

COMPANY NAME
COMPANY ADDRESS

COVID-19 Illness & Symptom Reporting Policy

Effective Date:

Revisions:

Purpose:

(COMPANY NAME) has implemented this new COVID-19 illness & symptom reporting policy in response to the Coronavirus Pandemic.

This new policy will assist in quickly identifying potential COVID-19 illness so that the company can take immediate steps to help impacted employees seek medical treatment and to avoid potential spread of COVID-19 to other employees, local community, etc..

Illness Symptom Reporting Procedures:

(COMPANY NAME) employees are required to immediately contact (COMPANY CONTACT) via phone, text or email, upon the onset of ANY new sustained illness symptoms including cough, fever, fatigue, congestion, shortness of breath, etc.

Employees must report if they have any single symptom, or any combination of symptoms.

These symptoms may indicate any respiratory illness including the common flu or cold, as well as COVID-19, all of which can have a major impact on Coronavirus response because until COVID-19 test results are verified (which can take up to 4 days), actual COVID-19 exposure risks will remain unknown. This period of uncertainty can result in significant additional problems including stress, costs, risks and liabilities for (COMPANY NAME) and employees.

Employees should always attempt to report symptoms “remotely”, via phone, text or email, as opposed to in-person, to help prevent potential exposures.

Under no circumstances should an employee with suspect symptoms report to the office or to a client location without first following reporting procedures, due to the risk of additional exposures to co-workers, etc.

Be Proactive with your reporting: All reporting should be done proactively, ideally as soon as an employee has a reason to be concerned. In other words, don't wait until 30 minutes before the start of a workday to contact (COMPANY CONTACT) to report a concern. Some concerns may require time for discussion, consideration, etc. so allow time for that process to occur. It's understood that some issues, such as symptoms, etc. could arise in the morning prior to start of work, but in all other cases be proactive.

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If any of these symptoms begin to occur while already working at the office or a client location, the employee should immediately exit the building without approaching or talking to anyone, while avoiding contact with others, and then immediately contact (COMPANY CONTACT) via phone, text or email. IF for any reason the employee feels unable to exit the building on their own, then remain in your current location and contact (COMPANY CONTACT) or other employees without approaching within 6 feet of them.

After employees report symptoms, they will then be directed to go home and contact their personal physician for further advice, testing or treatment. If employee is unable to get in contact with (COMPANY CONTACT) immediately, employee should still go home and contact their personal physician on their own.

Other Procedures:

Per CDC guidance, symptomatic employees should contact their physician via telephone rather than showing up at their office or clinic, which could result in additional exposures.

Employees should also report to (COMPANY CONTACT) prior to returning to office or client worksite if:

- They have come in contact (< 6') with a suspect family member, friend, or other. A "suspect" person is someone who is confirmed sick, is known to have recently traveled over-seas or to a highly infected area, or is manifesting acute respiratory illness symptoms.
- They have congregated in a group of >10 people.

If an employee gets sick with an acute respiratory illness, whether COVID-19, flu or cold, he or she cannot return to work until they are free of fever (100.4° F [38.0° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).

Notes:

This policy supersedes any previous policy.

This policy may be updated to address HIPPA or other guidance as needed.

Employee Name: _____

Date: _____

Employee Signature: _____

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