

COVID-19 Pandemic Policy

The information contained in this policy is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

COVID-19 PANDEMIC POLICY

[insert Company name] is committed to the safety of our employees, customers, and the general public and seeks to minimize the negative impact related to the coronavirus. For this reason, this policy addresses the following topics:

- **COVID-19 Symptoms and Hygiene Rules**
- **Test Positive and Potential Exposure Notice**
- **Families First Coronavirus Response Act (FFCRA)**
- **Telecommuting**
- **Traveling**
- **Return to Work in Office**
- **COVID Vaccination Policy**
- **Work Site Visitor Health Screening**
- **Forms/Letters**

COVID-19 SYMPTOMS and HYGIENE RULES

It is important to understand that in these unprecedented times being in public potentially brings risks of becoming infected with COVID-19. Therefore, there is a risk of COVID-19 exposure when coming to work on-site.

The Company expects all employees to do their best to limit the exposure to COVID-19, during both days off and workdays. By agreeing to work here, employees are also agreeing to comply with specific workplace and personal habits to maintain safety in the workplace and community.

Outside of Work Guidelines:

- Follow guidelines and requirements from the Centers for Disease Control and Prevention (CDC), State and local government.
- Maintain social distancing in accordance with local guidelines (e.g., 6 feet).
- Wash hands and sanitize whenever you are in contact with anything outside your home.
- Avoid touching your face.
- Avoid large gatherings.

Contact your supervisor immediately if exposed to COVID-19 or are exhibiting any signs or symptoms including cough, shortness of breath or difficulty breathing, or at *least two of these symptoms*:

- Fever
- Chills

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- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

General hygiene rules:

- Physical distancing is mandatory. Maintain a 6-foot distance from others at all times.
- Use of face masks while working on-site is required anytime you are working near others or are outside your office area.
- Wash your hands after using the restroom, before and after eating, and if you cough/sneeze into your hands. Please follow the 20-second hand-washing rule. You can also use the sanitizers located in various places around the office.
- Be sure to clean shared surfaces frequently, e.g., counters, desks, tables, chairs. Wipe down toilet seats and flushing handles after each use.
- Avoid sharing personal items such as pens, staplers, markers, etc.
- Items which must have shared utilization, such as copier/printer touchpads, must be cleaned after each use.
- Communal items which cannot be easily cleaned, such as newspapers, magazines, candy dishes, business card racks, etc., are not permitted on site.
- Closed-door meetings must be kept at a minimum, with strict attention to physical distancing requirements. Video conferencing is preferred where possible.
- Cough/sneeze into your sleeve, preferably into your elbow. If you use a tissue, discard it properly and clean/sanitize your hands immediately.
- Avoid touching your face, particularly eyes, nose, and mouth, with your hands to prevent from getting infected.
- If you find yourself coughing/sneezing on a regular basis, avoid close physical contact with your coworkers and take extra precautionary measures (such as requesting sick leave).
- Avoid shaking hands and coming into physical contact with others.

TESTING POSITIVE FOR COVID

If an employee or any member of their immediate family tests positive for COVID or shows COVID symptoms, the employee is to do the following:

- 1) Notify his or her immediate supervisor

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- 2) Avoid coming to work or in contact with other coworkers, customers and vendors for a period of 14 days. A shorter time period may be approved with verification of a negative COVID test.

POTENTIAL COVID-19 EXPOSURE NOTICE

Upon confirmation of a potential COVID-19 exposure, the Company will send a “*COVID-19 EXPOSURE LETTER NOTICE*” to those people who may have worked in close proximity with the employee who has tested positive for COVID-19 during the past 14 days of a potential exposure. In compliance with privacy laws, the employee’s name will not be disclosed.

Following guidelines from the Centers for Disease Control and Prevention (CDC), will provide guidance on steps to follow.

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

[If under 500 employees] The Company will follow the requirements of the *Families First Coronavirus Response Act* (FFCRA) effective April 1, 2020 through December 31, 2020 or as directed by government agency(s) and/or law, including all federal, state, or local laws relevant to the FFCRA requirements, to the best of its ability.

This Policy covers all full-time and part-time employees of **[insert Company name]**.

While management will work to ensure compliance with the FFCRA, employees are requested and expected to do their part to assist in working through the various provisions and keeping the Company informed of their need for possible leave assistance available under the FFCRA.

EMERGENCY PAID SICK LEAVE (EPSL)

The FFCRA provides for Emergency Paid Sick Leave that varies, based on the status of the employee: 80 hours of pay for full time employees, and a pro-rated portion for part-time workers based on their average number of hours over a typical two-week period.

