EMPLOYEE MONITORING TOOL (COVID-19)

Associate Name: _____ Dept: _____Date: _____ Time: _____

Pre-Checker Name: _____

1. Select place close to entrance for screening. Ideally a separate employee entrance with limited traffic.

2. Ask person to knock on door and screen for symptoms of respiratory illness.

Do you have a:	Yes	No	Comments
Fever (>100.0°F)			
New or worsening cough			
Shortness of breath			
Sore throat			
Chills or shaking w/chills			
Muscle pain			
Headache			
New loss of taste or smell			

If employee answers NO to **ALL** screening questions, the screener should complete a screening ticket for employee to give to shift supervisor. Employee may begin work shift. All employees must wear facemask while in the facility.

I have been screened upon entrance to work

Date_____ Time_____ Afebrile___ Asymptomatic____

Name_____

Screener Name _____

Screener Contact _____

If employee answers YES to any of the screening questions the employee should not work. The employee should self-isolate at home. Contact the supervisor and infection prevention. Infection Prevention should notify the local health department.

If the employee is NOT exhibiting the symptoms listed above, but, is experiencing mild respiratory illness the employee may work if they have been fever-free for 72 hours and their symptoms are improving. While at work, the employee must don a facemask. The facemask must be worn at all times.

READ BELOW to EMPLOYEE:
IF developing ANY NEW symptoms (see list of symptoms above) please do the following:
- **IF at Work**: Immediately STOP direct patient care, perform hand hygiene, put on a surgical mask (mask should already be worn), notify your supervisor or house Supervisor, and wait for instructions.
- **IF at HOME: STAY HOME**, self-isolate and follow the Health Department instructions, and let your manager know you are not coming to work.

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

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Screener Contact _____