



NEW YORK STATE COVID-19 RETURN TO WORK GUIDANCE

DAILY HEALTH SCREENING TEMPLATE

Background: Interim Guidance was issued on May 15, 2020 to all state agencies and authorities to provide protocols and policies to implement before state agencies and authorities resume any non-essential, in-person activities and require state employees whose service is currently considered non-essential, or not otherwise required to support the COVID-19 response, to report in-person to work. Pursuant to this guidance, state agencies and authorities must implement mandatory daily health screening practices for its employees.

Daily Staff Screening Program: All staff entering a state owned or leased premise must be screened prior to, or within the first hour of, the start of each shift, and every 12 hours thereafter while on duty. Screening may be performed remotely (e.g. health check is performed at home and checked remotely by the screener by telephone or electronic survey) before staff report to office location, or may be performed on site. Screenings will be completed quickly and with a no-touch thermometer.

Screeners: State agencies and authorities are required to designate employees to conduct the screenings. The screeners must be a supervisory-level employee or a health care professional. Staff designated to conduct the screenings will collect basic information from all employees on a daily basis (see: screening template on the following page).

Records: Screeners are required to maintain a record of all staff who are screened, as well as if the screening was passed or if the employee was instructed to return home. Health information (e.g. temperature) must not be collected by screeners. All screening records must be secured in a locked office or drawer when not directly in use.

Protocol to safely check an individual's temperature:

- Perform hand hygiene, then put on a face mask and a single pair of disposable gloves.
- Gloves do not have to be changed between people unless ripped or soiled.
- Check individual's temperature.
- Remove and discard PPE once all temperatures are taken.
- Perform hand hygiene at the end of shift.

BACKGROUND INFORMATION

Agency:	Date:	Time:
Completed by (name of screener):	Name of individual being screened:	

TEMPERATURE

<i>Use your no-touch thermometer to take employees' temperature. Is their temperature greater than or equal to 100.0 degrees Fahrenheit?</i> NOTE: Screeners are prohibited from recording employee health data (e.g. temperatures).	YES	NO
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CONTACTS

<i>Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?</i>	YES	NO
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SYMPTOMS

<i>Are you currently experiencing ANY of the following symptoms?</i>		
Cough (new or worsening)	YES	NO
Shortness of Breath (new or worsening)		
Troubled Breathing (new or worsening)		
Fever		
Chills		
Muscle Pain (new or worsening)		
Headache (new or worsening)		
Sore Throat (new or worsening)		
New Loss of Taste		
New Loss of Smell		

POSITIVE TEST RESULT

<i>Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?</i>	YES	NO
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RESULTS

<i>Employee answers "NO" to all questions.</i>	<i>Employee answers "YES" to any question.</i>
Passed	Employee instructed to return home

If "Passed" answer Restricted State Travel Questions

Restricted State Travel

Have you traveled from a state with significant community spread of COVID-19 (restricted state) for longer than 24 hours within the past 14 days?

YES

NO

If employee "Passed" answer to the "Restricted State Travel" question is "No" then allow access.

If employee "Passed" answer to the "Restricted State Travel" question is "Yes" then proceed to the follow up question below.

Restricted State Travel Follow UP

**Only Answer if you Answered "Yes" to the question above -
Restricted State Travel**

Since returning to NY State, as an essential worker, have you received a negative Diagnostic test AND have you been cleared to work under strict safety precautions for the remainder of the 14 days?

YES

NO

If the answer is "NO" then deny access.