

Changes for Gate/Front Door Operators: Effective 12-4-2020

To assist in providing a consistent message and practices, all Control Center Gate/Front Door Operators shall use the following script:

Script

Gate /Front Door Operators:

When visiting or unknown person(s) approach the gate or front door and push the intercom. State:

- Welcome to _____ Facility. Please state your name and purpose of visit. (remember to Review Gate Pass, for approval for entry).

When a staff or known person(s) approaches the gate or front door and pushes the intercom. State:

- Good Morning/Day/Night Mr/Ms _____. As a reminder, please review the contraband list

NOTE:

- **Observe if they have a mask* on. If they do not, please inform them they must have one on and it must remain on throughout the screening process.**
- **Please remind them to be aware of maintaining social distancing of 6 feet.**

***if they do not have a mask available to wear, notify supervisor.**

Follow the standard entry speech. Specifically

Contraband Questions

Ask them to refer to the contraband list, while they are looking at contraband list: *Ask if they have any cellphones, smartwatches, weapons, electronic devices, cigarettes, lighters, gum or any other items listed?* If they answer “yes”, ask them to return those items to their vehicle, as they are not permitted in the building.

- **Ask them is your vehicle secure?**
- **Remind visitors they will need ID and personal keys, for both staff and visitors keys will be collected.**

COVID Questions

State for purpose of Screening for COVID 19 in compliance with the CDC and the Department of Health, please refer to the posted questions with the health questionnaire on the (gate/door).

(NOTE: Gate/Door operators you do not need to read these to them- they are listed below for reference in case there are questions)- **Allow the person to review the questions, then ask them: Did you answer Yes to any questions?**

TEMPERATURE		
Is your temperature greater than or equal to 100.0 degrees Fahrenheit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CONTACTS		
Have you had any known close contact with a person confirmed or suspected to have COVID-19 in the past 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SYMPTOMS		
Are you currently experiencing ANY of the following symptoms?		
Cough (new or worsening)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Shortness of Breath (new or worsening)		
Troubled Breathing (new or worsening)		
Fever		
Chills		
Muscle Pain (new or worsening)		
Headache (new or worsening)		
Sore Throat (new or worsening)		
New Loss of Taste		
New Loss of Smell		

POSITIVE TEST RESULT		
Have you tested positive for COVID-19 through a diagnostic test in the past 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

OUT OF STATE TRAVEL		
Have you traveled within a state that does not border New York State, or stayed longer than 24 hours within the past 14 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Exception: I have "tested out" per CDC Guidelines or have been designated as an essential employee, per CDC Guidelines?	<input type="checkbox"/> YES	

NOTE:

If you answer “**Yes**” to any of the above questions, with the exception of the last question you will not be permitted entry and referred to a Supervisor*.

If you answer “**No**” to all of the questions, you will be instructed to proceed to the next screening area, for temperature check and additional screening.

For the protection of everyone, all persons entering MUST wear a
FACE MASK