

Screening Employees

Pandemics like COVID-19, also known as coronavirus, create a variety of unusual circumstances that you must be able to adjust to quickly. This guide provides information and best practices related to screening your employees at the workplace related to the COVID-19 pandemic.

Screening Visitors and Employees:

Employers should become aware if visitors or employees returning to work after an absence have potentially been exposed to COVID-19. This would include requesting them to identify if they had travelled outside the US, been on a cruise, or had contact with a person suspected of COVID-19.

Recommended steps:

- Set-up a simple, easy, and fact-based screening process that keeps each person's information confidential.
- Ensure you have controlled entry points to your facility that are separate from your general employee areas.
- At these locations ask visitors and employees to self-declare positive responses to the screening questions.
- Stagger shift start times to allow for social distancing while employees are waiting to be screened.
- Consider implementing a plan to measure each persons' temperatures upon entry to your facility.

Measuring Employee's Temperatures:

As of March 18, the EEOC permitted employers to begin measuring employees' body temperatures. However, fevers by themselves are not determinative (see below). Employers may ask employees if they are experiencing any of the symptoms of the pandemic virus. For COVID-19, these include symptoms such as fever, chills, cough, shortness of breath, or sore throat. Any information obtained about employee illness must be maintained by employers as a confidential medical record in compliance with the ADA.

Detailed recommended steps:

- Employers should develop and stick to an objective procedure for employee screening. Considerations that should go into that process include:
 - What is the consequence of a measured fever? Options should include being restricted from the workplace and/or referred to a medical professional.
 - What will the impact be on employee compensation?
 - Is remote work an option for this position?
 - Companies should provide written instructions detailing what must happen before any employees sent home will be allowed to return to the facility.
 - One possible example is requiring that the employee certify in writing that he or she has been without fever or other symptoms (no chills, coughs or other ailments connected to COVID-19) for at least three days. Additionally, at least seven days should have passed since the latter of a positive COVID-19 test or the onset of symptoms that led to the employee being sent home.
 - Another option is requiring documentation of a negative COVID-19 test.

- During the screening process:
 - To provide consistency employers should limit the number of designated temperature-taking employees.
 - If a medical professional is on staff, that individual should administer the screenings. If no medical staff is available, then the ideal administrator should be within HR or senior management.
 - Consider requiring that screeners wear personal protection equipment (PPE) while in close contact with employees.
 - Steps should be taken to ensure that employees standing in line to have their temperature taken remain at least 6 feet apart. (Staggered start times can help reduce the potential for crowding.)
 - A separate, private area should be established to temporarily hold any individuals who fail the initial screening separate from the general employee population.
- Maintain employee privacy through-out the process:
 - Employee temperature and other health information should be kept confidential, but not in the employee's personnel files.
 - One option is to store only the name, job position, date, and time connected to a measured fever, along with that person's contact information.
- Companies seeking to screen employee temperatures should use infrared cameras or infrared thermometers so they can do so in the least invasive means possible. Refer to the [CIRAS Thermal Screening guide](#).
 - The CDC considers someone to have a fever when he or she has a measured temperature of 100.4 degrees Fahrenheit or above.
 - Ensure you understand the error margin for your particular device on human skin. Industrial infrared cameras generally are not suitable for measuring temperatures within a narrow range.
- Any detected fevers should be confirmed with use of a clinical or medical thermometer, preferably through a medical professional.
 - [FDA regulations](#) state that infrared cameras are "intended for use as an adjunct to the clinical diagnostic procedures in the diagnosis, quantifying, and screening of difference in skin surface temperature changes."
 - Elevated temperature readings from an infrared device do *not* prove the presence of COVID-19. (Accurately measured fevers can exist for many reasons, and not all people infected with COVID-19 exhibit fevers.) However, infrared devices *can* highlight the potential need for further testing.

Additional Resources:

- CIRAS COVID-19 Website: www.ciras.iastate.edu/COVID-19
- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/>
- Iowa Department of Public Health (IDPH): <https://idph.iowa.gov/>
- U.S. Equal Employment Opportunity Commission (EEOC): <https://www.eeoc.gov//>

For help responding to the COVID-19 emergency or implementing a response plan, contact:

Marc Schneider (563-221-1596, maschn@iastate.edu) or Mike O'Donnell (515-509-4379, modonnll@iastate.edu).