

COVID-19 WORKPLACE READINESS
&
PROTECTION PROTOCOL

SELF-SCREENING ASSESSMENT POLICY

County of Alameda

Effective: July 27, 2020

POLICY

The County of Alameda (“County”) is committed to protecting the health and welfare of our employees and the communities we serve, especially given the impact of the COVID-19 public health emergency. To ensure that employees are healthy and safe to return to the workplace, all employees are required to complete a health self-screening assessment at the start of their work shift upon arrival to their workplace.

EMPLOYEE RESPONSIBILITIES

1. Employees shall complete the self-screening assessment at the start of their work shift upon arrival to their workplace every day that the employee is scheduled to work by either:
 - a. Completing the online self-screening assessment by going to the County’s employee webpage (accessed through [Alameda County Employees – Stay Connected and Informed - COVID-19 Updates for County Staff webpage](#) under “*Employee Readiness & Protection*” and, also accessed directly [here](#) (Attachment 1), **OR**
 - b. Completing the County’s paper self-screening assessment form (Attachment 2) and submitting the form immediately upon completion to their immediate supervisor, including for field staff. The employee may request and maintain a small supply of the paper self-screening assessment forms for their use and obtain additional forms from their Agency/Department Human Resources (“HR”) Contact, as needed. The paper form is for use by employees who do not have access to complete the screening online.
2. **If “No” Answer:** If the employee answers “No” to all the questions on the self-screening assessment, the employee stays at work.
 - If any answers to the self-screening assessment change while the employee is at work, the employee must immediately notify their immediate supervisor by phone, email, or personally, making sure they adhere to safe social distancing (6 feet away), leave the workplace and seek assistance from their healthcare provider.
3. **If “Yes” Answer:** If the employee answers “Yes” to any one (1) of the questions, the employee must leave immediately and notify their immediate supervisor or follow the Agency/Department’s normal call- in/out procedures for leaving or not reporting to work and seek assistance from their healthcare provider.
4. If you realize prior to reporting to work that you will answer “Yes” to **any one (1)** of the self-screening assessment questions, do not report to work and follow your Agency/Department’s normal call-in/out procedures for not reporting to work, and seek assistance from your healthcare provider.

5. **24-Hour Facilities:** Employees who work in 24-hour County facilities that provide temperature and/or symptom screenings will be required to take the temperature and/or symptom screening when they arrive (upon entry) at these facilities.
6. Contact your immediate supervisor and/or Agency/Department HR Contact for guidance on your responsibilities and/or your self-screening assessment.

SUPERVISOR/MANAGER RESPONSIBILITIES

1. Promote and ensure employee compliance with the health self-screening assessment.
2. Be readily available to respond to any questions employees may have related to the self-screening assessment tool(s), and/or refer the employee to the appropriate individual(s) (i.e. Agency/Department HR Contact, Employee Benefits Center, Disability Case Manager, etc.) for assistance.
3. On an as-needed basis, request a report from the Agency/Department HR Contact for employees who complete the online self-screening assessment to ensure employee compliance with the self-screening assessment.
4. Distribute the paper self-screening assessment forms to employees as needed and collect completed forms to be given to the appropriate HR contact.
5. Notify Agency/Department HR Contact if any employee leaves work due to answering “Yes” to any one (1) of the questions on the health self-screening assessment and/or obtain guidance related to employee non-compliance.

AGENCY/DEPARTMENT HUMAN RESOURCES CONTACT RESPONSIBILITIES

1. Issue, on an as-needed basis, courtesy reminders to supervisors/managers to monitor completion of the health self-screening assessment of assigned staff; encourage supervisors/managers to communicate to staff via staff meetings or general emails.
2. Provide periodic reports of employees who completed the online self-screening assessment to supervisors/managers of designated unit/division, on an as-needed basis.
3. Consult and provide guidance to supervisors/managers with employees who answers “Yes” to any one (1) of the questions on the health self-screening assessment and/or related to employee non-compliance.
4. File and maintain the completed paper self-screening assessment forms in a confidential “Medical” file, keep said documents for six (6) months, and shred thereafter.



COVID-19 SELF-SCREENING ASSESSMENT

You must answer the following questions at the start of your work shift upon arrival to the workplace every day you are scheduled to work. If any answers change while you are at work, immediately notify your immediate supervisor by phone, e-mail, or personally making sure to adhere to safe social distancing (6 feet away) and leave the workplace.

version: rev72120

* Required


1. Date of self-assessment *

2. Name *

3. County Email *

4. Department *



* Required

PART 1: ANSWER THESE QUESTIONS

You must answer the following questions at the start of your work shift upon arrival to the workplace every day you are scheduled to work. If any answers change while you are at work, immediately notify your immediate supervisor by phone, e-mail, or personally making sure to adhere to safe social distancing (6 feet away) and leave the workplace.

5. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus? *

- Yes (LEAVE WORK IMMEDIATELY, notify your immediate supervisor and contact your healthcare provider)
- No (stay at work)

6. Do you live in the same household with, or have you had close contact* in the past 14 days with someone who has been in isolation for COVID-19 or had a test confirming they have the virus?

* Close contact - is defined as living in the same house, being an intimate partner, being a caregiver, or being within 6 feet of an individual for longer than 15 minutes who has COVID-19. *

- Yes (LEAVE WORK IMMEDIATELY, notify your immediate supervisor and contact your healthcare provider)
- No (stay at work)

7. Have you had any one or more of these symptoms today or within the past 24 hours, which is NEW OR NOT EXPLAINED by a reason other than possibly having COVID-19?

- Fever, Chills, or Repeated Shaking/Shivering
- Cough
- Sore Throat
- Sudden Loss of Taste or Smell
- Feeling Unusually Weak or Fatigued
- Shortness of Breath, Difficulty Breathing
- Muscle pain
- Headache
- Runny or congested nose
- Diarrhea
- Nausea and vomiting *

- Yes (LEAVE WORK IMMEDIATELY, notify your immediate supervisor and contact your healthcare provider)
- No (stay at work)

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COVID-19 SELF-SCREENING ASSESSMENT

PART 2: NEXT STEPS

- Do not return to work if you answered "Yes" to Questions 5 & 6 until you meet the Criteria for Release from Home Isolation and/or Quarantine and Return to Work available on the following link: <http://www.acphd.org/media/568880/acphd-covid-19-release-from-iso-or-quar-and-return-to-work-criteria-english.pdf>. Contact your Agency/Department Human Resources contact for guidance on your return to work.
- Do not return to work if you answered "Yes" to Question 7. You may have COVID-19 and should contact your health care provider for further guidance. Contact your Agency/Department Human Resources contact for guidance on your return to work.

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COVID-19 SELF-SCREENING ASSESSMENT



Thanks!

Your response was submitted.

[Submit another response](#)

SELF-SCREENING ASSESSMENT

Employee Name:	Date of Self-Assessment:
County Email:	Department:

PART 1: ANSWER THESE QUESTIONS

You must answer the following questions at the start of your work shift upon arrival to the workplace every day you are scheduled to work. If any answers change while you are at work, immediately notify your immediate supervisor by phone, e-mail, or personally making sure to adhere to safe social distancing (6 feet away) and leave the workplace.

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?

Yes (**leave work immediately**, notify your immediate supervisor and contact your healthcare provider) No (stay at work)

2. Do you live in the same household with, or have you had close contact* in the past 14 days with someone who has been in isolation for COVID-19 or had a test confirming they have the virus?

*Close contact - is defined as living in the same house, being an intimate partner, being a caregiver, or being within 6 feet of an individual for longer than 15 minutes who has COVID-19.

Yes (**leave work immediately**, notify your immediate supervisor and contact your healthcare provider) No (stay at work)

3. Have you had any one or more of these symptoms today or within the past 24 hours, which is NEW OR NOT EXPLAINED by a reason other than possibly having COVID-19?

- | | |
|---|---|
| <ul style="list-style-type: none"> • Fever, Chills, or Repeated Shaking/Shivering • Cough • Sore Throat • Sudden Loss of Taste or Smell • Feeling Unusually Weak or Fatigued | <ul style="list-style-type: none"> • Muscle Pain • Headache • Runny or Congested Nose • Diarrhea • Nausea and Vomiting |
|---|---|

Yes (**leave work immediately**, notify your immediate supervisor and contact your healthcare provider) No (stay at work)

PART 2: NEXT STEPS

- Do not return to work if you answered “Yes” to Questions 1 & 2 until you meet the Criteria for Release from Home Isolation and/or Quarantine and Return to Work available on the following link: <http://www.acphd.org/media/568880/acphd-covid-19-release-from-iso-or-quar-and-return-to-work-criteria-english.pdf>. Contact your Agency/Department Human Resources contact for guidance on your return to work.
- Do not return to work if you answered “Yes” to Question 3. You may have COVID-19 and should contact your health care provider for further guidance. Contact your Agency/Department Human Resources contact for guidance on your return to work.