

COVID-19 Daily Screen: Visitors

Screen all visitors by asking the questions below as written.

a) If response is "Yes", See next column for instructions to be given to the visitor/caregiver.

b) If response is "No" to all questions, clearance to enter the building for the day.

Contact the Screen Lead with questions and escalate unresolved visitor/caregiver concerns to the Hospital/Nursing Supervisor.

(BCH 502-0728 or Adult MB/MZ 353-8036)

Question	Response		Action/Instruction
1. In the past 20 days, have you been diagnosed with COVID-19? <i>(diagnosed = diagnosis or confirmed per a physician/provider)</i>	NO, go to next question	YES, see next column for actions	If YES > No entry, contact your doctor
			*BCH/Birth Center Caregivers: If YES > No entry, please identify an alternative caregiver and we will contact the BCH Nursing Supervisor who will give you instructions for evaluation and testing. <u>If YES and UCSF Caregiver Clearance Letter ></u> Entry OK
2. In the past 10 days, have you been in close contact with anyone who you suspect or is known to have COVID-19? <i>(close contact = within 6 feet for 15 mins or more, over a 24-hour period)</i>	NO, go to next question	YES, see next column for actions	If YES > No entry
			*BCH/Birth Center Caregivers: If YES > No entry, Please identify an alternative caregiver and we will contact the BCH Nursing Supervisor who will give you instructions for evaluation and/or testing. <u>If YES and UCSF Caregiver Clearance Letter ></u> Entry OK
2. In the past 10 days, have you had any of these symptoms that is new and not explained by a pre-existing condition? <ul style="list-style-type: none"> • Fever (37.8°C/100°F or greater) • Chills, Shivering/Shakes • Cough • Sore throat • Runny or congested nose • Difficulty breathing or shortness of breath • Unexplained muscle aches • Loss of sense of smell or taste • Diarrhea • Eye redness with or without discharge ("pink eye") 	NO, go to next question	YES, see next column for actions	No entry, contact your doctor if any symptoms develop or if you have any concerns
			*BCH/Birth Center Caregivers: If YES > No entry, please identify an alternative caregiver and contact your doctor if symptoms develop or if you have any concerns