



COVID-19 Screening Guidance for Businesses and Organizations

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PURPOSE OF THIS DOCUMENT

This document provides COVID-19 symptoms and exposure screening guidance for businesses and organizations to conduct a safe, modified operation. COVID-19 screening procedures should be implemented for all personnel (e.g., employees, contractors, volunteers, etc.) prior to the start of each shift.

In accordance with [Cal/OSHA COVID-19 Emergency Temporary Standards](#), any **unvaccinated personnel—whether symptomatic or asymptomatic—who are recently exposed to COVID-19 should not be permitted to enter the workplace**. Any fully vaccinated personnel recently exposed to COVID-19, who remain asymptomatic, are no longer required to be excluded from work following an exposure. For more information about workplace exclusion criteria, see [COVID-19 Emergency Temporary Standards FAQs](#).

Returning to Work after Isolation or Quarantine

The Alameda County Public Health Department (ACPHD) follows Centers for Disease Control and Prevention (CDC) symptom-based and time-based strategies to determine when a person with COVID-19 may be [released from home isolation](#); the ACPHD **does not require or encourage the requirement** of a negative test result—or any other additional clearance measures—for personnel to return to work. For more information, please refer to the [Alameda County Open Letter to Employers Regarding Clearance Testing](#) and [CDC Isolation Guidance](#).

SCREENING PERSONNEL

All personnel (e.g., employees, contractors, volunteers, etc.) should conduct a COVID-19 symptoms and temperature self-assessment prior to the start of each shift. Personnel who exhibit symptoms **should not** be permitted to enter the workplace. For more information, see [COVID-19 Self-Assessment Guidance for Personnel](#).

DAILY SCREENING QUESTIONS

COVID-19 symptoms and exposure screenings should be conducted **in addition to** other prevention measures such as washing hands frequently, wearing face coverings, maintaining 6-feet of physical distance from other people, improving ventilation, and creating physical barriers with materials like Plexiglass to mitigate COVID-19 transmission during times when physical distancing cannot be maintained.

The questions below should be asked of all personnel, prior to the start of each shift. If “yes” to any of the following questions, that personnel must be sent home to follow [isolation/quarantine measures](#).



COVID-19 SYMPTOMS AND EXPOSURE SCREENING QUESTIONS

Within the last 10 days, have you been diagnosed with (i.e., tested positive for) COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last 14 days, have you come into close contact* with anyone who tested positive for and/or is in isolation for COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the past 24 hours, have you experienced any of the following symptoms that cannot be explained by a reason other than potentially having COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fever, Chills, or Repeated Shaking/Shivering <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Shortness of Breath, Difficulty Breathing <input type="checkbox"/> Feeling Unusually Weak or Fatigued <input type="checkbox"/> Loss of Taste or Smell	<input type="checkbox"/> Muscle Pain <input type="checkbox"/> Headache <input type="checkbox"/> Runny Nose <input type="checkbox"/> Congested Nose <input type="checkbox"/> Diarrhea <input type="checkbox"/> Nausea and/or Vomiting

*Close contact is defined as someone who was within 6-feet for a total of 15 minutes or more within 2 days prior to illness onset, regardless of whether the contact was wearing a mask.

CONSIDERATIONS FOR COVID-19 SCREENING QUESTIONS

Who will be screened for COVID-19 symptoms and exposure?

Determine who will be asked about COVID-19 symptoms and possible COVID-19 exposure: personnel only or everyone entering the building?

Who will ask COVID-19 screening questions?

Consider a digital platform for COVID-19 screening information collection. If a digital platform is not feasible, be sure to minimize the number of staff who ask screening questions. Additional considerations include:

- The time needed to ask personnel the screening questions can create a bottleneck at the entrance, delaying the start of work and causing long lines.
- In accordance with the [California State Face Covering Order](#), the individual(s) conducting COVID-19 screenings should wear a face covering or facemask at all times, especially while interacting with other.

Where will screenings occur?

Determine where screenings will take place.

