



# RESOURCE KIT: COVID-19

# Contents

- COVID-19 Standards of Conduct ..... 3-6
- FMLA Leave Expansion  
& Emergency Sick Leave Policy ..... 7-10
- CARES Notice ..... 11
- What is COVID-19 ..... 12
- COVID-19 Screening Questionnaire ..... 13
- STOP: Notify your Supervisor ..... 14
- COVID-19 Employee Self-Certification  
to Return to Work ..... 15
- General Recommendations ..... 16
- Health & Safety ..... 17
- Handwashing ..... 18
- Clean & Disinfect ..... 19
- Social/Physical Distancing ..... 20

# Forms

- Request for Emergency Paid Sick Leave
- Request for Expanded FMLA Leave (Coronavirus)

# Coronavirus (COVID-19) Standard of Conduct Policy

## Purpose

To ensure that we engage in appropriate protocols to ensure the health and safety of our employees, clients, contractors and visitors in a COVID-19 working environment.

## Scope

This policy applies to all personnel, including company employees, clients, contractors and/or visitors while on company premises and employees offsite at client's offshore and/or shore-based facilities. Linear Controls, their employees, contractors and visitors while on Linear Controls premises will follow the procedures set forth in this policy to help prevent the spread of the COVID-19 virus among our employees, clients, contractors and visitors.

This guidance is based on what is currently recommended by the CDC. It is an evolving and dynamic situation that requires constant updating. As those changes come about we will communicate them to our employees, clients, contractors and visitors.

## Coronavirus Disease 2019 (COVID-19) Defined

COVID-19 is a respiratory disease caused by the SARS-CoV-2 virus. COVID-19 can cause illness ranging from mild to severe and, in some cases, can be fatal. COVID-19 Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. According to the CDC:

- ***The virus spreads easily between people***

- *How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping.*

- ***The virus that causes COVID-19 is spreading very easily and sustainably between people.***

- *Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, **the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.***

- ***The virus may spread in other ways***

- *It may be possible that a person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.*

## Standards of Conduct

### Personal Preventative Measures

- Employees must use frequent and thorough hand washing techniques with soap and water for at least 20 seconds or use alcohol-based (that contains at least 60% alcohol) hand sanitizer throughout the work day.
- Employees will use respiratory etiquette, including covering coughs and sneezes with a tissue and discard it properly or use the inside of their sleeve, preferably elbow, and clean/sanitize hands immediately.
- Employees will avoid touching their face, particularly eyes, nose, and mouth with their hands to prevent from getting infected.
- Employees will maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces in the workplace, such as doorknobs, workstations, counter tops, equipment, and other elements of the work environment. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE). Cleaning supplies, sanitizing wipes and sprays are provided throughout the facility and are available upon request. Employees are responsible for cleaning common surfaces before touching them.

### Social Distancing Measures

- Employees understand that only one person is allowed per office or 2 persons if space allows for 6-foot distance to be maintained.
- Employees will refrain from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Employees will refrain from engaging in any personnel gatherings.
- Linear Controls will limit customers' and the public's access to the worksite.
- Employees are to distance themselves 6 feet from each other. If distancing is not possible, please refer to face mask policy below.
- Employees understand that break rooms shall be limited to temporary access by one employee at a time, or to the maximum number of persons that will allow for a 6-foot distance to be maintained between unrelated small groups.
- Employees will minimize contact among workers, clients, and customers by replacing face-to-face meetings with phone communications or computer technology and social distancing. IT is available to assist with these needs.
- Employees are discouraged from ride-sharing. In the event that you must car pool, employees must wear a mask while traveling.

### Face Mask Requirements

You are not required to wear a face mask while at work since we are not open to the public. However, there are instances when one will be required:

- All visitors are required to wear a face mask. Please try to limit outside visitors from coming to the office. All face-to-face contact should be replaced with phone communications whenever possible. If face-to-face contact can't be avoided, make sure your guest is wearing a mask at all times while at Linear.
- All employees who don't report to Linear on a regular basis are required to wear masks when coming to the office. This includes all offshore, call-out, and construction personnel. We ask that you limit communications with outside employees to phone contact as much as possible.

