



## Charles County Department of Human Resources

### COVID-19 Employee Health & Travel Screening Procedures

#### Introduction

In an effort to ensure we take every precaution to slow the spread of COVID-19, Charles County Government is adopting a program to conduct COVID-19 health & travel screening for all employees reporting to Charles County Government work sites. This procedure will also include steps to make notifications for possible COVID exposures.

Effective June 1, 2020, all employees reporting to work will be required to answer screening questions regarding COVID symptoms, travel, and exposure to known COVID positive patients. Employees will be required to take their own body temperature and will be expected to leave the workplace should that temperature be above 100.4 degrees or if they answered yes to any of the screening questions. The employee should call their supervisor upon leaving the workplace, but before they begin traveling home.

Supervisors that have been notified by an employee that they answered yes to any of the screening questions should call one of the listed County Contact Tracers (see below). The County has designated a number of contact tracers to complete the COVID-19 Symptomatic Employee Risk & Travel Screening Form. Upon completion of the Screening Form, the contact tracer will notify the employee's Dept Director and the COVID Notifications Team Email group of the work related outcome of screening.

#### Screening Station Types, Setup, & Process

Departments must setup a screening station upon entry to the workplace (inside buildings or other outdoor locations). The location of these stations are at the discretion of the Department Director. With the Information Technology (IT) Division's assistance, there are several ways to set up a screening station. Directors may select which options will work for their staff.

Paper binder screening station:

- Three ring binder with multiple copies of the COVID-19 Health Screening Questionnaire, the binder must be externally marked as CONFIDENTIAL,
- Print the [Families First Coronavirus Response Act \(FFCRA\)](#), [Employee Rights Poster](#) and place it at the station,
- Touchless infrared thermometer,
- Print the [Charles County Government instructions for thermometer](#) and place it with the thermometer,
- Pen,
- Hand Sanitizer (labeled USE THIS FIRST); and
- Disinfectant wipes (labeled TAKE ONE AND DISINFECT YOUR WORK STATION).

Kiosk screening station:

- Print the [Families First Coronavirus Response Act \(FFCRA\)](#), [Employee Rights Poster](#) and place it at the station,
- Touchless infrared thermometer,
- Print the [Charles County Government instructions for thermometer](#) and place it with the thermometer,
- Hand Sanitizer (labeled USE THIS FIRST),

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- Disinfectant wipes (labeled TAKE ONE AND DISINFECT YOUR WORK STATION); and
- IT will provide a computer for employees to answer screening questions.

Thermometer station:

- Print the [Families First Coronavirus Response Act \(FFCRA\), Employee Rights Poster](#) and place it at the station,
- Touchless infrared thermometer,
- Print the [Charles County Government instructions for thermometer](#) and place it with the thermometer,
- Hand Sanitizer (labeled USE THIS FIRST),
- Disinfectant wipes (labeled TAKE ONE AND DISINFECT YOUR WORK STATION);and
- Employees will use the thermometer at the entrance, if below 100.4 the employee may proceed to their workstation and answer the screening questions through an IT interface that is available for their desktop, laptop, or mobile device to answer the other screening questions at <http://www.charlescounty.org/apps/covidscreen>

Each employee will use the hand sanitizer before touching the thermometer, pen or keyboard. The employee will be required to use the touchless forehead/ temporal artery thermometer upon entering the County facility according to the posted instructions. The employee will take their temperature and provide answer the COVID screening questions on the *COVID –19 Health Screening Questionnaire Form* (attached) as they enter the workplace, on the kiosk computer, or at their desk depending on the station type.

All records will be maintained as a private medical record and the binder will be marked as confidential. Time spent waiting for the health screening should be recorded as time worked for nonexempt employees.

To get necessary supplies for the Screening Station, please complete the [Inventory Supply Request Form](#).

### **Additional screening requirements**

If an employee has a fever at or above 100.4 degrees Fahrenheit or answers yes to any of the screening questions the employee will be directed to leave the workplace and call their supervisor. Supervisors will notify one of the County's contact tracers should this occur. The list of County Contact Tracers is attached. Supervisors will call any of the Contact Tracers to do the second level screening. The contact tracers will by phone screen the employee with the *COVID-19 Symptomatic Employee Risk & Travel Screening Form* (attached). Based upon the answers on this form, the employee will be placed into a risk level with specific recommendations for care. Upon completion of the form the Contact Tracer will send an email including the work related outcome to the employee's Supervisor, Director and the COVID Notifications Email Group.

