# **Purpose**

1.1 This document provides guidance for ORGANIZATION NAME businesses operating in office workspaces to support a safe, clean environment for employees regarding the current pandemic of COVID-19 in Office Workspaces. The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of OSHA.

1.2 This Worksite-Specific COVID-19 Prevention Plan may be amended as procedures and guidance from the [Center for Disease Control (CDC)](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html) and [OSHA](https://www.osha.gov/Publications/OSHA3990.pdf) are changed.

# **Worksite-Specific Plan Scope**

2.1 Each ORGANIZATION NAME office location shall establish a written, worksite-specific COVID-19 prevention plan and must assign a **Prevention Plan Manager** for each site.

2.2 The Prevention Plan Manager is responsible for ensuring that a comprehensive risk assessment of all work areas is performed for the designated office location.

# **Responsibilities**

3.1 **Prevention Plan Manager**

Has the overall responsibility for the implementation, documentation, maintenance and review of the Prevention Plan at this office location. Additional Prevention Plan Manager Responsibilities include ensuring the following:

1. Train and communicate all employees and employee representatives on all aspects of the site Prevention Plan.
2. Conduct prevention plan evaluations of the office workspace to ensure compliance with the plan, ensure all protocols are in place and being enforced.
3. Ask any employee, subcontractor, or vendor who is observed not following these ORGANIZATION safety measures to leave the site immediately and make proper follow-up notifications.
4. Document and correct any deficiencies identified during prevention plan evaluations or upon notification or observance of any recognized deficiencies
5. Investigate all COVID-19 illness upon notification to determine and identify work-related factors that may have contributed to the infection.
6. Update the plan as needed to mitigate potential exposures following investigation efforts
7. Implement corrective steps when physical distancing is not possible and potentially exposes employees for 15 or more minutes or employees come into contact or close proximity (within 6 feet) of infected employee or persons.
8. Ensure all ORGANIZATION NAME employees, sub-contractors, vendors or anybody else making contact at ENTER THIS PLANS OFFICE NAME OR LOCATION are checked in daily.
9. Designate separate routes for entry and exit into office spaces to help maintain social distancing and lessen the instances of people closely passing each other.
10. Discontinue nonessential and non-critical activities.
11. Discontinue nonessential travel.

3.3 **Managers and Supervisors**

1. Implement the policy with their staff.
2. Collect copy of each employee’s Daily Assessment or Self-Screening log form and forward to the Office of Human Resources or the PLAN MANAGER.
3. Require sick workers/employees – and those displaying flu-like symptoms – to stay home. (“Worker/Employee” means worker or employee for the ORGANIZATION NAME, subcontractors, designers, consultants, etc.)
4. Send employees home immediately who show signs and symptoms of flu-like or acute respiratory illness symptoms (see section 5, Appendix A and D).
5. Ensure hand sanitizer and appropriate protective gloves are made available throughout each site and office, as necessary.
6. Encourage respiratory etiquette, including covering mouth and or nose when coughing and/or sneezing. Cover the mouth and nose with a tissue. If a tissue is not immediately available cough or sneeze into your sleeve, not your hands.
7. Post additional signage throughout office location and work areas to raise awareness.
8. Minimize the number of employees working within a certain area of a **(6 feet of physical distance to be maintained at all times).**
9. Use daily task analysis or job hazard analysis forms to communicate the seriousness of this situation and the protection measures necessary.
10. Ensure employees don’t share tools or work areas; if this take place ensure the tools/areas are disinfected after use.
11. Ensure routine cleaning of frequently touched surfaces including the following: door handles, elevator buttons, all surfaces, equipment, and tool handles.
12. Use shift-work to minimize the number of employees working within certain areas.
13. Stagger break and lunch time to avoid employees from gathering in one location.
14. Meetings to be call-in/video conference as opposed to “in-person” meetings wherever possible; this includes both office and field meetings. Any meeting or training session attended by employees must provide for **physical distancing of 6 feet.**
15. Eliminate gathering of more than 10 people, including: breaks, lunch, and meetings. If call-in/video meeting is not feasible and more than ten employees are involved in a meeting, procedures must be followed to minimize contact.
	1. Seats placed at least 6 feet apart in all directions.
	2. Hand wipes be provided
	3. Each employee will be assigned a place to sit.
	4. Handwashing will be encouraged and sanitizer will be provided.
	5. Gloves will be available.
	6. Masks or faces shields be provided and will be required while inside the building.
16. Rotate work schedules where appropriate and possible. Appropriate schedules could include:
	1. Staggered start and ending times
	2. AM/PM schedule
	3. Alternating days
17. Minimize number of employees at a work location based on the size of the work location. No more than five (5) people per 1000 square feet inside a building.
18. Limit organization vehicle use to one (1) employee and no passengers.
19. Encourage employees not to carpool unless they are members of the same household.
20. Eliminate physical greetings such as a handshake or hug.
21. Encourage personnel to use the stairs, not the elevator unless personal health or disability prohibits the practice.
22. Limit the number of individuals riding in an elevator and ensure the use of face coverings. Post signage regarding these policies.
23. Implement measures to ensure physical distancing of at least six feet between workers and customers. This can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate to where employees should stand).
24. Utilize telework options and modified work schedules where applicable.
25. Offer workers who request modified duties options that minimize their contact with customers and other employees (e.g., managing inventory or managing administrative needs through telework).
26. Redesign office spaces, cubicles, etc. and decrease the capacity for conference and meeting to ensure workspaces allow for six feet between employees.
27. Close or restrict common areas, using barriers, or increasing physical distance between tables/chairs where personnel are likely to congregate and interact, such as kitchenettes and break rooms, and discourage employees from congregating in high traffic areas such as bathrooms, hallways, and stairwells.
28. Establish directional hallways and passageways for foot traffic, if possible, to eliminate employees from passing by one another.
29. Dedicate staff to direct guests to meeting rooms upon entry to office space rather than congregating in lobbies or common areas.
30. Install production transfer-aiding materials, such as shelving and bulletin boards, to reduce person-to-person production hand-offs.

3.4 **Employees**

1. Follow all aspects of this policy.
2. Adhere to all Manager and Supervisor responsibilities for protection guidelines.
3. Submit a daily written and documented wellness check and provide to your manager or supervisor on a daily each day before starting work.

# **Employee Training**

4.1 ORGANIZATION NAME employee training for COVID-19 includes the following topics:

* How to prevent Covid-19 from spreading in the workplace.
* Health conditions that put individuals at a higher risk of contracting and becoming more susceptible to the virus.
* Home self-screening and symptom checks as outlined in the [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).
* Stay at home protocol for employees that are experiencing Covid-19 symptoms which include frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat and/or recent loss of taste or smell.
* Procedures when an employee has come into a family member, friend or acquaintance that has been diagnosed with COVID-19.
* Protocol to seek Medical attention when symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC’s webpage](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).
* Hygiene practices to include frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol or 70% isopropanol when employees cannot get to a sink or handwashing station, per [CDC guidelines](https://www.cdc.gov/handwashing/hand-sanitizer-use.html)).
* **ORGANIZATION NAME physical and social distance policies which require a minimum of 6 feet distancing from any employee or individual. As well as the** importance of adhering to physical distancing practices while on and off work (see Physical Distancing section below).
* Proper use of face coverings, including:
	+ Face coverings do not protect the wearer and are not personal protective equipment (PPE).
	+ Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
	+ Employees should wash or sanitize hands before and after using or adjusting face coverings.
	+ Avoid touching eyes, nose, and mouth.
	+ Face coverings should be washed after each shift.
* Ensure temporary or contract workers at the facility are also properly trained in COVID-19 prevention policies and have necessary PPE. Discuss these responsibilities ahead of time with organizations supplying temporary and/or contract workers.
* Information on employer or government-sponsored leave benefits the employee may be entitled to receive that would make it financially easier to stay at home. See additional information on employee’s sick leave rights under the [Families First Coronavirus Response Act](https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave).

4.2 Updates as required to maintain compliance with the CDC, local health department, OSHA and any other State or Federal agencies.