- You must maintain 6 feet of distance at all times from other employees. If a task requires you to be within 6 feet of another employee, you must each wear a mask.
- If you go to a customer's office and/or shop or a vendor's place of business, you must wear a mask at all times
- Our shipping/receiving personnel will wear masks when loading, offloading, or signing paperwork that will require you to be within 6 feet of the vendor personnel or each other. Vendors must wear masks at all times while on our premises.

## Employee Screening

Employees should monitor their health symptoms and exposures along with those of their close family members. Do not report to work if you or a close family member experience any of the following circumstances. Contact your manager immediately by phone or email. If you are already at work, leave immediately and contact your manager. Employees experiencing any of the following will be asked to leave immediately.

- Do not report to work if you or a close family member are experiencing symptoms of COVID-19. The CDC defines symptoms as:
  - *People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:*
    - *Fever or chills*
    - *Cough*
    - *Shortness of breath or difficulty breathing*
    - *Fatigue*
    - *Muscle or body aches*
    - *Headache*
    - *New loss of taste or smell*
    - *Sore throat*
    - *Congestion or runny nose*
    - *Nausea or vomiting*
    - *Diarrhea*

*This list does not include all possible symptoms. CDC will continue to update this list they learn more about COVID-19. Please refer to CDC for updates to symptoms.*

- Do not report to work if you or a close family member have a confirmed case or are awaiting test results of COVID-19.
- Do not report to work if you or a close family member have a potential exposure to a confirmed case of COVID-19. Potential exposure means having close contact within 6 feet for 15 minutes or more with a confirmed case of COVID-19. The timeframe for having contact with an individual includes the period of time 48 hours before the person became symptomatic and 14 days thereafter.

Sick employees should follow the CDC-recommended steps to help prevent the spread of COVID-19.

Once you have reported your symptoms, case, or possible exposure, Linear Controls' upper management will follow the guidelines set forth in the Linear Controls' Readiness and Response Plan to determine length of quarantine, possible testing, reporting, disinfecting, and protocol to return to work. These guidelines are set by the current CDC guidelines. *According to the CDD, there is much to learn about the transmissibility, severity, and other characteristics of COVID-19 and investigations are ongoing. Therefore, the CDC updates these guidelines as additional information becomes available to them.* <https://www.cdc.gov/coronavirus/2019-ncov/> Each case will be assessed individually. Once assessment is complete and a decision is made, you will be advised on the necessary steps to return to work.

If there is a confirmed case of COVID-19 with possible work exposure, fellow employees who had possible contact with the employee will be notified of their possible exposure. We will maintain strict confidentiality as to the identity of the confirmed case as required by the American with Disabilities Act (ADA) unless we receive a signed **Authorization to Disclose COVID-19 Diagnosis or Exposure form**, therefore giving consent to use their name.

If you are required to quarantine, you may be permitted to telework or work remotely if your job duties allow for that type of work. This is at the sole discretion of upper management.

### **Offshore Personnel**

Additional guidelines are required for offshore personnel, and these guidelines are unique to each client. You will be provided with a summary of current client guidelines. At the request of our clients, you will be submitted to COVID-19 screening in order to travel and/or access their facilities. The screening may include COVID-19 testing, exposure/symptom screening questionnaires, and temperature screening. All employees will follow client's policy for traveling and working on client's facilities.

Any employee that doesn't meet the pre-access requirements will not be allowed to access the client's facility. Employees are encouraged to self-monitor their symptoms and exposure levels before reporting to the shore-base to return offshore. Do not report to work if you have symptoms or were exposed. You must notify your supervisor immediately.

Following quarantine guidelines while on your days off will help reduce the risk of offshore exposure. While not at work, employees are encouraged to following social distancing guidelines and avoid close contact with family members, when possible, who have direct or possible exposure to COVID-19.

### **Policy Compliance**

Employees participating in prohibited conduct and/or failing to comply with the standards of conduct such as coming to work with COVID-19 symptoms, failure to socially distance in the workplace, failure to wear and utilize PPE, failure to disinfect/clean working areas and equipment or any other portion of this policy will be subject to disciplinary action, up to and including possible termination of employment.

# FMLA Leave Expansion and Emergency Sick Leave Policy (Coronavirus)

## Purpose

To comply with the Families First Coronavirus Response Act and to assist employees affected by the COVID-19 outbreak with job-protected leave and pay, where applicable. This policy will be in effect from April 1, 2020, until March 31, 2021. Our existing FMLA leave policy still applies to all other FMLA-qualifying reasons for leave outside of this policy.

