



CHESTNUT
HILL
COLLEGE

RETURN TO WORK COVID-19 CERTIFICATION AND ACKNOWLEDGEMENT

Pursuant to Section 5(a)(1) of the OSHA Act of 1970, the College has the duty to furnish to all employees both an employment and work location free from recognized hazards that are causing or are likely to cause death or serious physical harm to employees. OSHA guidance directs employers to comply with the guidelines issued by the CDC to prevent the spread of the COVID-19 virus. Due to the unique nature of COVID-19 and the 2019-2020 pandemic, the College's ability to provide a safe place of employment requires the honesty of employees regarding their physical condition and health, pro-active reporting of possible hazards or concerns, and compliance with measures designed to mitigate the spread of the disease. As such, prior to returning to work, Employee certifies and agrees to comply with the following:

Certification of Ability to Return Safely to Work

Employee affirms and certifies that prior to returning to work at the College's premises or at any location where they may interact with any co-worker, student, or other individual, that they:

- Have not tested positive for COVID-19, or if they have tested positive, that they are permitted to leave isolation and return to work under CDC guidance;
- Is not awaiting results from a COVID-19 test;
- Has not been diagnosed with COVID-19 or suspected COVID-19 by a health care provider, and has not been directed to self-isolate or quarantine due to possible exposure to COVID-19, or if so, that they are permitted to leave isolation and return to work under CHC guidance;
- Has not, within the last 14 days, had any of the symptoms outlined by the CDC as potentially indicating a COVID-19 infection, including (1) Fever of 100 degrees or greater, (2) cough, (3) shortness of breath or difficulty breathing, (4) chills, (5) muscle pain or body aches, (6) sore throat, (7) new loss of smell or taste, (8) nausea or vomiting, (9) diarrhea, (10) fatigue, (11) headache, or (12) congestion or runny nose; or if they have had any such symptoms, that they are permitted to leave isolation and return to work under CDC guidance;
- Has not, within the last 14 days, had close contact (come within six (6) feet) with an individual that, for any of the reasons outlined above, would be unable to safely return to work consistent with this certification.

_____ ***Initial.***

Affirmation to Comply with CDC Guidelines to Reduce the Spread of Infection:

Should Employee return to work at a location where they may have interactions with any co-worker, student or other individual, they acknowledge that they are required to follow the CDC guidelines issued to prevent the spread of infection, and that for as long as the CDC Guidelines are in effect, the compliance with the same shall be considered an essential function of Employee's position. In furtherance of the same, Employee agrees that they:

- Will self-monitor their health on a daily basis, including the measuring of their temperature, and complete each day through myCHC, the Daily Health Self-Monitoring form prior to leaving for work and entering the College's premises;
- Shall practice frequent use of hand-washing with hot water and soap for a minimum of 20 seconds, consistent with the recommendations of the CDC;
- Must at ALL times while on the campus and in a public setting (e.g., common workspaces, public spaces, hallways, stairwells, elevators, meeting rooms, classrooms, break-rooms, campus outdoor spaces, restrooms, etc.) properly wear a CDC recommended cloth face mask/covering designed to prevent the spread of respiratory droplets. Such

masks shall fit snugly but comfortably against the side of the face, be secured with ties or ear loops, include multiple layers of fabric, allow for breathing without restriction, and should be able to be laundered and machine dried without damage or change to shape;

- Shall have the option of utilizing a face shield in place of using a face mask/covering when teaching in a classroom;
- Shall have the ability to remove their face masks/coverings, only when physical distancing is possible, while (1) working in private offices or laboratory environments and (2) consuming food in dining areas;
- Shall practice social distancing, including remaining six (6) feet away from other individuals at all times and shall not gather in groups;
- Shall disinfect their personal workspace as required, which at a minimum means immediately upon arrival at the premises at the start of the work day and again prior to leaving the premises at the end of the work day;
- Shall immediately stop working (1) with the onset of any known COVID-19 symptoms while working on campus or (2) Employee believes they may have contracted COVID-19 after exposure to a known COVID-positive person, even if they are not experiencing any symptoms. Employee will notify their Supervisor/Center Chair before leaving work and contact their healthcare provider that they may have been exposed and/or developed symptoms; and
- Shall stay home from work if the Employee is no longer able to meet the required certification of ability to return to work as outlined above relative to ANY of the above listed reasons. _____ **Initial.**

Acknowledgement of Risk of Return to Work

Employee acknowledges that even the best of efforts at preventing the spread of the disease cannot completely eliminate the risk of infection. As such, Employee agrees that they have considered their own personal risk, and that of those individuals that may come into close contact with Employee, particularly if any such individual is over 65 years of age or has a significant pre-existing health condition that may render the Employee more susceptible to complications from COVID-19 and at increased risk before choosing to return to work.

The underlying health conditions that may render an employee at increased risk include: chronic kidney disease, COPD (chronic obstructive pulmonary disease), chronic lung disease, immunocompromised state (from solid organ transplant), obesity (BMI of 30 or higher), serious heart conditions such as heart failure, coronary artery disease, or cardiomyopathies, Sickle cell disease, and Type 2 diabetes. _____ **Initial.**

In addition, the underlying health conditions that an employee might be at an increased risk to COVID-19 complications include: asthma (moderate-to-severe), cerebrovascular disease (affects blood vessels and blood supply to the brain), cystic fibrosis, hypertension or high blood pressure, immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines, neurologic conditions, such as dementia, liver disease, pregnancy, pulmonary fibrosis (having damaged or scarred lung tissues), smoking, Thalassemia (a type of blood disorder), and Type 1 diabetes. _____ **Initial.**

Acknowledgement

I, _____ (print name) have fully read this Return to Work COVID-19 Certification and Acknowledgment, and do so certify that I may safely return to work consistent with the provisions above.

Further, I agree to report to my Supervisor/Center Chair, by email, any potential hazards relative to COVID-19.

Finally, I agree to comply with the CDC Guidelines to reduce the spread of COVID-19.

Date: _____

Signature: _____