



TOWN of BROOKLINE

Massachusetts

COVID-19 Employee Out-Of-State Travel Policy

I. Purpose

It is the purpose of this Policy to protect Town of Brookline employees and the public they serve from contracting COVID-19 from Town employees who have recently returned from travel to a location that posed a high-risk of infection.

II. Scope

This Policy applies to all Town of Brookline employees; however, to the extent that this Policy conflicts with the provision(s) of an employee's collective bargaining agreement, such agreement will control.

III. Lower-Risk States

For the purposes of this Policy, "Lower-Risk States" shall mean those states classified as such by The Commonwealth's Department of Public Health and Department of Transportation (collectively, "Departments"). Please note that these classifications are subject to change, as they are based on two criteria: (1) the average daily cases per 100,000 below six; and (2) the positive test rate below five percent. Both criteria are measured as a seven-day rolling average. **As of August 14, 2020**, the Departments classify the following as Lower-Risk States: Connecticut; Maine; New Hampshire; New Jersey; New York; and Vermont. **Updated Locations:** <https://www.mass.gov/info-details/covid-19-travel-order#Lower-Risk-states->

IV. Stay-at-home Requirement for Employees who Return from anywhere other than a Lower-Risk State

When a Town employee returns to Massachusetts after traveling to any location not classified as a Lower-Risk State – including locations outside the United States – he/she is prohibited from entering his/her workplace for the 14 days following the date of return ("stay-at-home period"). Whether such employee is permitted to work remotely during the stay-at-home period will be determined by his/her Department Head and will depend on whether the essential functions of his/her position can be performed remotely. Human Resources, in coordination with Public Health, will clear the employee to return to work and inform the employee and department. Employees MUST also complete the **Massachusetts Travel Form**. <https://www.mass.gov/forms/massachusetts-travel-form>

V. Exceptions to Stay-at-home Requirement

Employees returning to the Commonwealth after traveling to any location not classified as a Lower-Risk State are exempt from the required stay-at-home period in Section IV above under the following circumstances:

- The employee produces proof of a **negative test**¹ PCR result for COVID-19 on a sample taken no longer than 72 hours before such employee's arrival or completion of a COVID-19 PCR test after return to Massachusetts with proof of a **negative test**
- The employee regularly commutes, at least weekly, outside of Massachusetts to a fixed place to attend school or work or the employee regularly commutes, at least weekly into the Commonwealth to a fixed place to attend school or work; provided that in either case, this exception applies only to and from the employee's residence and place of work or school. This exemption does not apply to employees who travel to any place that is not their home state for personal or leisure reasons.

VI. Reentry into the Workplace

Before reentering the workplace after the 14-day stay-at-home period, such employees may be required to submit to a PCR COVID-19 test; have his/her temperature read; and/or answer question designed to determine whether he/she is experiencing any COVID-19 symptoms. Human Resources, in coordination with Public Health, will clear the employee to return to work and inform the employee and department.

VII. Use of Leave during Stay-at-home Period

In accordance with COVID-19 Order No. 45 issued by the Governor on July 24, 2020 and the Families First Coronavirus Response Act ("FFCRA"), as of August 1, 2020, employees prohibited from entering the workplace under Order No. 45 and whose Department Head determines that the essential function of such employees' position cannot be performed remotely are entitled to up to 80 hours of Emergency Paid Sick Leave ("EPSL") under the FFCRA.

Please contact Human Resources for information on how to apply for EPSL.

VIII. Vacation Leave for Travel Outside of Massachusetts

The Town reserves the right to deny an employee's request to use vacation leave for travel to a location other than the Lower-Risk States set forth in Section III above based upon the operational impact of such employee's protracted absence resulting from the required stay-at-home period set forth in Section IV above.

Other Town Policies notwithstanding, requests to use leave for travel outside of Massachusetts must be made by completing and submitting the attached leave request form to his/her Department Head. The Department Head will sign such form, indicating whether the request is approved. A copy of the approval is forwarded to Human Resources. Human Resources will coordinate Return To Work Clearance.

If such request is approved, such approval is provisional and may be rescinded if the travel destination's classification as a Lower-Risk State changes.

Contact HRCOVID19@brooklinema.gov for questions or more information.

¹ Such results must come from an FDA EUA-approved molecular (PCR) SARS-CoV2 test for this exemption to apply. The current list of FDA EUA approved tests can be found at the following websites: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas#individual-molecular> ; and <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas#umbrella-molecular> .

Leave Request Form For Travel Outside Of Massachusetts

In accordance with Section VIII of the Town of Brookline's COVID-19 Out-Of-State Employee Travel Policy, all employees must complete the following in requesting permission to take leave to travel to a location other than a Lower-Risk State.

****Please be advised that, if your request is approved below, such approval is provisional and may be rescinded if your destination's classification as a Lower-Risk State changes.**

Date of Submission: _____

TYPE OF LEAVE REQUESTED: _____ AMOUNT OF TIME: _____

Requesting Employee's Name: _____

Department: _____

Title: _____

Contact Phone Number: _____

Supervisor's Name and Contact information: _____

Date of Departure from Massachusetts: _____

Destination(s) (city/town, state, and country): _____

Dates Staying in Destination City(ies)/Town(s): _____

Date/Time of Return to Massachusetts: _____

EMPLOYEE SIGNATURE

DATE

Employee Role Eligible For Work From Home: Yes _____ No _____ Authorized? _____ (Dept. Head initials)

____ Approved _____ Denied

DEPARTMENT HEAD SIGNATURE

DATE

DEPARTMENT STAFF: EMAIL FORM TO HRCOVID19@BROOKLINEMA.GOV