



# HEALTH SCREENING POLICY AND PROCEDURE

Adapted from guidelines developed by the [YMCA of San Diego County](#)

## Health Screening

Before conducting any respite service, a health screening will be completed based on the county health department recommendations for safe reopening. This screening will occur anytime a provider, client, or any other person enters into the space where respite care is occurring.

- Respite providers must complete their own self-checks 24-hours before a respite appointment so they can cancel in advance if necessary. Providers should re-check on the day of service before entering the space where respite care will occur – typically the client's home.

- Clients and any other individuals in the space where respite is provided must also submit to a health screening. If any individual refuses to answer or to participate in the health screening, respite care shall not be provided.
- Social distance must be maintained while completing the health screening questionnaire.
- Respite providers should clock in before completing health screenings as this time is compensable.

## Health Screening Questionnaire

Ask the following questions:

YES  NO Have you traveled out of the country in the last 14 days?

Do you have any of the following symptoms?

*(This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.)*

YES  NO Cough

YES  NO Sore throat

YES  NO Shortness of breath or difficulty breathing

YES  NO New loss of smell or taste

YES  NO Fever over 100° F

YES  NO Nausea, vomiting, or diarrhea

YES  NO Chills

YES  NO Headache

YES  NO Muscle pain

YES  NO Congestion or runny nose

YES  NO Have you been in close contact (within 6 feet for more than 10 minutes) with a confirmed case of COVID-19 within the last 14 days?

If a **RESPITE PROVIDER** answers **YES** to any of the screening questions, they should:

- Isolate themselves from others.
- Call their supervisor and provide the information needed for a report.
- Call their respite client(s) to let them know they must cancel until further notice.
- Contact their medical provider. If they don't have medical insurance call 211 to connect with the COVID-19 nurse line to receive guidance on how to be tested and when it will be safe to return to work.
- Notify their supervisor and client(s) when a medical provider gives them a safe expected return-to-work date.

If a respite provider has been in close contact with a confirmed case, they cannot provide respite for 14 days from the point of contact and should follow their medical provider's or health officer's recommendations.

If a **CLIENT** or other **HOUSEHOLD MEMBER** answers **YES** to any of the screening questions, the **RESPITE PROVIDER** should:

- Cancel the appointment.
- Notify their supervisor of the cancellation and the reason for the cancellation.
- Ask the client/household member to contact their medical provider and notify them when their medical provider deems it safe to resume services.
- Notify their supervisor with any updates to the situation, especially including the date for resumption of services.



## HEALTH SCREENING POLICY AND PROCEDURE

### Reporting Symptoms, Exposure, or Confirmed Case

**RESPITE PROVIDERS** should report information about their **OWN** symptoms, exposure, or confirmed case to:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please include the following:

- Name
- Age
- Symptoms, exposure, and/or confirmed case?
- If symptoms: what symptoms and when did you notice them?
- If exposure: how, when, where, and by whom were you exposed?
- Did you self isolate? If yes, include date.
- Were you tested? If yes, include date.
- Test results
- Management plan per your medical provider (e.g room isolation, home isolation, hospitalization)

This information will be kept confidential at the respite agency to only the respite program directors and will not be added to staff's personnel file. It will also be reported to the county health department as per reporting requirements.

**RESPITE PROVIDERS** should report information about a **CLIENT** or other **HOUSEHOLD MEMBER'S** symptoms, exposure, or confirmed case to:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please include the following:

- Client's name
- Date by which a medical provider indicates it is safe to resume services

This information will be kept confidential at the respite agency to only the respite program directors. It will also be reported to the county health department as per reporting requirements.