***NOTE: Any Informed Consent/Risk Advisory document should be reviewed by legal counsel prior to use. Information in this draft/template document is for reference only*.**

**RISK ADVISORY FOR [COMPANY NAME]**

**COVID-19 Risk Environment**

***There are risks associated with working and traveling in the COVID-19 Pandemic environment.***

COVID-19 is an infectious disease caused by exposure to the Novel Coronavirus SARS CoV-2. There is currently no vaccine or established therapeutic treatment for COVID-19. The risks associated with working and traveling in this environment are outlined below. By agreeing to this Advisory, you voluntarily accept these risks.

This Risk Advisory attempts to serve three purposes:

1. to make clear the risks inherent to working and traveling in the ongoing COVID-19 Pandemic;
2. to remind you of the information and guidance you received to prepare you for returning to the office/workplace and resuming business travel; and
3. to provide you with an office point of contact for question, guidance and reporting issues.

If you have any questions about any information included in this Advisory, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ identified in Section III below.

**I. INHERENT RISKS ASSOCIATED WITH WORKING IN THE COVID-19 PANDEMIC ENVIRONMENT**

You are providing professional services in a developing pandemic environment. The risks associated with your employment include, but are not limited to:

**Risks to Personal Health:** The Novel Coronavirus SARS CoV-2 that causes COVID-19 is spread through close contact with carriers of the virus and coming in contact with contaminated surfaces. An office/workplace environment may increase the risk of exposure to the virus and likelihood of acquiring COVID-19.

Traveling for business may increase exposure to personal health risks. Air carriers, hotels, ground transportation resources, restaurants and other locations necessary for business travel may be sources of exposure over which [Company name] has no control. Risk environment in a travel destination may be different from that of your home location, including increased level of community transmission of COVID-19, limited public health measures and limited capacity of medical facilities.

These risks may be significantly increased if traveling internationally where the capacity and capabilities of local medical resources may not be at or near the standard in your home country.  Additionally, medical evacuation may be delayed or unavailable due to airport or border closures, medical or security conditions or other factors.

[Company name] will not travel to destinations rated as Level 3 [or insert alternate] or higher by the [US Centers for Disease Control.](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html)

**Risk to freedom of movement.** In addition to becoming ill, exposure to the Novel Coronavirus SARS CoV-2 and COVID-19 in an office setting may result in you being required to quarantine/self-isolate for a period to time (currently 14 days) to limit further spread of the virus. This may limit your ability to interact with family and otherwise disrupt personal and professional life.

Business travel may result in additional disruptions. If exposed to Novel Coronavirus SARS CoV-2 and/or COVID-19 during travel you may be required to seek medical care in the travel destination and may not be able to return home as scheduled due to illness or need to quarantine/self-isolate at the travel destination. Additionally, you will be required to quarantine/self-isolate for [insert period of time] upon return home after travel.

**Risks to Personal Safety (International Travel):**Traveling internationally [or insert country name] exposes you to a range of personal safety and security risks, many of which have been exacerbated or increased by the COVID-19 Pandemic. These risks include:

* Crime, including cyber related crimes (theft, extortion, etc.)
* Civil unrest and political instability
* Xenophobic attacks targeting those perceived to be importing COVID-19 to a country
* Arrest and detention where governments are enforcing quarantines, curfews or other pandemic related restrictions
* Terrorism or violence by armed opposition groups, especially where groups seek to take advantage of governments perceived to be weakened by COVID-19
* [List additional country/destination specific risks as applicable]

Local police and emergency services may be limited and unable to properly provide safety and security in [Country name]. Medical and security evacuation options may be limited or even unavailable based on specific risks or restrictions in the destination. Therefore, providing professional services in this environment may render you vulnerable to criminal or other malicious actors and physical harm.

If you have any questions about the inherent risks of your employment or would like to receive additional information about these risks, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ identified in Section III below.

**II. INFORMATION AND GUIDANCE YOU RECEIVED REGARDING THESE RISKS**

Prior to accepting the inherent risks associated with providing professional services [Company Name] provided you with information and guidance in an effort to prepare you for returning to the office/workspace as safely as possible. That included:

**Risk information:**

* Resources for up to date information on the Novel Coronavirus SARS CoV-2 and COVID-19 including the [World Health Organization (WHO)](https://www.who.int/emergencies/diseases/novel-coronavirus-2019),  [US Centers for Disease](https://www.cdc.gov/coronavirus/2019-nCoV/index.html) Control and Prevention (CDC) and [insert state level health department/s]. For international travel, consult [insert name of medical and security assistance provider]. These resources should be reviewed frequently to obtain updated information and guidance.
* Resources for personal safety and security risk information including [insert name of/link for medical and security assistance provider] and [US Department of State Travel Advisories.](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/)
* Guidance on signs and symptoms of COVID-19 and measures to reduce exposure; these will be sent to you electronically, posted in the workplace and updated as needed.
* Review of local government decrees and requirements including wear of face covering, limits on number of people that can gather and other location specific information.

**Mitigation guidance and procedures:**

* Reminder to not come to work if sick and procedures for notifying [Company name] if diagnosed with COVID-19.
* Measures required to enter the workplace including temperature screening, wearing of face covering, dedicated entry and exit doors, one-way corridors and other site-specific information.
* Personal hygiene procedures including frequency of hand washing, cleaning of personal space and devices, avoiding sharing of devices, and other location specific measures.
* Additional travel-related mitigation procedures as applicable.
* Office cleaning and disinfecting procedures and schedule.
* Reconfiguration of office space to maintain physical distancing and reduce contact with frequently touched surfaces; this may include closure of/limits on use of meeting rooms, lunch areas, refrigerators, water coolers and other site-specific details.
* Procedures for responding to someone in the workplace who is displaying symptoms of COVID-19.
* Procedures for seeking medical care and reporting illness or other emergencies 24/7 while traveling.

**Support resources**

* Hand sanitizer, hand washing facilities, disinfectant wipes and other cleaning supplies and materials that will be provided by [company name] on site or for travel.
* Medical resources/facilities available to respond to illness in the workplace [or in the travel destination].
* 24/7 Emergency Medical Assistance Provider information for travel.
* Resources available to you to protect your emotional and mental health.
* Points of contact in case emotional or mental health needs arise.

Along with information and guidance in these specific areas, you were also provided with written materials covering each of these areas. If you have any questions or would like to be provided with additional copies of the written materials, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ identified in Section III below.

**III. LOCATION/OFFICE POINT OF CONTACT**

If you have any questions about the information included in this Advisory or any questions about your employment generally, please contact your office/team point of contact. In [location name], your point of contact is:

[First Name] [Last Name]

Location/Address:

Telephone Number:

Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is available as a resource to you. Feel free to contact him at any time with any questions or concerns.

**IV. ACKNOWLEDGMENT OF RISK**

You agree to read all pages of this Risk Advisory and any supplemental documents, ask questions or share any concerns you have with [Company name] prior to returning to the office/workplace or beginning business travel.

By signing below, you express your understanding of the risks listed above and your intent to willingly and voluntarily assume those risks while working for or traveling on behalf of [Company name].

Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_