Manager/ Supervisor Checklist – Responding to Employee Regarding COVID-19

Employ	ee Name: Date:
Employee Present on Campus:	
breath	byee is currently on the campus and reports COVID-19 symptoms such as: cough; shortness of or difficulty breathing; fever or chills; muscle or body aches; fatigue; sore throat; headache; new easte or smell; congestion or runny nose; nausea or vomiting; or diarrhea:
	Advise employee to leave campus immediately and to seek medical attention. Obtain current contact information from employee for follow up – Cell Phone
Employ	ee Calls in:
are exp fever o	byee calls you prior to coming to campus to report a positive COVID-19 test result or that they eriencing symptoms of COVID-19 such as: cough; shortness of breath or difficulty breathing; chills; muscle or body aches; fatigue; sore throat; headache; new loss of taste or smell; cion or runny nose; nausea or vomiting; or diarrhea:
	Instruct employee not to come to campus. Advise employee to seek medical attention, if they have not done so already. The employee should remain off work until they receive negative COVID test results. The employee should notify you and HR of their clearance to return and bring a copy of their test results with them when they return to campus.
<u>Gather</u>	<u>Information</u> :
	Ask employee if he or she will allow us to share their identity with exposed employees. (If yes, obtain written consent/ confirmation via email or text message and forward to HR). Let the employee know that Baptist Health Services will perform contact tracing.
	Provide Employee with HR name and contact information for follow up related to leave issues, benefits issues, return date, or other questions Employee may have.
	Contact Human Resources ASAP to provide the above-referenced information and determine next steps Name of Person contacted: Date of contact: