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Adult day center pre-visit screening tool for staff and client evaluation

The below screening tool is encouraged to be administered to clients prior to entering the adult day facility.

Pre-visit screening script template

Introduction: I would like to speak to [name of client/informal support]. I'm calling from [XYZ adult day center] with regard to your scheduled adult day service on [date and time]. The safety of our clients and staff is of utmost importance to [XYZ adult day]. Given the recent COVID-19 outbreak, I'm calling to ask a few questions in connection with your scheduled adult day service. These are designed to help promote your safety, as well as the safety of our staff and other clients. We are asking the same questions to all clients to help ensure everyone's safety. So that we can ensure that you receive care at the appropriate time and setting, please answer these questions truthfully and accurately. All of your responses will remain confidential. As appropriate, the information you provide will be reviewed by one of our center professionals who will provide additional guidance regarding whether any adjustments need to be made to your adult day schedule.

Question	Yes/No	Details
Have you or a member of your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever, temperature at or greater than 100 degrees Fahrenheit? (If yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started, when the symptoms stopped.)		
Have you or a member of your		



<p>household been tested for COVID-19? (If yes, obtain the date of test, results of the test, whether the person is currently in quarantine and the status of the person's symptoms.)</p>		
<p>Have you or a member of your household been advised to be tested for COVID-19 by government officials or healthcare providers? (If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the testing occurred, when any symptoms started and stopped and the current health status of the person who was advised.)</p>		
<p>Were you or a member of your household advised to self-quarantine for COVID-19 by government officials or healthcare providers? (If yes, obtain information about why the recommendation was made, when the recommendation was made, whether the person quarantined, when any symptoms started and stopped and the current health status of the person who was advised.)</p>		
<p>Have you or a member of your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? (If yes, obtain the facility name, location, reason for visit/treatment and dates.)</p>		
<p>Have you or a member of your household traveled outside the U.S. in the past 30 days? (If yes, obtain the city, country and dates.)</p>		

<p>Have you or a member of your household traveled elsewhere in the U.S. in the past 21 days? (If yes, obtain the city, state and dates.)</p>		
<p>Have you or a member of your household traveled on a cruise ship in the last 21 days? (If yes, determine the name of the ship, ports of call and dates.)</p>		
<p>Are you or a member of your household healthcare providers or emergency responders? (If yes, find out what type of work the person does and whether the person is still working. For example, ICU nurse actively working versus a furloughed firefighter.)</p>		
<p>Have you or a member of your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? (If yes, obtain the status of the person cared for, when the care occurred, what the care was.)</p>		
<p>Do you have any reason to believe you or a member of your household has been exposed to or acquired COVID-19? (If yes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.)</p>		
<p>To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? (If yes, obtain information about when the contact occurred, what the contact was, how long the people were in contact and when the diagnosis occurred.)</p>		

Practice staff action steps: •

If patient responds “Yes” to any of the above, questionnaire must be reviewed by designated medical leadership to assess whether the client can keep the scheduled adult day appointment. Client will be contacted again after decision-making.

- If patient responds “No” to all of the above, do you believe any further inquiry with the patient is appropriate before the scheduled visit to the center? If yes, what type of inquiry and why?

This sample script is designed to collect information that can be used to inform decisions about whether it is advised for clients to receive care from the adult day center. This sample should be reviewed, modified as appropriate, and ultimately approved for use by practice medical leadership who have responsibility for remaining current on applicable COVID-19-related guidelines from the CDC and other appropriate resources.