



**COVID-19 SCREENING TOOL**

Use this screening tool to evaluate for COVID-19 symptoms and exposure risk.

*It is highly recommended every client wears a face mask during direct care. If the client does not have one, please offer and request the client wear a surgical/procedural mask.*

**SYMPTOM AND EXPOSURE SCREENING QUESTIONS**

COVID-19 Symptoms	Household Exposure	Community Related Exposure
<p>1. Have you recently developed any of these symptoms?</p> <ul style="list-style-type: none"> <li>▪ A cough?</li> <li>▪ Difficulty breathing or shortness of breath?</li> <li>▪ An elevated temperature, a fever (100.0° F or higher), or feeling feverish?</li> <li>▪ New onset of <b>ANY</b> of the following: chills, sore throat, sudden loss of taste or smell, congestion, headache, muscle pain/body aches, unusual tiredness, nausea, vomiting, or diarrhea?</li> </ul>	<p>2. Have you or anyone in your immediate household been exposed to, are being tested for, quarantined, or confirmed to have COVID-19?</p>	<p>3. Have you had unprotected close contact* with a person confirmed with COVID-19 or with a person with a respiratory illness suspected to have COVID-19?</p>

If **ANY** of these are answered “Yes”

**Ask:** What is the date the symptoms started and/or date of exposure?



<p><b>ACTION TO TAKE: CLIENTS</b>            Contact your manager.            Contact client’s physician.            Recommend <b>quarantine/home isolation</b> resulting from the direction of your manager and the provider.</p>	<p><b>ACTION TO TAKE: EMPLOYEES</b>            Report symptoms/exposure/travel** to your manager.            Contact your health care provider.            Follow <b>quarantine/home isolation</b> requirements and the <b>return to work plan</b> as directed by your manager.</p>
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\*Unprotected close contact: prolonged close contact within 6 feet of distance for a cumulative time period of 15 or more minutes during a 24-hour period to a person where the nose and mouth were exposed to potentially infectious material. Employees should notify their manager if they are working a second job as a health care worker (e.g. long-term care facilities, transitional care units, COVID-19 units, or hospitals).

\*\*Travel Exposure: Employees should notify their manager of any plans to travel outside of the state of Minnesota. Return to work guidance will be provided based on the MDH and CDC’s guidance for travel-associated exposures.