



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

Inmate Name (Last, First): \_\_\_\_\_ DOC ID # \_\_\_\_\_ D.O.B. \_\_\_\_\_

<b>1. Assess the Risk Of Exposure</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? <a href="#">Link to CDC Criteria</a>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?	
<b>If the answer to ALL the above risk of exposure questions is NO, then STOP here and proceed with normal intake. If the answer to ANY of the above risk of exposure questions is YES, then immediately assess symptoms.</b>		
<b>2. Assess Symptoms</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fever</b> (Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective).	Date of Onset:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cough</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shortness of Breath (SOB)</b>	
<b>3. Implement Infection Prevention Control Measures if YES to the above questions in (2).</b>		
<b>3a. The Symptomatic Patient</b>		
<b>If the patient has any of the above symptoms, implement Standard, Contact, and Airborne Precautions with Eye Protection</b>		
<input type="checkbox"/> Place a surgical mask on the patient and minimize proximity at least 6 feet from staff and other inmates		
<input type="checkbox"/> All staff escorting, evaluating, or in close contact (6 ft.) with the patient should perform hand hygiene, put on gloves; gown; (fit tested respirator N-95, MAXAIR respiratory device if available or surgical mask); goggles or face shield and gloves before room entry or inmate contact. Inmate will wear a surgical mask. Doffing: gloves, gown, exit room, doff face shield then (n-95, MAXAIR if available, or surgical Mask) and wash hands.		
<input type="checkbox"/> If no certified Airborne Infection Isolation room is available, isolate in room with door closed and preferably air is exhausted outside.		
<input type="checkbox"/> <b>Report case promptly to:</b> <b>MSP</b> -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 <b>Other Facilities</b> -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		
a. 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.		
<input type="checkbox"/> Prepare for transport to a designated referral healthcare facility in coordination with the state public health authority (do not call for transport service without prior notification and escort in place to move inmate).		
<input type="checkbox"/> Minimize and keep a log of all persons interacting within (6ft.) or caring for the inmate.		
<input type="checkbox"/> Once the room the offender was in is empty for two hours, it can be cleaned and disinfected with an EPA registered disinfectant (Emerging viral pathogens claim), by a person in proper PPE.		
<input type="checkbox"/> Waste disposal: Double bag trash as hazardous waste. Linens: Double bag in linen hazard bag for washing in central laundry		
<b>3b. The Asymptomatic Patient if No to the questions in (2)</b>		
<b>If the patient has no symptoms house in a single cell, and implement Standard, Contact and Droplet Precautions with Eye Protection</b>		
<input type="checkbox"/> <b>Report case to:</b> <b>MSP</b> -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 <b>Other Facilities</b> -Contact cormedical@mt.gov; Sara Boutilier Managed Care RN 406-444-4761; Tonya Dempster Managed Care RN 406-444-4449; or If unavailable Cynthia McGillis-Hiner 406-846-1320 ext 2448, Helena 406-444-5439		



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- a. 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.
- b. House patient in a single cell. If unable to house patient in a single cell contact above. Consider housing in health services if infirmary is available at your facility.
- c. Place on cell restriction for 14 days meals in cell, limit # of persons interacting with inmate. Utilize social distancing (6 ft.).
- d. Document a daily symptom assessment and temperature (Inmate can self-monitor with disposable thermometer or use non-contact thermometer. Utilize disposable food trays. Have inmate clean and disinfect room daily with disposable towels, if possible. Trash will be double bagged out of room.
- e. Staff entering room will perform hand hygiene, wear a gown, surgical mask, goggles or face shield and gloves. Inmate will wear a surgical mask. Remove PPE, except face shield and mask at exit. Outside room, remove mask and wash hands.
- f. Continue modified housing and observation procedures until **14 days after** the last possible exposure date.
- g. If at any time the patient becomes symptomatic, implement the steps in 3a – The Symptomatic Patient.

Facility Name: \_\_\_\_\_ Nurse Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_