

Policy Checklist Template for COVID-19 Exposure to Staff

Situation

A	Employee has come into close contact with a family member or other individual that has tested positive.
B	Employee has tested positive.
C	Customer has tested positive.

Action Steps

Affected Employee	A	B	C
Stay home (Y/N - #days)			
Subject to Family Leave (Y/N)			
Hours to be paid			
Pay rate			
Conditions for returning to work			
Mandatory minimum time off			
Negative test results			
Doctor's clearance (Y/N)			
Co-Workers	A	B	C
Notification (Y/N)			
Message script			
Contact method (verbal, email, text, etc.)			
Stay home (Y/N - #days)			
Paid time off (Y/N)			
Hours to be paid			
Pay rate			
Conditions for returning to work			
Mandatory testing (Y/N)			
Pay for testing (Y/N)			
Customers	A	B	C
Notification (Y/N)			
Message scripts			
Signage (Y/N)			
Website (Y/N)			
Email list (Y/N)			
Social Media/Review Sites (Y/N)			
Close restaurant Y/N			
How long?			
Sanitation procedure			
Vendors	A	B	C
Notification (Y/N)			
Message script			
Contact method (verbal, email, text, etc.)			