

# COVID-19 Face Masks/Coverings and Social Distancing Policy

## Purpose:

COVID-19 is a highly infectious respiratory disease caused by SARS-CoV-2. COVID-19 is easily spread in confined areas and can be spread by people who have no symptoms. Since the COVID-19 pandemic began in 2020, the Centers for Disease Control and Prevention (CDC) has reported hundreds of thousands of deaths and millions of hospitalizations.

To protect our employees, their families, our customers, and others who spend time in our facilities or at our customers' facilities from acquiring or transmitting COVID-19, [EMPLOYER] (Contractor) has adopted this policy requiring all employees to wear face masks/coverings and practice social distancing while performing work on the Contractor's premises or on the premises of any of its customers. The only exception is for employees who have provided proof that the individual has been "fully vaccinated" for COVID-19. This exception may not apply if the Contractor's customer or project guidelines have a more restrictive face-mask policy or social-distancing policy or if it is contrary to federal, state, or local law.

## Definitions:

1. Fully-Vaccinated: a person is considered "fully vaccinated" after at least two weeks have passed since the person received his or her final dose of one of the available COVID-19 vaccines. Contractor may request proof of vaccination from employees. Providing vaccine status is optional. However, an employee that is unable to present proof of vaccination is considered not fully vaccinated.
2. Face Masks/Coverings: all face masks/coverings must:
  - Cover nose and mouth completely and securely.
  - Be appropriate for a workplace setting consistent with any applicable dress code and appearance policies.
  - Be discarded and replaced if wet, visibly soiled, or damaged.
3. Employee: any individual performing services or work at the Contractor's premises or the premises of the Contractor's customer.

## Face Masks/Coverings

All employees must wear a face mask/covering when they are on the Contractor's premises or the premises of the Contractor's customers.

The only exception is for employees who have provided proof that the individual is fully vaccinated for COVID-19. This exception may not apply if the Contractor's customer or project guidelines have a more restrictive face-mask policy or if it is contrary to federal, state, or local law.

## **Social Distancing**

All employees must continue to respect social distancing and avoid close contact by staying 6 feet away from others (regardless of vaccine status) whenever possible.

The only exception is for employees who have provided proof that the individual is fully vaccinated for COVID-19. This exception may not apply if the Contractor's customer or project guidelines have a more restrictive social-distancing policy or if it is contrary to federal, state, or local law.

## **Confidentiality of Employee Medical Information**

In accordance with federal and state law, Contractor will handle medical information and documentation related to COVID-19 vaccine status in a confidential manner and separate from the employee's personnel file. Confidential medical information will be shared only in limited circumstances, such as with managers and supervisors who need to know about an employee's vaccinated status, as well as appropriate representatives from any of Contractor's customers for which the employee provides service.

## **Enforcement**

Specific managers/supervisors will enforce this policy. Employees who are fully vaccinated and wish to work without a face mask/covering or social distancing must present proof of vaccination to the appointed managers/supervisors. The appointed managers/supervisors will keep a list of vaccinated employees and ensure overall compliance.

## **Exemptions**

Employees who are unable to wear a face mask/covering due to an underlying medical condition, must request an accommodation. In determining whether an employee qualifies for an accommodation, the Contractor may request proof of the employee's medical condition that makes wearing a face mask/covering unhealthy or unsafe.

## **Consequences for Policy Violation**

Employees subject to this policy who fail to comply with its provisions may be subject to disciplinary action, up to and including termination.

**ACKNOWLEDGEMENT AND CONSENT**

I have received a copy of the Face Masks/Covering and Social Distancing Policy and agree to the following:

- ✓ I understand and agree that I will be required to continue to wear a face mask/covering and practice social distancing as specified in the Face Masks/Covering and Social Distancing Policy.
- ✓ I understand and agree that, regardless of my vaccinated status, I may still be required to wear a face mask/covering and practice social distancing if required by Contractor’s customer, project guidelines, or by federal, state, or local law.
- ✓ I understand and agree that failing to abide by the Contractor’s policy, the policy of Contractor’s customers, or project guidelines may result in discipline, up to and including termination.
- ✓ I understand and agree that I am not required to submit proof of my vaccinated status, but, if I choose to provide documentation showing that I am “fully vaccinated,” then I may be exempted from the face mask/covering and social distancing requirements.
- ✓ If I submit proof of my vaccinated status to Contractor, I hereby authorize and agree to allow Contractor to share my vaccinated status with any of Contractor’s customers or as may be required by project guidelines.

**Verification and Accuracy**

I have read and fully understand the Face Masks/Covering and Social Distancing Policy and the Acknowledgment and Consent above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_