

RETURNING WORKFORCES

and Covid-19 Vaccines



CHAPTER 8

Checklists

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COVID-19 Symptom Screening Checklist

This checklist follows guidance from the Centers for Disease Control and Prevention (CDC) for monitoring symptoms consistent with COVID-19, and exposures to the virus that causes it.

Please fill out and return this checklist.

Printed name: _____

Signature: _____ Date: _____

Do you have any of the following symptoms that are not caused by another condition?

| | YES | NO |
|---|--------------------------|--------------------------|
| Fever or chills | <input type="checkbox"/> | <input type="checkbox"/> |
| Cough | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of breath or difficulty breathing | <input type="checkbox"/> | <input type="checkbox"/> |
| Fatigue | <input type="checkbox"/> | <input type="checkbox"/> |
| Muscle or body aches | <input type="checkbox"/> | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> | <input type="checkbox"/> |
| New loss of taste or smell | <input type="checkbox"/> | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> | <input type="checkbox"/> |
| Congestion or runny nose | <input type="checkbox"/> | <input type="checkbox"/> |
| Nausea or vomiting | <input type="checkbox"/> | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> | <input type="checkbox"/> |

Have you recently experienced any of the following COVID-19 emergency warning signs?

| | YES | NO |
|--|--------------------------|--------------------------|
| Trouble breathing | <input type="checkbox"/> | <input type="checkbox"/> |
| Persistent pain or pressure in the chest | <input type="checkbox"/> | <input type="checkbox"/> |
| New confusion | <input type="checkbox"/> | <input type="checkbox"/> |
| Inability to wake or stay awake | <input type="checkbox"/> | <input type="checkbox"/> |
| Bluish lips or face | <input type="checkbox"/> | <input type="checkbox"/> |

COVID-19 Screening Questions

| | Yes | No |
|---|--------------------------|--------------------------|
| Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> |
| Within the past 14 days, has a public health or health care professional advised you to self-monitor, isolate or quarantine because of concerns about COVID-19 infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had a positive COVID-19 test in the past 10 days? | <input type="checkbox"/> | <input type="checkbox"/> |

COVID-19 Vaccine Workplace Planning Checklist

Employers can play a key role in COVID-19 vaccine distribution and should prepare for when vaccine access reaches the general public. This document compiles guidance from the Centers for Disease Control and Prevention (CDC) and offers considerations for employers when conducting COVID-19 vaccine workplace planning. To get started, employers can review topics on this checklist.

Initial COVID-19 Vaccine Planning

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Is your organization monitoring vaccine availability from the CDC and local health officials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization determined whether your workplace will have a mandatory or voluntary vaccination policy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization determined your workplace's eligibility to offer on-site vaccinations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COVID-19 Vaccine Policy Development

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Has your organization created a voluntary or mandatory COVID-19 workplace vaccine policy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If applicable, does your vaccination policy specify a date by which a vaccination will be required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If applicable, does your vaccination policy specify how employees can certify they have received a vaccination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If applicable, does your vaccination policy specify disciplinary actions for not complying by the designated deadline? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If applicable, has your workplace developed a policy for employees who have a medical, religious or other exemption from receiving the vaccine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your workplace developed a policy for employees to take time off to receive the vaccine, and if necessary, take time off work due to potential side effects? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COVID-19 Vaccine Distribution Planning

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Has your organization determined whether your workplace will offer on-site vaccinations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If offering vaccinations on-site, has your organization planned for the logistics of vaccine distribution? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If not offering vaccinations on-site, has your organization determined alternative sites where employees can receive vaccines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization created a schedule for employees to get vaccinated (factoring potential worker shortages due to the time required to get the vaccine, and if necessary, recover from potential side effects)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization established how employees should determine when to get vaccinated (e.g., consult with manager, follow a staggered schedule or other practice)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Employee Communications Planning

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Is your organization sharing any updates with employees on an ongoing basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your organization using multiple channels that effectively reach all employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization established two-way communications with employees and specified a point of contact for employees who have questions, comments or concerns? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COVID-19 Vaccine Communication Topics

