## ACCESS PROTOCOLS FOR ALL STATE OFFICES AND FACILITIES

### EFFECTIVE APRIL 19, 2021 (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 <u>every</u> 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 ONLY DETERMINE WHETHER SOMEONE SHOULD BE PERMITTED ENTRY TO A STATE OFFICE OR FACILITY. THEY ARE NOT MEANT TO DIAGNOSE COVID-19.

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 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

<ol> <li>Do you CURRENTLY have ANY of the following NEW symptoms?</li> <li>Fever (either you felt or measured) or chills</li> </ol>				
<ul> <li>Cough</li> <li>Shortness of breath or difficulty breathing</li> </ul>	□Yes □No			
<ul> <li>Fatigue</li> <li>Unexplained muscle or body aches</li> <li>Unusual headache</li> <li>Loss of taste or smell</li> <li>Sore throat</li> <li>Nasal congestion or runny nose</li> <li>Nausea or vomiting</li> <li>Diarrhea</li> </ul>	If required by the facility, record screening temperature: (Deny entry if temperature 100.0 or greater)			
<ul> <li>2) In the PAST 10 DAYS, have you had any of the following:</li> <li>POSITIVE COVID-19 test?</li> <li>NEW symptoms of COVID-19 (from above list)?</li> <li>NEW symptoms of COVID-19 and a COVID-19 test that is not back yet?</li> </ul>	⊡Yes ⊡No			
<b>STOP:</b> If Yes to Question 1 or Question 2, deny entry. No need to ask any additional questions.				
3) Within the last 14 days, have you:				
	If <b>No</b> , individual may enter.			
<ul> <li>Had <i>close contact</i>* with someone diagnosed with or tested for COVID-19</li> </ul>				
<ul> <li>because of symptoms, or</li> <li>Been told to quarantine by a health care provider or local health department because of <i>close contact</i> with someone with COVID-19?</li> </ul>	If <b>Yes</b> , proceed to question 4.			
4) Are you fully vaccinated?	If No. 1: dividual access NOT and a ##			
Fully vaccinated means:	If No, individual may <u>NOT</u> enter.** If Yes, individual may enter.			
<ul> <li>2 weeks or longer since your second dose in a 2-dose series, such as the Pfizer or Moderna vaccine, or</li> <li>2 weeks or longer since you got a single-dose vaccine, such as Johnson &amp; Johnson's Janssen vaccine</li> </ul>	**Individuals who answer "No" to question 4 but are allowed entry as essential critical infrastructure workers may be allowed entry if approved by HR or Employee/Occupational Health.			
*Close contact means being within six (6) feet for a total of 15 minutes or more minute exposures for a total of 15 minutes).	over a 24-hour period (for example, three 5-			

An individual who refuses to participate in the screening process or refuses to disclose vaccination status must be denied access to the State office or facility.

Name of Individual Seeking Access	_ (please print)	Access Determinat	tion:
Name of Staff Completing Form		Date:	_ Time: