



## **COVID-19 Policy & Temporary Families First Coronavirus Response Act**

---

### **Policy Statement**

The health and safety of BBK Consulting Inc's employees is of paramount importance. All employees working at the BBK Consulting Inc. location must wear personal protection equipment (PPE) and follow the Washington State Department of Health recommendations to prevent the spread of COVID-19.

### **Purpose**

The purpose of the policy is to outline the policies and procedures in place at BBK Consulting, Inc. with regard to the COVID-19 Pandemic.

### **Expectations**

If you are exhibiting symptoms of COVID-19, even if mild, do not go to work. All employees are required to report their symptoms to their manager immediately. You will be contacted by a company representative to ensure you have taken proper steps as required by the Washington State Department of Health. If symptoms develop during a shift, the employee must immediately go home. Please reference the **Temporary Families First Coronavirus Response Act** regarding paid sick leave if applicable.

Coronavirus Self-assessment tool is available here: <https://coronavirus.providence.org/>

Symptoms include:

- Congestion, runny nose
- Cough
- Diarrhea
- Fatigue
- Fever or chills
- Headache
- Sore throat
- Muscle or body aches
- Nausea/vomiting
- New loss of taste or smell
- Shortness of breath or difficulty breathing

You must self-isolate if any of the following apply:

- You are returning from travel **outside of the United States** (mandatory 14 days)
- You've had close contact with someone who has or is suspected to have COVID-19
- You've been told by the public health authority that you may have been exposed and need to self-isolate
- You are exhibiting symptoms, even if mild
- You've been diagnosed with COVID-19, or are awaiting the results of **your COVID-19 test**

All employees (full-time, part-time, seasonal & contractual), customers and visitors, are **required** to take all necessary steps to protect themselves and co-workers to prevent the spread of COVID-19 which includes the following:

- Per the Department of Labor and Industries, anyone who enters the workplace is required to wear a face covering
- If a disposable mask is being discarded, it must be disposed of in a trash bin
- The following persons are exempt from the requirements to wear a mask or face covering:
  - children under five years of age;
    - children under the age of two years old should never wear a face covering due to the risk of suffocation
    - Children who are two, three or four, unless with the close supervision of an adult
  - persons with an underlying medical condition, mental health condition, development or cognitive condition, or disability that prevents wearing a face covering.
- Employees are required to immediately wash their hands, following the 20-second hand-washing rule, upon

- entering the BBK Consulting Inc. facility
- Employees are required to wash their hands before and after using lunchroom facilities.
  - If hand-washing is not readily available, use the provided hand sanitizer
  - Cough/sneeze into your elbow. If a tissue is used, discard it away and wash/sanitize hands immediately
  - Employees must avoid touching their face, particularly eyes, nose, and mouth
  - Employees must follow proper physical distancing rules, maintaining a safe distance (6-feet) from co-workers whenever possible

As required by the Department of Labor and Industries, face coverings are provided at BBK Consulting Inc. and must be worn when in the workplace.

Employees are permitted to wear personally purchased protective equipment. Face coverings must fully cover the mouth and nose.

The COVID-19 Policy is susceptible to changes and may be adjusted with the introduction of additional governmental guidelines in accordance with the Washington State Department of Health. BBK Consulting Inc. will treat the private health and personal data of each employee with high confidentiality and sensitivity. Failure to adhere to these requirements will result in a reminder of mandated adherence to this Policy as well as immediate disciplinary action up to and including termination of employment for cause.

Team members have the responsibility to report all violations of this policy to their direct manager. If the violation includes management, contact senior management immediately.

# Temporary Families First Coronavirus Response Act

---

## Policy Statement

Under the Washington State Department of Labor and Industries, Washington employers are required to provide their employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. As such, BBK Consulting Inc. (the Company) employees are provided paid sick leave for time away from work for reasons directly related to COVID-19.

## Purpose

The purpose of the policy is to outline the policies and procedures in place at BBK Consulting, Inc. with regard to the Emergency Paid Sick Leave Act (EPSLA) and the Emergency Family and Medical Leave Expansion Act (EFMLEA) as required under the Families First Coronavirus Response Act; and to work in conjunction with the BBK COVID-19 policy.

