

ACCESS PROTOCOLS FOR ALL STATE OFFICES AND FACILITIES

EFFECTIVE NOVEMBER 18, 2020 (REVISED)

These protocols may be amended as needed in response to rapidly changing circumstances related to COVID-19 infection.

Building entry protocol must be put into place in every State agency to protect employees, visitors, and those in the care and custody of the State. ALL individuals entering ALL State-operated buildings must be ASKED Screening Questions.

THESE QUESTIONS ARE NOT MEANT TO DIAGNOSE COVID-19. THEY ONLY DETERMINE WHETHER SOMEONE SHOULD BE PERMITTED ENTRY TO A STATE OFFICE OR FACILITY.

The Screening Questionnaire script **must** be followed. The Screening Questionnaire should **NOT** be handed to individuals to complete. The questions must be asked, and the screener must attempt to maintain a distance of 6 feet while asking the questions. See attached.

Access to State Office Buildings and Facilities

- Entry screening staff **MUST** be present at all entrances.
- Access will be controlled.
- Prior to entry all individuals (staff, visitors, vendors, contractors, etc.) must be ASKED the screening questions by entry screening staff.
- Individuals who answer **YES** to any question on the Screening Questionnaire (see Question 3 for a special note about quarantined workers with close contact who are approved by Human Resources or Employee Health to work in critical facilities).
- Individuals who refuse to participate in the screening process **must** be denied access to the State office or facility.
- Refusal by an employee to answer screening questions may result in the employee being placed on unauthorized leave without pay and may result in the imposition of disciplinary action.

SCREENING QUESTIONNAIRE FOR STATE OPERATED OFFICES & FACILITIES

IMPORTANT: THE SCREENER SHOULD IMMEDIATELY STOP THE SCREENING AND DENY ACCESS TO ANY INDIVIDUAL WHO ANSWERS YES TO ANY SCREENING QUESTION (EXCEPT FOR CLOSE CONTACT IN QUESTION 3, IF APPROVED BY HR)

For infection control purposes, I need to ask you a few questions:	
<p>1) Do you feel ill today, or have you had ANY of the following NEW symptoms in the last ten (10) days:</p> <ul style="list-style-type: none"> • Fever (either you felt or measured) or chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Unexplained muscle or body aches • Unusual headache • Loss of taste or smell • Sore throat • Nasal congestion or runny nose • Nausea or vomiting • Diarrhea 	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If required by the facility, record screening temperature: _____</p> <p>(Deny entry if temperature 100.0 or greater)</p>
<p>2) Have you had a POSITIVE test for COVID-19 infection within the past ten (10) days, or have you been tested within the past 10 days because of symptoms and are waiting for the results?</p>	<p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3) Within the last fourteen (14) days, have you:</p> <ul style="list-style-type: none"> • Had close contact* with someone diagnosed with or tested for COVID-19 because of symptoms, or • Been told to quarantine by a health care provider or local health department because of close contact with someone with COVID-19? 	<p style="text-align: center;"><input type="checkbox"/> Yes** <input type="checkbox"/> No</p> <p><small>**Individuals who answer "YES" to close contact but are allowed entry as essential critical infrastructure workers must be approved by Human Resources or Employee/Occupational Health.</small></p>

*Close contact means being within six (6) feet for a total of 15 minutes or more over a 24-hour period (for example, three 5-minute exposures for a total of 15 minutes).



An individual who answers **YES** to **ANY** question on the Screening Questionnaire **OR** refuses to participate in the screening process **must** be denied access to the State office or facility (except for close contacts in Question 3, if approved by Human Resources or Employee/Occupational Health).

Name of Individual Seeking Access _____ (please print)

Access Determination Approved Denied

Name of Staff Completing Form _____ Date: _____ Time: _____
(Please print)