

*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              |                            |
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              |                            |
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              |                            |
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**

1. At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever (100.4) and symptom free without the use medications **and**
2. At least 10 days have passed since symptoms *first appeared* **and**
3. At least 14 days from any close contact exposure to someone diagnosed with COVID-19 **and**
4. At least 14 days from return from restricted travel.

**~ OR ~**

### **Test-Based Strategy (Possible Quicker Return)**

1. Negative results from a COVID-19 test from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) **and**
2. Resolution of fever (100.4) without the use of fever-reducing medications **and**
3. Improvement in respiratory 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).

### *Primary Method*

**Test-Based Approach; first test to be done within 24 hours of failed screen:**

1. Negative results from two COVID-19 rapid results tests collected  $\geq 24$  hours apart (total of two negatives) **and**
2. Resolution of fever (100.4) without the use of fever-reducing medications **and**
3. Improvement in respiratory 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.

*Alternate Approach; only use if Test-Based is not available.*

### **Symptom-Based Strategy**

1. At least 3 days (72 hours) have passed since recovery defined as resolution of fever (100.4) and symptom free without the use medications **and**
2. At least 10 days have passed since symptoms first appeared **and**
3. At least 14 days from any close contact exposure to someone diagnosed with or suspected of having COVID-19 **and**
4. At least 14 days from return from restricted travel.