

Coronavirus Disease 2019 (COVID-19) Screening Process

Screen all individuals for symptoms upon arrival to the facility.

Staff: when reporting to work Detainee/Patient: during the booking process if possible

SCREENING (check one): Detainee: Name _____ DOB _____
 Staff: Name _____
 Other: _____

Additional Information (optional): _____

| SCREENING | | | | | |
|--|-----|----|----------------------------|--|----|
| Symptom | YES | NO | Symptom | YES | NO |
| Fever (If YES, temp: _____) | | | Headache | | |
| Cough | | | Sore Throat | | |
| Difficulty Breathing | | | Chills or Shivering | | |
| Muscle or Body Aches | | | New Loss of Taste or Smell | | |
| Fatigue | | | Congestion or Runny Nose | | |
| Nausea or Vomiting | | | Diarrhea | | |
| In the past 14 days, have you had <u>close contact</u> with: | | | | | |
| <ul style="list-style-type: none"> Anyone known to have laboratory-confirmed COVID-19? Anyone who has symptoms consistent with COVID-19? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Are you isolating or quarantining because you may have been exposed to someone with COVID-19 or are worried that you may be sick with COVID-19? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Have you recently tested positive for COVID-19? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If YES, where were you tested? _____ | | | | | |

If **YES** to any of the above questions, consider the following actions:

| DETAINEE | STAFF | OTHER |
|--|--|--|
| <ul style="list-style-type: none"> Isolate/quarantine, if possible Have the patient wear a standard mask (not an N-95) Instruct the patient to cover their mouth and nose with a tissue or sleeve when coughing or sneezing; encourage hand washing Contact your local health department for potential testing information AND notify Medical Dept | <ul style="list-style-type: none"> Send employee home to self-quarantine Consult local health dept to determine length of quarantine Return to work when quarantine is complete if no symptoms are present. | <ul style="list-style-type: none"> Do NOT allow entry into facility |

These individuals may be referred to as a person under investigation (PUI) for COVID-19.

If **NO** to all questions:

- Individual should NOT be considered a risk at this time – no further action required.
- If symptoms appear at a later time, repeat the screening process.

Officer/Nurse Signature

Date

See following page for information on temperature checks and the use of PPE.

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To safely check an individual's temperature (per the CDC):

- Perform hand hygiene, THEN put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves
- Check individual's temperature
- **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely.
- Remove and discard PPE, THEN perform hand hygiene

Dedicate staff who have been given instruction on using the following PPE to care for quarantined individuals:

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

Gloves

- Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area.
- Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

Gowns

- Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled.
- Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area.
- Disposable gowns should be discarded after use.

Respiratory Protection

- Use respiratory protection that is at least as protective as NIOSH-certified disposable N95 filtering facepiece respirator before entry into the patient room or care area.
- In order for N95s to work to the fullest protection, staff will need to be fit-tested for the proper size to ensure a tight seal.
- Respirator use must be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) Respiratory Protection standard (29 CFR 1910.134external icon). Staff should be medically cleared and fit-tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Eye Protection

- Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Remove eye protection before leaving the patient room or care area.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
- Disposable eye protection should be discarded after use.