## Expanded FMLA Leave

### Employee Eligibility

All current employees who have been employed with Linear Controls for at least 30 days and are actively scheduled for work are eligible for leave under this policy.

Employees laid off or otherwise terminated on or after March 1, 2020, who are rehired on or before March 31, 2021, are eligible for leave upon reinstatement if they had previously been employed with Linear Controls for 30 or more of the 60 calendar days prior to their layoff or termination.

### Reason for Leave

Eligible employees who are unable to work (or telework) due to a need to care for their child when a school or place of care has been closed, or when the regular child care provider is unavailable due to a public health emergency with respect to COVID-19.

“Child” means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- Under 18 years of age.
- 18 or older and incapable of self-care because of a mental or physical disability.

“Child care provider” means a provider who receives compensation for providing child care services on a regular basis, including:

- A center-based child care provider.
- A group home child care provider.
- A family child care provider (one individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, and in a private residence).
- Other licensed provider of childcare services for compensation.
- A childcare provider that is 18 years of age or older who provides child care services to children who are either the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece or nephew of such provider, at the direction of the parent.

“School” means an elementary or secondary school.

### Duration of Leave

Employees will have up to 12 weeks of leave to use from April 1, 2020, through March 31, 2021, for the purposes stated above. This time is included in and not in addition to the total FMLA leave entitlement of 12 weeks in a 12-month period.

For example, if an employee has already taken 6 weeks of FMLA leave, that employee would be eligible for another 6 weeks of FMLA leave under this policy.

## Pay During Leave

Leave will be unpaid for the first 10 days of leave; employees will be allowed to use accrued paid vacation or personal leave during this time. The employee may also elect to use the paid leave provided under the Emergency Paid Sick Leave Act, as further explained below.

After the first 10 days, leave will be paid at two-thirds of an employee's regular rate of pay for the number of hours the employee would otherwise be scheduled to work. Pay will not exceed \$200 per day and \$10,000 in total, or \$12,000 in total if using emergency paid sick leave for the first two weeks. Any unused portion of this pay will not carry over to the next year.

For employees with varying hours, one of two methods for computing the number of hours paid will be used:

- If the employee has worked 6 months or more, the average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes leave, including hours for which the employee took leave of any type.
- If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at the time of hire.

## Employee Status and Benefits During Leave

While an employee is on leave, the company will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work. While on paid leave, the employer will continue to make payroll deductions to collect the employee's share of the premium. During any unpaid portions of leave, the employee must continue to make this payment per instructions from the HR department.

If the employee contributes to a life insurance or disability plan, the employer will continue making payroll deductions while the employee is on paid leave. During any portion of unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums, or the employer may elect to maintain such benefits during the leave and pay the employee's share of the premium payments. If the employee does not continue these payments, the employer may discontinue coverage during the leave. If the employer maintains coverage, the employer may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

## Procedure for Requesting Leave

All employees requesting FMLA leave must provide written notice of the need for leave to the HR manager as soon as practicable. Verbal notice will otherwise be accepted until written notice can be provided.

Notice of the need for leave must include:

- The name and age of the child or children being care for.
- The name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons.
- A statement representing that no other suitable person is available to care for the child or children during the period of requested leave. For children over the age of 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.

The company may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.



## Employee Status After Leave

Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The company may choose to exempt certain key employees from this requirement and not return them to the same or similar position when doing so will cause substantial and grievous economic injury to business operations. Key employees will be given written notice at the time FMLA leave is requested of their status as a key employee.

Please contact the HR department with any questions.

## Emergency Paid Sick Leave

### Eligibility

All current full- and part-time employees scheduled but unable to work (or telework) due to one of the following reasons for leave:

1. The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to either number 1 or 2 above.
5. The employee is caring for his or her child if the school or place of care of the child has been closed, or the child care provider of such child is unavailable, due to COVID-19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the secretary of health and human services in consultation with the secretary of the treasury and the secretary of labor.

“Child” means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- Under 18 years of age.
- 18 or older and incapable of self-care because of a mental or physical disability.

