

Social Contract for Returning to the NEOMED Campus

I understand that, as a NEOMED employee who is returning to campus after working remotely due to COVID-19, my expected behaviors in the workplace have changed dramatically. Consequently, the terms and conditions of my employment now include heightened attention to my personal conduct. By initialing the terms and conditions set forth in this agreement and then signing below, I agree to abide by the Campus Safety Expectations set forth in this contract, as well as any terms later modified by further written communication(s). **Please initial where indicated.**

_____ I agree to conduct **daily self-assessments** prior to arrival on campus, including determining the absence of fever and other symptoms consistent with COVID-19, which include any of the following:

- Fever of 100.4 F (38 C) or above, or possible fever symptoms like alternating chills and sweating
- Cough
- Trouble breathing, shortness of breath or severe wheezing
- Muscle aches
- Sore throat
- Loss of smell or taste, or a change in taste
- Nausea, vomiting or diarrhea
- Headache unrelated to a previously diagnosed condition

_____ I understand that I am to **remain at home** should I become symptomatic in any way and will report any exposure or illness consistent with COVID-19 to my supervisor and to NEOMED via COVIDReporting@neomed.edu.

_____ I understand I am **obligated to report** any international travel, symptoms consistent with COVID-19, contact with a COVID-19 positive (tested or presumed) person, or surveillance by a local health department to the Office of Environmental and Occupational Health and Safety (EOHS).

_____ I understand I am obligated to **comply with the following workplace controls** currently in place to maximize workplace safety and minimize potential risk of exposure:

- Practice **physical distancing** by ensuring a 6 foot distance between people at all times, which includes **leaving all chairs and furniture** in place to abide with physical distancing
- Wear a **cloth face covering** at all times while on campus indoors (optional outdoors), except while within my private office with the door closed or while eating/drinking, unless I am exempt from doing so by Human Resources in accordance with the Ohio Department of Health regulations
- Engage in **regular handwashing for 20 seconds** or frequent hand sanitizing



- **Cover my coughs or sneezes** with a tissue or use the inside of the elbow
- **Disinfect my personal work-space** (i.e., desk, workstation, lab counter) upon beginning and ending my workday, as well as periodically throughout the day, if necessary
- Refrain from hosting any **visitors** to campus until directed otherwise, but should my work make it essential that I host a visitor to campus, I will share all Campus Safety Expectations with the visitor and enforce compliance with the stated expectations
- Abide by all cleaning and disinfecting requirements in place relative to **shared equipment/appliances** or common usage areas
- Host **meetings virtually** if social distancing cannot be maintained
- Abide by **occupancy limitations** in place on all rooms or areas on campus

_____ I understand that I will be required to **complete CITI training modules** to ensure a thorough and common understanding of the COVID-19 pandemic, its risks, and the importance of risk mitigation strategies.

_____ I understand that I am obligated to engage in “**community enforcement**” of these **Campus Safety Expectations** and notify the appropriate party should I see a fellow employee, student, or visitor to campus violating these expectations, only after first attempting to request compliance myself.

_____ I understand that, should I fail to adhere to any of the foregoing safety measures in place at this time, **I may be required to leave campus** and utilize paid or unpaid leave for the balance of the day. I further understand that my repeated failure to adhere to these safety measures or engage in personal conduct that places a member of the NEOMED community at risk **may result in discipline**, up to and including termination.

Employee Name: _____

Signature: _____ Date: _____

Supervisor Name: _____

Signature: _____ Date: _____