

# COVID-19 Daily Screen: Employees/Physicians/Students

Question	Response	Response	Action
1. Have you been diagnosed with COVID-19 in the past 14 days?	NO	YES, no entry Entry OK if non-High Risk Area & OHS clearance letter <sup>c</sup>	If Yes, mask, go home, call OHS for evaluation, and notify your manager
2. Do you live with someone who has been diagnosed COVID-19?	NO	YES, no entry, unless Entry OK if non-High Risk Area & OHS clearance letter <sup>c</sup>	If Yes, mask, go home, call OHS for evaluation, and notify your manager
3. In the past 24 hours, have you had any one of these symptoms? <ul style="list-style-type: none"> <li>• Fever (<math>\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}</math>)</li> <li>• Sore throat</li> <li>• Difficulty breathing</li> <li>• Unexplained muscle aches</li> <li>• Cough</li> <li>• Loss of sense of smell or taste</li> <li>• Nasal congestion (<i>different from pre-existing allergies</i>)</li> </ul>	NO	YES, no entry	If Yes, mask, go home, call OHS for evaluation, and notify your manager
4. In the past 14 days, did you have an illness with any one of these symptoms <i>and</i> you <u>did not</u> have a Covid-19 test? <ul style="list-style-type: none"> <li>• Fever (<math>\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}</math>)</li> <li>• Sore throat</li> <li>• Difficulty breathing</li> <li>• Unexplained muscle aches</li> <li>• Cough</li> <li>• Loss of sense of smell or taste</li> <li>• Nasal congestion (<i>different from pre-existing allergies</i>)</li> </ul>	NO	YES, no entry Entry OK if non-High Risk Area & OHS clearance letter <sup>c</sup>	If Yes, mask, go home, call OHS for evaluation, and notify your manager
5. Do you have a <u>runny nose</u> or <u>sneezing</u> alone that is not usual for you? ( <i>different from pre-existing allergies</i> )	NO	YES: High Risk Areas <sup>a</sup> : No entry All Other: OK with mask, self-monitor for new symptoms	<b>If Yes:</b> High Risk Areas <sup>a</sup> : go home, notify your manager, call OHS for evaluation All Others: OK to work w/mask, self-monitor for symptoms. If any new symptoms, notify manager, go home, call OHS.
6. Have you returned from travel outside the U.S. or from New Jersey, New York, or Connecticut in the past 14 days <i>and</i> you have <u>no symptoms</u> listed in #4 or #5?	NO	YES, see next column	<b>If Yes and <u>No</u> symptoms:</b> 1. Monitor for symptoms <sup>b</sup> during shift 2. If symptoms arise, notify manager and go/stay home and call OSH for further review  <b>If Any Listed Symptoms:</b> Mask, go home, and call OHS, Notify manager
7. Have you been in unprotected contact with someone <i>diagnosed</i> with COVID-19 in the past 14 days <i>and</i> you have <u>no symptoms</u> listed in #4 or #5?	NO	YES: High Risk Areas <sup>a</sup> : No entry All Other: OK with mask, self-monitor for new symptoms	<b>If Yes and <u>No</u> symptoms:</b> 1. Monitor for symptoms <sup>b</sup> during shift 2. If symptoms arise, notify manager and go/stay home & call OHS for further review  <b>If Any Listed Symptoms:</b> Mask, go home, and call OHS, Notify manager

## <sup>a</sup>UCSF High Risk Areas

1. **Mission Bay: C3 ICN, C6 BMT, C6 Heme/Onc, the Birth Center, or working with these populations:** Immunocompromised patients (Solid organ transplant (SOT), SOT listed, SOT evaluation in process, primary immunodeficiency, and receiving immunosuppressants including steroids, chemotherapy, biologics)
2. **Parnassus: Units 11L and 12L, or working with these populations:** Immunocompromised patients (Solid organ transplant (SOT), SOT listed, SOT evaluation in process, primary immunodeficiency, and receiving immunosuppressants including steroids, chemotherapy, biologics)

## <sup>b</sup>Symptoms to monitor for:

- Fever ( $\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$ )
- Cough
- Sore throat
- Difficulty breathing
- Unexplained muscle aches
- Runny nose
- Nasal congestion
- Loss of sense of smell or taste

OHS Phone Number: 415-514-7328

Contact the Hospital Supervisor/Leadership is available if any concerns.

Hosp Supervisors: Parn 415-353-8036, BCH-SF 415-502-0728

## <sup>c</sup>Occupational Health Service (OHS) Return to Work Clearance Letter

UCSF Health

Occupational Health Services  
Box 1661  
2330 Post Street, Suite 460  
San Francisco, CA 94143  
tel: 415.885.7580  
fax: 415.514.5614  
ohs@ucsf.edu  
www.ucsfhealth.org  
www.occupationalhealthprogram.ucsf.edu/  
ohpCinfo.asp

March 27, 2020

\_\_\_\_\_ has been **cleared** by Occupational Health Services to return to usual activities on campus. If you have any questions please contact Occupational Health Services at 415-514-7328.

Please bring a copy of this letter to work.

Best regards,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title