



## NON-BARGAINING UNIT

# COVID-19 Packet.

You are receiving this package for one of the following reasons:

- You developed COVID-19 symptoms<sup>1</sup> at work or home, OR
- You have been in close contact<sup>2</sup> with a person in your family household who has a probable<sup>5</sup> or confirmed<sup>4</sup> case of COVID-19, OR
- You are a suspected<sup>3</sup> or confirmed<sup>4</sup> case of COVID-19.

Please take the following next steps:

- Call your healthcare provider and/or public health authority, and follow their instructions.
- Refer to the COVID-19 Situation Matrix for employee actions and return to work criteria (pages 2–3).
- Contact your leader for alignment on how long you will be away from our facility and how you will cover your absence.
- Keep your leader updated.

**NOTE:** See definitions on page 4.

**COVID-19 CARE  
& QUESTIONS:  
301-730-9170**

**EMAIL HOTLINE:  
COVID-19@  
MeritusHealth.com**

**ONLINE  
INFORMATION:  
washcohealth.org/  
coronavirus-disease-  
2019-covid-19**

**LOCAL WASHINGTON  
COUNTY TESTING  
FACILITIES:**

**Drive-thru Center  
Meritus Medical Plaza**  
13620 Crayton Boulevard  
(across from our Maugans  
Avenue entrance, turn  
right at Taco Bell)

**Walk-thru Center  
Walnut Street Clinic**  
24 North Walnut Street

**You do not have to  
utilize Washington  
County resources and  
are welcome to count  
on your community's  
medical resources.**

# Situation Matrix.

1 OF 2

Version 8 Updated 14 December 2020

SITUATION	EMPLOYEE ACTIONS	WORKPLACE ACCESS	RETURN TO WORK
<p><b>1</b></p> <p><b>An employee develops illness symptoms<sup>1</sup> at home.</b></p>	<ul style="list-style-type: none"> <li>• Contact your leader.</li> <li>• Respond to our COVID-19 Case questionnaire.</li> <li>• Receive our COVID-19 Package from your leader.</li> <li>• Refer to the COVID-19 Package for your next steps</li> <li>• Follow attendance decision tree on how to cover your absence.</li> <li>• Remain in contact with your leader throughout the process.</li> </ul>	<p><b>No.</b></p>	<ul style="list-style-type: none"> <li>• As directed by CDC or healthcare provider.</li> <li>• If no testing is indicated <b>or</b> if negative COVID-19 testing:               <ul style="list-style-type: none"> <li>– As directed by healthcare provider <b>or</b></li> <li>– 72 hours after fever has resolved without the use of medication, and other symptoms have improved.</li> </ul> </li> <li>• <b>If COVID-19 test result is positive, move to Situation #6.</b></li> </ul>
<p><b>2</b></p> <p><b>An employee develops illness symptoms<sup>1</sup> at work.</b></p>	<ul style="list-style-type: none"> <li>• Contact your leader.</li> <li>• Leave the campus and remain off-site until return-to-work criteria is met.</li> <li>• Respond to our COVID-19 Case questionnaire.</li> <li>• Receive our COVID-19 Package from your leader.</li> <li>• Refer to the COVID-19 Package for your next steps</li> <li>• Follow attendance decision tree on how to cover absence.</li> <li>• Remain in contact with your leader throughout the process.</li> </ul>	<p><b>No.</b></p>	
<p><b>3</b></p> <p><b>An employee (with no symptoms<sup>1</sup>) who has been in close contact<sup>2</sup> with a person who is a suspected<sup>3</sup> or confirmed<sup>4</sup> COVID-19 case (e.g. person outside of family household).</b></p>	<ul style="list-style-type: none"> <li>• Take additional precautions when at work:               <ul style="list-style-type: none"> <li>– Wear face cover at all times.</li> <li>– Stay away from others when eating or drinking.</li> <li>– Perform daily self-assessment, including additional temperature checks.</li> <li>– Clean areas where you may cause exposure.</li> <li>– Remain in contact with your leader throughout the process.</li> </ul> </li> </ul>	<p><b>Yes.</b></p>	<p>Immediately.</p>
<p><b>4</b></p> <p><b>An employee (with no symptoms<sup>1</sup>) who has been in close contact<sup>2</sup> with a suspected<sup>3</sup> COVID-19 case of a person in their family household).</b></p>			

# Situation Matrix.

Version 8 Updated 14 December 2020

SITUATION	EMPLOYEE ACTIONS	WORKPLACE ACCESS	RETURN TO WORK
<p><b>5</b></p> <p><b>An employee (with no symptoms<sup>1</sup>) who has been in close contact<sup>2</sup> with a probable<sup>5</sup> or confirmed<sup>4</sup> COVID-19 case of a person in their family household.</b></p>	<ul style="list-style-type: none"> <li>• Contact your leader.</li> <li>• Self-quarantine.</li> <li>• Remain off-site until return-to-work criteria is met.</li> <li>• Respond to our COVID-19 Case questionnaire.</li> <li>• Receive our COVID-19 Package from your leader.</li> <li>• Refer to the COVID-19 Package for your next steps</li> <li>• Follow attendance decision tree on how to cover absence, or work from home if possible.</li> <li>• Remain in contact with your leader throughout the process.</li> </ul>	<p><b>No,</b></p> <p>OR</p> <p><b>Potential based on CDC guidance and case evaluation.</b></p>	<ul style="list-style-type: none"> <li>• If still no symptoms, after the person in the employee's family household has completed their home isolation period (10 days from day of testing) followed by employee's 10-day quarantine period (up to total of 20 days).</li> <li>• If now symptomatic yet negative for COVID-19 or not tested, as directed by a healthcare provider OR 72 hours after fever has resolved without the use of medication, AND other symptoms have improved, AND after the person in the employee's family household has completed the home isolation period (10 days from day of testing) followed by employee's 10-day quarantine period (up to total of 20 days).</li> <li>• If applying CDC Critical Infrastructure Guidelines, there may be an exception, and the employee may return under additional controls.</li> </ul>
<p><b>6</b></p> <p><b>Suspected<sup>3</sup> or Confirmed<sup>4</sup> COVID-19 Case.</b></p>	<ul style="list-style-type: none"> <li>• Contact your leader.</li> <li>• Self-quarantine.</li> <li>• Remain off-site until return-to-work criteria is met.</li> <li>• Respond to our COVID-19 Case questionnaire.</li> <li>• Receive our COVID-19 Package from your leader.</li> <li>• Refer to the COVID-19 Package for your next steps</li> <li>• Follow attendance decision tree on how to cover your absence.</li> <li>• Remain in contact with your leader throughout the process.</li> </ul>	<p><b>No.</b></p>	<ul style="list-style-type: none"> <li>• As directed by CDC or healthcare provider.</li> <li>• If no testing:             <ul style="list-style-type: none"> <li>– 72 hours after fever has resolved without the use of medication, and other symptoms have improved, and it has been at least 10 days since symptoms began.</li> </ul> </li> <li>• If tested:             <ul style="list-style-type: none"> <li>– Fever resolved without use of medication and other symptoms improved, and it has been at least 10 days since symptoms began.</li> </ul> </li> <li>• If asymptomatic, but confirmed positive:             <ul style="list-style-type: none"> <li>– 10 days following first positive test, and no symptoms since test.</li> </ul> </li> <li>• Return only after being cleared by medical provider.</li> </ul>

# COVID-19 Case Definitions.

## 1. Common Symptoms (CDC Guidelines):

Fever, cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

## 2. Close Contact:

Within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24 hours period (irrespective of whether the contacts were or were not wearing a mask) starting from 2 days before illness onset.

## 3. Suspected Case:

A person with

- Acute respiratory illness (fever and at least one sign/symptom of respiratory disease) AND travel or residence in a location with community transmission of COVID-19 during 14 days prior to symptom onset, OR
- Acute respiratory illness AND having been in contact with a confirmed<sup>4</sup> or probable<sup>5</sup> COVID-19 case in the last 14 days prior to symptom onset, OR
- Severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease), AND requiring hospitalization, AND in the absence of alternative diagnosis.

## 4. Confirmed Case:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

## 5. Probable Case:

A person for whom testing for COVID-19 is inconclusive, OR a suspected<sup>3</sup> case for whom testing could not be performed.

**NOTE:** For suspected<sup>3</sup> cases which, upon testing, reveal a negative result, the employee is permitted to return to work immediately if/when symptom free and without fever without use of medication.

