Coronavirus Disease (COVID-19) Workplace Checklist

Ionia County businesses and entities may remain open if they provide services that are essential to sustaining or protecting life. The Ionia County Health Department recommends that such businesses and entities take the following actions to ensure the safety of employees and customers.

☐ Screen staff reporting to work sites

Ask all staff these questions when they report for work for each shift:

1. Do you have symptoms of fever, cough, shortness of breath, sore throat, or diarrhea?
2. Have you had close contact in the last 14 days with an individual diagnosed with COVID-19?

If an employee answers YES to either of the screening questions:

Send the employee home immediately. The employee should self-isolate/self-quarantine at home for:

- If symptoms are present, a minimum of 7 days have passed since symptoms first appear. Must also have 3 days without fever and improvement in respiratory symptoms.
- 14 days if the employee had close contact with an individual diagnosed with COVID-19.

Screening Guidance:

Create and implement an active screening plan that will work best for your facility. Determine where and how this screening will take place. You can use the form below to record answers. You are not required to record answers to the 3 screening questions, or record employee temperature results. We recommend it, but you are not required to do so.

Items to consider: Stagger shift starting times so employees do not arrive at the same time. Have one person asking staff these questions directly. Staff could also do a “self-check-in” by entering their information on a computer, tablet, or sheet of paper. Only use “self-check-in” if employees can properly disinfect equipment or writing utensils after use. Provide alcohol-based hand sanitizer at the screening station, if possible.

If a touchless/contactless thermometer is available, a temperature check is strongly recommended at the worksite. We understand it may be difficult to get a thermometer at this time. Employees can also take their temperature at home and report it to their employer. A fever is considered a temperature of 100.4°F or above.

If your facility is already following other appropriate or more-stringent infection control procedures (like CDC guidelines), please continue to use those procedures.

Note that the 14 day quarantine period does not apply to hospitals, healthcare facilities, EMS, other organizations that employ healthcare workers in the inpatient or outpatient setting, all providers and support staff involved in patient care, and public health staffing actively involved in the COVID-19 response (local or state).

☐ Develop and implement a social distancing plan

Determine how you will maintain 6 feet of distance between people. This 6-foot distance applies to employees working in shared spaces, and to customers waiting for services inside or outside the business. Options include using signs, contact barriers, entrance limits, and specialized hours. You may also need to limit capacity inside facilities to provide for social distancing between customers and employees.

For questions, visit https://ioniacounty.org/health/health-department/ or contact with Ionia County Health Department at 616-527-5341.
Coronavirus Disease (COVID-19)
Workplace Health Screening

Company Name: ________________________________

Employee Name: ____________________________ Date: ____________

Time In: ______________

In the past 24 hours, have you experienced:

Subjective fever (felt feverish): ☐ Yes ☐ No

New or worsening cough: ☐ Yes ☐ No

Shortness of breath: ☐ Yes ☐ No

Sore throat: ☐ Yes ☐ No

Diarrhea: ☐ Yes ☐ No

Current temperature: ________________

If you answer “yes” to any of the symptoms listed above, or your temperature is 100.4°F or higher, please do not go into work. Self-isolate at home and contact your primary care physician’s office for direction.

• You should isolate at home for minimum of 7 days since symptoms first appear.
• You must also have 3 days without fever and improvement in respiratory symptoms

In the past 14 days, have you:

Had close contact with an individual diagnosed with COVID-19? ☐ Yes ☐ No

If you answer “yes” to this question, please do not go into work. Self-quarantine at home for 14 days.

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