Alameda County Health Care Services Agency
Public Health Department

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COVID-19 SCREENING GUIDANCE FOR BUSINESSES AND ORGANIZATIONS
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Alameda County COVID-19 links were updated

INTRODUCTION

This document provides symptoms and temperature screening guidance for businesses and organizations. This guidance may change as knowledge, community transmission, and availability of PPE and testing change.

The COVID-19 screening procedures in this document should be performed before personnel enter a facility to start work each day.

NOTE: If any personnel are returning to work after a quarantine period, they do not need a doctor's note certifying they can return to work nor are they required to be tested for the virus before returning to work. We advise against employers requiring either a doctor's note or a test as well, since doing so impacts medical providers' availability for ill patients and reduces testing availability. Individuals who have completed quarantine and are symptom-free should be allowed to return to work.

If any personnel has been isolated because they were diagnosed with COVID19, they may return to work once they meet the criteria described in ACPHD's return to work policy [here]. Repeat testing for COVID-19 is not required before an employee can return to work.

SCREENING PERSONNEL

1. All employers should require that each employee conduct a self-assessment of symptoms and possible exposure to COVID-19 before starting their shift. Visit the [COVID-19 Self-Assessment Guidance for Personnel] for more information.
2. Personnel (employee, contractors, volunteers) arriving to the business should be screened for COVID-19 symptoms.

DAILY SCREENING QUESTIONS

Asking about symptoms and exposure to COVID-19 should not replace other measures such as frequent handwashing, having everyone in the building wear face coverings, staying 6 feet apart, and creating physical barriers like plexi-glass windows when people momentarily must be closer than 6 feet, for example to pay for an item.

Ask the following questions:

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

        ☐ Yes   ☐ No

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?

    ☐ Yes   ☐ No

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

    ☐ Yes   ☐ No

* "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 15minutes who has COVID-19.

If personnel answered **YES** to any of the questions, they must be sent home and follow the isolation/quarantine steps here.

SETTING UP A SCREENING QUESTIONS STATION

1. Who asks and answers the questions?
   - Determine who will be asked about possible COVID-19 symptoms and possible COVID-19 exposure: personnel only or everyone entering the building?
2. Determine who will be asking about the COVID-19 screening questions.
   - Minimize the number of staff who ask the screening questions. If you do not have enough staff, 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.
   - Individuals conducting the screening should be wearing a face covering or facemask, in accordance with the Alameda County Face Covering Order.
3. Create safer ways to ask questions:
   - Please note: All adults and adolescents should be wearing a facemask or face covering when being asked screening questions in-person, in accordance with the. 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.
4. Where will screening happen?
   - Determine where the symptom screening will take place.

i. Ideally, the screening should occur before the person enters the building, or close to the building entrance.
ii. Buildings may need to close some entrances to keep people from entering without being screened.
iii. The entrance should have enough space around it for personnel to stay 6 feet apart while awaiting screening at the start of a work shift. Place markings on the floor for physical distancing while personnel are in line to be screened.
iv. The screener and the person being screened should be at least 6 feet apart from each other and from others.
v. If asking questions verbally, the screening stations should be set up to preserve the confidentiality of the person being screened.

5. Should businesses keep personnel temperatures and symptoms on file?
- Businesses can decide whether they want to keep COVID-19 screening questions. If so, Cal/OSHA requires businesses to keep these documents for 30 years after the employee leaves the organization. See Cal/OSHA's Access to Employee Exposure and Medical Records standard (8 CCR 3204).

MEASURING TEMPERATURE

Most businesses are not recommended to do temperature checks. Temperature checks do not replace other individual control measures and screenings such as symptom screening and self-assessment for potential COVID-19 exposure. 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 at/go home.

However, CDC recommends **both** asking COVID-19 screening questions and checking the temperatures of certain groups when they arrive at specific workplaces or facilities, including:

1. Personnel reporting to work at health care facilities, including skilled nursing and long-term care. For additional guidance for long-term care facilities in Alameda County visit here.
2. Personnel, visitors and incarcerated/detained persons at correctional and detention facilities.
3. Critical Infrastructure workers who are permitted to continue working after close contact with someone with suspected or confirmed COVID-19, including:
   - Federal, state, & 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 at 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. Child care programs can include, among others:
     i. Family child care programs, also known as home-based child care
     ii. Pre-K (Pre-kindergarten) programs at private and public schools
     iii. Head Start and Early Head Start programs
     iv. Private childcare centers

Should other businesses measure temperatures of personnel or others arriving at their buildings?

At this time, Alameda County Public Health Department does not recommend that all businesses routinely measure temperatures of personnel to screen for possible COVID-19.

The benefits of asking about symptoms and taking 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 child care programs.
- Places that serve people at high risk of severe COVID-19 illness, such as hospitals, clinics and nursing homes.

SETTING UP TEMPERATURE STATIONS

1. See bullet points #1, #2, #3, and #4 in the SETTING UP A SCREENING QUESTIONS STATION section.
2. Set up a physical barrier, such as a glass window or clear plastic barrier on a table, for the person taking the temperature to stand behind
   - 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.
3. 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:
     i. 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 have a fever. **Anyone with a temperature of 100 degrees F (37.8 C) or higher should be sent home.** Temperatures below 96°F (35.6°C) should be rechecked to ensure the reading is accurate.

1. Directions for measuring temperature when a physical barrier is available (preferred)
   - 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 you arrive at the temperature station, wash your hands, and then put on disposable gloves.

i. Wash hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol. If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.

- To measure the temperature, reaching around the partition or through the window. Make sure your face stays behind the barrier at all times.
    i. If the temperature is below 96°F (35.6°C), recheck it.
    ii. 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.
    iii. 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.
    iv. 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 temperature screening location, remove and discard gloves and wash hands as described above.

2. Directions for measuring temperature when there is no physical barrier (PPE only):
- Upon arrival, wash your 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.
    i. Follow current CDC recommendations for facemasks and eye protection at
       https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html
       https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html
    ii. Follow your facility's guidance on how to put on and remove PPE safely. If no guidance exists, the CDC recommended sequences for donning and doffing PPE is at
       https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf
    iii. Eyeglasses are not considered adequate eye protection because they do not cover the sides of the face.
    iv. Wash hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol. If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- Check the temperature.
    i. If the temperature is below 96°F (35.6°C), recheck it.
    ii. 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.
    iii. 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.
    iv. 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.

3. 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.
- Eating or drinking liquids and solids within 30 minutes can cause inaccurate readings with oral thermometer.
- Exercise within 30 minutes can cause elevated temperatures with all devices.
- Medications such as aspirin, acetaminophen (Tylenol), ibuprofen (Motrin), and naproxen (Aleve) can suppress fever.

- Elderly patients and 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.