



NMIADA COVID-19 Screening Guide

The NMIADA asks that all employers use this guidance to help prevent spread of the COVID-19 by screening staff and visitors daily.

This guide is based on:

- Input from many agencies
- CDC advice
- A literature review of COVID-19 signs and symptoms

COVID-19 Screening: What to Do

Screen **ALL** who enter your workplace:

- All staff before the start of each work shift
- All visitors
- Have them wash their hands or use alcohol based hand rub at entry
- Take temperature and document
- Keep a log of staff and visitors - include name, contact information, date and time.

Please ask these questions to everyone:

Since your last day of work, or last visit here, have you had any of these symptoms?

- Recent fever(s) over 100
 - Yes
 - No

Fill in temperature reading _____.

Fever present 100 or more?

- Yes
- No
- Shortness of breath
- Difficulty breathing
- New or worsening cough
- Sore throat
- Loss of taste or smell
- Headache
- Whole body aches - muscle pains
- Nausea with or without vomiting
- Diarrhea
- Abdominal pain
- Conjunctivitis - Eye infection redness, irritation, inflammation
- None of the above

If the answer to 3 or more of these is YES, use your work's COVID-19 emergency plan right away.

The person who screens may want to:

- Review the results
- Not let staff or visitor enter
- Share where to get medical help
- If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the American with Disabilities Act.

In the last 2 weeks, did or are you:

- Social distancing by staying 6 feet apart?
 - Yes
 - No
- Have you had close contact with someone who has COVID-19 (within 6 feet)
- Are you currently caring for someone who is ill?
 - Yes - Employees who are well but have a sick family member with COVID-19 should notify their Supervisor.
 - No
- Travelled outside of New Mexico
- Live in or visit a place where COVID-19 is widespread
- None of the above

Do you or someone you live with work or volunteer in a healthcare setting, or plan to in the next 2 weeks?

- Yes
- No

IF developing ANY NEW symptoms (cough, fever, shortness of breath) please do the following:

- If at work: Immediately STOP, perform hand hygiene and put on a mask and notify your supervisor and wait for instructions.
- If at HOME: STAY HOME! Self isolate and follow NM Department of Health instructions, and let your manager know you will not be in to work.

Visitors:

Must wear face mask while in building

Keep a restricted area for visitors

Hand sanitizer or designated wash area for visitors only

Staff:

Must wear face masks, gloves when needed regardless of presence of symptoms. No sharing of food or utensils, no congregating in break rooms, staggered breaks.

Workplace:

Frequently disinfect, ensure staff washes hands regularly and sanitizes work stations before and after shifts. Have social distancing measures within your office space.

I have been screened upon entrance:

Date _____ Time _____

Name: _____

Contact: _____

Screeener Name: _____

Screeener Contact: _____

I have been screened upon entrance:

Date _____ Time _____

Name: _____

Contact: _____

Screeener Name: _____

Screeener Contact: _____

I have been screened upon entrance:

Date _____ Time _____

Name: _____

Contact: _____

Screeener Name: _____

Screeener Contact: _____

I have been screened upon entrance:

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Name: _____

Contact: _____

Screeener Name: _____

Screeener Contact: _____

I have been screened upon entrance:

Date _____ Time _____

Name: _____

Contact: _____

Screeener Name: _____

Screeener Contact: _____

I have been screened upon entrance:

Date _____ Time _____

Name: _____

Contact: _____

Screener Name: _____

Screener Contact: _____