# Forms & Information.

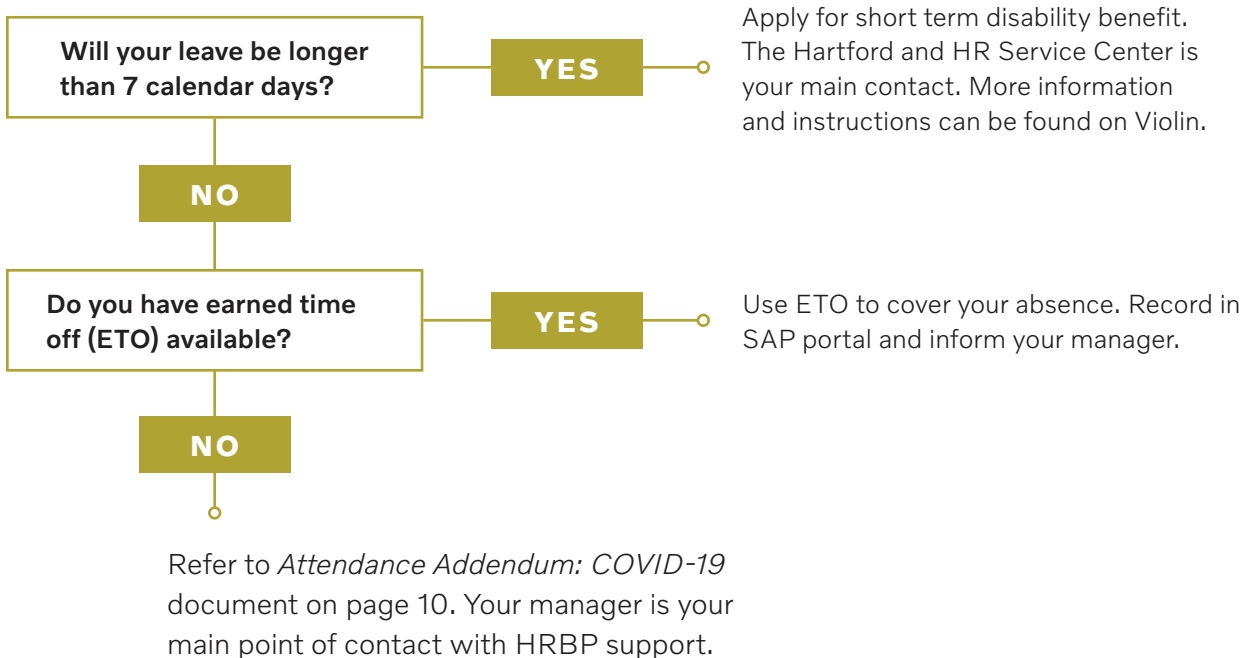
The following are included in this packet to aid you in making your decisions.

- NBU Attendance Decision Tree: How Can I Cover My Leave? **Pg. 6**
- 10 Things You Can Do to Manage Your COVID-19 Symptoms at Home **Pg. 7**
- Leave of Absence Request Process – The Hartford **Pg. 8**
- Attendance Addendum **Pg. 10**

Refer to your COVID-19 Employee Handbook to see what we have done to slow the spread in our facility – social distancing, hand sanitizing stations, face covers, etc.

# Attendance Decision Tree.

## HOW CAN I COVER MY LEAVE?



# 10 things you can do to manage your COVID-19 symptoms at home

## If you have possible or confirmed COVID-19:

1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



6. **Cover your cough and sneezes.**



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



CS 315822-A 04/11/2020

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



## Effective February 1, 2018 New Leave of Absence Request Process

Beginning February 1, 2018, The Hartford will begin administering Volvo employees' requests for leave under the Family & Medical Leave Act (FMLA) and state leave laws in addition to the Short Term Disability (STD) and Long Term Disability (LTD) benefits they are currently administering.

The instructions below will assist employees in the event they need to file a FMLA and/or disability claim as well as whom to contact with questions

### Step 1 - Notification:

- **Contact The Hartford at 1-800-915-1153** Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern Time or online at [www.thehartfordatwork.com](http://www.thehartfordatwork.com) to request FMLA and/or Short Term Disability. A Claims Examiner will obtain all necessary information from you.