4.3 Documentation and reporting requirements.

# **Individual Screening Measures**

5.1 All workers will be screened at the beginning of their shift as will vendors, contractors, or other workers entering the establishment. The following control and screening measures are preformed:

* Employees submit a daily written and documented wellness check. This wellness check will be used as a guide to determine if the employee continues to work or will be sent home based on the scenarios below.
* Completed daily assessment form is located within Appendix A. Alternatively, the Self-Screening Log in Appendix D may be utilized.
* The employee will provide a completed self-assessment document to the manager or supervisor. A copy of the Daily Assessment or Self-Screening log form will be forward to the Office of Human Resources or the PREVENTION PLAN MANAGER by the manger or supervisor. ORGANIZATION NAME will maintain these confidential documents for one (1) year.
* ORGANIZATION NAME is implementing two methods of Employee COVID-19 Wellness Check-ins:
	1. **Critical Infrastructure Employees**
		+ Employees entering the following critical infrastructure (attachment A) locations have submitted to a temperature screening before entering the facility. These employees are also to self-evaluate for mild to moderate symptoms related to COVID-19 or other respiratory illness including sore throat, runny nose, fever (CDC states 100.4 Fahrenheit and above is considered a high temperature), chills, not feeling well, sneezing, coughing, gastro-intestinal symptoms such as soft stool and /or stomach cramps. DO NOT ENTER THESE FACILITIES IF YOU HAVE ANY OF THESE SYMPTOMS.

Affected Employees (critical infrastructure employees):

1. LOCATION NAME AND ADDRESS

2. LOCATION NAME AND ADDRESS

3. LOCATION NAME AND ADDRESS

* 1. **All other ORGANIZATION NAME Employees**

All other ORGANIZATION Employees are to perform self-screenings at home prior to the start of each work shift. The self-screening consists of a self-evaluation for mild to moderate symptoms related to COVID-19 or other respiratory illness including sore throat, runny nose, fever (CDC states 100.4 Fahrenheit and above is considered a high temperature), chills, not feeling well, sneezing, coughing, gastro-intestinal symptoms such as soft stool and /or stomach cramps. EMPLOYEES MUST COMMUNICATE WITH THEIR MANAGERS AND STAY HOME IF THEY HAVE ANY OF THESE SYMPTOMS.

**Scenario #1: If an Employee Answers No to all Questions on Health Assessment**

* Any employee who answers No to all daily health assessment questions will be allowed to stay at work as long as the daily answers are No.
* Employee must comply with all aspects of this policy including physical distancing practices which include maintaining at least **6 feet of distance from other persons at all times**

**Scenario #2: If an Employee is Sick or Shows Signs of Illness**

* If an employee calls in sick or indicates they have flu-like symptoms either through the wellness check or orally to their supervisor, they will be required to stay home until they are symptom free and/or see a doctor and to await confirmation of testing or doctor recommendation prior to returning to work.
* Employees who appear to have [symptoms](https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html) (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day will immediately be separated from other employees, students, and visitors and sent home.
* If an employee states that they have COVID-19 or have been in close contact with someone who has COVID-19, they must self-quarantine for at least 14 days and not return to work until they are released by a Health Care Professional.

# **Protection Guidelines**

6.1 The following are minimum standards that will be in place for all the ORGANIZATION NAME employees until further notice.

* **ORGAANIZATION NAME requires a minimum of 6 feet of physical distancing at all times by all employees,** **sub-contractors, vendors or anybody else making contact at this location.**
* **The Prevention Plan Manager, Managers and Supervisors and Employees each have their designated protection guideline responsibilities that they must strictly follow (refer to Section 3 Responsibilities for a detailed list of their respective protection guideline responsibilities).**

# **Personal Hygiene**

7.1 The following are measures all employees shall follow to help prevent the spread of any virus.

* Wash your hands frequently with soap and water for a minimum of 20 seconds. If soap and water are not available, use hand sanitizer (with at least 60% ethanol or 70% isopropanol). At a minimum, employees MUST wash hands at the beginning and end of each shift, after using the toilet, before and after each break.
* Encourage respiratory etiquette, including covering mouth and or nose when coughing and/or sneezing. Cover the mouth and nose with a tissue. If a tissue is not immediately available cough or sneeze into your sleeve, not your hands.
* Avoid touching your eyes, nose, and mouth especially with unwashed hands.
* Encourage employees to not share tools or work areas. If sharing of tools does take place, ensure the tools/areas are disinfected with an appropriate disinfectant after use.
* Use disinfection/cleaning products for common areas or shared tools.
* Ensure you read and follow all instructions and safety precautions when using any disinfectant/cleaning product and have the SDS sheets readily available.
* Stay home if you are sick or feel sick (except to get medical care); be fever free for 24 hours without the use of medication (i.e., Motrin, Advil, Aleve, Dayquil, etc.) before returning to work.
* Face coverings will be based on local health department/CDC guidelines and/or requirements.
* No physical greeting such as a handshake or hug.
* Onsite PPE requirements specific to COVID-19 protection will be based on the individual task requirement and current health department/CDC recommendations/guidelines.

