

A note on these screening questions: The questions are based on CDC recommendations, public health guidance, and legal input. The appropriate questions change as the situation changes. This document is the most current screening questions and standards for returning to in-person services.

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## COVID-19 Screening Checklist –Staff

**If the answers to any of the following questions are “YES,” then you may not proceed with your work shift.**

1. Have you had a fever or felt feverish in the last 72 hours?
2. Are you experiencing any of the following symptoms?

|                     |                            |
|---------------------|----------------------------|
| Cough               | Muscle pain or soreness    |
| Shortness of breath | Sore throat                |
| Fever               | New loss of taste or smell |
| Chills              | Diarrhea                   |
3. Have you received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care professional in the past 14 days?
4. Have you had any travel internationally or on a cruise ship in the last 14 days?
5. Have you had close contact with or cared for someone diagnosed with or suspected of having COVID-19 within the last 14 days?

*If answers to 1-5 are no, then proceed to temperature screen*

- Is your current temperature above 100.4 Fahrenheit?

**If you are able to answer “NO” to all of the above questions, please proceed with your work shift.**

## COVID-19 Screening Checklist – Home Clients

If the answers to any of the following questions are “YES,” then you cannot proceed with session.

1. Have you or anyone in this household had a fever or felt feverish in the last 72 hours?
2. Are you or anyone in the household experiencing any of the following symptoms?

|                     |                            |
|---------------------|----------------------------|
| Cough               | Muscle pain or soreness    |
| Shortness of breath | Sore throat                |
| Fever               | New loss of taste or smell |
| Chills              | Diarrhea                   |
3. Have you or anyone in the household received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care professional in the past 14 days?
4. Have you or anyone in this household had any travel internationally or on a cruise ship in the last 14 days?
5. Have you had close contact with or cared for someone diagnosed with or suspected of having COVID-19 within the last 14 days?

*If answers to 1-5 are no, then proceed to temperature screen*

- Does anyone in the household have a current temperature above 100.4 Fahrenheit?

**If you are able to answer “NO” to all of the above questions, the therapist can enter the household.**

## COVID-19 Screening Checklist – Onsite Visitors

If the answers to any of the following questions are “YES,” then you may not enter the building.

1. Have you or anyone in this car had a fever or felt feverish in the last 72 hours?
2. Are you or anyone in this car experiencing any of the following symptoms?

|                     |                            |
|---------------------|----------------------------|
| Cough               | Muscle pain or soreness    |
| Shortness of breath | Sore throat                |
| Fever               | New loss of taste or smell |
| Chills              | Diarrhea                   |
3. Have you or anyone in this car received a confirmed diagnosis for coronavirus (COVID-19) by a coronavirus (COVID-19) test or from a diagnosis by a health care professional in the past 14 days?
4. Have you or anyone in this car had any travel internationally or on a cruise ship in the last 14 days?
5. Have you or anyone in this car had close contact with or cared for someone diagnosed with or suspected of having COVID-19 within the last 14 days?

*If answers to 1-5 are no, then proceed to temperature screen*

- Is your current temperature above 100.4 Fahrenheit?

**If you are able to answer “NO” to all of the above questions, you may enter the building.**

## COVID-19 Client Return to In-Person Services

**If you failed the COVID-19 screening, you may not return to the center or resuming having in-person services until the following criteria is met:**

### **Symptom-Based Strategy (required for screening questions 3-5)**

1. At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
2. At least 10 days have passed since symptoms *first appeared* or, for asymptomatic positive cases, at least 10 days from first positive test **and**
3. Symptoms (e.g., cough, shortness of breath) have improved, **and**
4. At least 14 days from any close contact exposure to someone diagnosed with or suspected of having COVID-19 **and**
5. At least 14 days from return from restricted travel.

**~ OR ~**

### **Test-Based Strategy (Possible Quicker Return; only allowed for screening questions 1 &2)**

1. Negative results from COVID-19 test **and**
2. Resolution of fever (100.4) without the use of fever-reducing medications **and**
3. Improvement in symptoms (e.g., cough, shortness of breath) **and**
4. At least 14 days from any close contact exposure to someone diagnosed with or suspected of having COVID-19 **and**
5. At least 14 days from return from restricted travel.

## COVID-19 Employee Return to In-Person Services

If you failed the COVID-19 screening, you may not return to the center or resuming having sessions until the following criteria is met. These are based on CDC guidelines for Health Care Professionals (HCP).

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### *Primary Method for screening questions 1&2*

- No positive COVID diagnosis
- Test-Based Approach; first test to be done within 24 hours of failed screen
- Only allowed for screening questions 1 &2

#### Requirements for Return:

1. Negative results from COVID-19 test **and**
2. Resolution of fever (100.4) without the use of fever-reducing medications **and**
3. Improvement in symptoms (e.g., cough, shortness of breath) **and**
4. At least 14 days from any close contact exposure to someone diagnosed with or suspected of having COVID-19 **and**
5. At least 14 days from return from restricted travel.

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### *Symptom-Based Method (required for screening questions 3-5)*

- Not to be used for screening questions 1&2 unless testing is not available.
- Required for positive diagnosis with mild to moderate illness (severe to critical should discuss with management)

#### Requirements for Return:

1. At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
2. At least 10 days have passed since symptoms *first appeared* or, for asymptomatic positive cases, at least 10 days from first positive test **and**
3. Symptoms (e.g., cough, shortness of breath) have improved, **and**
4. At least 14 days from any close contact exposure to someone diagnosed with or suspected of having COVID-19 **and**
5. At least 14 days from return from restricted travel.