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| <p>Has your organization shared general information about the COVID-19 vaccines with employees?</p> <ul style="list-style-type: none"> ● Overview of available vaccines and their differences ● Number of doses required for vaccination ● Facts and myths about the vaccine ● How vaccines work ● Benefits ● Efficacy and safety ● Possible side effects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your organization keeping employees up to date on expected vaccination timelines for your workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization's voluntary or mandatory vaccination policy been shared with employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization shared details with employees for how to request a medical, religious or other vaccination exemption? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization shared expectations for vaccination scheduling (e.g., requiring employees to consult with a manager, follow a staggered schedule or other practice)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization provided employees with vaccination site details (whether employees will receive a vaccine on-site, or at an alternative site)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization provided employees with details for vaccination costs (including potential paid time off for getting vaccinated or recovering from any side effects)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization clarified expectations of employees for continued COVID-19 safety precautions or protocols, such as hand-washing, mask-wearing and avoiding close contact in the workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Workplace Reopening

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Has your organization planned for how vaccinations will impact efforts to reopen the workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization established post-vaccination safety precautions or protocols, including social distancing, hand-washing and mask requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Responding to a Positive COVID-19 Test Checklist

The COVID-19 pandemic has challenged employers to plan for how they would respond to a positive test in their workplace. Employers are responsible for handling the situation swiftly to protect the health of other employees while preserving the affected employee's confidentiality. In addition to notifying the company and its customers, employers must also disinfect the office and evaluate next steps. If you're in this situation, you may be wondering what you need to do. The Centers for Disease Control and Prevention (CDC) provides guidelines for how employers can respond, and this checklist provides an outline of steps for employers to consider.

Employer Preparedness Plans

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Does your organization have COVID-19 testing practices in place that comply with all applicable federal and local guidance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your organization have a planned response in place in the event of an employee testing positive for COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has a planned response been communicated to employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Addressing Employee Who Tested Positive

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Calmly and empathetically address the employee to discuss next steps and assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure the employee that their identity will remain confidential. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Question the employee about with whom they have been in contact within the last 14 days. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Determine if the employee has been in the workplace within the last seven days. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure the employee goes into isolation, and help them coordinate taking leave or paid time off until they've recovered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Refer the employee to local health resources. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Communications

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Notify any co-workers or customers with whom the ill employee had been in contact. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Make determinations on any employees who should begin self-isolation for 14 days. Communicate steps for self-isolation, including taking leave, paid time off or remote work arrangements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notify the rest of the company by email or letter that an employee has tested positive for COVID-19. Keep the employee's identity confidential. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notify employees on next steps, including details for a partial or full closing of the workplace for disinfecting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If planning on having any or all employees work from home or closing the office, disclose this information in the communication. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Close Down the Workplace

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Determine whether the workplace will be partially or fully closing for disinfecting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If feasible, allow eligible employees to work from home during this time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure all temporary closing information is communicated to employees, including whom this affects, remote work expectations, paid time off, leave and expected timelines for reopening the workplace. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Review provisions included in the newly instituted federal leave act, the Families First Coronavirus Response Act (FFCRA), should you need to close the office or if employees opt to take leave due to COVID-19. Certain employers are required to provide employees with expanded family and medical leave for specified reasons related to COVID-19 through Dec. 31, 2020. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Create plans for only cleaning staff to be in infected areas for 72 hours during the disinfecting period. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Preparing for Disinfecting

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| If the employee has been in the workplace within the last seven days, begin preparations for disinfecting the workplace. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure necessary cleaning supplies are stocked, including soap and disinfectants listed by the Environmental Protection Agency (EPA) to use against SARS-CoV-2, the virus that causes COVID-19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure personal protective equipment is stocked for cleaning teams, including gloves, gowns and face coverings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evacuate planned areas for disinfecting for at least 72 hours. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Disinfecting the Workplace