- Screenings should occur before an individual enters the building, or very soon after.
- If asking questions verbally, the screening station should be designed to preserve confidentiality.
- The screening station should have enough space for individuals to maintain 6 feet of physical distance while awaiting screening. Place floor markings every 6 feet to indicate suitable areas to stand while



waiting in line to be screened upon entry.

- Buildings may need to close some entrances to prevent people from entering without being screened.

Additional screening safety and tracking considerations:

- Everyone should be wearing a face covering or facemask during screening assessments.
- In accordance with California State guidance, everyone must wear a face covering when being asked screening questions in-person. Those without a face mask or face covering may be offered one, as supplies permit. This face covering may be as simple as a bandana or similar cloth square.
- Remove objects that are shared. For example, do not share pens. If objects need to be shared, disinfect after every use.

CONSIDERATIONS FOR MEASURING TEMPERATURES

Most businesses are not recommended to conduct temperature screenings. Temperature screenings do not replace other control measures such as symptom screening and self-assessment for potential COVID-19 exposure, maintaining 6 feet of distances from others, wearing face covering or facemasks, and placing physical barriers such as glass or plastic windows between people who cannot always maintain 6 feet of distance from others.

Note: Screen for COVID-19 symptoms first. Personnel who answered yes to any of the screening and self-assessment questions do not need to have their temperature checked and should stay/go home.

While most businesses are not recommended to conduct temperature screenings, the Centers for Disease Control and Prevention (CDC) recommends asking **both** COVID-19 screening questions **and** measuring temperatures upon arrival for the following groups:

- Personnel reporting to work at health care facilities, including skilled nursing and long-term care. For additional guidance, see [Alameda County Long-Term Care Facilities](#).
- Personnel, visitors, and persons confined to correctional/detention facilities.
- Critical Infrastructure workers who are permitted to continue working after close contact with someone with suspected or confirmed COVID-19, including:
 - Federal, state, and local law enforcement
 - 911 call center employees
 - Fusion Center employees
 - Hazardous material responders from government and the private sector
 - Janitorial staff and other custodial staff
 - Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities



- Clients arriving to homeless shelters
- Children arriving at childcare programs, including pre-K (pre-kindergarten) programs
CDC guidelines state that childcare programs may allow the parent to take the child's temperature with a thermometer before or upon arrival, then report the temperature to the childcare. Childcare programs include but are not limited to:
 - Family childcare programs (i.e., home-based childcare)
 - Pre-K (i.e., pre-kindergarten) programs at private and public schools
 - Head Start and Early Head Start programs
 - Private childcare centers

Should other workplaces—not included in the list above—conduct temperature screenings of personnel and/or others arriving to the location?

At this time, the Alameda County Public Health Department does not recommend that all workplaces routinely measure the temperatures of personnel as a means to screen for possible COVID-19 infection. Please be advised that the benefits of asking about symptoms *in conjunction with* measuring temperatures are greatest in the following situations:

- When multiple critical infrastructure workers have been exposed to COVID-19 and requiring all exposed workers to quarantine at home for 14 days would cause significant personnel shortages.
- Closed environments where COVID-19 may spread rapidly if introduced to the facility, such as nursing home, jails, and detention facilities.
- Situations where more effective measures such as staying 6 feet apart and having everyone wear facemasks/face coverings are not feasible, such as childcare programs.
- Places that serve people at high risk of severe COVID-19 illness (e.g., hospitals, clinics, nursing homes).

Should workplaces keep personnel temperature and symptom screening information on file?

Workplaces can decide whether they want to keep COVID-19 symptoms and exposure screening information on file. If a workplace chooses to do so, Cal/OSHA requires businesses to keep these documents for 30 years after the employee leaves the organization. For additional information, see [Cal/OSHA: Access to Employee Exposure and Medical Records Standard \(8 CCR 3204\)](#).

CONSIDERATIONS FOR SETTING UP TEMPERATURE SCREENING STATIONS

- Decide on the following three factors per the [Considerations for COVID-19 Screening Questions](#) section of this document: Who will be screened for COVID-19 symptoms and exposure? Who will ask COVID-19 screening questions? Where will screenings occur?



- Set up a physical barrier, such as a glass window or clear plastic, between persons entering the building and the person(s) conducting temperature readings.
 - Stations should be set up at least 6 feet apart from each other, and in a way that preserves the confidentiality of the person being screened.
 - If a barrier cannot be put in place, the person measuring temperatures should wear the following personal protective equipment (PPE): facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and disposable gloves. However, PPE alone is less effective than a barrier. In addition, staff must be trained on how to use PPE.
- When choosing the type of thermometer to use:
 - For all types of thermometers, higher quality thermometers will likely yield more accurate measurements. Follow manufacturers' guidelines.
 - Alameda County Public Health Department recommends non-touch (infrared) thermometers, with the following caveats:
 - Non-touch thermometers tend to underestimate temperatures compared to oral thermometers, especially when used outdoors.
 - If oral thermometers are used, eating, or drinking liquids and solids within 30 minutes can cause inaccurate readings.

PROCEDURES FOR MEASURING TEMPERATURES

Alameda County Public Health Department considers anyone with a temperature of 100 degrees F (37.8 C) or higher to be febrile (i.e., to have a fever). **Anyone with a temperature of 100 degrees F (37.8 C) or higher should immediately be sent home and not allowed to enter the workplace.** Temperatures below 96°F (35.6°C) should be rechecked to ensure the reading is accurate.

Note: Anyone who displays signs of a fever or other COVID-19 symptoms should leave work immediately, inform their supervisor, and call their primary care provider or medical home. Children in childcare programs should not be allowed to attend while symptomatic. For other groups, refer to the organization's protocol.

Directions for measuring temperature when a physical barrier is in place (preferred method):

- Upon arrival at the temperature station, always wash hands and put on disposable gloves. When using a non-touch (infra-red) or temporal thermometer, it is not necessary to change gloves before the next temperature screening if the person(s) conducting the temperature screenings did not touch the persons being screened.
- When measuring temperatures, stand behind a clear physical barrier, such as a glass window or plastic partition, to protect your face from respiratory droplets that may be produced when the client sneezes, coughs, or talks. When reaching around the physical barrier, the person(s) conducting temperatures screenings should ensure their face remains behind the physical barrier, at all times.



Directions for conducting temperature screenings when there is PPE available but no physical barrier:

- Upon arrival, wash hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves.
 - Follow current CDC recommendations for [facemasks](#) and [eye protection](#).
 - Follow your facility's guidance on how to put on and remove PPE safely. If no guidance exists, refer to the [CDC recommended sequences for donning and doffing PPE](#).
 - Eyeglasses are not considered adequate eye protection because they do not cover the sides of the face. Use of eye protection such as goggles or a disposable face shield that fully covers the front and sides of the face is highly recommended.
 - Wash hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol. If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- Conduct temperature screenings.
 - If the temperature is below 96°F (35.6°C), recheck it.
 - When using a non-touch (infra-red) or temporal thermometer, if you did not touch the person being screened, you do not need to change gloves before the next check.
 - If using a temporal thermometer, clean it with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
 - If using an oral thermometer, use a clean pair of gloves for each individual and thoroughly clean the thermometer between each check. An oral thermometer with disposable probe covers can also be used.
- At the end of the shift, or when leaving the screening location (i.e., for a lunch break), remove and discard PPE, and wash hands as described above.

Conditions that may affect temperature readings:

- Ambient temperature, sunlight, and wind can cause inaccurate readings with a forehead (temporal) or infrared thermometer when used outdoors.
- Consuming hot or cold food and/or beverages within 30 minutes can cause inaccurate readings with oral thermometer.
- Exercising within 30 minutes of a reading can cause elevated temperatures with all devices.
- Ingesting pain reliever and fever reducer medications such as aspirin, acetaminophen (i.e., Tylenol), ibuprofen (i.e., Motrin or Advil), or naproxen (i.e., Aleve) can cause an inaccurate reading for someone who would otherwise display signs of a fever.
- Elderly and/or immunocompromised persons may not develop significant fever.
- Patients living in cold conditions may have low body temperatures despite infection. The temperature device will reflect the actual body temperature, but the body temperature may not be elevated in response to infection remove and discard PPE, and wash hands as described above.