1. **Title**

*COVID-19: Travel Restrictions, Requirements and Considerations*

1. **Policy**

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| --- |
| ***Cogdell is committed to the health and safety of our staff, providers, patients, visitors and the community we serve. We must ensure adequate staffing levels to provide safe and effective care in our hospital and clinics.*** |
| **Business Travel & Conferences** | Cogdell is restricting all non-essential business travel and conference attendance until further notice. We are encouraging the use of Skype, WebEx, and other remote participation tools to conduct and attend meetings and conferences. |
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|
| **Personal Travel** | Cogdell strongly recommends that you avoid non-essential personal travel outside the Scurry County service area if possible.  |
| **If considering travel, be aware that:** |  |  |  |  |  |
|  | * Travel to, from or through certain locations ~~is~~ may be restricted;
 |
|  | * [The list of restricted and/or "at risk" travel locations can change quickly;](https://dshs.state.tx.us/coronavirus/travelers.aspx)
 |
|  | * The dynamic nature of the COVID-19 public health threat may require you to alter your plans mid-trip, and;
 |
|  | * You may be required to complete a 14-day quarantine period (with self-monitoring) before you are able return to work.
 |
|  | * COVID-19 Administrative ETO ***WILL*** ***NOT*** be used for quarantine resulting from personal travel.
 |
|  |   | * Quarantine resulting from personal travel ***WILL be*** ***deducted from employee’s PTO.***
 |
|  |   | * *Employees should assure their PTO balance is adequate to cover* ***BOTH*** *planned travel* ***AND*** *possible subsequent 14-day quarantine.*
 |
| **If You Decide to Travel** |  |  |  |  |  |  |
|  | * Inform ~~your immediate supervisor~~ the Employee Health Nurse of your travel plans prior to departure. ~~Your supervisor will notify the Employee Health Nurse.~~
 |
|  | * [Follow CDC guidance for travel.](https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html)
 |
|  | * Contact the Employee Health Nurse and receive clearance before returning to work.
 |
|  | * If cleared to return to work/not required to complete a 14-day quarantine period, you ~~must~~ may be required to:
 |
|  |   | * Self-monitor using the COVID-19 form provided by Employee Health.
 |
|  |   | * Stop work/patient care activities immediately and notify your supervisor if you develop symptoms consistent with COVID-19. Your supervisor will notify the Employee Health Nurse.
 |
|  |   | * If required, submit the completed COVID-19 self-monitoring form ~~to your supervisor~~ the Employee Health Nurse 14 days after your return. ~~Your supervisor will turn the form in to the Employee Health Nurse.~~
 |
|  |  |  |  |  |  |  |  |  |  |  |

1. **Definitions**

**Travel** is defined as long-distance, overnight travel by any conveyance (e.g. aircraft, train, bus, ship, shared ride, personal vehicle) internationally or to locations within the United States or its territories. It does not include one’s usual commute to work or day trips to neighboring towns/cities.

1. **Organizational Justification of Level 5 Document**

*Level 5 document issued and implemented in accordance with:*

*1.ORG.QM.0750 Documented Information* ***and***

*2.ORG.QM.0750 Control of Documented Information (Procedure)* ***for***

*State of Disaster/Emergency related to:*

 *COVID-19 (State and Federal Declarations 03-13-2020, Local Declaration 03-16-2020)*

*Applies to:*

*COVID-19-Related Documents - Retroactive to 03-01-2020*

1. **Dates Amended/Approved**

*Originated: 05/21/2020*

|  |  |  |
| --- | --- | --- |
| ***Originated/Updated*** | ***Informal Review/Approval*** | ***Formal Review/Approval*** |
| *05/21/2020* | *05/21/2020* |  |
| *06/08/2020* | *06/08/2020* | ***06/24/2020 Pending*** |

1. **Contact Information**

 Employee Health (325) 574-7141

 Human Resources (325) 574-7182

Risk Management (325) 574-7284