



Internal Response Guide to COVID-19 Screening

Internal Response Guide to COVID-19 Screening Form:

If they answered “No” to all questions in the COVID-19 Screening Form and did not list any additional symptoms in question 4: They have **passed** the screening and are cleared to enter the work area. The screening process must be repeated before every shift or visit. **Please remind them to follow all processes in place to help prevent the spread of illness.**

If they answered “**Yes**” to any of the questions in the COVID-19 Screening Form, please refer to the guidelines below to determine next steps based on their answers to each question:

Response Guidelines - COVID-19 Screening Questions:

1. In the last 3 days, have you experienced any of the symptoms listed below?
If yes: **If they answered “Yes” to any of the symptoms listed in this question, they cannot return to work until they are symptom free for at least 3 days without the use of symptom reducing medications. The symptoms listed in this question were:**
 - **Fever of 100 F or above**
 - **Atypical Cough (new to you or not related to seasonal allergies)**
 - **Atypical Shortness of Breath and/or Difficulty Breathing (new to you)**
 - **Chills**
 - **Unexplained Muscle Pain**
 - **Sore Throat**
 - **New loss of Taste or Smell**
2. In the last 14 days, have you had direct close contact (within 6 feet for a prolonged period of time) with someone who has a current positive test for COVID-19 or with someone who is currently experiencing symptoms of COVID? **If they answered “Yes”, they cannot work for at least 14 days from the date they had the direct close contact or until the person they were in close contact with has received a negative COVID-19 test result. They can return to work once the person they were exposed to receives a negative test or if 14 days have passed since their direct close contact and the employee has not experienced any symptoms of COVID-19.**
3. In the last 24 hours, have you experienced any symptoms of illness that are not specifically listed in question 2? **If they answered “Yes” and they list any flu-like or respiratory illness symptoms not listed in question 2, they cannot return to work until they have been symptom free for 24 hours without the use of symptom reducing medication. Some examples would be atypical headache, fatigue, diarrhea, nausea or vomiting.**
4. If the daily temperature reading is 100 F or higher: **Retake to ensure proper reading, if reading remains 100 or higher, they cannot work until they have been fever-free for at least 3 days without the use of fever reducing medication.**

Reminder: If someone is absent for 3 or more consecutive workdays, they must provide a release from a health care provider before returning to work. A paper copy can be provided prior to their return or an electronic version can be sent to Human Resources.