“Individual” means an immediate family member, roommate or similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she self-quarantined or was quarantined. Additionally, the individual being cared for must: a) be subject to a federal, state or local quarantine or isolation order as described above; or b) have been advised by a health care provider to self-quarantine based on a belief that he or she has COVID-19, may have COVID-19 or is particularly vulnerable to COVID-19.

Furloughed employees are not eligible as there is no work available from which to take leave.

### Amount of Paid Sick Leave

All eligible full-time employees will have up to 80 hours of paid sick leave available to use for the qualifying reasons above. Eligible part-time employees are entitled to the number of hours worked, on average, over a two-week period.

For employees with varying hours, one of two methods for computing the number of hours paid will be used:

- If the employee has worked 6 months or more, the average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes leave, including hours for which the employee took leave of any type.
- If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at the time of hire.

## Rate of Pay

Emergency sick leave will be paid at the employee's regular rate of pay, or minimum wage, whichever is greater, for leave taken for reasons 1-3 above. Employees taking leave for reasons 4-6 will be compensated at two-thirds their regular rate of pay, or minimum wage, whichever is greater. Pay will not exceed:

- \$511 per day and \$5,110 in total for leave taken for reasons 1-3 above.
- \$200 per day and \$2,000 in total for leave taken for reasons 4-6 above.

## Interaction with Other Paid Leave

The employee may use emergency paid sick leave under this policy before using any other accrued paid time off for the qualifying reasons stated above.

Employees on expanded FMLA leave under this policy may use emergency paid sick leave concurrently with that leave. Emergency paid sick leave may also be used when an employee is on leave under traditional FMLA for his or her own COVID-19-related serious health condition or to care for a qualified family member with such a condition.

## Procedure for Requesting Emergency Paid Sick Leave

Employees must notify their manager or the HR manager of the need and specific reason for leave under this policy. A form will be provided to all employees on the company intranet and/or in a manner accessible to all. Verbal notification will be accepted until practicable to provide written notice.

Documentation supporting the need for leave must be included with the leave request form, such as:

- A copy of the federal, state or local quarantine or isolation order related to COVID-19 applicable to the employee or the name of the government entity that issued the order.
- Written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 or the name of the provider who advised the employee.
- The name and relation of the individual the employee is taking leave to care for who is subject to a quarantine or isolation order or is advised to self-quarantine.
- The name and age of the child or children being cared for; the name of the school, place of care, or child care provider that closed or became unavailable; and a statement that no other suitable person is available to care for the child during the period of requested leave.
  - For children over age 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.

Once emergency paid sick leave has begun, the employee and his or her manager must determine reasonable procedures for the employee to report periodically on the employee's status and intent to continue to receive paid sick time.

## Carryover

Paid emergency sick leave under this policy will not be provided beyond March 31, 2021. Any unused paid sick leave will not carry over to the next year or be paid out to employees.

## Job Protections

No employee who appropriately utilizes emergency paid sick leave under this policy will be discharged, disciplined or discriminated against for work time missed due to this leave.

Please contact the HR department with any questions.

# CARES Notice

## LINEAR CONTROLS, INC.

### Coronavirus, Aid, Relief and Economic Security (CARES) Act Relief for Retirement Plans

The CARES Act provides retirement plan participants access to their retirement funds. Coronavirus related withdrawals are available to participants who meet at least one of the following qualifications:

- They are diagnosed with the virus SARS-CoV-2 or with coronavirus disease 19 (COVID-19) by a test approved by the Centers for Disease Control and Prevention,
- They have a spouse or dependent diagnosed with such virus or disease by such a test,
- They experience adverse financial consequences stemming from such virus or disease as a result of: being quarantined, furloughed, laid off, reduced work hours, unable to work due to lack of child care, closing or reduction of hours of a business owned or operated by the individual.

#### CARES Act Relief Available

#### Coronavirus-Related Distribution

Permits coronavirus-related withdrawals from a participant's vested account balance through December 31, 2020 subject to the following:

- Exempt from 10% early withdrawal penalty.
- Eligible to be indirectly rolled back into an IRA or employer plan within three years from the date of distribution.
- Ordinary income tax may be paid in equal installment over a three-year period beginning in tax year 2020 on amounts not indirectly rolled back into an IRA or employer plan.
- Maximum dollar amount limitation is not to exceed \$100,000 between all retirement plans and/or IRAs.

