COVID-19 VOLUNTARY PARTICIPATION EMPLOYEE TESTING PROGRAM
CANDIDATE IDENTIFICATION AND CRITERIA SUPERVISOR WORKFLOW

SUPERVISOR LEARNS EMPLOYEE

HAS SYMPTOMS THAT DO NOT MEET CURRENT TESTING CRITERIA

SYMPTOMS MEET CRITERIA

- FEVER AND AT LEAST ONE OTHER SYMPTOM BELOW FOR 2 DAYS
- NO FEVER AND AT LEAST THREE OTHER SYMPTOMS BELOW FOR 3 DAYS

NO SYMPTOMS = NO TEST

HOME QUARANTINE ORDER

14 DAY SELF-MONITOR AT HOME. CONTACT PRIMARY CARE PROVIDER, IF SYMPTOMS DEVELOP TO MEET TESTING CRITERIA, IMMEDIATELY CONTACT YOUR SUPERVISOR

HOME ISOLATION ORDER

E-MAIL THE DOC AT: COVID19DOCONOTIFICATIONS@bsd.org PROVIDING THE EMPLOYEE’S COUNTY EMPLOYEE NUMBER AND A DIRECT CONTACT NUMBER

HOME QUARANTINE ORDER

WAS IN THE SAME ROOM WITH CONFIRMED OR SUSPECTED COVID-19 PATIENT AND HAD NOT DONNED APPROPRIATE PPE (FACE MASK/EYE PROTECTION) WHILE PERFORMING A HIGH HAZARD, AEROSOL-GENERATING PROCEDURE (I.E., CPR, BAG MASK VENTILATION, INTUBATION [KING OR DIRECT LARYNGOSCOPY], NEBULIZED TREATMENTS).

* QUALIFYING SYMPTOMS INCLUDE THE FOLLOWING: FEVER (100.4 OR HIGHER), RESPIRATORY: COUGH, SHORTNESS OF BREATH/DIFFICULTY BREATHING, ENT: CONGESTION, CHANGE OR LOSS OF SMELL OR TASTE, SORE THROAT, GASTROINTESTINAL: VOMITING, DIARRHEA, ABDOMINAL DISCOMFORT, MUSCULOSKELETAL: MUSCLE ACHES. EMPLOYEES ARE ENCOURAGED TO VOLUNTARILY CHECK THEIR TEMPERATURE EACH MORNING AT HOME BEFORE REPORTING TO WORK. IF YOUR TEMPERATURE IS NOT NORMAL, PLEASE CONTACT YOUR PRIMARY CARE PROVIDER IMMEDIATELY.