

NARA Notice 2020-133: Health Screening Procedures to Respond to COVID-19

To: All Employees.

Attention supervisors: If you have employees who do not have access to a computer, please ensure that those employees receive a copy of this notice. This includes employees on LWOP or paid leave.

This message communicates changes in NARA policy that are necessary to protect the health and safety of staff and contractors in the workplace and to prepare for the future reopening of NARA facilities.

Effective immediately, all staff and contractors must check their own temperature and answer three questions about their health status before reporting for on-site work at a NARA facility. Staff and contractors must ask themselves the following questions before leaving for work on every day that you are scheduled to work in a NARA facility:

1. Are you currently experiencing any symptoms of COVID-19?
2. Have you been diagnosed with COVID-19 (with or without symptoms), or has a health care provider advised you to stay at home or otherwise self-isolate?
3. Have you been in close physical contact (within 6 feet for longer than 15 minutes) with a person who has been diagnosed with COVID-19?

If you answer "Yes" to any of these questions, do not come to work. Contact your supervisor to tell her or him that you answered "yes" to one or more of the questions. Then seek medical attention. Additional information is included in the attached COVID-19 Fact Sheet #9, Health Screening for NARA Employees and Contractors.

When you contact your supervisor, she or he will ask you a few questions to determine if the facility must be cleaned and whether your co-workers need to be notified. Your supervisor will not disclose your health information to anyone, except the Office of Equal Employment Opportunity (NEEO), and will not retain any health information. If other employees need to be notified, your name and identifying information will be protected from disclosure. For more information, please see [COVID-19 Fact Sheet #8, Contact Tracing Procedure](#).

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NARA is implementing these changes to ensure that employees and contractors are protected from potential exposure when they return to the NARA workplace. These procedures apply to all NARA staff and contractors who are temporarily recalled during the continued COVID-19 facility closures and will remain in effect when NARA facilities begin phased reopening.

Everyone has an opportunity to contribute to a safe and healthy workplace. Wearing personal protective equipment, practicing social distancing good personal hygiene, and staying home when you are sick are the most effective ways that you can protect your own health and the health of your colleagues.

Thank you for your cooperation.

MICAH CHEATHAM

Chief of Management and Administration

Attachment:

COVID-19 Fact Sheet #9: Health Screening for NARA Employees and Contractors

If you have questions about this notice, contact:

Donna Forbes, Executive for Business Support Services

donna.forbes@nara.gov

Room 1200B

National Archives at College Park

Phone: 301-837-1867

Attachments

1. [COVID-19 Fact Sheet 9_Entry screening v06152020.pdf](#)



NARA COVID-19 Response

Fact Sheet #9: Health screening for NARA employees and contractors

June 15, 2020

This fact sheet provides guidance to help protect NARA staff and reduce the spread of the 2019 novel coronavirus disease (COVID-19) in the workplace.

NARA staff and contractors who are scheduled to work at a NARA facility must assess their own health before reporting to work. NARA will not check temperatures or ask questions about your health to gain entrance to NARA facilities. NARA may deny access or send you home if you are showing obvious signs of illness (e.g. shaking, chills, flushed appearance, vomiting). NARA will ask only the minimum information about your health status necessary to protect the health of other occupants of your facility. We will maintain your privacy and protect all information we collect about your health status.

Procedure.

1. **Check your temperature.** Every NARA employee or contractor is required to measure her or his temperature on days she or he is scheduled to report to the physical workplace. Measure your temperature at home, before reporting for duty.
2. **Complete the health screening inventory.** After checking your temperature – and before reporting to the workplace – answer each of the “yes” or “no” questions provided in the next section, “Health screening inventory”.
 - a. If you respond “yes” to any question on the health screening inventory:
 - (1) Do not come to work. Contact your supervisor and tell her or him that you answered “yes” to at least one question.
 - (2) If you’ve been in the facility in the past two weeks, be prepared to provide your supervisor with information necessary for your supervisor to conduct contact tracing. Your supervisor will ask you:
 - i. Were you in the facility in the last two days before you first felt ill or were diagnosed, or in the 14 days after you came in close contact with someone diagnosed with COVID-19?
 - ii. Where did you spend the majority of your time in the facility?

- iii. Was there anyone else in the facility who you were within 6 feet of for longer than 15 minutes?
- (3) You will be placed on 14 calendar days of home isolation. More information is provided in [COVID-19 Fact Sheet #8, Contact tracing](#). Leave and telework options are provided in [COVID-19 Fact Sheet #1, Workplace flexibilities](#).
- (4) Seek medical attention.
- b. If you respond “no” to all questions on the health screening inventory, you should report to work as scheduled.

Health screening inventory.

Please answer the following questions to the best of your ability:

1. **Are you currently experiencing any symptoms of COVID-19?** *Do not include symptoms that are explained by something other than respiratory illness (e.g. allergies, asthma, an illness that has been diagnosed as something other than COVID-19, routine aches, pain, or headaches that you normally experience).* The following is list of COVID-19 symptoms recognized by the CDC as of the date of this fact sheet. Check [here](#) for the latest updates.

- | | | |
|---|------------------------------|-----------------------------|
| Elevated temperature, fever, or chills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath or difficulty breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fatigue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Muscle or body aches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New loss of taste or smell | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Congestion or runny nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea or vomiting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diarrhea | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. **Have you been diagnosed with COVID-19 (with or without symptoms), or has a health care provider advised you to stay at home or otherwise self-isolate?**
 Yes No

3. **Have you been in close physical contact (within 6 feet for longer than 15 minutes) with a person who has been diagnosed with COVID-19?**
 Yes No

Point of Contact: If you have questions or comments, please contact the Occupational Safety and Health Program Office at safety@nara.gov.