**RETURN TO WORK PROTOCOL**

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| TO: | All Employees |
| FROM: | Human Resources |
| DATE: | \*\*/\*\*/2020 |
| RE: | Protocol For Returning to Work: Employees Who Have Tested Positive OR Who Have Been Or May Have Been Exposed To The Coronavirus |
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As the global situation with the Coronavirus (“COVID-19”) continues to evolve at an unprecedented pace, [Company] continues to monitor the situation closely to ensure the safety of our team members. [Company] remains ready to take additional action as part of its business continuity plan to protect the safety, health, and well-being of our employees.

**All employees returning to non-remote work at [Company]** **who have tested positive for COVID-19 or may have been exposed to COVID-19 must fill out and sign the attached questionnaire prior to re-entering the workplace. Employees who “have or may have been exposed to COVID-19” include any employee who has:**

* **individually** tested positive for COVID-19;
* **experienced** fever, chills, cough, shortness of breath, sore throat, and/or exhibited any other flu-like symptoms or respiratory issues in the last fourteen (14) days even **without** a positive COVID-19 test, or who has tested negative for COVID-19 but still has these symptoms;
* **had close contact with a person** who tested positive for COVID-19, or who experienced fever, chills, cough, shortness of breath, sore throat, and/or exhibited any other flu-like symptoms or respiratory issues in the last fourteen (14) days even without a positive COVID-19 test, or who has tested negative for COVID-19 but still has had close contact with a person who tested positive for COVID-19;
* **traveled** to any high risk region with widespread community transmission (as defined by the U.S. Centers for Disease Control and Prevention (CDC)’s travel alert), domestically within the United States or internationally, or returned from a cruise, in the last fourteen (14) days or had close contact with some who has travelled to any such high risk region or returned from a cruise in the last fourteen (14) days; and/or
* **was self-quarantined based upon advice of a healthcare or public health official for any other reason** due to potential exposure to or symptoms of COVID-19.

If an employee answers “yes” to any of the above criteria, [Company] will follow the below “Discontinuation of Isolation” strategies, as recommended by the CDC, to determine whether an employee will be allowed to return to work:

1. **Non-test-based strategy:**
   1. Employees with confirmed COVID-19 or employees who had symptoms and were directed to care for themselves at home without a test may be returned to work under the following conditions:
      1. At least 3 days (72 hours) have passed since the last indication of fever (≥100.4F), without the use of fever-reducing medications (e.g., Tylenol); **and**
      2. full resolution of respiratory symptoms (e.g., cough, shortness of breath); **and**
      3. at least 7 days have passed since symptoms first appeared.
2. **Test-based strategy:**
   1. Employees with confirmed COVID-19 or employees who had symptoms and were directed to care for themselves at home without a test may be returned to work under the following conditions:
      1. Resolution of fever (≥100.4F) without the use of fever-reducing medications (e.g., Tylenol); **and**
      2. resolution of respiratory symptoms (e.g., cough, shortness of breath); **and**
      3. negative COVID-19 tests from at least two consecutive tests conducted ≥24 hours apart
3. **Employees with confirmed COVID-19 who have not had any symptoms:**
   1. May be returned to work when:
      1. at least 10 days have passed since the date of the most recent positive COVID-19 test; **and**
      2. employee has had no subsequent illness or symptoms during that time;

[Company] has and continues to implement additional cleaning regimens for high-touch surfaces in addition to our regular cleaning schedule. Per the CDC’s recommendations, employees are strongly encouraged to leverage [Company]’s technology to limit in-person meetings, when reasonable. [Company] recommends that team members maintain a distance of six feet when coming into contact with one another.

**If you have any questions or concerns, please contact your manager or Human Resources.** We thank you in advance for your cooperation as we take these steps to ensure the safety, health, and well-being of our team.

**QUESTIONNAIRE**

Please respond by checking any box applicable to you and sign below:

* **If you have tested positive for COVID-19 or had symptoms of COVID-19** (**fever, chills, cough, shortness of breath, sore throat, or having exhibited any other flu-like symptoms or respiratory issues)**, have you recovered **and** been medically released to return back to work from a licensed medical professional? If so, please check this box and sign and return with your note from your medical provider.
* **If you have tested positive for COVID-19 or had symptoms of COVID-19** (**fever, chills, cough, shortness of breath, sore throat, or having exhibited any other flu-like symptoms or respiratory issues)** and have now recovered but have not been medically released to return back to work from a licensed medical professional, have you:
* Gone least 3 days (72 hours) since the last indication of fever (≥100.4F), without the use of fever-reducing medications (e.g., Tylenol); **and**
* Had full resolution of respiratory symptoms (e.g., no more cough, shortness of breath); **and**
* Gone at least 7 days since your symptoms first appeared; **or**
* Received negative COVID-19 tests from at least **two** consecutive tests conducted ≥24 hours apart?

Please check the appropriate boxes above and sign and return.

* **If you have not tested positive for COVID-19 or otherwise had symptoms and are unable to obtain a medical release to return back to work from a licensed medical professional**, have you completed a 14-day self-quarantine due to:
  + **Having traveled** to any high risk region with widespread community transmission (as defined by the CDC’s travel alert), domestically within the United States or internationally, or returned from a cruise, in the last fourteen (14) days or had close contact with some who has travelled to any such high risk region or returned from a cruise in the last fourteen (14) days, and finished the 14-day quarantine period without developing symptoms;
  + **Having been in direct contact with a person** who tested positive for COVID-19, or who experienced fever, chills, cough, shortness of breath, sore throat, and/or exhibited any other flu-like symptoms or respiratory issues in the last fourteen (14) days even without a positive COVID-19 test, and finished the 14-day quarantine period without developing symptoms;
  + **Having been mandated to go into quarantine** under local health guidelines, and finished the 14-day quarantine period without developing symptoms;

In all cases in which you checked a box above, please also confirm last date worked on-site and last date of symptoms:

Last date worked on-site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last date of symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign this document after checking the appropriate box(es) above and submit the document to Human Resources, along with, if applicable, any return to work note from your medical provider.

**By signing below, you certify that your answers to the questionnaire are true to the best of your knowledge. You also certify that you will inform your manager or Human Resources Business Partner immediately if your answer to any of the questions above changes.**

Employee Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Return To Work Date: \_\_\_\_\_\_\_\_\_