

CORONAVIRUS DISEASE 2019 (COVID-19) INMATE SCREENING TOOL

1. Assess the Risk Of Exposure	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? Link to CDC Criteria
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?
If the answer to ALL the above risk of exposure questions is NO, then STOP here and proceed with normal intake. If the answer to ANY of the above risk of exposure questions is YES, then immediately assess symptoms.	
2. Assess Symptoms	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever (Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective).
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath (SOB)
3. Implement Infection Prevention Control Measures if YES to the above questions in (2).	
3a. The Symptomatic Patient	
If the patient has any symptoms, implement Standard, Contact, and Airborne Precautions with Eye Protection	
<ul style="list-style-type: none"> <input type="checkbox"/> Report case promptly to facility leadership, infection prevention and control (IPC), public health and Regional and Central Office QIIPC Consultants. <input type="checkbox"/> Place surgical mask on the patient and minimize proximity to staff and inmates <input type="checkbox"/> All staff escorting/evaluating in close contact (6ft.) should perform hand hygiene, wear a gown, put on gloves, gown, fit-tested respirator (N-95), goggles or face shield and gloves before entry/exit. Inmate will wear a surgical mask. Doffing: gloves, gown, exit room, do face shield then 5 sec wash hands. <input type="checkbox"/> Escort patient to a certified Airborne Infection Isolation room. <input type="checkbox"/> If no room is available, isolate in room with door closed and preferably air is exhausted outside. <input type="checkbox"/> Prepare for transport to a designated referral healthcare facility in collaboration with the local public health authority (do not call for transport service without prior notification and escort in place to move inmate). <input type="checkbox"/> Minimize and keep a log of all persons interacting with (6ft.) or caring for, the inmate. <input type="checkbox"/> Once the All room is empty for two hours, it can be cleaned and disinfected with an EPA registered disinfectant (Emerging viral pathogens claim), by a person in proper PPE. <input type="checkbox"/> Waste disposal: Double bag trash as hazardous waste. Linens: Double bag in linen hazard bag for washing in central laundry 	
3b. The Asymptomatic Patient	
If the patient has no symptoms house in a single cell, and implement Standard, Contact and Droplet Precautions with Eye Protection	
<ul style="list-style-type: none"> <input type="checkbox"/> Report case to facility leadership, QIICP, public health and Regional and Central Office QIIPC Consultants. <input type="checkbox"/> House patient in a single cell. The preferred location is within Health Services. If unable to house patient in a single cell contact Regional and Central Office Infection Prevention and Control Consultants. <input type="checkbox"/> Limit # of persons interacting with inmate. Utilize social distancing (6 ft.). <input type="checkbox"/> Document a daily symptom assessment and temperature (Inmate can self-monitor with disposable thermometer or use non-contact thermometer. Utilize disposable food trays. Have inmate clean and disinfect room daily with disposable towels, if possible. Trash will be double bagged out of room. <input type="checkbox"/> Staff entering room will perform hand hygiene, wear a gown, surgical mask, goggles or face shield and gloves. Inmate will wear a surgical mask. Remove PPE, except face shield and mask at exit. Outside room, remove mask and wash hands. <input type="checkbox"/> Continue modified housing and observation procedures until 14 days after the last possible exposure date. <input type="checkbox"/> If at any time the patient becomes symptomatic, implement the steps in 3a – The Symptomatic Patient. 	

Inmate Name (Last, First): _____ Registration # _____
 Institution: _____
 Provider Name/Signature: _____ Date: _____