**Kansas Department of Corrections**

**Coronavirus Supplemental Screening for Employees**

>If NO to all questions: Completion of the form is not required, the individual is clear for purpose of this screening.

>Any individual response as yes – this form shall be completed.

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| Employee Name: | Employee Number: |
| Classification/Job Title: | Date/Time: |
| 1. | Does the employee have a fever ≥ 100.0° Fahrenheit (37.7°C)? Temperature must be taken: \_\_\_\_\_\_\_\_ | Yes | No |
| 2. | Does the employee have any chills? | Yes | No |
| 3. | Does the employee have any shivereing? | Yes | No |
| 4. | Does the employee have symptoms of lower respiratory illness (e.g. cough, shortness of breath) | Yes | No |
| 5. | Does the employee have any body aches (myalgia)? | Yes | No |
| 6. | Does the employee have any restlessness, weakness (malaise)? | Yes | No |
| 7. | Does the employee have a headache? | Yes | No |
| 8. | Does the employee have a sore throat? | Yes | No |
| 9. | Does the employee have loss of taste or smell? | Yes | No |
| 10. | Does the employee have any diarrhea? (without an alternative more likely diagnosis) | Yes | No |
| 11. | Has the employee had **close contact** with a confirmed COVID-19 patient within 14 days of symptom onset and is currently exhibiting symptoms.If “Yes”, when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Close contact is defined as:** 1. Being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period (e.g. healthcare personnel, household members) **while not wearing recommended personal protective equipment** (i.e. gowns, gloves, respirator, eye protection).
2. Having direct contact with infectious secretions (e.g. sneezed or coughed on) while not wearing recommended personal protective equipment.
 | Yes | No |
| 12. | Has the employee traveled outside of Kansas, other than their place of residence, within 14 days? Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |

***>For an individual answering “Yes” to questions #1 only, immediately provide the staff member with a mask and instructions that they must stay on leave until 72 hours after fever is gone without the use of fever reducing medication and there has been a significant improvement in symptoms. Staff completing/assisting with screen shall immediately notify Warden’s office, Shift Commander, and Infection Control Nurse.***

***>For an individual answering “Yes” to questions #1 and yes to one of the following 2, 3, 4, 5, 6, 7, 8, 9, or 10, immediately provide the staff member with a mask and refer them to their medical provider with instructions that they must stay on leave until 10 days from the onset of symptoms and 72 hours after fever is gone without the use of fever reducing medication and there has been a significant improvement in symptoms or symptoms resolve and the confirmed COVID-19 patient tests negative***. ***Staff completing/assisting with screen shall immediately notify Warden’s office, Shift Commander, and Infection Control Nurse.***

***>For an individual answering “Yes” to question #11*** ***that is asymptomatic, may return to work with a face mask at all times during their shift during the 14 days after exposure. If during the 14 days after exposure the employee develops any symptoms during shift, they will be sent home. The employee must stay on leave until 10 days from the onset of symptoms and 72 hours after fever is gone without the use of fever reducing medication and there has been a significant improvement in symptoms or symptoms resolve and the confirmed COVID-19 patient tests negative***.

***> For an individual answering yes to question #12 and yes to question #1 immediately provide the staff member with a mask and refer them to their medical provider with instructions that they must stay on leave until medically cleared to work by a licensed clinician and return to work with a note.***

**Completed by:**

 **Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Shift Commander Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**