

EMPLOYEE VACATION GUIDELINES DURING COVID-19

Employee name _____

date _____

In this time of the COVID 19 pandemic Choices In Community Living is taking all reasonable precautions to prevent the spread of the virus to the individuals we provide services, their roommates and employees. We recognize that Governor Mike Dewine strongly recommends against travel far from home (this does not include essential travel, infrastructure, or health care work). At the same time, we recognize the need for staff to enjoy a reasonable vacation and time away from work.

To provide sound reasonable judgements on when an employee will be permitted to return to work after their vacation, the following questions and recommendations will be discussed with employees prior to vacation time approval. It is not the role of CICL to direct the use of the employee vacation time. This tool is to be used to inform and assist the employee in understanding the safety practices CICL will implement for deciding when the employee may return to work depending upon the nature of the vacation. The employee will sign this form to acknowledge they understand the guidance provided.

Supervisor considerations	Plans for filling open shifts
<ul style="list-style-type: none"> Who will fill the shift(s) for this employee during their vacation? 	
Things to consider about vacation location	Recommendation, comments, concerns
<ul style="list-style-type: none"> What is your vacation plan? Will you be traveling far from home? (overnight stay?) 	
<ul style="list-style-type: none"> Is the vacation going to be in a location identified as a "hot spot" for COVID-19? For how long a time? 	
<ul style="list-style-type: none"> Will you be traveling in the company of others you do not live with 	
<ul style="list-style-type: none"> How will you be traveling? (car, public transportation) How long will it take to travel (in the confined space)? 	
Things to know about safe practices while on vacation	Guidance, comments, concerns
<ul style="list-style-type: none"> Will everyone you are traveling with wear a face mask when in proximity of others? 	
<ul style="list-style-type: none"> Will they always follow safe social distancing expectations? 	
What you should know about CICL COVID -19 exposure guidance	Confirmation of understanding
<ul style="list-style-type: none"> When you return from vacation you must report to CICL nurses. They will ask questions to determine if you can return to work or will be expected to quarantine 	
<ul style="list-style-type: none"> If I chose to travel to a high risk area and/or use mass transit for personal travel, (this does not include essential travel, 	

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<p>infrastructure, health care work (etc.)) I may be at higher risk of being infected with COVID-19.</p>	
<ul style="list-style-type: none"> I understand that if it is determined my vacation involves activities that will put me at “higher than normal” risk for exposure, to protect those we serve and c-workers, I will not be able to work for 14 days upon return. 	
<ul style="list-style-type: none"> If you are not allowed to return to work, you may use your available PTO time during your time off. 	
<ul style="list-style-type: none"> I understand that if I am not truthful regarding high risk activities during vacation, the Public Health Department could charge me with neglect if an individual that I work with becomes COVID-19 positive due to my activities (found through contact tracing). Should this happen, I understand that my name could be added to the Abuse Registry List. 	

I understand that by signing this form I am promising to adhere to COVID-19 safety protocols, including masks and safe social distancing, and the guidelines noted above. When I return from vacation, I will contact the nurses and I will inform them of my vacation activities, problems and/or unexpected variance from plans noted above.

Signed by (employee): _____

Date _____

Program Manager _____

Program Director _____

WHEN EMPLOYEE RETURNS FROM VACATION -Employee must have a conversation with the CICL nurse to review the vacation (location, travel details, adherence to safety protocols, in close proximity to large numbers of people) and report on any symptoms such as; a temperature higher than 100.4, cough, shortness of breath, sore throat, or any other COVID symptoms.

Staff Signature _____ date _____