



## 8/28/2020 CLIENT UPDATE ON HEALTH SCREENING

*We update our health screening questions to follow the latest CDC recommendations, public health guidance, and legal input. These questions will change as the situation evolves.*

Attached is a copy of our latest Health Screening questions. Below are some important notes:

- Update screening questions as of 8/27/2020 include exceptions for pre-existing medical conditions. To receive an exception, documentation is required from a medical professional. Please see question #2 on the following page.
  - If you anticipate that a pre-existing condition may impact this question, you may obtain medical documentation and provide to your therapists in advance.
  - If not on file in advance, clients will not be able to return under a pre-existing condition until medical professional documentation is received. We will not be able to grant any exceptions without documentation.
- The symptoms list has expanded to include diarrhea. We have included information on our diarrhea definitions on the last page of this document.

*Another important note:* Parents/Guardians/Caregivers—please wear your mask in the parking lot when talking with staff. We have a standard that all those capable of wearing a mask should do so. There is no need to wear a mask while waiting in your car, but please understand this standard is in effect for conversations with our staff. We appreciate your help.

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**Thank you and stay safe!**  
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## **COVID-19 Screening Checklist –Client Home Sessions**

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

### **Symptom Risk**

1. Have you or anyone in this household had a fever or felt feverish in the last 72 hours?
2. Have you or anyone in this household experienced any of the following symptoms you cannot attribute to another health condition in the last 48 hours? If attributed to another health condition, documentation is required from a medical professional.

Cough	Muscle pain or soreness, not from normal daily activities
Shortness of breath	New loss of taste or smell
Chills	Diarrhea (3 occurrences in 24 hours)
Sore throat	

### **Possible Exposure Risk**

3. Have you or anyone in this household had any travel to areas with a high risk or active outbreak of COVID in the last 14 days??
4. Have you or anyone in this household had close contact with someone suspected of having COVID-19 within the last 14 days?

### **Confirmed Exposure Risk**

5. Have you or anyone in this household had close contact with someone diagnosed with COVID-19 within the last 14 days?

### **COVID-19 Positive Risk**

6. Have or anyone in this household you received a confirmed diagnosis for coronavirus (COVID-19) in the past 14 days?

*If answers to 1-6 are no, then proceed to temperature screen*

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

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

## COVID-19 Screening Checklist –Onsite Visitors Sessions

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

### Symptom Risk

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 Have you experienced any of the following symptoms you cannot attribute to another health condition in the last 48 hours? If attributed to another health condition, documentation is required from a medical professional.

Cough	Muscle pain or soreness, not from normal daily activities
Shortness of breath	New loss of taste or smell
Chills	Diarrhea (3 occurrences in 24 hours)
Sore throat	

### Possible Exposure Risk

3. Have you or anyone in this car had any travel to areas with a high risk or active outbreak of COVID in the last 14 days??
4. Have you or anyone in this car had close contact with someone suspected of having COVID-19 within the last 14 days?

### Confirmed Exposure Risk

5. Have you or anyone in this car had close contact with someone diagnosed with COVID-19 within the last 14 days?

### COVID-19 Positive Risk

6. Have or anyone in this car you received a confirmed diagnosis for coronavirus (COVID-19) in the past 14 days?

*If answers to 1-6 are no, then proceed to temperature screen*

- Does anyone in this car have a current temperature above 100.4 Fahrenheit?

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**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 sessions until the following criteria is met. Requirements for return listed below:

### **Symptom Risk (screening questions 1 & 2)**

- a) Either 10 days from the start of symptoms or negative results from COVID-19 test **and**
- b) Resolution of fever (100.4) without the use of fever-reducing medications **and**
- c) Improvement in symptoms (e.g., cough, shortness of breath)

### **Possible Exposure Risk (screening question 3)**

- a) At least 14 days from the at-risk travel

### **Possible Exposure Risk (screening question 4)**

- a) Negative results from COVID-19 test for the suspected individual **or**
- b) At least 14 days from any close contact with the individual suspected of having COVID-19

### **Confirmed Exposure Risk (screening question 5)**

- a) At least 14 days from any close contact with the individual diagnosed with having COVID-19

### **Confirmed COVID-19 Risk (screening question 6)**

- a) Must have mild to moderate illness (severe to critical should be discussed with management) **and**
- b) At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- c) At least 10 days have passed since symptoms first appeared or, for asymptomatic positive cases, at least 10 days from first positive test **and**
- d) Symptoms (e.g., cough, shortness of breath) have improved

## Diarrhea Information

Building Bridges Therapy will follow the standard definition of diarrhea as defined as three loose stool episodes in a 24-hour period.

Per our normal health policy, a child experiencing two diarrhea episodes while at the clinic will be sent home. The family should monitor to see if a third episode occurs in the 24-hour period. If so, the child would fail the COVID screening question for subsequent services (depending on their next scheduled service). If so, the client would need to follow the *Return to Services* process.

The Bristol Stool will be used in determining diarrhea for stool meeting criteria of levels 6 or 7.

