

Patient Name:

Screened by:

Date/Time:

Part 1. Patient Screen

(Call patient no later than 24 hours before the visit. Whenever possible, only the patient and nurse should be in the same room/area.)

QUESTION 1A

Do you have any COVID-19 symptoms that are not caused by another condition such as allergies? Contact Nufactor if unsure.

YES NO

If yes,

Date symptoms started: _____ If awaiting test result, date of test: dssad

QUESTION 1B

Have you tested positive for COVID-19 within the last 10 days?

YES NO

If yes,

Positive test date: _____ Date symptoms started: dssad No symptoms

Check all that apply:

- | | | |
|---|----------------------------|--------------------------|
| Fever or chills | Muscle or body aches | Congestion or runny nose |
| Cough | Headache | Nausea or vomiting |
| Shortness of breath or difficulty breathing | New loss of taste or smell | Diarrhea |
| Fatigue | Sore throat | |

Any “yes” answer

DECISIONS

- Do not proceed with the visit.**
- Advise patient to isolate (stay home, separate room/bathroom) from others in their home for 5 days from start of symptoms (if positive test and no symptoms, start from test date) until further direction. Advise patient to wear a well-fitting mask around others for a total of 10 days, inside or outside home.
- Inform Nufactor. Nufactor will inform prescriber if visit cancelled/delayed.
- If necessary, have patient call their primary health care provider for further instructions, including information about COVID-19 testing.
- If willing to make visit in the 10 day period when patient should don a mask, don full PPE (N-95 mask, eye protection/face shield, gloves, gown, and have patient don N-95 mask.)
- If visit cancelled, obtain prescriber/Nufactor clearance before rescheduling the visit.

QUESTION 2

Have you been in close contact with anyone with COVID-19 in the past 10 days?

(Close contact is being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period with someone who has COVID-19.)

YES NO

If yes,

Date of contact:

- (#1) COVID-19 vaccination up to date per CDC website (check with Nufactor)
- (#2) Has had confirmed COVID-19 within the last 90 days
- (#3) Vaccination not up to date/ not fully vaccinated / not vaccinated (check with Nufactor)

If #1 or #2 checked

If #3 checked

- DECISIONS**
- 1. Proceed with the visit.**
 2. Advise patient to wear a well-fitting mask around others for a total of 10 days, inside or outside home.
 3. If within 10 days of contact, don full PPE (N-95 mask, eye protection/face shield, gloves, gown) and have patient don N-95 mask.

- 1. Do not proceed with the visit.**
2. Advise patient to quarantine (stay home) from others in their home for 5 days from last date of contact. Advise patient to wear a well-fitting mask around others for a total of 10 days, inside or outside home.
3. Inform Nufactor. Nufactor will inform prescriber if visit cancelled/delayed.
4. If necessary, have patient call their primary health care provider for further instructions, including information about COVID-19 testing.
5. If willing to make visit in the 10 day period when patient should don a mask, don full PPE (N-95 mask, eye protection/face shield, gloves, gown) and have patient don N-95 mask.
6. If visit cancelled, obtain prescriber/Nufactor clearance before rescheduling the visit.

(Perform at same time as patient screen. Screen each household member. Whenever possible, only the patient and nurse should be in the same room/area.)

Part 2. Patient Household Member Screen

QUESTION 1	QUESTION 2	QUESTION 3
<p>Does any household member have any COVID-19 symptoms that are <u>not</u> caused by another condition such as allergies? Contact Nufactor if unsure.</p> <p>YES NO</p>	<p>Has any household member been in close contact with anyone with COVID-19 in the past 10 days? <small>(Close contact is being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period with someone who has COVID-19.)</small></p> <p>YES NO</p>	<p>Has any household member had a positive COVID-19 test for active virus in the past 10 days, or are they awaiting results of a COVID-19 test?</p> <p>YES NO</p>

Any "yes" answer ↓ ↓

DECISION Do not proceed with the visit. Inform Nufactor.

Part 3. Nurse Self-Screen

(Perform before making a visit.)

QUESTION 1	QUESTION 2	QUESTION 3
<p>Do you have any COVID-19 symptoms that are <u>not</u> caused by another condition such as allergies? Contact Nufactor if unsure.</p> <p>If yes, check all that apply:</p> <ul style="list-style-type: none"> Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea 	<p>Have you been in close contact with anyone with COVID-19 in the past 10 days? <small>(Close contact is being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period with someone who has COVID-19.)</small></p> <p>YES NO</p>	<p>Have you had a positive COVID-19 test for active virus in the past 10 days, or are you awaiting results of a COVID-19 test?</p> <p>YES NO</p>

Any 'yes' answer ↓ ↓ ↓

DECISION Do not proceed with the visit. Inform Nufactor. Contact your manager to arrange restaffing of the visit.

Adapted from Washington State Department of Public Health "COVID-19 Guidance for Home Care, Home Health, and Hospice Agencies" (November 22, 2021) and "Guidance for Daily COVID-19 Symptom Screening of Staff and Guests" (July 8, 2021) and the CDC (various web pages; as of 01/27/22)".