# **Disinfection and Recovery**

8.1 In the event ORGANIZATION NAME has a confirmed case of COVID 19, procedures will be addressed towards identifying any area(s) that have potential contamination. ORGANIZATION NAME may work with industrial cleaning companies and/or Maintenance and Operations, to disinfect the area following CDC guidance.

8.2 Depending on the area(s) that may require disinfection, the specific work may need to be temporarily shut down to allow for the proper cleaning and to disinfect the area(s) of potential contamination.

8.3 Additional disinfection protocols include but are not limited to:

* Performing thorough cleaning on high traffic areas such as break rooms and lunch areas, and areas of ingress and egress including stairways, stairwells, escalators, handrails, and elevator controls. Frequently disinfecting commonly used surfaces including doorknobs, toilets, and handwashing facilities.
* Providing time for workers to implement cleaning practices during their shift.
* Time for regular thorough cleaning and disinfection of office spaces will be provided for employees.
* Employees are to avoid sharing phones, other work supplies, or office equipment wherever possible and must NEVER share PPE.
* Where such items must be shared, disinfect between shifts or uses, whichever is more frequent, including the following: shared office equipment such as copiers, fax machines, printers, telephones, keyboards, staplers, surfaces in reception areas, shared work stations, etc., with a cleaner appropriate for the surface.
* Sanitary facilities will stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.
* Cleaning chemical use will adhere to products approved for use against COVID-19 on the [Environmental Protection Agency (EPA)-approved](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide employees training on manufacturer’s directions and OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves as required by the product instructions.
* Where feasible the ORGANIZATION will install portable high-efficiency air cleaners, improve central air filtration to the MERV-13 or the highest compatible with the filter rack, and seal edges of the filter to limit bypass, and make other modifications to increase the quantity of outside air and ventilation in offices and other spaces.

# **Procedures/Tasks that May Violate the 6 feet Rule for Physical Distancing**

9.1 Due to the nature of some of the work performed by ORGANIZATION NAME staff, there can be times based on the safety of the ORGANIZATION NAME employees and the work task, workers may need to be closer than 6’.

9.2 Any work that makes it necessary for employees to be within the 6’ of separation, a COVID-19 protection the ORGANIZATION NAME (job hazard analysis) shall be conducted and used for this work task.

9.3 Task specific work shall follow the ORGANIZATION NAME COVID-19 protection.

9.4 Any task requiring the ORGANIZATION NAME employees needing to be within 6’ or closer of each other shall be limited in duration as much as possible (preferably no greater than 30 minutes).

9.5 COVID-19 protection shall be reviewed with all the organization employees involved with the specific task and signed off by the employees and Supervisor. The Supervisor will forward copies to the Department of Human Resources. The Supervisor will retain the documentation for one year.

9.6. COVID-19 Job Hazard Analysis is available in Appendix C.

# **Contractors Performing Work at ORGANIZATION NAME Sites/Facilities**

10.1 All contractors who may perform onsite work on organization grounds/buildings shall submit their written COVID-19 protection program to the Risk Manager.

10.2 Contractor programs must meet at the minimum all State, Federal, Local and CDC requirements.

10.3 Contractor employees shall conduct daily health assessments for all of their employees who will be performing work at any ORGANIZATION location.

# **11.** **Forms**

11.1 The following Appendices are a part of this Worksite-Specific COVID-19 Protection Plan:

 Appendix A – Assessment Form – Employee Completed

 Appendix B - Assessment Form – Supervisor Filled

 Appendix C – Job Hazard Analysis

Appendix D –Self-Assessment Log Form - Employee Filled

**Appendix A: COVID-19 Daily Illness/Health Assessment**

*Employees are required to complete this illness/health assessment each and every day prior to beginning work. This assessment is vital to ensure the health and well-being of each employee and the organization.*

1. **Are you experiencing any symptoms such as current or recent fever (100.4° or higher), new or worsening cough, new or worsening shortness of breath or respiratory illness, Sudden lack of taste or smell, Sudden onset of unexplained gastrointestinal illness.**

Yes: [ ]  No: [ ]  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Have you been in close contact with anyone who has been diagnosed with COVID-19?