CARES Act relief is available in the plan at this time. To start the process of using CARES Act relief please contact Sentinel Pension at [401k@choosesentinel.com](mailto:401k@choosesentinel.com) or call (225)300-8478 and we will send you the self-certification form and withdrawal form to complete.

A \$75.00 processing fee will be deducted from your account.

# What is COVID-19

## What You Need to Know:

- > COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2)
- > Anyone can have mild to severe symptoms.

## Watch for Symptoms:

People with COVID-19 have had a wide range of symptoms reported- ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

- > Fever or chills
- > Cough
- > Shortness of breath or difficulty breathing
- > Fatigue
- > Muscle or body aches
- > Headache
- > New loss of taste or smell
- > Sore throat
- > Congestion or runny nose
- > Nausea or vomiting
- > Diarrhea

This list does not contain all possible symptoms. **Employees are encouraged to reference the CDC website as they will continue to update their list of symptoms as they learn more about COVID-19.**

## What is the difference between Influenza (Flu) and COVID-19?:

People with COVID-19 have had a wide range of symptoms reported- ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

Influenza (flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and flu is caused by infection with influenza viruses. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis.

# COVID-19 Screening Questionnaire

*YOU can help stop the spread. Below is a questionnaire to help determine whether or not you should report to work.*

Name:

Date:

Time:

Company going out for:

**Have you experienced any of the symptoms or combination of symptoms listed below within the last 14 days? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Fever or Chills                             | <input type="checkbox"/> Dry Cough          |
| <input type="checkbox"/> Shortness of Breath or Difficulty Breathing | <input type="checkbox"/> Fatigue            |
| <input type="checkbox"/> Muscle or Body Aches                        | <input type="checkbox"/> Headache           |
| <input type="checkbox"/> New Loss of Taste or Smell                  | <input type="checkbox"/> Sore Throat        |
| <input type="checkbox"/> Congestion or Runny Nose                    | <input type="checkbox"/> Nausea or Vomiting |
| <input type="checkbox"/> Diarrhea                                    |   |

**Have you tested positive for COVID-19 within the last 14 days?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Are you currently waiting for COVID-19 test results?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Have you self-quarantined? If yes, how many days and why?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes: \_\_\_\_\_

**Have you been in close contact\* with a person who tested positive for COVID-19 within the last 14 days? If yes, please provide date: \_\_\_\_\_**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Have you been in close contact\* with a person who is under self-quarantine within the last 14 days? If yes, please provide date: \_\_\_\_\_**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Have you been in close contact\* with a person who is experiencing any of the following symptoms or combination of symptoms: (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Fever or Chills                             | <input type="checkbox"/> Dry Cough          |
| <input type="checkbox"/> Shortness of Breath or Difficulty Breathing | <input type="checkbox"/> Fatigue            |
| <input type="checkbox"/> Muscle or Body Aches                        | <input type="checkbox"/> Headache           |
| <input type="checkbox"/> New Loss of Taste or Smell                  | <input type="checkbox"/> Sore Throat        |
| <input type="checkbox"/> Congestion or Runny Nose                    | <input type="checkbox"/> Nausea or Vomiting |
| <input type="checkbox"/> Diarrhea                                    |   |

\* According to the CDC: close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset.

# STOP: Notify your Supervisor



If you have checked yes, to any of the previous questions, **DO NOT** report to work.  
Notify your supervisor immediately.

# COVID-19 Employee Self-Certification to Return to Work

I, \_\_\_\_\_, attest to the following:

I have had no fever for at least three days without taking medication to reduce fever during this time.

Date of last fever of 100.4 degrees or higher: \_\_\_\_\_

My respiratory symptoms (cough and shortness of breath) have improved.

Date respiratory symptoms began improving: \_\_\_\_\_ (write N/A if no symptoms present)

At least ten days have passed since my fever and/or respiratory symptoms began.

Date fever and/or respiratory symptoms began: \_\_\_\_\_

Employee name: \_\_\_\_\_

Employee signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

Date returned to work: \_\_\_\_\_

# General Recommendations

## The best ways to protect yourself from COVID-19:



### **Wear a Face Mask:**

Protect yourself and others in public with a face covering, particularly where it is difficult to maintain a 6-foot distance from others. Try to avoid touching your face.



