



NORTHSHORE  
EDUCATION  
CONSORTIUM

## **NEC Healthy Together Agreement: Employee Version Summer 2020**

As we re-open NEC for the summer and fall of 2020, we are still in the midst of a serious public health crisis. We are committed to providing you with a clean and safe working environment, and have been vigilant in following CDC, State of Massachusetts, and DESE guidance.

Before returning to work, you must review the attached expectations and guidelines, and agree to follow them.

Your signature below indicates that you have read the attached policy document, viewed the mandatory training videos, and agree to comply with all procedures including but not limited to the following:

### **General Health and Safety:**

1. Before I come to work each day, I will conduct a personal assessment of my health in accordance with CDC and MA guidance to determine if there is any indication that I may have symptoms and/or may have been exposed to COVID19. When I come to work each day, I recognize that I will be confirming that I do not have any symptoms related to COVID19 and I have not been knowingly exposed to COVID19. If this changes, I agree to immediately leave the workplace and contact my manager.
2. I agree to stay at home if I am feeling ill and utilize the proper call-out procedures for my program.
3. While some coughs and sneezes may be unrelated to COVID19, I agree to cover my mouth and nose with a tissue or use the inside of my elbow. I agree to wash or sanitize my hands immediately after coughing or sneezing.

### **Face Covering and PPE**

1. I agree to wear a face covering in accordance with NEC guidance.
2. I understand that I may bring my own face covering if I choose to do so, or I may use one provided by NEC.
3. I will wear gloves and other protective equipment as necessary to comply with guidelines around cleaning and disinfecting, or caring for students in higher risk situations.

### **Social Distancing and Hand Hygiene:**

1. I agree to keep 6 feet between myself and others whenever possible.
2. I know that there are times that I may need to come closer to students in order to fulfill my duties, and I will take the precautions outlined in the NEC Healthy Together document.
3. I will refrain from using another person's equipment, phone, computer, desk, or entering private offices whenever possible.
4. I agree to wash/sanitize my hands frequently.

Cleaning:

1. I agree to help with the routine cleaning and disinfecting of surfaces in my work area.
2. I understand that NEC will provide the appropriate gloves and cleaning supplies.

Other:

1. I agree to follow protocols about food and snacks, including not having food deliveries into the building during the day.

Accommodations and Time Off:

1. If I need special accommodations or time off for reasons related to COVID19, I will contact my Principal and HR Coordinator Nancy Macedo.
2. NEC will provide reasonable accommodations in accordance with laws and policies.
3. NEC will provide paid time off in accordance with the CARES Act Family First Coronavirus Response Act and any other relevant laws and policies.

If you have questions or concerns, you may contact your Principal, your Union President, the Executive Director, the Nursing Supervisor, or the HR Coordinator.

Your return to work is voluntary for the summer. If you decide not to return to work in September, we will assume that you have resigned from your position with NEC, unless other arrangements have been made through HR.

Please be assured that NEC is doing everything we can to comply with State and Federal Guidance to provide the safest possible workplace, and that we require employees to do the same.

By signing this document you will be acknowledging and agreeing to comply with all attached guidelines and procedures. You will be agreeing to help us ensure that we are maintaining the proper precautions put in place to keep the workplace safe and make sure that our workplace is a healthy environment for employees, students and families.

Failure to comply with these requirements may result in discipline up to and including termination of employment.

A copy of this document will be part of your personnel record.

Name:

Date:

Program/Position:

Signature: