

**COVID – 19 EMPLOYEE CHECKS AND COVID-19 REQUIREMENTS:**

Pursuant to Governor Murphy’s Executive Order #192 issued on October 28, 2020, effective at 6:00 AM on Thursday, November 5, 2020 the following provisions are to be observed at ***[name of local unit]*** buildings for personnel required to be physically present:

- 1) Individuals shall maintain at least six feet of distance from one another to the maximum extent possible, including but not limited to; during worksite meetings, orientations and similar activities that would traditionally require individuals to be present in a single room or space and in close proximity, in common areas such as restrooms and break rooms, and when individuals are entering and exiting the workplace.
  
- 2) Where the nature of an employee’s work or the work area does not allow for six feet of distance to be maintained at all times, a mask must be worn unless physical barriers between workstations are provided. Personnel may remove face masks when situated at workstations and are more than six feet from other individuals at the workplace, or when an individual is alone in a walled office
  
- 3) Visitors entering the municipal building shall be required to wear cloth or disposable face masks while on the premises, except where the individual is under two years of age or where it is impracticable for an individual to wear a face mask, such as when the individual is eating or drinking or where a service being provided by the employer cannot be performed on an individual who is wearing a mask.
  
- 4) Entry may be denied to visitors who decline to wear a face mask, except when doing so would violate State or Federal law. Facemasks will be made available to all visitors.
  
- 5) Where personnel cannot wear a mask because of a disability, the ***[name of local unit]*** may, consistent with the Americans with Disabilities Act (“ADA”) and/or New Jersey Law Against Discrimination (“NJLAD”), be required to provide the employee with a reasonable accommodation unless doing so would be an undue hardship on the ***[name of local unit]***’s operations. The ***[name of local unit]*** may require personnel to produce medical documentation supporting claims that they are unable to wear a face mask because of a disability.

Where a visitor declines to wear a face mask on the premises due to a disability that inhibits such usage, no personnel shall require the individual to produce medical documentation verifying the stated condition, unless production is otherwise required by State or Federal law.

- 6) All employees shall be required to practice regular hand hygiene, particularly when interacting with the public.

7) Prior to each shift, personnel shall conduct a Coronavirus self-check utilizing the check sheet in Appendix A. Non-contact infrared thermometers have been purchased and are available for use.

Personnel who present symptoms shall immediately notify their supervisor or the Clerk. Any employee who has symptoms shall be sent home for appropriate recovery and or quarantine.

Facemasks, PPE and sanitizing supplies will continue to be made available to all personnel. All high-touch areas will be routinely cleaned in accordance with DOH and CDC guidelines, particularly in spaces that are accessible to employees, customers, or other individuals.

All personnel shall be notified of any known exposure to COVID-19 at the worksite, consistent with the confidentiality requirements of the ADA and any other applicable laws, and consistent with guidance from the EEOC.

All other directives not in conflict with this memorandum remain in full force and effect.

**APPENDIX A**  
**[name of local unit] - Employee COVID-19 Screening**

TODAY'S DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

TODAY'S TEMP: \_\_\_\_\_

Have you experienced any of the following symptoms in the past 48 hours:

Have you had a fever (temperature over 100.3 ° F) without having taken any fever reducing medications?

Yes

No

Loss of Smell or Taste?

Yes

No

Muscle Aches?

Yes

No

Headache?

Yes

No

Cough?

Yes

No

Shortness of Breath?

Yes

No

Congestion or Runny Nose?

Yes

No

Sore Throat?

Yes

No

Chills?

Yes

No

Fatigue

Yes

No

Nausea or Vomiting?

Yes

No

Diarrhea?

Yes

No

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?  Yes  No

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?  Yes  No

Are you currently waiting on the results of a COVID-19 test?  Yes  No

**IF you answered NO to ALL QUESTIONS: You may begin your shift. Please provide this to your supervisor.**

**IF you answered YES to ANY QUESTION: Advise your supervisor and return home for your own health and safety and the health and safety of other employees and await further instructions from your supervisor.**

Signature: \_\_\_\_\_

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