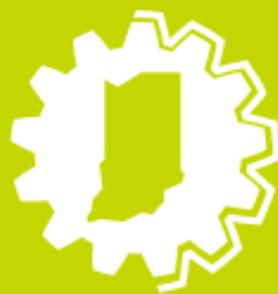


COVID-19 RESPONSE PLAN ADDITIONAL RESOURCES



Indiana
SMALL BUSINESS
DEVELOPMENT CENTER

isbdc.org | 888.472.3244



U.S. Small Business
Administration

Funded in part through a cooperative agreement with the U.S. Small Business Administration

Employee Health Screening Form

Date: _____

Employee Name: _____

1. Are you currently experiencing, or have you in the last 48 hours experienced any of the following symptoms which are not caused by another diagnosed condition?

Symptom	Yes	No
Fever		
Cough		
Shortness of Breath		
Difficulty Breathing		
Chills		
Body Aches or Muscle Pain		
Sore Throat		
Headache		
Diarrhea		
Nausea or Vomiting		
Runny Nose		
New Loss of Taste or Smell		

2. Have you been in close contact (less than six feet for a cumulative total of 15 minutes within 24 hours) in the last 14 days with any persons who have been diagnosed with COVID-19 or who has symptoms consistent with COVID-19?
Yes ___ No ___
3. Have you been advised by a healthcare provider to self-quarantine due to COVID-19?
Yes ___ No ___
4. Have you tested positive for COVID-19 since you last completed this questionnaire?
Yes ___ No ___

Employee Temperature: _____

Employee Signature: _____

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Employer Actions to Health Screening Form Responses

- 1. Are you currently experiencing, or have you in the last 48 hours experienced, any symptoms of COVID-19 such as fever, new cough, shortness of breath, difficulty breathing, chills, body aches or muscle pain, sore throat, headache, diarrhea, nausea/vomiting, runny nose, or new loss of taste or smell, which are not caused by another diagnosed condition?**

Anyone answering “yes” should not be permitted in the workplace. Subject to obtaining further information from the employee and in accordance with the screening protocols of applicable State and County Public Health Orders, the employee may not return to the workplace until either:

- At least 24 hours have passed since fever has resolved (without the use of fever-reducing medications), AND
- At least 10 days have passed since symptoms first appeared.

See question 6 below for exceptions to the return to work process when an employee’s only symptom of COVID-19 is fever.

- 2. Have you been in close contact (less than six feet for a cumulative total of 15 minutes within 24 hours) in the last 14 days with any persons who have been diagnosed with COVID-19 or who has symptoms consistent with COVID-19?**

Anyone answering “yes” should not be permitted in the workplace. Subject to obtaining further information from the employee and in accordance with the screening protocols of applicable State and County Public Health Department Orders, the employee may not return to the workplace until:

- Either 10 days have passed since the last close contact with the sick or symptomatic individual if the employee has reported no symptoms, OR
- After 7 days with a negative test result if the employee has reported no symptoms

- 3. Have you been advised by a healthcare provider to self-quarantine due to COVID-19?**

Anyone answering yes should be asked when they were told to self-quarantine and for how long. The employee may not return to the workplace until they have completed their quarantine as advised.

- 4. Have you tested positive for COVID-19 since you last completed this questionnaire?**

Anyone answering “yes” should not be permitted in the workplace. Subject to obtaining further information from the employee and in accordance with the screening protocols of applicable State and County Public Health Department Orders, the employee may not return to the workplace until:

- At least 24 hours have passed since fever has resolved (without the use of fever-reducing medications), AND
- At least 10 days have passed since symptoms first appeared.
- People who are asymptomatic and test positive may return to the workplace ten days after the positive test.

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5. Optional: Are you currently waiting on the results of a COVID-19 test?

Anyone answering yes should be asked if they were tested because of COVID-19 symptoms or a known close-contact exposure to someone with COVID-19. If so, the employee should not be permitted in the workplace until the test results are received. However, in a case where test results are delayed, the employee may return to work when:

- At least 24 hours have passed since fever has resolved (without the use of fever-reducing medications), AND
- At least 10 days have passed since symptoms first appeared.
- People who are asymptomatic may return to the workplace ten days after being tested.

Note: We have found the above question useful in identifying employees who have ambiguous symptoms or have been in contact with someone who has tested positive but are unsure whether that other person is a "close contact." As testing has become more widely available, though, some employees are seeking COVID-19 tests for reasons that do not trigger a need to leave the workplace. For example, employees may be required to have a COVID-19 test before unrelated medical procedures, or they may be tested before visiting a relative in a long term care facility. This question is intended to uncover additional scenarios where an employee may have symptoms or be a close contact of someone who is positive. It does not mean that every time a person is tested they have to quarantine.

6. Optional: Temperature Screening

Upon reporting for work, each employee will have his or her temperature taken. Any employee with a temperature of 100.4 degrees Fahrenheit or higher will be asked to return home and not report to work until at least 24 hours after the fever is gone without the use of fever-reducing medications.

Note: No Indiana Executive or Health Department Order requires employers to take employee temperatures, but doing so is permissible. If fever is an employee's only COVID-19 symptom, the CDC's guidance allows for return to work without waiting ten days, as would be required if an employee has multiple symptoms (see question 1 above).

7. Optional: Have you traveled outside of the United States in the past 14 days? If so, where did you travel?

For anyone answering "yes," cross-reference their travel destination with the CDC's COVID-19 Travel Recommendations by Destination. If the destination is subject to a Level 3 Travel Health Notice, consider having the employee quarantine for 14 days. (Some local public health orders also are recommending or requiring a quarantine based on travel to certain destination within the U.S. during the prior 14 days. As a result, some employers also are asking whether the employee has traveled outside of Indiana within the past 14 days, and if so, to which state(s).)

Note: Work locations that are not otherwise open to public traffic may want to consider implementing a visitor screening protocol similar to the one used for employees.

Helpful Links

Indiana Small Business Development Center (SBDC) COVID-19 Resources

<https://isbdc.org/covid-resources/>

Occupational Safety and Health Administration (OSHA)

<https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>

Indiana State Department of Health

<https://www.coronavirus.in.gov/>

CDC Workplaces and Business Guidance

https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Forganizations%2Fbusinesses-employers.html

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EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|---|---|

▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



WASH YOUR HANDS

#StopTheSpread

Use soap
and water
for at least
20 seconds



Source: World Health Organization



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FACE MASKS REQUIRED TO ENTER

Per State Order



#StopTheSpread



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PLEASE PRACTICE SOCIAL DISTANCING

#StopTheSpread



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