###### \*\*CLOSE CONTACT is defined as: Being within approximately 6 feet of a 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 having direct contact with infectious secretions of a COVID-19 case (being coughed on).

Yes: [ ]  No: [ ]  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have you been in close contact with anyone who may have COVID-19, but is yet to be confirmed?**

Yes: [ ]  No: [ ]  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you currently in living with – or, in close contact with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?**

Yes: [ ]  No: [ ]  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have you traveled outside of the continental United States within the past 14 days?**

Yes: [ ]  No: [ ]  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I certify all information is true and correct to the best of my knowledge.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Appendix B – Supervisor Completed Assessment Log**

**COVID-19 Daily Illness/Health Assessment**

*Employees are required to complete this illness/health assessment each and every day prior to beginning work. This assessment is vital to ensure the health and well-being of each employee and the organization. Supervisor will complete this form by asking each of their staff the following questions:* ***An employee who answers YES to any question will not be allowed to stay at work and must immediately return home.***

1. **Are you experiencing any symptoms such as fever (100.4° or higher), cough, shortness of breath or respiratory illness?**
2. **Have you been in close contact\*\* with anyone who has been diagnosed with COVID-19?**
3. **Have you been in close contact with anyone who may have COVID-19, but is yet to be confirmed?**
4. **Are you currently in close contact with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?**
5. **Have you traveled outside of the continental United States within the past 14 days?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Employee Name** | **Any Yes Answer/Please List The # Question & Explain** | **Supervisor Initial** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\*CLOSE CONTACT is defined as: Being within approximately 6 feet of a 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 having direct contact with infectious secretions of a COVID-19 case (being coughed on).

**Appendix C: COVID-19 Job Hazard Analysis**

|  |  |  |
| --- | --- | --- |
| **Job/Task** | **Potential Hazard** | **Recommended Actions/Procedures** |
| Normal Job Tasks/DutiesTasks requiring workers to be closer than 6 feet  | Exposure to COVID-19 | * All workers should be trained in COVID-19 safety measures and precautions.
* Workers must review and acknowledge receipt of this JHA.
* Specific tasks to be outlined and limited to scope and duration as much as possible.
* Associated workers will have to successfully complete a daily health assessment.
* Required Personal Protective Equipment (PPE); including, face covering/mask, face shield or mask, protective gloves, and site/task specific PPE, as necessary.
* Task and site-specific PPE shall also be utilized in conjunction with the any COVID-19 specific PPE.
* Workers to be trained for required PPE usage, selection, donning/doffing procedures.
* Disinfect tools, materials and area prior to starting work. Disinfecting solution, access to soap & water, and hand sanitizer will be provided
* Perform tasks safely using task specific procedures.
* Complete tasks and disinfect all tools, materials and area prior to removing PPE.
* Remove PPE, Wash hands, face and other body parts with soap and water for at least 20 seconds. Don clean PPE to disinfect reusable equipment such as face shields. etc.
* Remove and dispose of single use PPE. Reusable gloves, face shields and other PPE should be cleaned, dried and stored for future use.
* Wash hands, face and other body parts with soap and water for at least 20 seconds.
* Use hand sanitizer as necessary.
 |

**Employee will acknowledge receipt of this JHA.**

**Supervisor/trainer will log names of trainees to avoid everybody touching this form and the possibility of cross contamination.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please Print**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature**

**Site/Department: \_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Print Name**

**Appendix D: Self Screening Log**

All employees must conduct a self-screening prior to coming to work each day

Each employee must log/sign that they have conducted the self-screening and are free of symptoms outlined below.

1. **I am not experiencing any symptoms such as current or recent fever (100.4° or higher), new or worsening cough, new or worsening shortness of breath or respiratory illness, Sudden lack of taste or smell, Sudden onset of unexplained gastrointestinal illness**
2. **I have not been in close contact with anyone who has been diagnosed with COVID-19?**

###### \*\*CLOSE CONTACT is defined as: Being within approximately 6 feet of a 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 having direct contact with infectious secretions of a COVID-19 case (being coughed on).

1. **I have not been in close contact with anyone who is experiencing symptoms of COVID-19, but is yet to be confirmed?**
2. **I am not living with – or, in close contact with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?**
3. **I have not traveled outside of the continental United States within the past 14 days?**

**I certify that I have self-screened prior to coming to work:**

|  |  |  |
| --- | --- | --- |
| Date | Printed Name  | Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |