

NWC EMSS – Possible template**COVID-19 Employee Screening tool**

Please screen when reporting to work and every 12 hours during that duty shift

EMS AGENCY: _____

Name of person being screened: _____

Name and credentials of screener: _____

On March 17, 2020, the U.S. Equal Employment Opportunity Commission (EEOC) issued an **update to its guidance** that expressly acknowledges that employers may implement temperature screening measures in response to the current COVID-19 pandemic. The EEOC noted that "[b]ecause the CDC and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions, employers may measure employees' body temperature."

We realize that not all infected persons will have a fever. Implementing temperature screenings may identify some who have a fever (but not necessarily COVID-19) such that an employer may isolate them or send them home from work, but it is not a perfect screening device that will identify all persons who may be contagious with the virus.

Per IDPH guidelines, ALL healthcare workers, regardless of potential/actual exposure, are required to self-monitor by taking their temperature twice daily. Some employers are ensuring compliance with this process by invoking the EEOC guidelines and adding screening before being allowed into the work environment, and if doing a 24 hour shift, at the 12 hour mark.

If your temperature is 100.0 F or greater or you develop any acute symptoms of illness, DO NOT REPORT to WORK!

If you develop symptoms while at work, immediately notify your supervisor.

Date of screening:		
Have you been in contact with someone who is or was sick? Who?	Y	N
Have you had close contact with someone with lab confirmed, or under investigation for, COVID-19 for a prolonged period of time?	Y	N
Are you currently experiencing any of the following S&S? Check all that apply.		<input type="checkbox"/> No to all
<input type="checkbox"/> Fever > 100° F (HCP) (May not be present!)	<input type="checkbox"/> Abnormal vital signs and/or hypoxia by SpO ₂	
<input type="checkbox"/> Cough (new onset or worsening of chronic cough)	<input type="checkbox"/> Severe headache or new onset lightheadedness/confusion/AMS	
<input type="checkbox"/> Shortness of breath (dyspnea; ↑ WOB))	<input type="checkbox"/> Muscle pain/body aches, unusual fatigue or weakness	
<input type="checkbox"/> Chest pain (positional/pleuritic)	<input type="checkbox"/> GI S&S: anorexia, abd. cramping or pain; nausea/vomiting	
<input type="checkbox"/> Abnormal breath sounds/sputum production	<input type="checkbox"/> Diarrhea (≥3 loose/looser than normal stools/24hr period)	
<input type="checkbox"/> Loss of smell or taste (anosmia and ageusia)	<input type="checkbox"/> Conjunctivitis and/or eye pain; abnormal eye movements	
<input type="checkbox"/> Congestion in the nasal sinuses or lungs; sore throat	<input type="checkbox"/> Rashes, skin discoloration; unilateral limb swelling/distal pulse deficits	
When did S&S begin?		

Measured temperatures

Time	Temp:	Time:	Temp:
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Cleared to work	Y	N
If not cleared; directions given to individual: <input type="checkbox"/> Go home immediately and self-isolate <input type="checkbox"/> Other:		