

COVID-19 Employer Recommendations

Company Name: _____

Date form completed: _____

COVID-19 has presented unique exposures that should be contemplated to ensure safety in the workplace. To decrease the likelihood of transmission in your workplace and defend certain workers' compensation claims that may arise, please complete the following chart. The recommendations are based on guidance from the Centers for Disease Control and Prevention (CDC) for operating during the COVID-19 pandemic.

Please enter the applicable date in the appropriate column. If the practice will not be implemented, enter the reason for not implementing in the **No** column.

	Date Implemented	No (Note future date this will be implemented or reason for not implementing)
Are employees who have developed symptoms of COVID-19 encouraged to stay home? (Fever of 100.4 or greater, persistent cough, shortness of breath, sore throat, chest tightness, extreme fatigue, loss of sense of taste or smell, diarrhea, muscle aches, headaches)		
Are employees maintaining at least 6 feet of physical separation between coworkers and/or customers when possible?		
Has 6-foot spacing signage or tape been marked on floors or other shared spaces in the workplace?		
Are face coverings provided to employees and trained on proper use?		
Are handwashing stations provided with encouragement for frequent handwashing of 20 seconds or longer?		
Are hand sanitizer and sanitizing products available for employees and/or customers?		
Are high touch surfaces being cleaned at least daily? (Doorknobs, light switches, shared equipment, toilet handles, sink faucets, clock in/out areas)		

	Date Implemented	No (Note future date this will be implemented or reason for not implementing)
Do you have an OSHA recordable investigation protocol for positive COVID-19 illnesses?		
Have triage stations been established to take daily symptoms, check temperatures, and survey if any household members have COVID-19 or symptoms of COVID-19 before allowing entry into the facility?		
Are employees trained on the procedure if they feel sick while at work?		
Do you have a policy requiring employees exhibiting COVID-19 symptoms to seek medical treatment and be cleared by a medical provider before returning to work?		
Are employees discouraged from using other employees' phones, desks, or work equipment?		
Are employees trained and have access to all necessary PPE for your industry?		
Have you prepared and implemented an infectious disease preparedness and response plan?		
Are staggered shifts and/or resuming business operation in phases, as well as telework supported and encouraged when available?		
Have you implemented the use of HEPA filters, plastic barriers, and/or increased ventilation rates in certain areas?		
Is non-essential travel minimized?		

**Please note: This is a fluid situation and we will continue our efforts to provide guidance during this difficult time. For additional details on CDC guidance, visit <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>*

**Send this signed and completed recommendations page to your Risk Manager or info@synergyinsurance.net*

My signature certifies that all facts and representations above are true and accurate as of the completion date.

Signature of Company Representative

Company Representative Printed Name