



Goodwill Industries of Greater Nebraska

COVID-19 Risk Screening Checklist

ALL Goodwill Program participants, visitors, and Goodwill employees entering Goodwill premises or in-person services must be asked to perform/respond to the following tasks/questions at a minimum of entering and exiting services each day. This form will be retained for each individual for each day in premises/services

Name: _____ Date: _____
 Program Participant Employee Visitor

ENTRANCE

1. **Are you currently experiencing any of the following?**
Yes:
 - Fever (temperature of 100.4 or greater) or chills
 - Sore throat
 - New cough (a cough other than a usual smoker's cough, for example)
 - Congestion or runny nose
 - Muscle or body aches
 - New loss of taste or smell
 - Nausea or vomiting
 - Diarrhea
 - New shortness of breath or difficulty breathing
 - If YES to any, ask them to leave the premise until the symptoms are gone. If the individual is a participant who is not their own guardian, quarantine and contact their guardian to have them pick up the participant ASAP.
 - No**
 - If NO to all, proceed to next step.
2. **An employee will check the individual's temperature (if temperature taking equipment is available).**
 Fever present? (temperature of 100.4 or greater?)
 YES NO
 - If YES, ask them to leave the premise until the fever has been gone for 72 hours without the use of fever reducing medication. If the individual is a participant who is not their own guardian, quarantine and contact their guardian to have them pick up the participant ASAP.
 - If NO, proceed to next step.
 - If the individual has a temperature of 99-100.3, temperature will need to be retaken and logged on the back of this form at a minimum of every 2 hours to monitor and ensure it does not rise.
3. **Have you recently had a fever? (temperature of 100.4 or greater?)**
 YES NO
 - If NO, proceed to next step
 - If YES, ask "Have you been fever free for at least 72 hours without the use of any fever reducing medication?"
 - YES NO
 - If Yes, proceed to next step
 - If NO, ask them to leave the premise until the fever has been gone for at least 72 hours without the use of fever reducing medications. If the individual is a participant who is not their own guardian, quarantine and contact their guardian to have them pick up the participant ASAP.
4. **Have you recently traveled outside of the country, had close contact with a person known to have COVID-19 or experiencing symptoms related to COVID-19 (as listed above), or been anywhere that has had positive COVID-19 exposure?**
 YES NO
 - If YES, ask them to leave the premise and stay home for 14 days after exposure based on the time it takes to develop illness. If the individual is a participant who is not their own guardian, quarantine and contact their guardian to have them picked up the participant ASAP.
 - If NO, proceed to next step.
5. **Have you recently traveled outside of the state?**
 YES NO
 - If YES, ask them to identify where: _____
 - Proceed to next step.
6. **Allow entry to building and direct them to where they may wash their hands thoroughly with soap and water or, at minimum, use alcohol-based hand sanitizer.**
7. **Remind the individual that during their visit, they are to:**
 - Wash their hands with soap and water or use alcohol-based hand sanitizer frequently during their time in the building/in services.
 - Maintain an appropriate distance (6 feet) from all others and wear a face mask if able.
 - Not to shake hands with, touch, or hug others.
 - Not to share items with others
8. **Employees will continue to monitor the individual for any possible symptoms.**



- If any become present, ask them to leave the building/quarantine and contact the guardian to pick up if the individual is a participant and not their own guardian.

SYMPTOM TRACKING					
Temperature					
<i>(If thermometer indicates 99-100.3, temperature will be retaken and logged at least every 2 hours while in services; if it rises to 100.4, follow guidelines above. If temperature drops below 99 degrees without the assistance of fever reducing medication, staff can discontinue taking temperature every 2 hours; if medications were administered, document it under Additional Notes below.)</i>					
TEMPERATURE	TIME	TAKEN BY	TEMPERATURE	TIME	TAKEN BY
Additional Notes					

EXIT

9. **Are you currently experiencing any of the following?**
Yes:
- Fever (temperature of 100.4 or greater) or chills
 - Sore throat
 - New cough (a cough other than a usual smoker's cough, for example)
 - Congestion or runny nose
 - Muscle or body aches
 - New loss of taste or smell
 - Nausea or vomiting
 - Diarrhea
 - New shortness of breath or difficulty breathing
- No**
10. **An employee will check the individual's temperature (if temperature taking equipment is available).**
 Fever present? (temperature of 100.4 or greater?)
- YES NO

