

# Covid-19 Prevention Requirements

1. **Daily Symptom Assessment** — Every employee reporting to work will be screened for respiratory symptoms and have their body temperature taken as a precautionary measure to reduce the spread of COVID-19. This screening process will occur electronically through the time-keeping system as part of the clock in process. Employees will be required to self-assess every workday. Employees will need to answer the following questions via the phone system/website/phone app. We will require each employee to have an assessment each day they are working at any facility.

Questions:

- Do you have a fever of 100.40 degrees or higher without taking medication to reduce fever? YES OR NO
- Are you currently experiencing any respirator symptoms (cough and shortness of breath)? YES OR NO
- Have you been in close contact (6 feet of a person with lab-confirmed case of COVID-19 for at least 15 minutes, or had direct contact with bodily fluids of someone who has been confirmed to have COVID-19 (e.g. was coughed or sneezed on))? YES OR NO

**(ANY QUESTIONS WITH A YES ANSWER THE EMPLOYEE WILL NEED TO GO HOME AND CONTACT THE CORPORATE OFFICE TO BE PLACED ON EMERGENCY SICK LEAVE IF THEY HAVE NOT ALREADY USED THE AVAILABLE 80 HOURS OF COVID-19 EMERGENCY SICK LEAVE. IF AN EMPLOYEE HAS ALREADY USED THE EMERGENCY SICK LEAVE, THEY MAY BE ELIGIBLE FOR FMLA)**

- Have you or anyone in your household traveled outside the state of Ohio in the past 3 days? YES OR NO

(If you answer yes to this question please get with your direct supervisor to discuss what state the travel was to and from and if that state is listed on the positivity rate list from the CDC)

An employee sent home can return to work when:

- They have had no fever for at least three (3) days without taking medication to reduce fever during that time; AND
- Any respiratory symptoms (cough and shortness of breath) have improved for at least three (3) days; AND
- At least seven (7) days have passed since the symptoms began.

An employee may return to work earlier if a doctor confirms the cause of an employee's fever or other symptoms is not COVID-19 and releases the employee to return to work in writing.

**An employee who experiences fever and/or respiratory symptoms while home should not report to work.** Instead, the employee should contact their immediate supervisor for further direction.

**Employees will be asked to completed special training for both disinfecting practices and employee health safety practices within the first week of employment**

2. **Facemask**— Alpha & Omega facemasks are always to be worn while working on a jobsite, in any building, or interacting with others. Be sure the facemask is worn correctly; it is snug and covers your nose and mouth. Employees that have medical issues with wearing a mask will need to wear a face shield. Mask and Face shields will be provided to all employees free of charge.
3. **Social Distance**—At all times, do everything you can to maintain Social Distance of at least six feet regardless of whether you are wearing a mask.

4. **Wash Your Hands**—Hands should be washed regularly through the day for at least 20 seconds with soap and water. If soap and water is not available, hand sanitizer should be used.
5. **Sanitize**—Workplace areas, tools, equipment, door handles, etc. should be cleaned frequently throughout the workday and at the end of the day.
6. **Communal Spaces/Gatherings** – Employees should avoid congregating together (i.e. taking lunch at the same time). Every effort to maintain social distancing is required at all times.

#### **ACKNOWLEDGEMENT**

I acknowledge I have received COVID-19 Prevention Requirements. I understand if I do not meet or follow the requirements I will not be allowed to work, and my employment may be terminated. I also understand if I experience COVID-19 symptoms or have been diagnosed with COVID-19 I will be required to complete the COVID-19 Employee Self-Certification to Return to Work for consideration to return to work. I understand that I may be required to provide documentation of Covid-19 testing or required to provide physician documentation to return to work.

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Employee Signature

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Date