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**COMMUNICABLE ILLNESS RESPONSE PROGRAM**

**(Insert Issue Date)**

1. Policy:

As part of our commitment to providing a safe and healthy workplace for all of our employees, we are adopting this program covering illnesses which medical and scientific experts believe may pose a credible threat of transmission in workplaces such as ours.

1. Scope:

This program covers communicable illnesses, diseases and medical conditions (collectively referred to in this policy as “communicable illnesses”) such as seasonal flu, COVID-19, H1N1 (“Swine flu”), Avian Flu, active TB (Tuberculosis) and SARS (Severe Acute Respiratory Syndrome). However, these are just examples and this program covers any communicable illness that poses a credible threat of transmission in our workplace. This program does not apply to communicable illnesses such as HIV which do not pose a credible threat of transmission under conditions typically found in an office workplace such as ours.

1. Procedures:
	1. As we all know, communicable illnesses can vary greatly in their degree of seriousness, ease of transmission and risk to others. As a result, (INSERT COMPANY NAME) will respond to potentially communicable illnesses on a case-by-case basis.
	2. (INSERT PRIMARY COMPANY CONTACT) are responsible for maintaining and overseeing the implementation of this program. As a part of this responsibility, they will monitor events as they develop and will provide regular updates as appropriate.
	3. (INSERT PRIMARY COMPANY CONTACT) will, of course, follow all applicable regulations or instructions issued by federal, state or local public health authorities, the CDC or other governmental agencies. (INSERT PRIMARY COMPANY CONTACT) will generally follow guidelines issued by these sources, taking into account our own particular workplace situation.
	4. In order to help keep our workplace safe, we need your help. If you (a) are diagnosed with an illness that is communicable in our workplace, or (b) believe you may have been exposed to a person so diagnosed, or (c) have recently visited a location in which there has been an outbreak of such an illness and you do not feel well or are exhibiting any symptoms of the illness in question, you must report this to your supervisor or (INSERT PRIMARY COMPANY CONTACT). This information will be kept confidential to the extent reasonably possible, but obviously full confidentiality cannot be guaranteed under these circumstances.
	5. The purpose of this program is to address serious potential health hazards. It is not specifically directed at minor ailments. However, even outbreaks of something like seasonal flu can sometimes be very serious and can sometimes have a significant impact on our workplace and your co-workers. If you have the flu, please stay home until you are well enough to work and your condition is no longer reasonably contagious. If you have been running a fever, stay home for 24 hours after you are no longer running a fever. If you do come to work while ill, you may be sent home or you may be required to wear a surgical mask and take other precautions, at the sole discretion of (INSERT PRIMARY COMPANY CONTACT).
	6. Procedures with Regard to Travel:
		1. Travel for Work: (INSERT COMPANY NAME) generally follows the travel advisories issued by the CDC, the State Department and other government agencies. This may mean that travel will be curtailed in whole or part in the event of an outbreak of a communicable illness. If you are an employee and are required to travel to a particular location for work and you become ill, please inform your supervisor or (INSERT PRIMARY COMPANY CONTACT) immediately. If, as a result of work-related travel, you are not ill upon your return but quarantine is required or is advisable, you may be provided with assignments that you can perform at home. If such assignments are not provided, you will be placed on paid administrative leave during the period of quarantine.
		2. Personal Travel: If you are an employee and become ill as a result of voluntary travel, please review our benefits programs, including our Paid Time Off (PTO) policy. If you do not become ill as a result of such voluntary travel, but quarantine is required or is advisable upon your return, you will be provided with the option of using PTO or being placed on unpaid administrative leave for the period of quarantine.
	7. Although every illness is different, there are certain universal precautions that all employees should follow to minimize the potential for transmission of communicable illness when there is an outbreak. These precautions include the following:
		1. If you are ill, stay home.
		2. Frequent and thorough hand-washing or sanitizing. The CDC recommends taking at least 20 seconds to adequately kill germs.
		3. If possible, carry an alcohol-based hand sanitizer with you and use it frequently when hand washing facilities are not available nearby.
		4. Cover your nose and mouth with a tissue, not hands, when coughing or sneezing and dispose of the tissue; if a tissue is unavailable, cover your mouth with your arm, rather than your hands to avoid spreading germs and hand wash or sanitize your hands after coughing or sneezing.
		5. Do not touch your eyes, nose or mouth with your hands to avoid spreading germs.
		6. Be polite about it, but do not shake hands.
		7. Avoid contact with people who are sick, a good rule of thumb is to stay at least 6 feet away from someone who is sick.
	8. (INSERT COMPANY NAME) will not discriminate against employees based on an individual having a communicable illness. (INSERT COMPANY NAME) employees shall not be denied access to the workplace solely on the grounds that they have a communicable illness. However, (INSERT COMPANY NAME) reserves the right to exclude a person with a communicable illness from the workplace facilities, programs and functions if (INSERT COMPANY NAME) finds that such restriction is necessary for the welfare of the person who has the communicable disease and/or the welfare of others within the workplace.
	9. If you are (a) diagnosed with a communicable illness reasonably transmittable in the workplace or (b) quarantined in association with such an illness, you may be required to provide a note from a medical provider stating that it is safe for you to return to work.
	10. If you are an employee and (INSERT COMPANY NAME) has reasonable cause to believe that you either (a) are unable to perform your duties or (b) pose a significant risk of substantial harm to you or others because of a communicable illness, (INSERT COMPANY NAME) may request a medical examination to inform decisions regarding your status.
	11. Given the very nature of the communicable illnesses covered by this policy, (INSERT COMPANY NAME) may modify these procedures on a case-by-case basis. If you have any questions concerning this policy, please contact (INSERT PRIMARY COMPANY CONTACT).