# COVID-19 Risk Self-Assessment for Employees



The following outlines steps and actions to be followed during the current COVID-19 outbreak for GVSU Faculty, Staff, and student workers. This guidance is based on recommendations from the Centers for Disease Control (CDC), Michigan Department of Health and Human Services (MDHHS), Local Health Departments, GVSU Incident Management Team (IMT), and members of the Technical Advisory Group (TAG).

All employees should monitor their health on a regular basis. Prior to leaving your residence for work, we ask that you self-assess for risk of COVID-19 by completing the attached form. If you answer "Yes" to any question, please <u>stay at home</u>, notify your supervisor and seek guidance from your health provider.

Individuals at increased risk for severe disease should minimize contact with people. These individuals will need to discuss their options with their primary care physician. The decision made is between the employee, their employer, and the doctor.

While at work, employees should attempt to reduce exposure by adhering to the recommendations below:

- Follow the CDC recommended precautions to reduce the spread of COVID-19 (avoid people who are ill, cover cough/sneeze with tissue or crook of elbow, frequently wash hands for 20 seconds or use >60% alcohol-based hand sanitizer, etc.).
- Maintain social distancing rules (>6 ft) when interacting with others, including co-workers, the GVSU community and public.
- Wear cloth face masks when in public spaces and when social distancing is not possible. (Individuals should be careful not to touch the front of the mask, or eyes, nose, or mouth, when removing their mask. Hands should be washed immediately after removing. Wash cloth masks daily).
- Clean and wipe down work equipment at the start and end of each shift.
- Respond to department inquiries via phone, email etc. when possible vs. in person conversations.
- Work remotely when possible, based on assignment and position; reduce overlapping times among shifts.
- As determined by department/role, utilize proper PPE when required to have direct contact with items or persons with suspected/confirmed COVID-19. Ensure proper use when putting on/ removing PPE.

Individuals who are unable to report to work, or who need to leave work due to potential symptoms of COVID-19, should follow up as follows:

- If the individual is a student, the work supervisor should submit a CARE report to Emily First.
- If the individual is Faculty/Staff, please notify Natalie Trent in HR.

Those faculty, staff and students affected by COVID-19 will be provided with the necessary documents to monitor symptoms prior to returning to work.

Your cooperation in conducting a self-screening and abiding by guidelines for staying at home and returning to work are important in our efforts to reduce the transmission of COVID-19 at GVSU.

# COVID-19 Risk Self-Assessment Form (Individual)



PRINTED NAME	EMAIL	DEPARTMENT/UNIT	

#### THIS FORM MUST BE COMPLETED DAILY

If you have a temperature of 100.4°F or greater, or answer "Yes" in any column below – you should stay home, notify your supervisor and contact your health care provider for further guidance.

DATE	<b>TEMP</b> 100.4°F/ 38°C or higher	Exposure to Person with COVID/ COVID symptoms (in prev. 14 days)	Recent onset of Cough or Shortness of Breath/Difficulty Breathing	New onset of TWO or more of the following symptoms:  Fever of 100.4°F/38°C or higher; Extreme Tiredness (Fatigue); Chills/Shakes with Chills; Sore Throat; Headache; Muscle Aches; Loss of Sense of Smell and/or Taste
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# COVID-19 Risk Self-Assessment Sheet (Department)



### BEFORE beginning work on campus: Take your temperature & ask yourself the following:

- 1. Have you been within 6 ft. of someone with COVID-19, or COVID-19 symptoms in the past 14 days?
- 2. Have you recently developed a cough?
- 3. Have you recently developed shortness of breath?
- 4. Have you recently developed new onset of any TWO or more of the following symptoms?
  - a. Fever of 100.4°F or 38°C or greater
  - b. Extreme tiredness (fatigue)
  - c. Chills or shakes with chills
  - d. Sore throat
  - e. Headache
  - f. Muscle Aches
  - g. Loss of sense of taste and/or smell

If your temperature is over 100.4°F, or you answer "Yes" to the above questions, notify your supervisor, return home and contact your health care provider for further guidance.

DATE	TIME	NAME	TEMP < 100.4°F/38°C Y/N	INITIAL BELOW TO INDICATE "NO" TO QUESTIONS 1-4 ABOVE
			□Y □N	
			□Y □N	