

**NWC EMSS – Possible template**

# COVID-19 Employee Screening tool

Please screen prior to onset and every 12 hours during 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 flu like symptoms, 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
Have you or a close contact traveled outside the US in the last month? If yes, where?	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"/> Abdominal discomfort/pain	<input type="checkbox"/> Fever	<input type="checkbox"/> Severe headache
<input type="checkbox"/> Bruising/bleeding	<input type="checkbox"/> Joint pain	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Chills	<input type="checkbox"/> Muscle pain/myalgia	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Cough (new, not related to known pulmonary condition)	<input type="checkbox"/> Stuffy/runny nose (new, not related to allergies)	<input type="checkbox"/> Weakness
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Rash	<input type="checkbox"/> Vomiting
When did S&S begin?		

## Measured temperatures

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

FYI

Additional information is available in CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

**Close contact is defined as** a) being within approximately 6 feet of a known or suspected COVID-19 case for a prolonged period of time. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case. – *or* –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.