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.

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| --- | --- | --- | --- |
| **Do you have a:** | **Yes** | **No** | **Comments** |
| Fever |  |  |  |
| New or worsening cough |  |  |  |
| Shortness of breath |  |  |  |
| Sore throat |  |  |  |
| Chills |  |  |  |
| Muscle Pain |  |  |  |
| New loss of taste or smell |  |  |  |

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



**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.
* I**F at HOME: STAY HOME**, self-isolate and follow the Health Department instructions, and let your manager know you are not coming to work.

 

 

 

 

 

 