

Peralta Community College District



COMPANY NURSE: SCREENING & VACCINATION SUBMISSION PROCEDURAL GUIDE

2021 – 2022

Berkeley City College College of Alameda Laney College Merritt College District Office

These procedures apply to all new and existing Peralta Community College District (PCCD) faculty, classified employees, administrators, hourly employees (short term temporary employees), contract employees, independent contractors, and student employees (hereafter referred to as “covered individuals”). These procedures also apply to all students of PCCD.

Company Nurse will be used to screen employees for COVID-19 and report and securely store vaccination information. For any technical issues or questions please reach out to Company Nurse directly: screen@companynurse.com. For other questions or concerns please reach out to HR: hr@peralta.edu

Registration Process

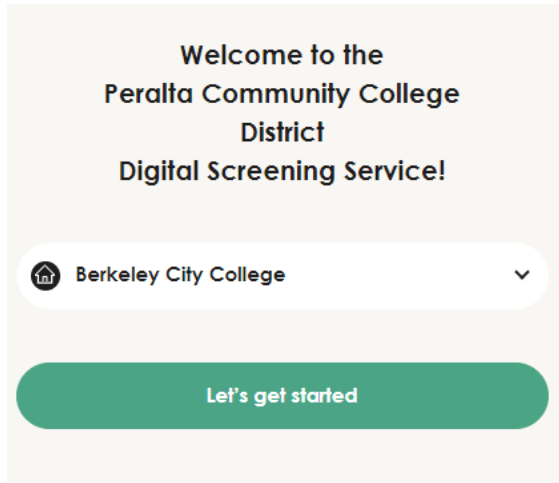
Registering for **Company Nurse** is easy! You'll need to:

Follow Link: Use the link or QR code below to start your registration.

<https://nrse.us/e1e97fb066927023fcdf>

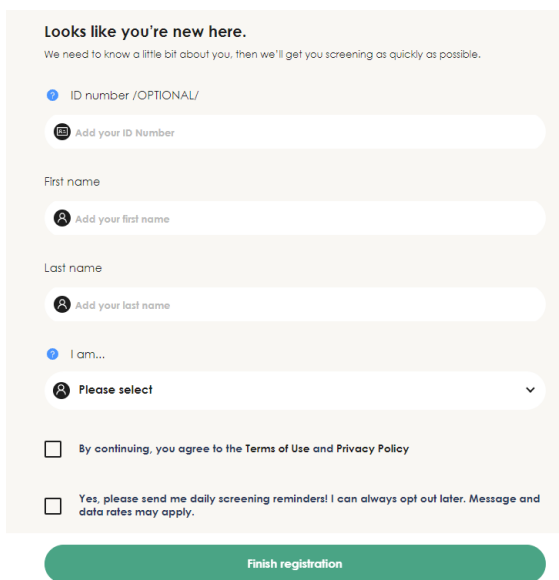


Set Up Login Information: Select your location



Your phone number and a verification code, which will be sent to your phone by text message every time you log on; • Your phone number and password, selected by you; • Your email and password, selected by you.

Enter Your Information: You will be asked for your **First** and **Last Name** and to indicate whether you are **Healthcare Personnel**, a **Critical Worker**, or **neither**. Enter in your employee ID number. You will then review and select if you agree to the **Terms of Use** and **Privacy Policy**. You may also have the option to sign up for **daily screening reminders**. *If you have any questions about this information, please refer to your supervisor.*



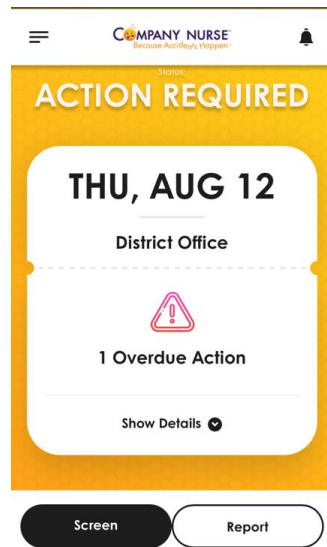
Please Note: The process and questions displayed are subject to change, based upon CDC guidance.

Daily Screening Process

The screening process is simple and can take under 30 seconds. **This process will need to be completed on a daily basis for all employees regardless of vaccination status before entering any PCCD buildings.** You will first log in and select **Screen**. You will then screen for symptoms and exposures by answering a series of questions (explained below) based on CDC guidelines. After you respond to the questions, you will either **pass** and be cleared to enter the building or be put on **hold** and provided on-screen instructions on how to proceed.

Questions

After you log in, click on Screen to begin the screening process.



