EMPLOYEE MONITORING TOOL (COVID-19)

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

Pre-Checker Name: _____

1. Select place close to entrance for screening. Ideally a separate employee entrance with limited traffic.

2. Ask person to knock on door and screen for symptoms of respiratory illness.

Do you have a:	Yes	No	Comments
Fever			
New or worsening cough			
Shortness of breath			
Sore throat			

If employee answers NO to <u>ALL</u> screening questions, the screener should complete a screening ticket for employee to give to shift supervisor. Employee may begin work shift.

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 does NOT have a fever, new or worsening cough, shortness of breath, or a sore throat, 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 except when the employee is at the nurses' station.

READ BELOW to EMPLOYEE:
IF developing ANY NEW symptoms (cough, shortness of breath, fever) please do the following:

- **IF at Work**: Immediately STOP direct patient care, perform hand hygiene, put on a surgical mask, 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 _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____

I have been screened upon entrance to work

Date_____ Time_____ Afebrile____ Asymptomatic_____

Name_____

Screener Name _____

Screener Contact _____