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## **Screening for Healthcare Workers Prior to Entry into Hospitals/Clinics (Effective March 29, 2021)**

Our priority is to protect our healthcare workforce members (HCWs) to the greatest extent possible. HCWs include all employees, staff, physicians, volunteers, students, and contract healthcare personnel working in the Hospitals and Clinics. For visitors (including vendors) and patients, please see the Visitor and Patient Screening Guidelines.

HCW self-monitoring and reporting of COVID-19 symptoms are key measures to decrease the spread of COVID-19. The following screening and symptom monitoring is required for all HCWs:

1. Prior to work, all HCWs must assess themselves for fever, cough, or other influenza like or COVID-19 symptoms and review the questions outlined in the Healthcare Worker Screening Questions, Attachment A.
2. Do not come to work if your answer is yes to any of these Screening Questions. Follow the usual sick call reporting process and notify Employee Health immediately (or next business day if outside of business hours) if the answer is yes to any of the Screening Questions. Follow instructions from your manager and Employee Health.
3. If your answer is no to **all** of the Screening Questions, you may come to work. You may also be required to review and answer the Screening Questions at other times during your work day.
4. **DO NOT** attempt to hide your fever or other COVID-19 symptoms (e.g. take medication to lower an elevated temperature, take cough medication to suppress a cough) so you can come to work.
5. If your assigned work shift is  $\geq 10$  hours, you are required to self-assess mid-way through your shift. If you answer yes to any of the Screening Questions, you must report to your manager and Employee Health immediately (or next business day if outside of business hours) and leave the workplace upon notifying your manager.
6. Regardless of the above, you are required **at all times** to be aware of the Screening Questions and self-report any yes answer immediately to your manager and Employee Health. Leave work immediately upon notifying your supervisor if you develop symptoms or a “yes” answer to the Screening Questions at any time during your shift.
7. Compliance with current masking and PPE guidelines is required at all times. Required masks consistent with the masking policy must be worn when you enter the facility to report to work. Surgical masks will be on available at your work location if you need a new one. If you need to obtain a new surgical mask, apply hand gel immediately prior to obtaining a new mask from the available box. **DO NOT** take a surgical mask without applying hand gel first.

Attachment A: COVID-19 Healthcare Worker Screening Questions

Attachment B: COVID-19 Symptoms Infographics

## ATTACHMENT A

### COVID-19 Healthcare Worker Screening Questions

**1. Have you had any of these symptoms in the last three days?**

Fever ( $\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$ )

Chills

Cough

Sore throat (new or unexplained)

Shortness of breath or difficulty breathing

Fatigue (new or unexplained)

Muscle or body aches (new or unexplained)

Headache (new or unexplained)

Loss of taste or smell

Nausea, vomiting, or diarrhea (new or unexplained)

**2. In the past 14 days, have you had a positive COVID-19 test?**

**3. In the past 14 days, have you had a close contact (within 6 feet for at least 15 minutes) with a household member with COVID-19?**

**\*If answer is yes to any question, the HCW must leave facility and contact Manager and Employee Health.**

# ATTACHMENT B

## COVID-19 Symptoms infographics



**Have you experienced these symptoms within the last three days?**



**Fever or Chills**



**Cough**



**Shortness of Breath or Difficulty Breathing**



**Sore Throat**  
\*New or Unexplained



**Fatigue**  
\*New or Unexplained



**Muscle or Body Aches**  
\*New or Unexplained



**Headache**  
\*New or Unexplained



**Loss of Taste or Smell**



**Nausea, Diarrhea, or Vomiting**  
\*New or Unexplained

**DO NOT ENTER  
IF YOU HAVE ANY OF THE ABOVE SYMPTOMS**

**SEEK MEDICAL CARE AND TESTING**

