

EMPLOYEE MONITORING TOOL (COVID-19)

Associate Name: _____ Dept: _____ Date: _____ Time: _____

Pre-Checker Name: _____

- Select place close to entrance for screening. Ideally a separate employee entrance with limited traffic.
- Staff should be screened before entering the building for temperature and symptoms of COVID19 and respiratory illness (per CDC guidance).

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 or unusual onset). Not related to caffeine, dietary reasons (hunger), or history of migraines, cluster, or tension headaches, or HA typical for the individual).			
New loss of taste or smell			

***Note: Not all individuals present with the same symptoms. The above listed symptoms are per CDC. Clinical judgment should be used to determine whether additional symptoms would warrant the employee to be excluded from work.**

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. Universal masking is required of all staff.

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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