### **Post exposure return to work guidelines**

An employee sent home can return to work when:

- He or she has had no fever for at least three (3) days without taking medication to reduce fever during that time; AND
- Any respiratory symptoms (cough and shortness of breath) have improved for at least three (3) days; AND
- At least ten (10) days have passed since the symptoms began.

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An employee may return to work earlier if a doctor confirms the cause of an employee's fever or other symptoms is not COVID-19 and releases the employee to return to work in writing. Prior to re-entering the work place, an employee must complete the *Employee Self Attestation Form* (attached).

**An employee who experiences fever and/or respiratory symptoms while home should not report to work.** The employee should contact his or her immediate supervisor for further direction. If an employee calls a supervisor reporting any COVID symptoms, the Supervisor should call a Contact Tracer who will screen the employee over the phone with the *COVID-19 Symptomatic Employee Risk Form*. Based upon the answers on this form, the employee will be placed into a risk level with specific recommendations for care. Upon completion of the form the Contact Tracer will send an email including the work related outcome to the employees Director and the COVID Notifications Email Group.

### **Exposure Risk Assessment and Employee Recommendations**

*ADA/FMLA Considerations for Employees:*

Under the ADA, an employer cannot make medical inquiries of employees unless the inquiry is *voluntary or job-related and consistent with business necessity*. If an employer does make such inquiries, the employer must follow the ADA guidelines pertaining to medical records.

*ADA Guidelines Pertaining to Employee Medical Records:*

- Require confidential maintenance of medical information, which should be kept separate and apart from the employee's personnel file,
- Limit the distribution of such information to individuals with a legitimate need to know.

If an employee poses a direct threat to the health or safety of themselves or others, then an employer can require the employee to disclose health information. An employer will likely be permitted to require an employee to undergo medical testing if the employer reasonably believes, based on an individualized assessment, that an employee may have been exposed to Coronavirus, and demonstrates symptoms of Coronavirus. If an employer has a reasonable belief that the employee has been exposed to, or has contracted coronavirus, then the employer may send that person home to protect the rest of the workforce.



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COVID – 19 Health Screening Questionnaire

In order to maintain a safe and healthy work environment for all employees, mandatory health screening will occur when you report to work. Access to the workplace should be limited to one point of entry and exit, if possible. In addition to the screening sheet and thermometer, you must keep a container of wipes and hand sanitizer at the point of entry.

Employees may complete the Health Screening IT App that is available at <http://www.charlescounty.org/apps/covidscreen>

IF YOU ANSWER YES TO ANY OF THE BELOW QUESTIONS PLEASE LEAVE THE WORKPLACE AND CALL YOUR SUPERVISOR IMMEDIATELY.

Table with 9 columns: Date, Employee I.D., Do you have a fever, sore throat, cough, shortness of breath?, In the past 14 days have you traveled on a cruise, out of the country, or outside of DC,MD,VA?, In the past 14 days have you been exposed to a COVID positive patient?, Is your Temperature greater than or equal to 100.4 degrees?, Time In:, Is your Temperature greater than or equal to 100.4 degrees?, Time Out:

UPON COMPLETION OF THE QUESTIONNAIRE, IF YOUR ANSWERS ARE NO to all questions then, PLEASE TAKE A DISINFECTANT WIPE WITH YOU TO YOUR WORKSTATION.

WIPE DOWN YOUR WORK AREA AND ALL HIGH TOUCH LOCATIONS WITHIN YOUR AREA.

WHEN CHECKING OUT AT THE END OF THE DAY PLEASE USE A DISINFECTANT WIPE TO CLEAN YOUR WORK AREA & HIGH TOUCH AREAS AGAIN.



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Charles County Government

COVID-19 Symptomatic Employee Risk & Travel Screening Form

County contact tracers will be responsible for completing this form.

All information contained in this form will be treated as confidential medical information and must be kept in accordance with the New Normal Technology Needs Consideration pg 5 Guidelines for the Safe Handling of Personally Identifiable Information(PII).

Form with fields: Name of Employee/Name of Individual Seeking Access, Personal Phone Number (Mobile/Home), Employee Department or Visitor Company/Organization, Name of Person or Department Visiting, Facility Name.

The illness exposure risk determination is based on a numerical determination of common signs and symptoms of respiratory illness.