### **Cover your mouth and nose:**

When you cough or sneeze, cover your mouth and nose with a tissue or your sleeve, rather than your hands. Properly dispose of your tissue in a trash can.



### **Practice social and physical distancing:**

Work from home (if possible), engage in social distancing, maintain a 6-foot distance from others and avoid crowded places and group gatherings.



### **Wash your hands:**

Stop the spread of disease-causing germs by washing your hands often. Use hand sanitizer if soap and water are not available.



### **Avoid care facilities:**

Do not visit nursing homes, long term care facilities or retirement communities, unless you are providing critical assistance.



### **Clean and disinfect:**

Use a virus-killing disinfectant to clean frequently touched surfaces such as phones, keyboards, door-knobs, handles and faucets.



### **Stay home when sick**

Avoid leaving home if you are sick. If you want or need to connect with your health providers, first do so by phone or through virtual visits.



### **Maintain healthy habits:**

Get enough sleep, eat healthy foods, drink plenty of water and exercise, if you are able, to help keep your immune system strong.



# Health & Safety

## Face Masks

Cloth face coverings can be used for source control in the workplace. They are recommended by the Center of Disease Control and Prevention (CDC) to potentially help prevent transmission when used as a complement to social distancing. They are not a replacement for adequate distancing.

## How to Wear a Mask or Face Cover

The CDC recommends keeping these criteria in mind when wearing a mask or face cover:

- > Wash your hands before putting on your face covering.
- > Put it over your nose and mouth and secure it under your chin.
- > Try to fit it snugly against the sides of your face.
- > Make sure you can breathe easily.

## Wear a Face Covering to Protect Others

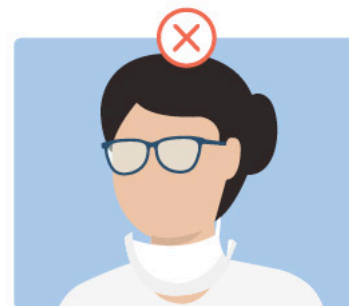
- > Wear a face covering that covers your nose and mouth to help protect others in case you're infected with COVID-19 but don't have symptoms.
- > Wear a face covering in public settings when around people who don't live in your household, especially when it may be difficult for you to stay six feet apart.
- > Wear a face covering correctly for maximum protection.
- > **Don't** put the face covering around your neck or up on your forehead.
- > **Don't** touch the face covering and if you do, wash your hands or use hand sanitizer to disinfect.

## How to keep masks and face covers clean

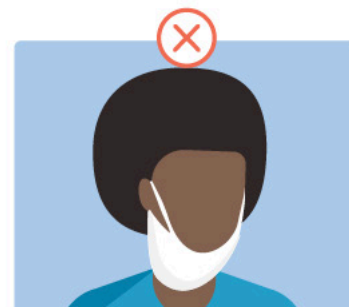
The CDC recommends washing cloth face masks frequently, either by hand or in a washing machine. Individuals should take care not to touch their eyes, nose, mouth or face when removing a worn face covering, and to wash their hands immediately after removing them as they may carry infectious contaminants.



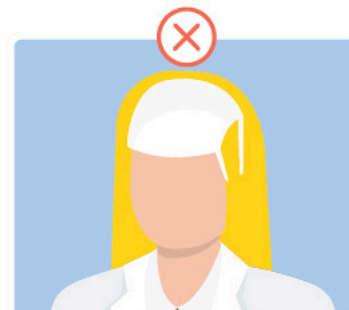
Correct



Mask Necklace



Mask Goatee



Mask Visor

**EMPLOYEES ARE RESPONSIBLE FOR FOLLOWING ALL GUIDANCE ISSUED BY THE CDC AND LOCAL AUTHORITIES REGARDING FACE COVERINGS.**

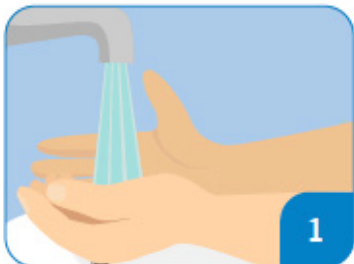
# Handwashing

Washing our hands is one of the easiest and most important things we can do to stay healthy and stop the spread of bacteria and viruses.

