



DELAWARE HEALTH AND SOCIAL SERVICES

COVID-19 SCREENING TOOL

DO NOT USE THIS TOOL WITH EMS PERSONNEL * IN AN EMERGENT SITUATION

ALL individuals entering the facility should be screened for symptoms of the coronavirus.

Date:_____ Time:_____

Name of individual screened:_____

Name of screener:_____

1. Have you washed your hands or used alcohol-based hand rub (ABHR) on entry:

☐ Yes ☐ No - please have them do so.

2. Have any of the following respiratory symptoms:

☐ Fever (check for temperature) _____ ☐ Sore throat
☐ Cough ☐ New shortness of breath

If NO to all proceed to question #3.

If YES to any, they may not enter the building.

3. Have you:

- ☐ Travelled internationally within the last 14 days to areas where COVID-19 cases have been confirmed.
- ☐ Worked in any setting that has confirmed COVID-19 cases or is under investigation for COVID-19.
- ☐ Had known exposure via church, social groups, etc. to an individual with respiratory illness or where there has been a confirmed COVID-19 case.

If NO to all, proceed to question #4.

If YES to any, they may not enter the building.

4. What is your purpose for being here:

- ☐ Employees and contractors involved in meeting the resident's needs or maintaining the operations of the facility should be allowed.
- ☐ Immediate family members of end of life residents who do not screen positive for #2 or #3 above and who have been approved to visit. PPE as appropriate.

Others should be restricted from visiting.

Remind all individuals that pass the screening and enter the building to:

- Wash their hands or use ABHR throughout their time in the building.
- Not shake hands with, touch or hug individuals during their time in the building.
- Not touch surfaces in the building.

*EMS personnel are tested upon reporting for duty.