and non-critical infrastructure employees:

- [OSHA COVID-19 Workplace Guidance](#)
- [CDC Workplace Guidance](#)
- Employers may adopt, customize, and or modify the HUB screening form: [APPENDIX B – Sample Health Screening Form](#).

**19. Employer protocols should specifically detail the Who, What, When, Where, and How.** Employers should review the [EEOC guidance regarding the ADA and medical inquiries](#).

- **Who will conduct the screening – Will it be onsite by an employee?** Will you hire a third-party testing service? Will you designate an employee (or employees) to conduct onsite screening? Or will employees pre-screen from home prior to coming to work?
- **What screening will take place?** An employer’s screening protocol may include:
  - Temperature Checks – if onsite, consider what type of thermometer you will use. If at home, will employees use their own equipment?
  - COVID Symptom Screening
  - Employee COVID Exposure
  - COVID Diagnosis
  - Travel (where and how) – will you screen employees for personal travel?
  - Other employment – do any of your employees hold multiple jobs?

- **When will the employer conduct the screening?** Each day? before the employee's shift?
- **Where will the screening be conducted?** Onsite? Specifically, where onsite? Prior to coming to the office? Will onsite screening occur in a well-ventilated but private location that will ensure employee privacy but the screener's safety? At home by the employee?
- **How will the screening be conducted?** Has the employer provided employees with a COVID screening "app"? Or some other technology through which the employee may report his/her self-assessment? If onsite, will the screener be expected to wear a mask? Gloves? Face-shield? Other protective gear? If screening from home, is there a designated person to whom an employee should report the results?

**20. COVID in the Workplace Response Protocols** – According to the [CDC guidance](#), an employer's COVID response and return to work and policy should follow each of the following:

**Quarantine if Exposed:**

- **Exposed and are NOT up to date on COVID Vaccinations** - the CDC recommends at least 5 days of quarantine. Day 1 is the first day after the last contact with a COVID-19 infected person. Get tested at least 5 days after the exposure. Wear a mask until day 10.
- **Exposed and up to date on COVID Vaccinations** – the CDC does not require to quarantine unless symptoms are developed. Get tested at least 5 days after the exposure. Wear a mask until day 10.
- **Exposed and had confirmed COVID-19 within the past 90 Days** - CDC does not require to quarantine unless symptoms are developed. Wear a mask until day 10.

**Workplace Tip:** The Genetic Information Non-discrimination Act prohibits employers from asking about family member medical conditions.

**Workplace Tip:** The CDC guidance is subordinate to more conservative or restrictive local or state regulations. For example, the California requirement is more restrictive and would prevail over the CDC less rigorous standards. See [Cal/OSHA COVID guidance](#) and resources page which will be updated as Cal/OSHA develops resources.

**Drafting Tip:** be sure to remind exposed employees that they should stay home for the prescribed quarantine period, monitor their health for COVID symptoms, and stay away from others.

**Isolation if Sick or Test Positive:**

Day 0 is the first day of symptoms or a positive viral test. Day 1 is the first full day after your symptoms developed or your test specimen was collected.

**Tested positive for COVID-19 or have symptoms**, regardless of Vaccination Status – CDC recommends staying home for at least 5 days and isolate from others in the household. Wear a mask if around others at home.

- **Symptoms** - Ends isolation after 5 days if fever free for 24 hours without the use of fever-reducing medication and symptoms are improving.
- **No Symptoms** – End isolation after at least 5 full days after positive test.
- If severely ill with COVID-19 or immunocompromised – isolate for at least 10 days. Consult with a doctor before ending isolation. Wear a mask until day 10.



Employers should develop a COVID information and instruction packet for employees sent home because of COVID exposure, symptoms, or a positive test. The CDC has several [print resources](#).

**21. Documentation** – Determine the **Who, What, Where, and How** of documentation:

- **Who** will be responsible for documenting screening and COVID in the workplace incidents? To whom should employees provide COVID medical documentation?
- **What** documents and information will employees be required to provide? The CDC, EEOC, and DOL all encourage employers to be flexible regarding return to work and COVID testing documentation. Will employees be required to provide doctor's notes or test results to return to work after exposure? Will employees be required to document Symptoms and/or a positive test? Will employees be required to provide documentation of their regular screening? Or will a designated screener be required to complete a form or a document of each employee's screening?
- **Where** will the organization store employee medical documentation? The ADA requires employers to store employee medical information separately from the personnel file and it must be locked and secured. Only those who "need to know" may have access to the documents and information contained in those documents. The ADA narrowly construes "need to know."
- **How** will employees provide documentation? Will there be an app? Is there a secure/encrypted email option? Or upload site?