You will be asked the following questions:

Is this an emergency? *Stop and call 911 if you are experiencing any of the following:*

- Severe difficulty breathing
- Chest Pain
- Pressure or tightness in the chest
- Difficulty remaining conscious
- Confusion
- Bluish lips or face

You will answer **Yes** or **No**.

Please answer the following questions about COVID-19 related symptoms not due to allergies, COPD, or other chronic illnesses. You will confirm you understand by clicking **Got it**. You may also select **Don't show this message again for the next 10 days**.

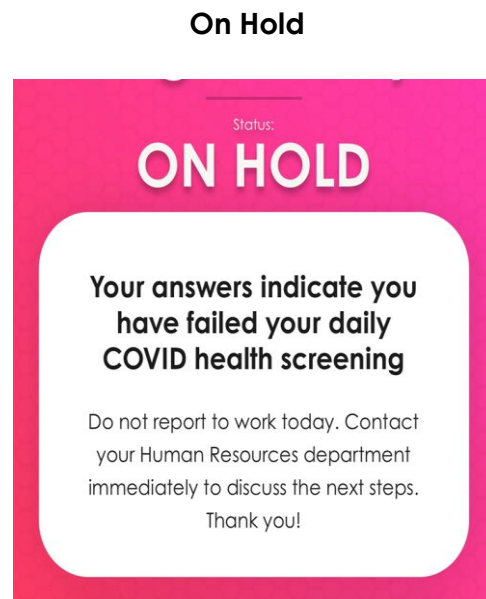
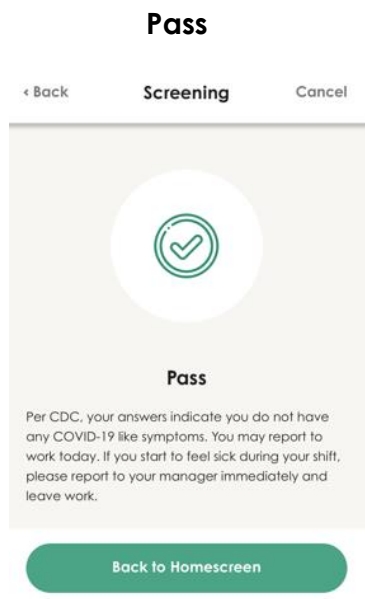
Are you experiencing any of these symptoms?

- Fever (100.4 °F or higher) or chills
- Cough
- Shortness of breath or difficulty breathing (if you have severe shortness of breath or severe difficulty breathing, CALL 911)
- Muscle or body aches; OR illness-related fatigue
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- I do not have any of these

You will select the symptoms you are experiencing from the above list or, if you are not experiencing any symptoms, you will select **I do not have any of these**.

In the last 24 hours, have you had close contact (less than 6 feet) with a COVID-19 positive/infected person or multiple persons for a combined total of 15 minutes or more, in the same 24 hour period? You will answer **Yes** or **No**.

Results



Pass: You are cleared to enter the campus

Hold: Follow the instructions that will be provided on the screen for next steps

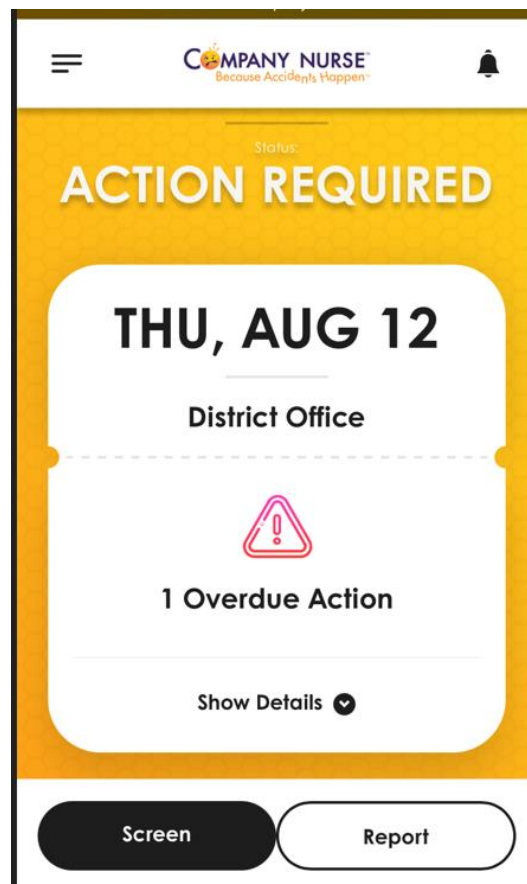
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Submit Vaccinations

Reporting vaccinations and submitting additional forms to **Company Nurse** is easy! You'll need to:

Log In: Use your same username and password you used to register.