Eligible reasons for receiving Emergency Sick Pay include the following:

1. Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. Employee has been advised by a health care provider to self-quarantine related to COVID-19;
3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);

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5. Employee is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19; or
6. Employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

If the sick leave is for an employee who is sick, quarantined, or seeking a diagnosis (reasons 1 – 3 above), the benefit will replace the employee's wages up to a maximum benefit of \$511 per day up to a total of \$5,110 for all 10 days. If an employee is requesting leave for reasons 4-6 above, the benefit will replace at least two-thirds of the employee's wages up to a maximum benefit of \$200 per day up to a total of \$2,000 for all 10 days.

EXPANDED FAMILY & MEDICAL LEAVE ACT (EFMLA)

Any employee who has worked for the Company for at least 30 calendar days is eligible to take up to 12 weeks of COVID-19 leave from their workplaces if the employee is unable to work (or telework) due to a need for leave to care for a son or daughter under 18 years of age if the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency related to COVID-19.

The first 10 days of EFMLA are unpaid; then, the employee is entitled to receive 2/3 pay for the remaining 50 days, with a cap of \$200 per day and \$10,000 total. The employee, at their discretion, may opt to use PTO, vacation, company-provided sick pay, or emergency paid sick leave (see above) as available to receive pay for the first 10 days.

Where an employee needs to take leave because his or her child is attending a hybrid model of school (some days classes are held in person, some days classes are virtual), each full day would be considered a new leave period because the employee needs to take the leave on each day of virtual schooling, therefore this would not fall into the intermittent leave category.

Any Family Medical Leave Act (FMLA) time previously used by an employee during the Company's FMLA 12 month lookback period, if applicable or any FMLA time currently being used or used after April 1, 2020 for any other FMLA approved reason, will be deducted from the 12 weeks provided under EFMLA. EFMLA does not provide additional FMLA time above what is already mandated.

Documentation of Eligibility

The Company requires medical certification and documentation to verify COVID related illness or care for dependents. If it is difficult to obtain the usual medical certification or documentation of illness, or of school or daycare closures, during the COVID-19 pandemic, the Company reserves the right to require such documentation to be provided later on (not

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necessarily before the start of the employee's leave). Employees found to have abused these Emergency Family Leave or Sick Pay Policies may be subject to disciplinary action, up to and including termination of employment.

Notification

Advanced notice of a request for EFMLA is required as soon as practicable. If the leave is not foreseeable, the employee may begin to take leave without giving prior notice but must still give notice as soon as practicable.

To Apply for FFCRA Benefits

Employees who feel they meet the requirements to qualify for these benefits under the FFCRA should contact [insert name, title] at [insert contact information].

Exclusions to the Emergency Sick Paid Leave and Expanded Family & Medical Leave:

Employees who are on furlough or layoff are not eligible for EPSL or EFMLA. The DOL further clarified that EPSL and EFMLA may be taken intermittently if needed, up to the total maximum number of hours available.

Exclusions also apply for employees classified as health care providers and emergency responders. The DOL has defined a "health care provider" as a licensed physician or other employees who are employed to provide diagnostic services, preventive services, treatment services, or other services that are integrated with and necessary to the provision of patient care. This means that employees not directly involved in patient care (e.g., reception, accounting, housekeeping, IT support, maintenance, food service, etc.) may not be excluded from FFCRA requirements. Employers can exempt health care providers or emergency responders from the FFCRA leave for one reason but not others. For example, an employer may decide to exempt the applicable employees from leave for caring for a family member, but might choose to provide them paid sick leave in the case of their own COVID-19 illness

TELECOMMUTING

[insert Company name] may grant short term permission to eligible employees to telecommute due to the extenuating circumstances related to the COVID-19 pandemic. The telecommuting arrangement start and stop times will be defined by the company. This time frame may be extended or reduced if circumstances require such a change. It is understood that this is a short-term telecommuting arrangement, and the Company reserves the right to terminate the

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telecommuting arrangement at any time. Contact your supervisor or anyone in human resources for eligibility purposes under the telecommuting policy.

Expectations

Your work performance will be measured by your output, results, and previously established performance measures which should be equivalent to the performance output generated when working in office. Work should be prioritized by identifying those results that are most crucial and those that can be deferred and analyzing how objectives support work group goals. You will be expected to maintain the same work schedule, days and work hours, making sure you are available and accessible to your customers, team members and supervisor during normal business days and hours, regardless of work location.

