

<p><b>Purpose</b></p>	<p>The purpose of this procedure is to provide guidance for reducing the potential of exposure of COVID-19 on Berglund project sites by screening the temperatures of employee/Subcontractors who are entering our project site.</p>
<p><b>Method</b> Initial Screener &gt;&gt;</p>	<p>The method for the initial screening will be performed as employees subcontractors enter the project site. Do use of a thermometer IR gun will be utilized. Up to three readings can be performed on an employee consecutively, the highest of the three will be final. If employee temperature reads 100.4° F than employee will need to have a secondary screening performed.</p>
<p><b>Prevention</b>  Initial Screener &gt;&gt;  &gt;&gt; Personal Protective Equipment  &gt;&gt; Decontamination of Equipment</p>	<p>This section will cover methods of reducing exposure of COVID-19.</p> <p>Limit physical contact of employee/ subcontractor.</p> <p>Do not physically touch employee/ subcontractor with thermometer IR gun. <i>* Follow manufactures guidelines for distance away from scanned surface.</i></p> <ul style="list-style-type: none"> <li>• Eye protection (site designated)</li> <li>• Utilize a medical/ surgical face-mask or respirator.</li> <li>• Disposable gloves</li> </ul> <ul style="list-style-type: none"> <li>• Follow CDC recommendations</li> <li>• Clean thermometer IR gun with alcohol solutions with at least 70% alcohol.</li> </ul>
<p><b>Conduct</b></p>	<p>If during the initial screening process an employee/subcontractor’s temperature reading is 100.4° F of higher the employee must be asked discreetly to leave the project and see a physician.</p>
<p><b>Conclusion</b></p>	<p>The use of the thermometer IR gun is only meant for screening purposed due to the accuracy of this type of instrument. The temperature screening procedure is not the final determination or diagnosis for COVID-19, but only meant to limit exposure to our sites. Final diagnosis or direction will be by a clinical physician. <b>A project record log shall be maintained.</b></p>

**Medical Questionnaire**

If any person is severely ill, do not proceed with this assessment. Please advise the individual to seek in-person medical care and call their physician. In the event of an emergency please contact 911.

Name of Screener: \_\_\_\_\_

Name of Individual: \_\_\_\_\_ Employer: \_\_\_\_\_

1. Have you traveled internationally or domestically in the past 14 days? **Yes or No**

2. Have you been in close contact with someone who has a laboratory confirmed case of COVID-19? (Close contact includes living in the same house, face to face contact, being coughed on, being within 6 feet for more than 15 minutes, or contact with their bodily fluids)? **Yes or No**

3. Do you have any of the following symptoms? **Yes or No**

*Fever, Chills, Dry Cough, Wet Cough, Difficulty Breathing or shortness of breath, tightness in your chest, Headache, Muscle Aches, Sore Throat, runny nose, or congestion Nausea or Vomiting, Other.*

4. If your have any of these symptoms, how long have you had them? \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Temperature Reading: \_\_\_\_\_ ° F