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Close off all areas visited by the person, open windows and use ventilating fans with airflow. After opening up the airflow, wait 24 hours before beginning cleaning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| After 24 hours, cleaning staff should begin disinfecting all areas and equipment used by the person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure cleaning staff is using personal protective equipment, including gloves, gowns and face coverings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Begin by cleaning all hard surfaces with soap and water. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Apply a disinfectant to all surfaces. The EPA lists appropriate disinfectants for use against SARS-CoV-2, the virus that causes COVID-19. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean soft surfaces such as carpeted floor, rugs and drapes. For soft surfaces, best cleaning practices are similar to those of hard surfaces. However, you can clean by laundering if possible. If not an option, continue to clean with a disinfectant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean electronic devices, according to manufacturers' instructions, or with alcohol-based cleaning solutions with at least 70% alcohol. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clean soft laundry items, such as towels, linens and work-related clothing using manufacturers' instructions, using the warmest possible water setting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When employees return after 72 hours, resume routine cleaning routines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Use this checklist as a guide when planning how to respond to an employee testing positive for COVID-19. For any items you are unable to check, consider whether any updates to your organization's response could help protect the health and safety of employees and guests. By preparing in advance, employers can swiftly respond to the employee, effectively notify the rest of their organization and make plans for moving forward. Filice Insurance is here to help during these uncertain times. Contact us today for additional COVID-19 resources and guidance for how your company can respond to it.

Return-to-Work Communications Planning Checklist

The COVID-19 pandemic has challenged existing practices in the workplace, and many employers are implementing return-to-work plans—which often include updating expectations for employees and partners. When utilizing effective communications, organizations can equip employees to contribute to post-coronavirus efforts. By being proactive and establishing effective communication plans, employers can not only help prevent the spread of COVID-19 but put employees at ease, knowing that necessary steps are being taken to best ensure their health and safety. As return-to-work updates often influence various workplace changes, organizations may also want to consider how to effectively communicate with customers, vendors, guests and local officials. To get started, employers can review how topics on this checklist fit into their communications strategy.

Employee Relations

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Are employees being referred to a primary channel of communications for COVID-19-related updates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have employees received communications regarding expectations for hand-washing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have employees received communications regarding expectations for proper social distancing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If employees are expected to wear face coverings or masks in the workplace, have expectations been communicated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If face coverings or masks are not provided to employees, have details been communicated for any face covering or mask cost reimbursement programs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have employees received communications regarding policies in place to protect employees in COVID-19 high-risk categories? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have employees received communications regarding any updates to remote work policies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have employees received communications regarding any updates to business travel policies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have updated expectations for meetings been communicated to employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have employees received information on existing or new leave policies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization provided communications on updated virus-resistant cleaning procedures, including any expectations of employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization provided employees with health and wellness resources? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Training Employees

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Are employees trained on what COVID-19-related symptoms to look for? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees trained on proper hand-washing, including how and when to wash their hands? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If using face coverings or masks, have employees been trained on proper procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees trained on cleaning and disposing of personal protective equipment, including face coverings, masks and gloves? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have cleaning teams been trained on coronavirus-resistant best practices, including cleaning surfaces with use of disinfectants that are listed by the Environmental Protection Agency (EPA) to use against SARS-CoV-2, the virus that causes COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees aware that thorough cleaning procedures do not replace best practices, such as social distancing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Monitoring COVID-19 Symptoms

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| If conducting COVID-19 screenings on-site, have employees received communications clarifying the process of screenings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If conducting COVID-19 screenings on-site, have employees been assured that all screenings will be conducted using safe practices and in full compliance with all federal and local laws? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees aware of follow-up steps should they display COVID-19-related symptoms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Customers, Vendors and Guests

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Are ongoing business updates communicated to customers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has ongoing dialogue been established with vendors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have any updates to visitation or guest policies been shared both internally and externally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Local Health Officials

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Is your organization following guidance from local health officials and establishing ongoing dialogue as necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your organization prepared to utilize local health resources in the event of a positive COVID-19 test and recommend health resources to affected employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Future Preparedness

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Does your organization have a planned response in place in the event of an employee testing positive for COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have disinfecting and cleaning plans been communicated to employees in the event of an employee testing positive for COVID-19? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your planned response include notifying employees and guests of a positive COVID-19 test? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your organization have a preparedness plan for communicating updates for any future partial or full closings of the workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Use this checklist as a guide when planning your organization's post-coronavirus communications plans. For any checklist items you select "NO," consider whether any changes could help ensure return-to-work plans are communicated effectively. For assistance with COVID-19-related topics, contact Filice Insurance.

