

Entering PennDOT Facilities During COVID-19 Mitigation

Overview

On Monday March 16, 2020, Governor Wolf declared all Commonwealth office buildings will be closed for 14 days for mitigation of COVID-19 coronavirus. Employees who need to enter buildings to perform mission-critical or emergency-related tasks may do so, only with supervisory approval, and in accordance with the procedures that follow.

Entry Procedures

- A. Entrance to the facility will be limited to a designated employee entrance. No entry will be permitted at any other entrances.
- B. Building staff will staff a screening station at the entrance. A series of forms is attached for screening staff.
 1. Use “Building Entry Log” to track employees entering buildings and screening results
 2. Use “Coronavirus Screening – Symptom Summary” form if employees exhibit symptoms
 3. Use “Return to Work Status Report” form for employees returning to work after doctors’ visits
- C. Every individual entering the building will undergo a screening which will include a scan of the individual’s body temperature using an infrared no-touch thermometer
- D. If an individual’s temperature is less than 100.4 degrees, a colored sticker will be affixed to their badge and they will be allowed to enter and re-enter the building for the remainder of that day.
- E. If an individual’s temperature is 100.4 degrees or higher, they will be asked a series of screening questions. Depending on the response to the screening questions, the person will be:
 1. Referred to their medical provider. If they do not have a medical provider, they will be referred to their local health department or 1-877-PA-HEALTH
 2. Instructed to remain on leave until medically cleared by a licensed clinician and provided a letter
 3. The individual must obtain a note from their medical provider before returning to work

Building Procedures

Employ elevated standards of cleanliness during mitigation periods:

- Develop daily cleaning schedules with frequent cleaning cycles of surfaces, handrails, door knobs, etc.
- Use disinfecting sanitizers and wipes for cleaning and disinfectant sprays as necessary
- **All building occupants should exercise social distancing when possible (e.g. virtual meetings, limited in-person interaction, minimal handshaking, etc.)**

General Guidance

Employees are reminded to practice thorough cleanliness during mitigation periods:

- Wash hands thoroughly with soap and water for at least 20 seconds or use hand sanitizer if soap and water are not available
- Cover any coughs or sneezes with your elbow, not your hands
- Clean surfaces frequently
- Stay home to avoid spreading COVID-19, especially if you are unwell
- **Do not insist on entering buildings if you are knowingly sick**

BUILDING ENTRY LOG

Location/Building Name	Date

Name	Temperature Less Than 100.4°F	Cough	Sickness	Location in Building
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Return to Work Status Report

Employee Information:				
Employee Name	Personnel Number	Date	Agency	
Instructions to the Health Care Provider:				
Our concern is for the safety of the employee and the workplace. The above employee has been directed to obtain medical clearance to return to work due to the following observed behavior(s)/concern(s):				
Today's Appointment:				
Today's Date	Time In	Time Out	First Visit <input type="checkbox"/> Yes <input type="checkbox"/> No	Next Appointment
Medical Facts:				
Diagnosis/Cause			Prognosis	
Chief Complaint			Medications Prescribed	
Return to Work Information:				
<input type="checkbox"/> Return with no restrictions on _____. <input type="checkbox"/> May not return to work at this time; anticipated return to work without restrictions on _____.				

Health Care Provider:		
Physician Signature	Physician Printed Name	Telephone Number
Address		Fax Number

Comments:

*** Anticipated date to return to duty:**

Pennsylvania Department of Transportation Coronavirus Screening – Symptom Summary

The Centers for Disease Control (CDC) is closely monitoring a respiratory illness caused by a novel (new) coronavirus (COVID-19) first detected in Wuhan City, China in December 2019. Identified as a pandemic on March 11, 2020 by the World Health Organization, the COVID-19 infection is associated with international travel and person-to-person spread and has expanded across the globe.

Personnel completing the screening should complete this form if an employee member exhibits signs or symptoms commonly found with COVID-19 (fever, shortness of breath).

Employee Name:		Employee Number:	
Department/Job Title:		Date/Time:	
1.	Does the employee have a fever $\geq 100.4^\circ$ Fahrenheit (38°C)	Yes	No
2.	Does the employee have symptoms of lower respiratory illness (e.g. cough, shortness of breath)	Yes	No
3.	If "Yes" to number 2, did the employee recently travel outside of the United States? If "Yes", when _____	Yes	No
4.	If "Yes" to number 2, did the employee have close contact with a person who is under investigation for COVID-19?	Yes	No

For an individual answering "Yes" to questions #1, 3, or 4, immediately provide the staff member with a mask and refer them to their medical provider with instructions that they must stay on leave until medically cleared to work by a licensed clinician and return to work with a note. Personnel conducting the screening shall immediately notify the employee's supervisor.

If NO: individual is clear for purpose of this screening.

Completed by:

Screener's Printed Name: _____ **Date/Time:** _____

Note:

Close contact is defined as:

- a. Being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g. healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e. gowns, gloves, respirator, eye protection).
- b. Having direct contact with infectious secretions (e.g. being coughed on) while not wearing recommended personal protective equipment.