

- 1. All employees to check in at screening station (this is mandatory).
- 2. When employee enters building, spray hands with sanitizer or direct employee to wash their hands for at least 20 seconds.
- 3. Take employee temperature carefully point at forehead and view temp. If over 38 degrees celsius (37-37.6 is normal temp range), send the person home. Do not allow person to begin work. Notify HR. Write temperature on the screening checklist.
- 4. Ask screening questions from Staff Screening Checklist, if any answers to questions 1-2 are **YES**, or #3 is **NO**, send the person home. Do not allow person to enter building. Notify HR. Have person sign and date the back of the screening checklist, keep in a file.
- 5. Communicate where additional supplies are located and encourage employees to use (masks, gloves, etc).

We want to take every precaution possible to keep our people safe and healthy!



sinks and cell phones.



This checklist provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

WHAT TO DO —			
☐ Review and implement an active screening plan	including:		
 Location and staffing of the screening table Signage to support the active screening process Rules to allow or prohibit entry Script for screening 	 Alcohol-based hand sanitizer at the screening table Handout explaining the changes Develop sick policies, like work from home options 		
SCREENING QUESTIONS —			
☐ Greet everyone entering the building with a friend	dly, calm, and reassuring manner.		
"Good morning/afternoon! As you know, COVID-19 contin potential risks of COVID-19 to ensure the health and safe	nues to evolve quickly. We are screening all employees for ty of everyone."		
1. Do you have any of the following symptoms: fever/feverish, chills, dry cough, difficulty breathing,	3. Are you following the Auto-Wares COVID-19 Safety Protocols and Policies?		
or digestive symptoms such as diarrhea, vomiting, and abdominal pain?	☐ Yes ☐ No		
☐ Yes ☐ No	4. Are you fully vaccinated against COVID-19?		
2. Have you had close contact with a confirmed/probable COVID-19 case?	Fully vaccinated individual means an individual has received both doses of a two- dose COVID-19 vaccine or one dose of a single-dose vaccine and at least 14 days have passed since the individual's final dose of COVID-19 vaccine.		
☐ Yes ☐ No	Yes No		
HOW TO RESPOND —			
If the individual answers NO to questions 1-2, and YES begin working.	S to question 3, they have passed the screening and can		
☐ If the individual answers YES to screening questions failed the screening. Keep the employee away from of	1-2, and/or NO to question 3, or refuses to answer, they thers and contact a supervisor for assistance.		
☐ Hand the employee the respective letter based on ans	swering yes or no to question 4.		
MESSAGES YOU CAN USE TO PREVENT SPRE	AD OF VIRUSES AND STAY HEALTHY ————		
☐ Practice these healthy habits to prevent the spre	ead of viruses:		
 at least 60% alcohol. Avoid touching your eyes, nose, and mouth with unwast Cover your nose and mouth with a tissue when you commediately throw away used tissues in the trash, the 	ough or sneeze, or cough/sneeze in your upper sleeve.		

Avoid touching common surfaces in public places - elevator buttons, door handles, handrails, etc. Use elbows or

Make sure others in your household, or anyone you are regularly in close contact with, follow these precautions.

knuckles to push buttons when you do not have a tissue or sleeve to cover your hand or finger.



Date	Employee ID	Question 1 Y/N	Question 2 Y/N	Question 3 Y/N	Question 4 Y/N	Temperature	Enter Y/N