



CLINICAL SERVICES DIVISION CORONAVIRUS DISEASE 2019 (COVID-19) STAFF SCREENING TOOL

Print Staff Name (Last, First): _____ ID # _____ Date of Birth (mmddyyyy): _____

1. Assess the Risk of Exposure

Yes No

Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? [Link to CDC Criteria](#)

Yes No

Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?

If the answer to ALL the above risk of exposure questions is NO, then STOP here.

If the answer to ANY of the above risk of exposure questions is YES, then assess symptoms in step 2 and proceed to step 3 & 4.

2. Assess Symptoms

Date of Onset:

Yes No

Fever 100.4° (Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective).

Yes No

Cough

Yes No

Shortness of Breath (SOB)

3. Travel History

Geographic Location Visited

Dates of Visit (Beginning Date => Ending Date)

4. Contact Human Resources Immediately for Direction

Once Completed, please submit this information to the Human Resources Department at your Facility

For any individual answering "Yes" to questions in section 2, 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.

Report case promptly to:

MSP-Contact Anita Thorpe DOC/CSD Infection Control Manager 406-846-1320 ext 2521 or 2212; or If unavailable Cynthia McGillis-Hiner 406-846-1320 ext 2448, Helena 406-444-5439

Other Facilities-Contact cormedical@mt.gov; Sara Boutilier Managed Care RN 406-444-4761; Tonya Dempster Managed Care RN 406-444-4449; or if unavailable contact Cynthia McGillis-Hiner 406-846-1320 ext 2448, Helena 406-444-5439

Note: The Managed Care RN &/or DOC/CSD Infection Control Manager will contact CSD Administrator, CSD Bureau Chief, CSD Medical Director, Health Service Manager and DPPHS.

Note:

Close contact is defined as:

- Being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g. healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e. gowns, gloves, respirator, eye protection).
- Having direct contact with infectious secretions (e.g. being coughed on) while not wearing recommended personal protective equipment.

Facility: _____ Date: _____ Time: _____