Travel Screening

Based upon CDC Travel Health Notices for Level 3 Warning Areas ask the employee:

Have you been on a cruise in the past fourteen (14) days? Yes / no

Have you traveled internationally in the past fourteen (14) days? Yes / no

Have you traveled to a state that has greater than 10% COVID positivity rate within the past fourteen (14) days (CDC COVID Data Tracker for official COVID positivity rates)? Yes / No

If the person answers yes to any of the travel questions the person may:

- a. Elect to get tested, quarantines at home until results come in. Tests must be completed at one of the following testing sites: https://coronavirus.maryland.gov/pages/symptoms-testing
1. If test results are negative, the employee may return to work with no restrictions.
2. If the test results are positive, the employee may not return to work for 10 days past the positive test in addition:
i. If they have COVID-19 and are symptomatic, they can return when 10 days has passed since symptom onset and 72 hours fever free and without fever-reducing meds and other symptoms have improved
ii. If they have COVID-19 and are very sick, they can return when 20 days have passed since symptom onset

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- iii. If they have COVID-19 and are asymptomatic, they can return 10 days after their first positive test
- 3. If they elect to not be tested they would need to quarantine for 14 days.

**Health Screening**

Please circle the value in the middle column for each sign and symptom the employee has. Provide any additional information or comments if any.

Illness Sign/Symptom	Value	Comments
Fever ( $\geq 100.4$ degree) and or Chills	6	
Difficulty breathing / shortness of breath	6	
Cough (persistent)	5	
Congestion	2	
Body Aches	1	
Sudden recent loss of smell/taste	1	
Stress that is interfering with daily activities	1	
Sore throat	1	
Headache	1	
Shaking chills	1	
Exposure Risk Score (Total Sum of All Circled Values)		Enter "0" if there are no values circled

Exposure Risk Score	Recommendation
High Risk (15-20)	<p>Employee should:</p> <ul style="list-style-type: none"> <li>• not report to work</li> <li>• be sent home</li> <li>• call their physician</li> <li>• monitor their temperature</li> <li>• avoid contact with others</li> <li>• stay home</li> <li>• not go out until cleared by a physician</li> </ul> <p>Contact tracer should email the employee's Director and the COVID Notifications Team</p>
Medium (6-14)	<p>Employee should:</p> <ul style="list-style-type: none"> <li>• not report to work</li> <li>• be sent home</li> <li>• call their physician</li> <li>• monitor their temperature</li> <li>• avoid contact with others</li> <li>• stay home</li> <li>• not go out until cleared by a physician</li> </ul> <p>Contact tracer should email the employee's Director and the COVID Notifications Team</p>
Low (1-5)	<p>If any answers to these questions are checked, consider sending employee home.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have <b>not</b> been vaccinated for the flu</li> <li><input type="checkbox"/> I started getting sick in the last week</li> <li><input type="checkbox"/> I have been in close contact with someone with flu-like symptoms</li> <li><input type="checkbox"/> I am designated as essential personnel</li> </ul>

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	Employee should self-monitor for illness and stay away from others. Contact tracer should email the employee's Director and the COVID Notifications Team
No Risk (0)	Employee/Visitor may enter and report to the worksite or destination

**Employee Self Attestation**

*County contact tracers will be responsible for completing this form with the employee.*

All information contained in this form will be treated as confidential medical information.

I, \_\_\_\_\_, attest to the following:

I have had no fever for at least three days (72 hours) without taking medication to reduce fever during that time.

Date of last fever of 100.4 degrees or higher: \_\_\_\_\_

My respiratory symptoms (cough and shortness of breath) have improved for at least three days.

Date respiratory symptoms began improving: \_\_\_\_\_  
(write N/A if no symptoms present)

Date fever and/or respiratory symptoms began: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date returned to work: \_\_\_\_\_

Received (contact tracer) by: \_\_\_\_\_

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## Charles County Certified Contact Tracers

Department	Contact Tracer	Phone Number	Email Address
Central Services	David Hill	301-752-3676	hilld@charlescountymd.gov
	John McConnell	301-885-1310	mconnej@charlescountymd.gov
	Marvin Anderson	301-645-0687	andersom@charlescountymd.gov
	Rebecca Quade	301-645-0564	quader@charlescountymd.gov
Emergency Services	Robbie Jones (for DES only)	301-885-1315	jonesrob@charlescountymd.gov
	Lori Cherry (for DES only)	240-776-6662	cherryl@charlescountymd.gov
Human Resources	Kristin Baucom	301-645-0587	baucomk@charlescountymd.gov
	Sierra Haynes	301-638-2405	hayness@charlescountymd.gov
	Kathleen Quimby	301-645-0585	quimbyk@charlescountymd.gov