Report: Select **Report** on the bottom right-hand corner of the screen and select **Vaccination Report**.



Enter Information: Enter your information (you can enter for both doses, if applicable) and click **Submit**.

- **Vaccine Manufacturer**
- **Date of Vaccination**
- **Lot Number (Optional)**
- **Vaccine Location (Site: Kaiser, CVS, Walgreen etc.)**
- **Attachments:** Include a copy of your vaccination card with your patient/medical record number hidden

Scroll towards the bottom to fill out 2nd dose information and add the attachment by clicking on “Tap to Upload”

The image displays three sequential screenshots of a mobile application interface for reporting a vaccination. Each screen has a header with "Cancel", "Report Vaccination", and a notification bell icon.

- First Screenshot:** Shows the "Vaccine Manufacturer" field with a dropdown menu currently displaying "Please Select". A note below the field says "Please select manufacturer first". A green "Submit" button is at the bottom.
- Second Screenshot:** Shows the "Vaccine Manufacturer" dropdown menu now set to "Moderna". Below it, the "Date" field is set to "08/12/2021". The "Lot Number" and "Vaccine Location" fields are both set to "Please Specify". A green "Submit" button is at the bottom.
- Third Screenshot:** Shows the "Attachments" section with a "Tap to upload" button. Below it, a file name is visible: "7FC28297-665F-4520-99FD-309...". A green "Submit" button is at the bottom.

Submit COVID-19 Test Results

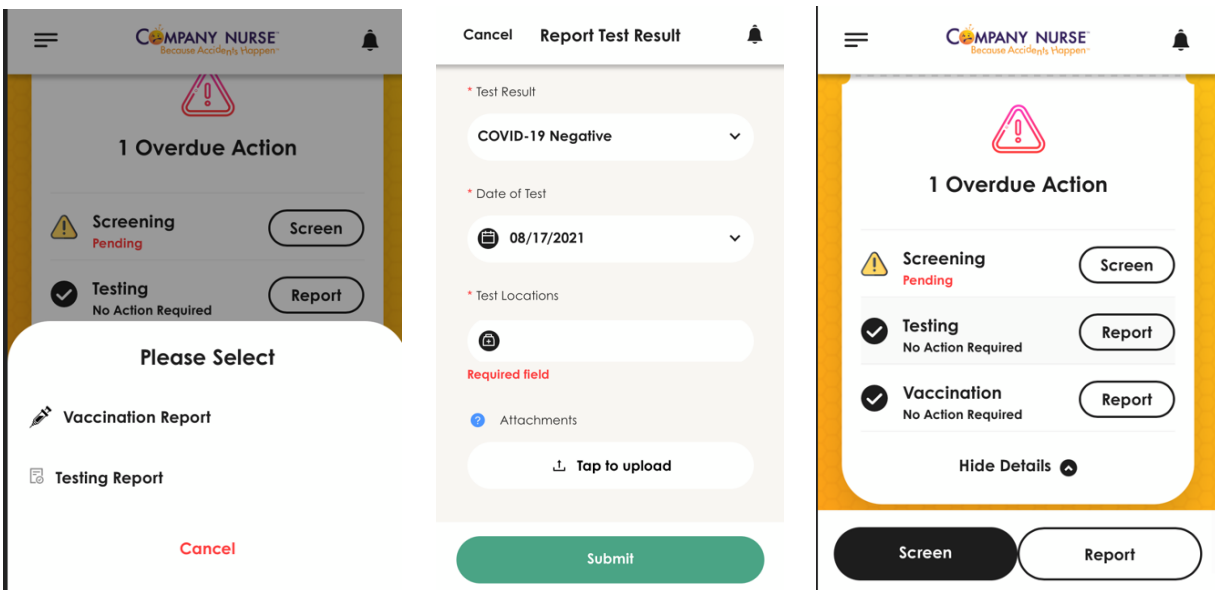
To report COVID-19 test results you'll need to:

Log In: This is the same log in process as your daily health screening.

Report: Select **Report** on the bottom right-hand corner of the screen or click on Show Detail and select **Testing Report**.

Enter Information: Enter the required information shown below and click **Submit**.

- **Test Result:** COVID-19 Positive or COVID-19 Negative.
- **Date of Test**
- **Test Location**
- **Attachments:** Include available documents.



Submit Declination and Medical Authorization Forms

Once registered and logged in, follow the steps to report vaccination. Scroll to the bottom of the last screen where you will be able to attach up to 3 forms by clicking on “Tap to Upload”.

Upload your Authorization for Disclosure & Use of Medical Information form and/or Declination form.

Please Note: The process and questions displayed are subject to change, based upon CDC guidance. Documentation is stored securely for admin verification.