Work Area & Safety

The work area should be set up and located in an area that is free of distractions and interruptions from family members, guests, or friends. Work hours are considered paid time and are not to be used to watch children, perform household tasks, socialize, watch TV, rest, or engage in other personal pursuits.

Employees who elect to telecommute agree to use Paid Time Off (PTO), vacation or time off without pay for all personal activities. They are responsible to take any precautions necessary to secure privileged and confidential information in the home and to prevent unauthorized access to any Company system from the home, as well as to abide by all applicable safety and health regulations to ensure the working environment is safe. The remote workspace is considered an extension of the company workplace, and the designated space should be maintained in a safe condition and free from hazards to people and equipment. Additionally, the employee must follow all work-related injury or accident reporting and safety practices and policies. Failure on the employee's part to practice safe workspace practice may result in denial of workers' compensation should the employee sustain a work-related injury. The employee remains liable for injuries to third persons and/or family members that occur on personal premises and properties.

Company Equipment

Any equipment that the Company provides to an employee as part of a telecommuting arrangement shall remain the property of the Company, and the Company will maintain that equipment. This equipment must be used for business purposes only. Personal information and data should not be stored on Company equipment, and Company information should not be stored on personal equipment, computers, mobile devices, or storage devices. Depending on the circumstances, the employee may be responsible for any theft, damage, or loss of property belonging to the Company. Employees should continue to follow all Company policies regarding computer use and not installing unauthorized software.

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The following is a list of Company equipment that employees will be permitted to take home and use while telecommuting. It is expected that all equipment will be returned to the Company site at the completion of the telecommuting arrangement. The organization will not be liable for costs, including, but not limited to, any investment in furniture or equipment for the designated workspace. Any cost covered by Company must have advanced approval.

- Computer
- Power supply
- Mouse
- Phone
- Keyboard
- Monitor
- Headset
- Printer

Non-Exempt Hours Tracking

Non-exempt telecommuting employees are still held to the hours tracking and overtime requirements of the Fair Labor Standards Act, and therefore must accurately record all work time in a timely manner, as a condition of continued participation in the telecommuting program. Your supervisor must approve, in advance, any hours worked in excess of those specified per day and per week, in accordance with local, state and federal requirements.

At Will Employment

This telecommuting arrangement does not change the basic terms and conditions of employment with the Company. Any telecommuting arrangement, unless specifically stating otherwise in writing, does not alter or modify the at-will employment relationship between the telecommuter and the Company. The Company reserves the right to change or revoke this telecommuting agreement at any time with or without notice at the Company’s discretion.

TRAVELING

All work trips and events – both domestic and international – may be cancelled/postponed until further notice or allowed only with approval from [insert name, title]

In-person meetings should be done virtually where possible, especially with non-company parties (e.g., candidate interviews, vendors, etc.).

Employees who normally commute to the office by public transportation and do not have other alternatives are asked to take precaution, wear a mask, sanitize, and socially distance from other commuters.

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Employees who are planning to travel voluntarily both in country and out of country, especially to a high-risk region with increased COVID-19 cases, may be asked to work from home (if remote work is available), to self-quarantine for 14 calendar days after return, and not to come into physical contact with any colleagues during this time.

RETURNING TO WORK IN OFFICE

Each state may have some variation of the published guidelines from the CDC concerning what PPE's are needed in an office, the level of sanitizing required, etc. However, we encourage all employees returning to work in the office to follow these guidelines:

- Social distancing remains a state and county requirement. Do your best to keep a minimum of 6 feet away from others.
- Wearing a face mask while in office may be optional –unless required by state or local mandate -- but is required in situations when you will be closer than 6 feet. We ask that you provide your own masks, as needed.
- For onsite **client/vendor** visits, please make sure to adhere to that company's protocol for masking and safety procedures.
- When using the restroom, wash your hands thoroughly and sanitize handles and doorknobs. Cleaning materials will be provided in each restroom and office area.
- When in common areas such as the conference or lunchroom wear a mask when not eating or drinking.
- Sneeze or cough into your elbow, not your hands.
- If you believe you have been exposed to COVID-19, are experiencing any flu-like symptoms, or feel sick, please stay home, and notify your supervisor as soon as possible.
- **[OPTIONAL]** All staff must check their own temperature daily prior to reporting to the office and **record it on the COVID-19 log (if applicable, OR) report it to (XXXXXXXXXX)**. High volume offices may be provided with an IR thermometer. Other offices will need staff to check their temperature at home before leaving for work. Every office is required to **maintain this log [or] verify this information** daily for all staff, until further notice.

COVID Vaccination Policy

Our first responsibility as a business is the safety of our employees, our customers, and our community. As such, we strongly encourage all employees to follow certain prevention

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practices, as recommended by the federal Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA), including getting vaccinated against the Coronavirus Disease 2019 (COVID-19).

While it is not mandatory at this time, we strongly encourage, recommend and support employees, obtaining vaccination for COVID-19. Please contact Human Resource with any questions, concerns or additional informational resources regarding vaccination.

Work Site Visitor Health Screening

In an effort to reduce the risk of COVID-19 exposure among [Company Name] employees, only business-critical visitors are permitted at any company facility at this time and will be asked to wear a mask. All visitors are required to complete the *Work Site Visitor Health Screening* questionnaire in advance of arriving on the job site to protect everyone in the building. Please, contact your supervisor to request a copy of the *Work Site Visitor Health Screening* questionnaire if needed. Based on the answers provided, access to the Company premises will be approved or denied.

Because the information about COVID-19 and the response to the COVID-19 pandemic is continually changing, please be advised that this Policy may be revised at any time, based on the overall situation and changes in federal, state and/or local laws. Failure to follow the above requirements may result in **Mandatory Medical Testing, Quarantine, Disciplinary Action, Suspension, or Termination.**

By signing below, you agree to all provisions covered in this policy.

EMPLOYEE NAME (PRINTED)

DATE

EMPLOYEE SIGNATURE

MANAGER/SUPERVISOR/HR SIGNATURE

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[Insert Company Name and Logo, as desired]

Work Site Visitor Health Screening

In an effort to reduce the risk of COVID-19 exposure among [Company Name] employees, only business-critical visitors are permitted at any company facility at this time. All visitors are required to complete the following questions in advance of arriving on the job site to protect everyone in the building.

Printed Name and Last Name

Company/Organization Name

Personal Phone Number

- Have you been traveling nationally or internationally or have been in close contact with anyone who has traveled within the last 14 days?
 Yes No

If YES, please indicate the name of the State or Country visited _____

- Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)?
 Yes No

- Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?
 Yes No

Visitor Signature

Date

Based on the answers provided above, access to facility have been: Approved Denied

Printed name of [Company name] employee

Date

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Signature of [Company name] employee

(Date)

To: (name)

Subject: Potential Exposure to COVID-19 (rev: Dec 03, 2020)

Dear (name),

Our employees' health and safety is our number one concern. As such, we wish to make you aware that an employee of the Company has tested positive for the novel coronavirus, COVID-19. In compliance with privacy laws, the employee's name will not be disclosed; however, to protect all of our employees, this letter is being provided to inform those who may have come in contact with this individual between (date) and (date) that they may have been exposed to COVID-19.

We are also notifying those people who may have worked in close proximity with this employee during the previous 24 to 48 hours of a potential exposure. Exposed employees need to follow guidelines from their healthcare provider and local public health officials and ensure they do not have a fever (without aid of medication) or any other symptoms such as sore throat, cough, or difficulty breathing. If the employee DOES develop any of these symptoms, these employees are asked to consult their health care provider. Also please contact (name, title) at (contact information) at the Company as soon as possible. It is generally recommended by the CDC that persons exhibiting symptoms of COVID-19 should stay home for at least:

- Ten (10) days from when the symptoms began; and then
- Have gone twenty-four (24) hours without a fever (without aid of medication).

[OPTIONAL] NOTE: If you choose to consult a health care provider and are advised to self-isolate or quarantine, you may be eligible for Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA). Please check with (name, title) to determine if EPSL or any other type(s) of paid leave may be available to you.

[OPTIONAL] The Company is taking steps to limit the risk to employee health and safety during these challenging times. Therefore, out of an abundance of caution, we will close the (area, departments) between (date) to (date) to clean and disinfect the area. Employees who work at (area, departments) are asked to check with your supervisor to make alternative work arrangements where possible (e.g. working remotely) while this location is closed and cleaned. Please consult with (name, title) for additional instructions and information.

During this time, we will continue to closely monitor government and public health developments to determine other steps this Company can take during this pandemic. We also urge employees to comply with guidelines from the CDC by:

- Maintaining appropriate social distancing measures (i.e., at least six feet from others);
- Avoiding touching of the face;
- Washing your hands frequently; and
- Wearing a mask or other face covering.

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Please contact (name) if you have any questions or concerns.

Sincerely,

Name

Title

Contact information