



**COVID-19**  
**RETURN TO WORK RESPONSE PLAN**  
**FOR STAFF MEMBERS**

**June 1, 2020**

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# 1. Purpose of Plan

The COVID-19 Virus pandemic has affected the world we live in and how we, as a society, need to move forward to best ensure our own health and the wellness of others. In recognition of this need for change, and to comply with the orders and directives issued by Federal, State and County authorities, Thav Gross is implementing the COVID-19 RESPONSE PLAN FOR STAFF MEMBERS (referred to as “the plan”) to facilitate these changes and direct its’ staff members through the six phases of the Michigan Safe Start Plan.

- a. Michigan Start Plan is based on the state of disease spread:
  1. Uncontrolled Growth
  2. Persistent Spread
  3. Flattening- We entered this phase in May of 2020, allowing some personal travel and certain business sectors to open; contingent upon following published authority directives.
  4. Improving- This phase includes the allowance of small gatherings and opening of retail business and offices; contingent upon following published authority directives and capacity limits.
  5. Containment- This phase will usher in increased gathering sizes and reopening of restaurants, bars, schools, and travel with strict mitigation measures in place as detailed in published authority directives.
  6. Post Pandemic- This phase will occur when community spread is not expected to return because of effective therapy, sufficient community immunity or the development of a vaccine. Large gatherings would be permitted, as would all business activity and events.

## 2. Return to Work Policies and Procedures

Each Thav Gross staff member will be required to comply with the work policies and procedures as set forth in the plan. Non-compliance may result in disciplinary action up to termination.

- a. **Before any staff member returns to on site work**, they must read the plan in its' entirety and submit their signed Agreement of Compliance to Robin Holland, Firm Administrator (referred to as the "Administrator"). If the Administrator is unavailable you are to submit your forms to Lindsey Carden, Assistant Office Manager (referred to as the "Assistant Office Manager").
  
- b. **Each day that a staff member intends to work on site**, they must electronically submit an executed Health Screening Questionnaire to the Administrator( \_\_\_\_\_ ) or the Assistant Office Manager ( \_\_\_\_\_ ) before they come on site, or immediately upon arrival. If the questionnaire reveals a staff members ineligibility to work onsite, one of the following steps will occur:
  1. The partner that manages the salaried employee will be contacted so they can determine if the employee can work from home, or if work needs to be re-assigned.
  2. The Administrator will determine if the hourly\* employee can work from home, or if work needs to be re-assigned.

\*Hourly employees will need to utilize available PTO hours if they are unable to work the necessary hours from home.

- c. **When utilizing common areas on site** (Lobby, Hallways, Kitchens, Cubicles, Conference Rooms, Copy and Mail Rooms) all staff members must wear Personal Protective Equipment; Face Masks are mandatory. When working outside of your immediate work area we strongly suggest that disposable gloves be worn. The firm will supply masks and gloves to its' members.

Please see the administrator for supply. When Sneeze Guards have been installed in conference rooms and cubicles, masks may be removed but we strongly suggest they are not.

- d. **When on site Social Distancing** must be employed. Each member must maintain six (6) feet of distance from another individual(s). If the other party, or parties, are not adhering to this protocol you need to professionally request that they do so.
- e. **When on site** increased personal hygiene is encouraged. We recommend you follow CDC guidelines, washing your hands for at least 20 seconds after touching surfaces that are frequently touched by others (door handles, elevator buttons, copy and fax machines etc.).
- f. **Each firm member will be responsible for** the cleaning and sanitation of their workspace twice daily. Disinfectant wipes and sprays will be made available. Please see administrator for supply.
- g. Common area and Equipment Sanitation will be limited and performed by the landlord's cleaning crew. We will be placing sanitation supplies in each common area to sanitize tabletops and equipment, including instructions regarding equipment that must be followed. We strongly suggest you sanitize tabletops and equipment before each use and/or wash your hands before touching your face after visiting or utilizing a common area or suite equipment.
- h. Each employee must contact the Administrator to receive training the first day they return to work onsite. After training, each employee will be required to sign an "Acknowledgement of Training" form. Areas of training are as follows:
  1. Workplace infection control practices.
  2. The proper use of personal protective equipment.
  3. Steps the employee must take to notify the firm of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
  4. How to report unsafe working conditions.

### 3. Return to Work Forms

- a. TGPC Staff Member Agreement of Compliance
- b. TGPC COVID-19 Health Screening Questionnaire
- c. TGPC Acknowledgement of Training

# Thav Gross Staff Member Agreement of Compliance

I, \_\_\_\_\_, agree to comply with the policies and procedures  
(Print Name)

as set forth in the THAV GROSS COVID-19 PREPAREDNESS AND RESPONSE PLAN FOR STAFF  
MEMBERS.

With the signing of this document, I further acknowledge that non-compliance with any of the  
policies or procedures, as set forth in this document or any published update, may result in  
disciplinary action up to termination.

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date Signed

THAV GROSS PC - COVID19 HEALTH SCREENING QUESTIONNAIRE

1 **By the checking of each box** below I certify that as of the time I left my home and for the 10 day period preceding today, **I have not, nor has any person residing in my home**, exhibited any of the following symptoms (unless associated with a Non-Covid19 related Pre-Existing Condition):

Fever over 99.0 degrees

Cough

Shortness of Breath

Sore Throat

Diarrhea

Achiness

Loss of Taste

Headache

2 **By the checking of each box** below I certify that as of the time I left my home and for the 14 day period preceding today, **I have not**:

Had any close contact with someone with a diagnosis of COVID-19

Traveled internationally or domestically

If you were unable to check all of the boxes above, Oakland County Michigan Health Division EMERGENCY ORDER (2020-07) FOR CONTROL OF PANDEMIC, made pursuant to Section 2453 of the Public Health Code requires you to be excluded from entry to the suite for:

-- 72 Hours with no fever without the use of medicine that reduces fever, your other symptoms have improved and 7 days have passes since your symptoms first appears.

-- 14 days if close contact of diagnosed case of COVID-19.

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

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



**THAV GROSS PC - COVID19 ACKNOWLEDGEMENT OF TRAINING**

**By the checking of each box** below I certify that I have received training in the named practice.

Workplace infection control practices

Proper use of personal protective equipment

Steps the employee must take to notify the firm of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19

How to report unsafe working conditions

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

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

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