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

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| **1. In the past 30 days, have you or someone you live with been diagnosed with COVID-19?**<br>**If YES,** have you received a clearance letter from OHS related to return to work following this COVID-19 infection? | **NO** **YES without OHS letter** > No entry. Call OHS for evaluation, and notify your manager  
**YES with OHS letter** > Entry OK with verbal attestation that OHS letter was received. |
| **2. In the past 14 days, have you been in unprotected close contact with someone diagnosed with COVID-19?**<br>(**close contact**= within 6 feet for 15 minutes or longer)<br>(**unprotected**= without face covering or appropriate PPE at workplace)<br>**If YES,** have you received a clearance letter from OHS to return to work for this specific exposure? | **NO** **YES without OHS letter** > No entry. Contact your manager. Refer to handout with website for COVID Exposure Questionnaire. Go to website, complete questions and hotline will contact you within 12-24 hours with further instructions.  
**YES with OHS letter** > Entry OK with verbal attestation that OHS letter was received. |
| **3. Do you live with someone who is waiting for COVID test results due to symptoms of a COVID-type illness?**                                                                                           | **NO** **YES** > No entry. Call OHS for evaluation and notify your manager.                                      |
| **4. UCSF is offering testing any employee/faculty/student who is concerned about possible exposure to COVID-19 in their home, community or workplace during the past 7 days. Would you like to have a test today?**<br>(**You can still work while waiting for test result.**) | **NO** **YES** > Entry OK. Refer to signs and handout for instructions on how to get tested.                   |
| **5a. In the past 14 days, have you returned from travel outside the U.S.?**<br>**If YES,** have you received a clearance letter from OHS to return to work related to this recent travel? | **NO** **YES without OHS letter** > No entry. Call OHS for evaluation and notify your manager.  
**YES with OHS letter** > Entry OK with verbal attestation that OHS letter was received. |
| **5b. If NO to 5a, in the past 14 days, have you returned from travel outside the 9-county SF Bay Area?**                                                                                               | **NO** **YES** > Entry OK. See handout for attestation statements.  
**EMPLOYEE MUST ATTEST TO CONDITIONS TO CONTINUE TO WORK.** |
| **6. Have you had any of these symptoms in the past 14 days?**<br>- Fever, Chills, Shivering/Shakes (T ≥ 37.8°C/100°F)<br>- Cough<br>- Sore throat<br>- Runny or congested nose<br>- Difficulty breathing or shortness of breath<br>- Unexplained muscle aches<br>- Feeling unusually weak or fatigued<br>- Loss of sense of smell or taste<br>- Diarrhea (**defined as ≥ 3 loose stools in 24 hrs**)  
**If YES,** ask “Have you had any of these symptoms in the past 24 hours?”<br>**YES,** ask “Do you have an OHS Clearance Letter?”<br>**If YES,** Entry OK with verbal attestation  
**If NO,** No entry. Call OHS for evaluation, clearance and notify your manager.  
**NO,** ask, “Have you had a negative COVID test since these symptoms started?”<br>**YES,** cleared for work if you communicate with your supervisor, and meet the following criteria:  
- If you had fever, fever free for 72 hours without using fever reducing meds  
- Diarrhea free for 48 hours (unless related to known medical conditions)  
**NO,** No entry. Call OHS for evaluation, and notify your manager. | **NO** **YES if you have any symptoms** > No entry. Call OHS for evaluation, and notify your manager.  
**YES and Yes symptoms** > No entry. Call OHS for evaluation, and notify your manager  
**YES and No symptoms** > Entry OK with instructions:  
1. Call OHS to register for required self-monitoring  
2. Monitor for symptoms at work, notify manager and go home if symptoms arise |
| **7. In the past 14 days, have you worked at a non-UCSF Health care facility and participated in direct care or had close contact with patients diagnosed with COVID-19?**<br>(**Update:** At this time, ZSFG & VAMC are included as UCSF Health care facilities)<br>**If YES,** do you have any symptoms listed in question #6? | **NO** **YES and Yes symptoms** > No entry. Call OHS for evaluation, and notify your manager  
**YES and No symptoms** > Entry OK with instructions:  
1. Call OHS to register for required self-monitoring  
2. Monitor for symptoms at work, notify manager and go home if symptoms arise |
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Responses to screen questions:

NO > cleared for entry

YES > ask subsequent question(s) and follow actions for No Entry with instructions or Entry OK with instructions

aUCSF High Risk Areas

1. Mission Bay: C3 ICN, C6 BMT, C6 Heme/Onc, and the BirthCenter
2. Parnassus: Units 11L and 12L

- Employees/Providers with symptoms or high-risk exposures cannot work in designated High-Risk Areas.
- Employees/Providers with duties across units/areas should arrange patient assignment/duties with their supervisor/attending physician to minimize direct contact with high risk populations.

High Risk Populations: defined as immunocompromised patients (Solid organ transplant (SOT), SOT listed, SOT evaluation in process, primary immunodeficiency, and receiving immunosuppressants including chronic high-dose steroids, chemotherapy, biologics)

bNon-UCSF Health care facilities

UCSF Health’s care facilities where patient care is provided include: 1) Parnassus, Mission Bay/BCH-SF, BCHO, and Mt Zion inpatient hospitals and 2) All UCSF Health Ambulatory sites (clinics and diagnostic/treatment departments).

For the purpose of this screen question, VA Medical Center (VAMC), Zuckerberg SF General (ZSFG) are included as UCSF Health care facilities. UCSF Affiliate health systems are non-UCSF Health care facilities for the purpose of the is question.

Occupational Health Service (OHS) Number: 415-514-7328

(24/7 UCSF COVID-hotline is the same phone number)

Student Health & Counseling Services (SHCS): 415-476-8736

Contact the Screen Shift Lead or Hospital Supervisor if any concerns

Hospital Supervisors: Parnassus/Mt Zion 415-353-8036  BCH-SF 415-502-0728