



COVID POICIES

GENERAL HYGIENE RULES:

- Masks must be worn during visits covering your mouth and nose.
- Hand sanitize before and after each pet visit
- Cough/sneeze into your sleeve, preferably into your elbow. Wash / sanitize your hands immediately after.
- Do not enter any unnecessary areas of clients homes and do not touch anything not required for pet care.
- If clients are home please keep at least 6 feet distance at all times and if you encounter any visitors or neighbors please keep at least 6 feet distance at all times.

If you're sick:

- If you have cold symptoms, such as cough/sneezing/fever, or feel poorly, alert the office as soon as possible. As a precaution we will move your visits for the day(s).
- Get tested for COVID. You may return to work once you have received a negative test result.
- If you have a positive COVID test, alert the office and self quarantine for 14 days. You can return to work only after you've fully recovered with a doctor's note confirming your recovery.
- You may elect to sign an authorization form that will allow us to disclose your positive COVID diagnosis to clients who's homes you've entered within the last 7 days. **Signing this authorization form** is voluntary and we will not release your positive diagnosis without your authorization.
- Only upon your authorization the office will alert clients who's homes you've entered in the past 7 days of your positive COVID test if authorized by you.

If you've been in close contact with someone with COVID:

- Alert the office as soon as possible. As a precaution we will move your visits for the day(s)
- Get tested for COVID. You may return to work once you have received a negative test result.
- If you have a positive COVID test, alert the office and self quarantine for 14 days. You can return to work only after you've fully recovered with a doctor's note confirming your recovery.
- You may elect to sign an authorization form that will allow us to disclose your positive COVID diagnosis to clients who's homes you've entered within the last 7 days. **Signing this authorization form is voluntary** and we will not release your positive diagnosis without your authorization.
- Only upon your authorization the office will alert clients who's homes you've entered in the past 7 days of your positive COVID test if authorized by you.



AUTHORIZATION To Disclose COVID-19 Diagnosis

I understand that the Americans with Disabilities Act, the Family and Medical Leave Act, and other privacy laws prohibit my employer from disclosing my medical/health information. In the interest of the health of my co-workers and others with whom I may have had contact on my worksite, however, I authorize Sarah's Pet Sitting to disclose to employees at my worksite and to others, i.e., clients, visitors, customers, whom I may have encountered at my worksite, that I have tested positive for the COVID-19 virus or that I have been exposed to the virus. Sarah's Pet Sitting advised me that I am not required to do so and that there would be no adverse consequences to my employment if I chose not to do so. Further, Sarah's Pet Sitting did not seek to coerce or pressure me to permit the disclosure.

Signature of employee:

Date:

Printed name of employee:

SIGNING THIS AUTHORIZATION FORM IS VOLUNTARY