



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

Use your no-touch thermometer to take employee's temperature. Is their temperature greater than or equal to 100.0 degrees Fahrenheit?

YES

NO

NOTE: Screeners are prohibited from recording employee health data (e.g. temperatures).

CONTACTS

Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?

YES

NO

SYMPTOMS

Are you currently experiencing ANY of the following symptoms?

Cough (new or worsening)

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

YES

NO

RESULTS

Employee answers "NO" to all questions.

Employee answers "YES" to any question.

Passed

Employee instructed to return home