**COVID-19: Guidance on Returning to Work**

**\*\*\*\*\*\*\*\*Doctor’s Note not required to return to work \*\*\*\*\*\*\*\***

**Employee Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1: COVID-19 *Exposed* Employees– Employees who have been exposed to a confirmed case of COVID-19. They will be allowed to return to work only if the following conditions have been met*:***

\_\_\_\_\_**Met the quarantine criteria ­**

· Did you quarantine yourself for 14 days? Yes No

 \_\_\_\_\_**Met the asymptomatic (symptom-free) criteria**

· Do you currently have a fever? Yes No

· Did you ever get a fever? Yes No

· Have 3 days passed being fever-free without medication? Yes No N/A

· Do you have a cough? Yes No

· Do you have any shortness of breath? Yes No

\_\_\_\_\_***Cleared* to Return to Work; Met all criteria listed above**

**Actions to be Taken Upon Return Status:**

* \_\_Secure a Return to Work (RTW) date from the employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* \_\_Go over with the employee the Return To Work (RTW) practices located on the last page.
* \_\_Notify the manager of clearance status and RTW date.
* \_\_Update the COVID-19 Spreadsheet accordingly.

\_\_\_\_\_***Not Cleared* to Return to Work**

**Actions to be Taken Upon Extended Leave Status:**

* \_\_Go over wage continuation options with the employee; *FMLA & STD* if eligible & not exhausted, *sick and/or vacation days* if available and *advanced time* if all options exhausted & employee is in good standing (must consult with manager).
* \_\_Notify the manager of extended leave status.
* \_\_Follow-up with the employee within a week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* \_\_Update the COVID-19 Spreadsheet accordingly.

**2: COVID-19 *Confirmed or Suspected* Employees – Employees who have tested COVID-19 positive or develop symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath). They will be allowed to return to work only if the following conditions have been met*:***

\_\_\_\_\_**Met the quarantine criteria ­**

· Did you isolate or quarantine yourself for 14 days? Yes No

 \_\_\_\_\_**Met the asymptomatic (symptom-free) criteria**

· Do you currently have a fever? Yes No

· Have *3 days passed being fever-free without medication*?Yes No N/A

· Do you currently have a cough? Yes No

· Has your *cough improved* (respiratory system)? Yes No N/A

· Do you currently have any shortness of breath? Yes No

· Has your *shortness of breath improved* (respiratory system)? Yes No N/A

· Have *7 days passed since your symptoms first appeared*?Yes No

· Do you have *any subsequent illness since*?Yes No

 \_\_\_\_\_***Cleared* to Return to Work; Met all criteria listed above**

**Actions to be Taken Upon Return Status:**

* \_\_Secure a Return to Work (RTW) date from the employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* \_\_Go over with the employee the Return To Work (RTW) practices located on the last page.
* \_\_Notify the manager of clearance status and RTW date.
* \_\_Update the COVID-19 Spreadsheet accordingly.

\_\_\_\_\_***Not Cleared* to Return to Work**

**Actions to be Taken Upon Extended Leave Status:**

* \_\_Go over wage continuation options with the employee; *FMLA & STD* if eligible & not exhausted, *sick and/or vacation days* if available and *advanced time* if all options exhausted & employee is in good standing (must consult with manager).
* \_\_Notify the manager of extended leave status.
* \_\_Follow-up with the employee within a week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* \_\_Update the COVID-19 Spreadsheet accordingly.

**3: *Nonmedically* COVID-19 Scenarios – Employees who are on leave due to fear, living with high-risk family members, sheltered in place in another state, lack of child care...**

\_\_\_\_\_ ***Returning* back to Work**

**Actions to be Taken Upon Return Status:**

* \_\_Secure a Return to Work (RTW) date from the employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* \_\_Go over with the employee the Return To Work (RTW) practices located on the last page.
* \_\_Notify the manager of return status and RTW date.
* \_\_Update the COVID-19 Spreadsheet accordingly.

\_\_\_\_\_***Not Returning* back to Work**

**Actions to be Taken Upon Extended Leave Status:**

* \_\_Go over wage continuation options with the employee;, *sick and/or vacation days* if available and *unpaid leave*  if all options exhausted.
* \_\_Notify the manager of extended leave status.
* \_\_Follow-up with the employee within a week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* \_\_Update the COVID-19 Spreadsheet accordingly.

**Return to Work Practices (Go over with cleared Employee)**

· **Must stay home if sick**. If he/she arrives at work sick or becomes sick should go home immediately.

· **Can only return back to work if the following conditions are met**; *fever-free for 3 days without fever-reducer medications*, *7 days past since their symptoms started*, and *overall illness has improved*.

· **Practice social distancing**; should keep at least 6 feet between themselves and others.

· **Practice hand hygiene and other preventive measures**; wash your hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer, cover cough and sneezes with tissue or sleeve (do not use your hands), do not touch your eyes, nose and mouth, and do not shake hands (do the wave or elbow tap or head bowing).

· **Face coverings;** must wear mask or mouth/nose covering where you are not maintaining “social distancing” or 6 feet of distance between yourselves and others. A face covering is any well-secured paper or cloth (like a bandana or scarf) that covers your nose and mouth.

\_\_\_\_\_**Covered the Worked Practices with employee**