## Wash your hands:

- > Whenever they look dirty.
- > Before, during and after you prepare food.
- > Before Eating.
- > Before & after contact with an ill person.
- > Before & after treating a cut, sore or wound
- > After using the toilet or changing diapers.
- > When entering or exiting the workplace.
- > After blowing your nose, coughing, or sneezing (Wash your hands more often when you are sick to prevent spreading your illness to those around you.)
- > After touching animals or animal waste.
- > After touching garbage, body fluids, or anytime you have doubt if your hands are clean.

## What is the proper technique for hand washing?



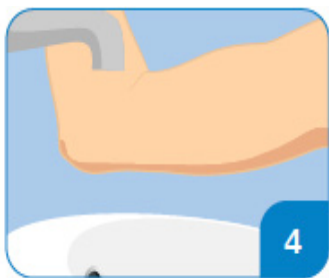
**Wet your hands** with clean running water (warm or cold).



**Lather your hands** with soap. Rub together 20+ seconds. Don't forget wrists, back of hands, between fingers + under nails.



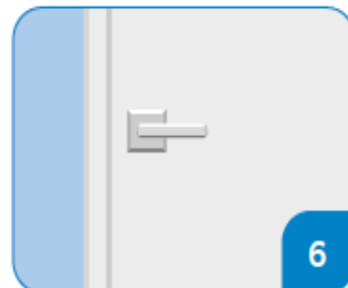
**Rinse your hands** well under running water.



**Turn off the water** with your elbow (or a clean towel).



**Dry your hands** with a clean towel or air dry them.



**Used a towel?** Use it to open the bathroom door.

## When should we use alcohol-based hand sanitizers?

The CDC recommends washing hands with soap and water whenever possible to reduce the amounts and types of all germs and chemicals on them. However, if soap and water are not available, an alcohol-based hand sanitizer contains at least 60% alcohol should be used. Hand sanitizers with lower alcohol levels are not as effective in killing germs.

**EMPLOYEES ARE RESPONSIBLE FOR FOLLOWING ALL GUIDANCE ISSUED BY THE CDC AND LOCAL AUTHORITIES REGARDING HANDWASHING.**

# Clean & Disinfect

## Clean

- > Wear disposable gloves to clean and disinfect.
- > Clean surfaces using soap and water, then use disinfectant.
- > Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.
- > Practice routine cleaning of frequently touched surfaces.
  - More frequent cleaning and disinfection may be required based on level of use.
  - Surfaces and objects in public places should be cleaned and disinfected before each use.
- > **High touch surfaces include:**
  - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

## Disinfect

- > Recommend use of EPA-registered household disinfectant  
Follow the instructions on the label to ensure safe and effective use of the product.  
Many products recommend:
  - Keeping surfaces wet for a period of time (see product label).
  - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- > **ALWAYS READ AND FOLLOW THE DIRECTIONS ON THE LABEL TO ENSURE SAFE AND EFFECTIVE USE.**
  - Wear skin protection & consider eye protection for potential splash hazards.
  - Ensure adequate ventilation.
  - Use no more than the amount recommended on the label.
  - Use water at room temperature for dilution (unless stated otherwise on the label)
  - Avoid mixing chemical products.
  - Label diluted cleaning solutions.
  - Store and use chemicals out of the reach of children and pets.



EMPLOYEES ARE RESPONSIBLE FOR FOLLOWING ALL GUIDANCE ISSUED BY THE CDC AND LOCAL AUTHORITIES REGARDING CLEANING & DISINFECTING.

# Social/ Physical Distancing

## What is Social/ Physical Distancing?

Social distancing, also called “physical distancing,” means keeping a safe space between yourself and other people who are not from your household.

Social distancing should be practiced in combination with other everyday preventive actions to reduce the spread of COVID-19, including wearing cloth face coverings, avoiding touching your face with unwashed hands and frequently washing your hands with soap and water for at least 20 seconds.

To practice social or physical distancing:

- Stay at least 6 feet (about 2 arms' length) from other people.
- Do not gather in groups.
- Limit close contact with others outside your household.

## Why practice social distancing?

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes or talks and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs.

If you are sick with COVID-19, have symptoms consistent with COVID-19, or have been in contact with someone who has COVID-19, it is important to stay home and away from other people until it is safe to be around others.

