COVID-19 Model Return to Work Policy

May 21, 2020
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COVID-19 Model Return to Work Policy

This model policy is designed to address some of the common issues that employers will face when returning their workforce to the workplace. This policy should be tailored to reflect your particular business needs. Please note that the way you modify the policy may implicate employment laws. For help tailoring the policy to your business, please contact your HEC Human Resources Consultant.

Aloha and welcome back! COMPANY is pleased that you are returning to the workplace. As COMPANY transitions back to the workplace, our overriding priority is to ensure the continued safety and well-being of our employees and customers throughout the COVID-19 pandemic. Toward that end, COMPANY has carefully reviewed federal, state, and local guidance to create the following mandatory protocols for our workplace. This policy is subject to change in COMPANY’s sole discretion as the COVID-19 pandemic evolves.

Self-Quarantine

COMPANY expects all employees to affirmatively self-quarantine if they are feeling unwell. If you are feeling unwell, you must contact Human Resources as soon as practicable and before coming to work.

Temperature Checks

All employees are required to take their temperature before entering the workplace. If your temperature is 100.4 degrees or greater, you must contact Human Resources before coming to work.

Health Self-Declaration

All employees are required to complete the health self-declaration attached to this policy as Exhibit A before starting every workweek. If your answer is “yes” to any of the questions on the self-declaration, you must contact Human Resources before coming to the workplace. If your answer to any of these questions changes at any point during the workweek, you must immediately contact Human Resources.

Masks

All employees are required to wear non-medical grade face coverings over their nose and mouths [at all times/when interacting with customers, visitors, and colleagues/in all public areas, including hallways and restrooms].

Physical Distancing

All employees are required to maintain a six-foot physical distance from others whenever possible. To ensure appropriate physical distancing, COMPANY has installed space markings and one-way traffic flow directions. In addition, COMPANY has installed the following physical barriers in places where six-feet physical distancing is not possible: [LIST].
**Common Areas and Equipment**

Until further notice, the number of people allowed in workplace common areas will be limited according to the size of the area. COMPANY will place signs outside of all common areas indicating the maximum number of people allowed in that area. In addition, all employees should sanitize all common equipment they touch. COMPANY will provide a cleaning station in common areas with supplies to sanitize common equipment after each use.

**Meetings**

COMPANY encourages all employees to avoid face-to-face meetings even when all parties are in the same location. Instead, all employees should consider holding their meetings via teleconferencing and video teleconferencing. If face-to-face interaction is necessary, employees must choose an appropriately-sized location and conduct themselves in a manner that adheres to the other protocols in this Policy.

**At-Will Employment**

Nothing in this policy alters your status as an at-will employee.

**Contact Information**

Any questions or concerns relating to this Policy should be reported to Human Resources at [contact information]. COMPANY strictly prohibits retaliation for reporting any violation of this Policy.
EXHIBIT A

Health Self-Declaration

Name:

Please complete this form prior to beginning your workweek\(^1\) and e-mail it to Human Resources. If your answer to any of the above questions is “yes,” obtain approval from Human Resources before entering the workplace. If your answer to any of the questions becomes “yes” at any point during the workweek, contact Human Resources immediately.

1. Have you experienced any COVID-19 symptoms in the last 14 days (e.g., cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, sore throat, loss of taste/smell)?
   - Yes ☐ No ☐

2. Have you been diagnosed with COVID-19 in the last 14 days?
   - Yes ☐ No ☐

3. Have you cared for someone or been in close contact with someone diagnosed with COVID-19 in the last 14 days?
   - Yes ☐ No ☐

4. Have you traveled in the last 14 days?
   - Yes ☐ No ☐

Signature _________________________  Date _______________________

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\(^1\) Requiring this form to be completed every workweek is one suggested time interval that attempts to balance the administrative workload while still maintaining a regular dialogue with employees. Different time intervals, such as every workday, are acceptable.