**22. Contact Tracing** (see [HUB Tips for Contact Tracing](#) and [CDC Contact Tracing Guidance](#))

- Employers should have a response protocol and procedure for contact tracing. Employers may want to include, among other things: identifying the position(s) responsible for conducting contact tracing, handling of confidential medical information, a specific notification process (in-person, by phone, text, email etc.), translators for bi-lingual employees and timing of notification (CDC recommends within 24-hours).
- The employer should also provide the specific definition of "close contact" - [The CDC defines "close contact" as:](#)

A close contact is someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. *For example, three individual 5-minute exposures for a total of 15 minutes. People who are exposed to someone with COVID-19 after they completed at least 5 days of isolation are not considered close contacts.*

**23. Notification Process** – Employers should create a notification process to inform employees (along with anyone else) that may have come in "close contact" with a diagnosed or probable diagnosed individual. Employers should contemplate multi-lingual needs of those with whom they will communicate.

- **Employer Tip:** Creating standard communication templates in advance may streamline the response process.

**24. Employees with Return to Work Concerns** – Employer policies should include a process for employees to self-identify their return-to-work concerns. The [EEOC has provided guidance](#) that

employers may not unilaterally exclude employees from the workplace on the basis of a protected class such as age, underlying health condition, or pregnancy. But employees may create a process for employees to self-identify and request flexibility regarding their return to work.

- **Design Tip:** Draft a protocol for employees to communicate their concerns regarding return to work including safety concerns, personal health concerns, and concerns regarding high-risk household members.
- **Workplace Tip:** The EEOC, OSHA, and CDC all encourage employers to be flexible with respect to employee return to work.
- **Workplace Tip:** Take employees' concerns seriously – they may have an underlying medical condition or may have a legitimate health and safety concern about the workplace. The DOL is reporting a record number of COVID related whistleblower complaints in 2021.

## Facilities Protocols

- **Design Tip:** Use your safety policy as a means of communicating the changes to the facility that are designed to keep employees safe and prevent the community spread of COVID-19.

**25. Engineering Controls** Are physical modifications to the work environment that isolate workers from hazards. Some things to consider:

- High-efficiency Air Filters
- Increased ventilation rates

## 26. Workspace Configuration

- Evaluate physical workspace layout and move workstations to increase physical distance between employees (goal is to keep workers 9-12 feet apart). If available space does not allow this much separation, evaluate options for staggering schedules as an alternative or adding physical barriers between stations. Some employers may be able to rotate weeks in the office and working remotely or alternate days/shifts to reduce total number of people in office.
- Use plexiglass shields, tables, or other barriers to block airborne particles and ensure minimum distances in the workplace.
- Consider whether furniture or work equipment can be reconfigured to facilitate social distancing. For example, removing tables and chairs in meeting, lunch or break rooms may facilitate social distancing and compliance with the CDC guidelines of at least 6 feet of distance between seats.
- **Workplace Tip:** If employees eat meals and/or take schedule breaks at the same time in a common place consider adding additional shifts.
- **Implement one-way traffic patterns throughout the workplace** - Communicate and mark with prominent one-way and wrong-way signage.
- **Entrance and Exit** – Will there be specifically designated entry and exit points to the office?
- **Define customer and/or visitor contact protocol** – Consider whether you will allow customers and/or visitors and the number of customers/visitors allowed in any area at one time. Require employees to adhere to social distancing measures during all client interactions (i.e. no handshakes, cloth face coverings, at least 6 feet apart).

# Employer's Vaccination Policy Considerations

## 27. State/Local Requirements

- Does your state/local government allow mandatory vaccination policies? or require it?
- Does your state/local government put limitations on the design and scope of a mandatory vaccine policy?
- Does your industry require vaccines?

## 28. Company Policy

- Have you clearly explained the company's justification for the policy including the background and basis for the policy and approach?
- Have you demonstrated a legitimate business interest to substantiate your vaccination program?

## 29. Americans with Disabilities Act

- Have you explained the employee's rights to request an accommodation?
- Does your policy clearly explain how an employee may request an exception or accommodation?
  - Is there an anti-retaliation section to ensure that employees who request an accommodation suffer no negative repercussions?
- Have you addressed procedures and processes to ensure employee information remains confidential?

## 30. Genetic Information Nondiscrimination Act

- Have you provided the GINA warning?
- Have you had outside employment law counsel review your medical questionnaires to ensure they are compliant with ADA? GINA?

## 31. Vaccine Delivery

- Will you have specific procedures for receiving the vaccination?
- Who will pay for the vaccine?
- If you're paying for the vaccine, how will you make payment? Will your health plan bear the cost for those enrolled, or will expenses run through another cost center, such as a wellness or safety program?
- What is the process for scheduling the vaccine? At the employee's convenience? Based on needs and demands of the employee's position/department? During work hours/not during work hours?
- Do you have a safety protocol and contingency program for vaccine shortages or delays?

## 32. Employee Communication

- How will you promote and communicate about the vaccines? What vaccine education and informational resources will you make available and how may employees obtain them?
- Where will the vaccines be administered? If they are administered onsite, can you ensure the employee's privacy and confidentiality? Will it be a convenient/easily accessible location?

## 33. Policy Enforcement

- If the vaccine is mandatory and the employee is not eligible for an exception (i.e. ADA, PDA, Religion) what enforcement mechanisms exist and what are the consequences for noncompliance?
  - Will employees face termination? Job reassignment? Additional PPE requirements?



### 34. Program Incentives

- Will you provide financial or other incentives to individual employees to receive the vaccination?
  - If yes, have you reviewed your incentive plan with outside counsel most especially in light of EEOC limitations on wellness programs.

