



## EMPLOYEE ACKNOWLEDGEMENT FORM COVID-19 SAFETY PROCEDURES UPON RETURNING TO WORK

As the coronavirus (COVID-19) continues to spread, Cal Coast Academy wants to ensure that you are aware of what steps we are taking to protect the health of all employees. Cal Coast Academy will take all reasonable means, within the limits of what is available, to continue to follow all federal, state and local regulations including, but not limited to, the Center for Disease Control (“CDC”), Occupational Safety and Health Administration (“OSHA”), California Department of Public Health (“CDPH”), and San Diego County Public Health Services (“SDPHS”) guidelines to protect employees during this time.

To reduce the spread of COVID-19, I understand and agree that I must follow all safety measures to lower and prevent the risk of spreading COVID-19. In that regard, I understand and agree to comply with the following procedures:

- I agree to conform to all Cal Coast Academy practices, rules, and regulations relating to COVID-19 workplace safety protocols.
- I agree to report all unsafe conditions or violations of the COVID-19 Safety Procedures to the Head of School or other Leadership Team member to minimize the potential of infection to my fellow workers.
- I agree to self-screen daily before going into work for any of the following new or worsening symptoms of possible COVID-19. Below is a list of symptoms currently reported. Check the CDC website or your healthcare provider for the most current information.
  - Fever
  - Shortness of breath
  - Diarrhea
  - Chills
  - Difficulty breathing
  - Loss of taste and smell
  - Cough
  - Muscle pain
  - Sore throat
- I agree that if I am experiencing any symptoms listed above, I **WILL NOT** come to work and will contact my healthcare provider for guidance and notify the Head of School of the needed absence.
- I will immediately notify the Head of School if I become aware that I have been exposed to COVID-19 and/or if I develop COVID-19 symptoms.
- I agree to submit to employer-administered temperature screenings if requested.
- I will rigorously practice hand hygiene, cough etiquette, cleanliness, and sanitation.
- I will wash or disinfect hands while at work and after any interaction with other employees, other constituents, students, or items in the workplace.

- If required by State, Local ordinances and/or the school, I agree to consistently and correctly wear an appropriate face covering when interacting in-person with any member of the public, working in any space visited by members of the public, working in or walking through common areas, such as hallways, and parking facilities, working in any room or enclosed area where other people are present and unable to physically distance.
- I will observe physical distancing practices to the best of my ability by staying at least six feet away from others, and will avoid physical contact entirely (e.g. handshakes, high-fives, fist bumps).
- I will minimize the amount of time spent outside of my designated work area.
- I will avoid gathering in common areas.
- I will not share food or prepare food for others in the kitchen.
- I will maintain office cleanliness through removal of unnecessary personal items and debris to create clean counter spaces and support of cleaning efforts on common surfaces. If additional cleaning is needed, please contact the Head of School.
- I confirm that I, and those who live with me, have not displayed, or currently have, any of the symptoms that are representative of COVID-19, which are outlined above.
- I confirm that, to the best of my knowledge, in the past 14 days I have not come into close contact with anyone who appeared to me as displaying, or having, any of the symptoms that are representative of COVID-19, which are outlined above.
- I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days.
- I agree to notify the Head of School via email of travel outside San Diego County with my dates of travel and destination. I agree to use PPE at work at all times for 14 days after my return.
- I agree that if I, or anyone who lives with me, or anyone who I have had close contact with, begins to display or is tested positive for the coronavirus, that I will immediately advise the Head of School and will self-quarantine.

**I HAVE READ AND UNDERSTAND THE ABOVE ITEMS AND REALIZE THAT FAILURE TO FOLLOW THESE RULES MAY BE GROUNDS FOR DISMISSAL OR OTHER DISCIPLINARY ACTION. IF ANY OF THE FACTS ABOVE CHANGE, I AGREE TO NOTIFY THE HEAD OF SCHOOL IMMEDIATELY.**

DATE:

\_\_\_\_\_

EMPLOYEE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name