



TCHH Staff Safety and Wellness Agreement

- I agree to let my director and/or supervisor know if I am experiencing any COVID symptoms (fever of 100 degrees or higher, shortness of breath, cough, muscle pain, headache, sore throat, GI issues such as vomiting or nausea, a new loss of taste or smell).
- I agree to let my director and/or supervisor know if I had close contact with or cared for someone with COVID symptoms in the past 14 days.
- I agree to let my director and/or supervisor know if I had close contact with or cared for someone with diagnosed with COVID in the past 14 days.
- I agree to limit outside visitors during sessions.
- I agree to practice social distancing during sessions whenever possible.
- I agree to let my director and/or supervisor know if I have been in a group setting of 10 people or more.
- I understand that community outings should be limited. I understand I will be required to follow the guidance of the county where services are taking place.
- I agree to follow the CDC recommendations of wearing a mask in public settings and in the community, social distancing, and frequent hand washing.
- I agree to wear a mask while a passenger in a vehicle and have the client sit in the back seat for social distancing measures.
- I agree to practice CDC recommended hand washing techniques, washing with soap and water for at least 20 seconds frequently and use hand sanitizer with at least 70% alcohol if soap and water is not available to prevent the spread of germs.
- I understand that my client sessions may need to be cancelled with little to no notice should a Covid-19 exposure or potential exposure become evident.
- I will take all steps necessary for personal safety/precautionary reasons as recommended by the TCHH director and CDS guidelines.

Participant/Guardian Signature

Date