### 35. Workers' Compensation and Side Effects

- Have you discussed any workers' compensation considerations with your broker and/or carrier?

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## APPENDIX A – Federal Guidance Resources

### **CDC Guidance:**

[General Guidance for COVID-19 for Employers](#)  
[Workplace Prevention Strategies](#)  
[Information on the CDC Workplace Vaccination Program](#)  
[Examples of successful worker COVID-19 Vaccination Programs](#)  
[Quarantine and Isolation Protocols](#)  
[Guidance regarding travel](#)  
[Cleaning and Disinfecting and Ventilation](#)  
[Handwashing](#)  
[Contact Tracing](#)

### **CDC Guidance by Industry:**

[Education](#)  
[Healthcare](#)  
[Airline Personnel](#)  
[In-Home Service Providers](#)  
[Pet Stores, Distributors, and Breeding Facilities](#)

### **OSHA Guidance:**

[Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace](#)  
[OSHA FAQ and Answers related to COVID-19](#)  
[Updated Interim Enforcement Response Plan for COVID-19 Applicable for All Industries](#)

### **OSHA Guidance by Industry:**

[Agriculture](#)  
[Manufacturing](#)  
[Business Travelers](#)  
[Airline Workers and Employers](#)  
[Construction](#)  
[Food Manufacturing](#)

### **EEOC Guidance:**

[EEOC guidance regarding the ADA and medical inquiries  
Coronavirus and COVID-19](#)

## APPENDIX B – Sample Health Screening Form

**Name:**  
**Facility Address:**  
**Date:**  
**Manager:**

**MAY ONLY BE USED FOR EMPLOYEES/WORKERS COMING ON-SITE OR TRAVELING ON COMPANY BUSINESS – MAY NOT BE USED FOR REMOTE EMPLOYEES/WORKERS**

Section 1: Employee Health and Wellness Checklist	YES	NO	N/A	Date of Onset	Comments
Are you experiencing any of the following symptoms or combination of symptoms? <a href="#">CDC - COVID-19 Symptoms</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Fever (100.4 or higher) Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Nausea or Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Congestion of runny nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Muscle Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• New Loss of Taste/Smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are you currently waiting for COVID-19 test results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Activity Questions – In the last 14 days: [THIS SECTION SHOULD BE CUSTOMIZED BY THE EMPLOYER TO MATCH ITS EMPLOYEE SCREENING PROTOCOLS]**

	YES	NO	N/A	Comments
Have you been on an airplane?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you traveled to a designated hotspot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been to a theme park or amusement park?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been to a large crowd gathering such as a concert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you traveled to and stayed at a resort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**DO NOT ASK ABOUT FAMILY MEMBER HEALTH CONDITIONS**

Section 2: Social Distancing & Employee Exposure	YES	NO	N/A	Date of Event/ Exposure	Comments
1. Have you self-quarantined? If so, how many days and why? (remaining in your home and outdoor activities without coming closer than 6-feet from others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2. Have you been exposed to <u>anyone</u> currently waiting for COVID-19 test results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Have you been exposed to <u>anyone</u> who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Have you been exposed to <u>anyone</u> with any of the following symptoms or combinations of symptoms:					
• Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Fever (100.4 or higher) Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Nausea or Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Congestion of runny nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Muscle Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• New Loss of Taste/Smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you traveled outside your state/province or regional area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Additional information that is pertinent to you returning to the facility**

**Human Resources Use Only**

**Notes:**

## APPENDIX C – Sample Employee Policy Acknowledgement Form

### [POLICY NAME] Employee Acknowledgment

I, \_\_\_\_\_ (employee name) acknowledge that on \_\_\_\_\_ (date), I received a copy of [EMPLOYER NAME]'s [POLICY] [, dated [DATE],] and understand that it is my obligation to read and comply with it. I understand that Human Resources is available to explain this policy and answer my questions.

I understand that [EMPLOYER NAME] has the maximum discretion permitted by law to interpret, administer, change, modify, or delete this policy at any time [with or without notice]. No statement or representation by a supervisor or manager or any other employee, whether oral or written, can supplement or modify this policy. Changes can only be made if approved in writing by the [POSITION] of [EMPLOYER NAME]. I also understand that any delay or failure by [EMPLOYER NAME] to enforce any work policy or rule will not constitute a waiver of [EMPLOYER NAME]'s right to do so in the future.

I understand that neither this [POLICY] nor any other communication by a management representative or any other employee, whether oral or written, is intended in any way to create a contract of employment. I understand that, unless I have a written employment agreement signed by an authorized [EMPLOYER NAME] representative, **I am employed at will and this policy does not modify my at-will employment status.** If I have a written employment agreement signed by an authorized [EMPLOYER NAME] representative and this policy conflicts with the terms of my employment agreement, I understand that the terms of my employment agreement will control.

[SIGNATURE PAGE FOLLOWS]

\_\_\_\_\_  
(Employee's Signature)

\_\_\_\_\_  
(Employee's Printed Name)

\_\_\_\_\_  
(Date)