## Tips for Social Distancing?

- > **Inside your home:** Avoid close contact with people who are sick.
  - If possible, maintain 6 feet between the person who is sick and other household members.
- > **Outside your home:** Put 6 feet of distance between yourself and people who do not live in your household.
  - Remember that some people without symptoms may be able to spread the virus.
  - Stay at least 6 feet from other people.
  - Keeping distance from others is especially important for people who are at higher risk of getting very sick.
  - If unable to keep 6 feet from others, a mask should be worn.
- > **Know Before You Go:** Before going out, know and follow the guidance from local public health authorities where you live.



EMPLOYEES ARE RESPONSIBLE FOR FOLLOWING ALL GUIDANCE ISSUED BY THE CDC AND LOCAL AUTHORITIES REGARDING SOCIAL OR PHYSICAL DISTANCING.

**Employee Request for Emergency Paid Sick Leave or Expanded FMLA Leave for COVID-19 (Coronavirus) Related Reason and Self Certification**

To request Emergency Paid Sick Leave (Coronavirus) or Expanded FMLA Leave as provided under the Families First Coronavirus Response Act and Linear Controls' Expanded Family and Medical Leave Policy, please complete the following request form and submit to your manager or the human resources department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the FMLA Leave Expansion and Emergency Paid Sick Leave Policy.

Employee Name (print clearly): \_\_\_\_\_

Department: \_\_\_\_\_

Manager: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Request for Emergency Paid Sick Leave (Coronavirus)**

I am requesting this emergency paid sick leave due to my inability to work (or telework) due to the following:

- I am unable to work (or telework) because I am subject to a federal, state or local quarantine isolation order related to COVID-19.

Name of government entity issuing order: \_\_\_\_\_  
Attach documentation related to the order.

- I am unable to work (or telework) because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of health care provider advising self-quarantine: \_\_\_\_\_

- I am unable to work (or telework) because I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

Name of health care provider from whom seeking a diagnosis: \_\_\_\_\_

- I am unable to work (or telework) because I am caring for an individual who is subject to a federal, state or local quarantine or isolation order related to COVID-19 or who has been advised by a health-care provider to self-quarantine due to concerns related to COVID-19.

Name of individual to whom providing care: \_\_\_\_\_

Relationship to you or person to whom providing care: \_\_\_\_\_

Name of government entity issuing order or health care provider advising self-quarantine: \_\_\_\_\_

Attach documentation relating to the order.

- I am unable to work (or telework) because I am caring for a child whose school or child-care provider is closed/unavailable due to concerns related to COVID-19. Attach documentation with this request demonstrating that the school or childcare provider is close/unavailable.

Name and age of child: \_\_\_\_\_

Name of school, place of care, or child care provider: \_\_\_\_\_

Will any other suitable person be caring for the child during the period leave is requested?: \_\_\_\_\_

If child is older than 14 and needs care during daylight hours, please explain the special circumstances that exist requiring you to provide care during those times:

\_\_\_\_\_

- I am unable to work (or telework) because I have am experiencing “any other substantially similar condition” specified by the U.S. Department of Health and Human Services.

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Request for Expanded FMLA Leave (Coronavirus)

I am requesting this expanded FMLA leave due to my inability to work (or telework) because I am needed to care for my child due to:

- The closing of my child's school or place of care, due to concerns related to COVID-19.
- The unavailability of my child's regular child care provider due to concerns related to COVID-19.

Furthermore,

- I attest that no other suitable person is available to care for my child during the requested period of leave.
- I attest special circumstances exist requiring my need for leave to care for a child ages 15-17.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time.
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

If a reduced work schedule is needed, indicate the days and hours you are available for work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I have attached appropriate documentation supporting my need for leave.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Department Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

### Employee Statement Supporting Leave

I, \_\_\_\_\_, provide the following information in support of my request for expanded Family and Medical leave (complete all that apply):

**Name of school or place of care closed due to concerns related to COVID-19:**  
\_\_\_\_\_

**Name of child caregiver unavailable due to concerns related to COVID-19:**  
\_\_\_\_\_

**Name and age of child or children I am needed to care for:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

**No other suitable person is available to care for my child for the requested leave period due to:**

\_\_\_\_\_

\_\_\_\_\_

**The special circumstances requiring my need for leave to care for a child ages 15-17 are:**

\_\_\_\_\_

\_\_\_\_\_

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_