## Definition

**The Families First Coronavirus Response Act's (FFCRA) paid leave provisions are effective on April 1, 2020, and apply to leave taken between April 1, 2020, and December 31, 2020. The paid sick leave provisions are as follows:**

The Emergency Paid Sick Leave Act (EPSLA) provides all employees:

- paid leave for the first ten (10) workdays of expanded family and medical leave
  - o After the first ten (10) days have lapsed:

The Emergency Family and Medical Leave Expansion Act (EFMLEA) provides to eligible employees:

- a subsequent ten (10) weeks of paid leave to care for reasons stated below
- An employee must be employed for thirty (30) calendar days in order to qualify

Eligible employees include all permanent full-time and part-time (hourly and salary), temporary and seasonal staff. This policy does not apply to consultants or contract workers.

Under the (FFCRA), an employee qualifies for paid sick time if the employee is unable to work and for expanded medical leave if the employee is caring for a child whose school or place of care is closed (or child care provider is unavailable), for reasons related to COVID-19. Paid sick leave will accrue as per the following:

- 1) Is subject to a Federal, State or local quarantine or isolation order related to COVID-19;
  - paid at their regular rate, up to \$511 per day (\$5,110 over a 2-week period).
- 2) Has been advised by a health care provider to self-quarantine related to COVID-19;
  - paid at their regular rate up to \$511 per day (\$5,110 over a 2-week period).
- 3) Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
  - paid at their regular rate up to \$511 per day (\$5,110 over a 2-week period).
- 4) Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
  - paid at 2/3 their regular rate, up to \$200 per day (\$2,000 over a 2-week period).
- 5) Is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or;
  - paid at 2/3 their regular rate, up to \$200 per day (\$12,000 over a 12-week period)  
(1) two weeks of paid sick leave followed by up to 10 weeks of paid expanded family and medical leave)
- 6) Is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.
  - paid at 2/3 their regular rate, up to \$200 per day (\$2,000 over a 2-week period).

Rate of pay is the average of their regular rate over a period of up to six months prior to the date of leave. The regular compensation rate is 1 hour for every 40 hours worked. Overtime hours are considered hours worked and will be accounted for in paid sick leave accrual. Paid sick time provided under this Act does not carry over from one year to the next. An employee may elect to substitute any accrued vacation leave, personal leave, or medical or sick leave for the first two weeks of partial paid leave under this section.

## Responsibility and Procedure for Requesting Sick Leave

As mandated by the Washington State Department of Labor and Industries, it is the responsibility of the employee to notify their manager of their leave of absence as soon as possible. When requesting paid sick leave or expanded family and medical leave, the employee must provide the following information to the employer in writing:

- Employee name;
- The date(s) for requested leave;
- The reason for leave; and
- A statement that the employee is unable to work due to one of the above reasons.
  - If the request for leave is because of quarantine or isolation order or to care for an individual subject to such an order, the employee should additionally provide contact information of who issued the order.
  - If the requested leave to self-quarantine is based on the advice of a health care provider or to care for an individual who is self-quarantining based on such advice, the employee should additionally provide contact information of the health care provider.
  - If the requested leave is to care for the employee's child whose school or place of care is closed, or child care provider is unavailable, the employee must also provide:
    - Their child's name;
    - The name of the school, place of care, or child care provider that has closed or become unavailable; and
    - A statement that no other suitable person is available to care for the employee's child.
  - In addition to the above information, the employee must also provide to their employer written documentation in support of their paid sick leave as specified in applicable IRS forms, instructions, and information.

## If Employment Ends

If employment ends for any reason (whether ended by employee or employer), the employee will not be entitled to unused leave.

## Acknowledgement and Agreement

I, \_\_\_\_\_, acknowledge that I have read and understand the COVID-19 Policy and Temporary Families First Coronavirus Response Act (FFCRA) at BBK Consulting Inc. I agree to adhere to this policy.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Manager Signature