When you call The Hartford, they will ask you to provide:

1. Name and Social Security Number
  2. Department and last day of active full-time work
  3. HRBP's name and phone number
  4. Nature of claim and whether it's work-related
  5. Treating physician's name, address and phone number
- **Contact the HRSC at 1-800-344-8339** to confirm your leave dates. If your absence is for your own disability, you must satisfy a seven calendar-day elimination period before STD benefits are payable. Volvo will use your available ETO to satisfy this period. If you do not have enough ETO time, this time period will be unpaid.
  - **Contact your HRBP** regarding estimated length of your leave. Keep your HRBP informed of any changes to your leave status.
  - **For intermittent leave**, you must contact your HRBP **AND** The Hartford every time you are absent from work relating to your Leave. You can reach The Hartford at 1-800-915-1153 Monday – Friday, 8:00 a.m. to 9:00 p.m. Eastern Time or [www.TheHartfordatWork.com](http://www.TheHartfordatWork.com) . If the time off is foreseeable, you should be providing a 30 day advance notice, if unforeseeable, you must contact The Hartford the same day or following business day in which the need for leave is known. You may lose the protections afforded by the FMLA, State and/or company Leave for failure to contact The Hartford.

### Step 2 - Forms:

- The Hartford will send the necessary forms related to your request for FMLA and/or Short Term disability to you via regular mail to your home address or to your email address

### Step 3 - Benefits: Understand the status of your benefits while on leave.

- If your absence is for your own disability, the following deductions **WILL** be taken from your disability pay: medical, dental, vision, FSA, life insurances, 401(k) as well as federal, state and local taxes (s applicable).
- If your absence is to care for a family member, and your leave is unpaid, you will be expected to send your premiums by check to Volvo; you will be notified of the amount due by the HRSC.
- 401(k) loan deductions will continue to be taken from your pay while you are receiving pay from Volvo. If you are not receiving pay from Volvo, your loan deductions will stop. Volvo and Transamerica will re-amortize

7900 National Service Road  
Greensboro, NC 27409





your loan and commence the new loan deduction from your pay upon your return to work.

**Step 4 - State Leave Information**

- If applicable, state leaves will also be administered by The Hartford in conjunction with the Federal and State Guidelines.

**Step 5 - Check the status of your Leave and/or Disability Claim at The Hartford's website,**  
[www.TheHartfordAtWork.com](http://www.TheHartfordAtWork.com)

**Step 6 - Returning to Work from your Own Continuous Serious Health Condition**

- You must provide your HRBP with a fitness for duty note (return to work note) from your doctor before you return to work, specifying any restrictions or limitations.

**Important Contacts and Telephone Numbers**

- The Hartford: **1-800-915-1153** Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern Time
- HRSC: **1-800-344-8339**
- EAP (Employee Assistance Program): **1-800-395-1616** or online: [www.IBHCorp.com](http://www.IBHCorp.com)

7900 National Service Road  
Greensboro, NC 27409



**Special GTO PTP HAG Attendance Addendum: COVID-19**

**Title:** Attendance Addendum: COVID-19

**Duration:** 04MAY thru 30JUNE2020

**Eligibility:** GTO PTP HAG employees who have exhausted all available paid/contractual leave and considered to be high risk or who have family members living in the same household who are high risk.

**Summary:**

With the current state of the COVID-19 pandemic, Volvo Group Hagerstown has taken many precautionary measures to aid in the health and safety of our employees. To further our efforts, we will allow employees with underlying health issue(s), or who have a family member living full-time in their own household who is high-risk, to self-disclose and who have exhausted all available leave (paid, contractual, ETO, etc.) to request an unpaid leave of absence. Our goal is to keep those who are high-risk safe, and perhaps save a life.

Consideration will be given based upon the severity of their or their family member's medical condition, providing supporting documentation of the condition or a recommendation from their or their family member's treating physician. If approved, the time-off will be coded accordingly in the timekeeping system.

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. Those at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older
- Other high-risk conditions could include:
  - People with chronic lung disease or moderate to severe asthma
  - People who have heart disease with complications
  - People who are immunocompromised including cancer treatment
  - People of any age with certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk



- HIV/AIDS; cancer and transplant patients who are taking certain immunosuppressive drugs; and those with inherited diseases that affect the immune system

Note: The criteria above apply to employees with these conditions or employees who have a family member living full-time in their own household who has one of these conditions.

If casual time is used for emergency reasons related to COVID-19 employee will not receive any occurrences connected to that absence. Additionally, in order to receive preapproved, non-urgent casual time, the casual time must be requested with at least three (3) business days in advance to your immediate manager.

**Process:**

The individual will need to self-disclose and provide supporting documentation to your HRBP.

Approvals will be done as soon as administratively possible. If approved, you may take the communicated time-off and there will be no attendance occurrence assessed during this time.

This program will be reviewed periodically and is subject to be adjusted or terminated based on the change in conditions regarding COVID-19 and business needs.