**Sample SOP/SOG #2**

**TITLE**: **Screening for Symptoms of COVID-19**

**PURPOSE**

EMS and fire personnel are at risk of transmitting SARS-CoV-2 in any workplace setting. Transmission of the virus may occur when the individual is asymptomatic or minimally symptomatic, minor symptoms that can signal the onset of COVID-19 may occur at any time. Workplace exposures to COVID-19 or other infections represent an important risk to personnel safety and maintenance of a healthy and active workforce making mitigation practices important to the continued operations of the agency. This SOP/SOG summarizes key actions to screen individuals in the workplace for symptoms of SARS-CoV-2 infection to mitigate risk of virus transmission.

**CONTENT**

1. All personnel must perform a fit for duty assessment at the beginning of a shift or work period. Additionally, any change in this assessment occurring during a shift must be addressed as per this SOP/SOG.
2. All personnel should assess themselves and their partner(s) for:
	1. Subjective fever, chills, or measured temperature ≥100.0°F or ≥37.8°C.
	2. New onset of respiratory symptoms such as cough or shortness of breath without obvious underlying cause (e.g., due to pre-existing condition such as allergies or chronic respiratory disease).
	3. Excessive fatigue.
	4. Other signs or symptoms such as muscle pain, nausea, vomiting, loss of taste, or loss of smell.
3. If any of the above findings are present:
	1. Contact the worker’s supervisor to report the presence of a positive screen.
	2. If engaged in patient care or other operational activities, safely transition those activities to other appropriate personnel.
	3. Ensure the worker with positive screening symptoms is wearing a face covering.
	4. The worker should self-isolate as per the [agency’s] SOP/SOG.
4. Return to work will be determined as per the [agency’s] return to duty SOP/SOG.

**APPROVAL**

This SOP/SOG is authorized by:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_