

COVID-19 SCREENING UNDER TAS – MODEL FORM AND INSTRUCTIONS (REV. 10-2020)

Overview of TAS Requirement for COVID-19 Screening and Education

Per ACL 20-07, TAS requirement #3, providers must conduct a weekly COVID-19 WELLNESS CHECK AND RISK SCREENING FOR COVID-19. This should include (1) asking about possible symptoms; (2) providing information on ways to watch for symptoms and prevent exposure, such as the correct use of masks, social distancing, and cleaning; and (3) sharing updates on state and local requirements, such as stay at home orders. Screening and education should match the needs and abilities of participants and their caregivers, including language, culture, and health conditions. ***This Model Form is a tool to help you conduct and document the weekly screening.***

Documentation can be completed on the model form, or you can use the form and instructions as a guide for weekly screenings and document them directly in participants' TAS Health Records. Staff conducting screenings must be trained and supervised in accordance with their roles and skill levels. **All positive results (YES answers, or new concerns) must be communicated by the screener to the appropriate TAS staff member(s) for follow-up.**

Instructions for Conducting the COVID-19 Screening:

1. Ask the questions as written, or paraphrase as needed.
2. **If there are any YES answers, or ANY concerns needing nursing follow-up, even if not COVID-19 related, refer concern to the TAS RN.**
3. TAS RN can utilize the **“COVID-19 TAS Process Tool for RN Follow-up to Screening”** as an aid in responding to the identified concern, when appropriate.

Instructions for Providing Exposure Prevention Education

1. On-going education should be provided whenever needed. For example, if requirements change in your county, provide updated information.
2. When you identify problems regarding the participant's ability to stay safe and prevent exposure, refer him/her/family member or caregiver to RN or Social Worker for follow-up and/or to provide COVID-19 exposure prevention coaching and assistance.
3. Notify the Program Director of concerns that you identify regarding participants.
4. Program Directors must ensure that TAS staff carrying out COVID-19 screenings receive up to date information regarding changes in standards and practices.

Other Important Information

1. Screeners must have adequate skills, training and supervision required to carry out screening. This includes the ability to meet the needs of the participants.
2. Team members must refer to the RN or Social Worker when follow-up assessments are needed due to health or psychosocial concerns, and team members must always work within their scope of practice. *(For example: Any trained team member may conduct a COVID-19 wellness screening, but only the RN can perform nursing assessments.)*
3. Documentation of the weekly screening in the participant's TAS health record is required and should be easy to locate. If this CAADS Model Form is not used, methods to document the screening can include progress notes that are clearly marked as “Weekly C-19 Screening” or in other ways that CDA/Medi-Cal reviewers can identify. **Sufficient detail must be included to document that the screening was individualized to that specific participant. Example: “No “Yes” answers today. Pt states IHSS worker is wearing mask.”**

COVID-19 SCREENING REQUIRED UNDER TAS – MODEL FORM

Who for/When/How Was Screening Conducted:

Participant: _____ Date of This Screening: _____

Name and Title of Staff Member Conducting Screening: _____

Type of Contact: By Phone By Email At Door In the Home Other _____

Who Provided the information? Participant? or Caregiver IHSS Worker Other _____

Name(s): _____

Brief Instructions to Carry Out the COVID-19 Screening:

1. Ask these questions provided by the CDC. Use as written or paraphrase as needed.
Note: Symptoms may appear 2-14 days after exposure to the virus
2. If there are any **YES** answers, or **ANY health problems needing follow-up, even if not COVID-19 related, refer to the Center RN for assessment.** (RN can use the Extended COVID-19 Assessment Tool and Decision Tree, as appropriate.)

	Yes	No	If YES, Referred To RN? SW?
1. Are you, or is any one you are living with, having flu-like symptoms, such as fever, chills, cough, shortness of breath or difficulty breathing? Congestion, runny nose, fatigue, muscle or body aches, headache, sore throat? Nausea, vomiting or diarrhea? New loss of taste and smell? Other unusual symptoms? If yes, when and what _____			
2. Within the past 14 days, have you been in close physical contact (6 feet or closer, for at least 15 minutes) with a person known to have tested positive for COVID-19 or anyone who has any symptoms consistent with COVID-19?			
3. Have you, or has someone with whom you have had contact, been asked to isolate at home due to possible exposure to or symptoms of COVID-19			
4. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?			
5. Are you currently waiting on the results of a COVID-19 test?			

EMERGENCY – CALL 911: Follow center’s emergency policy and procedure

OTHER REFERRAL – NON-EMERGENCY RESPONSE NEEDED FOR ANY REASON WAS COMMUNICATED TO:

RN Social Worker Program Director Physician Other _____

Reason: _____

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HEALTH COACHING / EDUCATION

CBAS specific questions about safe practices (these are examples, modify as needed)

	Yes	No	Refer to
1. Do you and your household have adequate supplies at home? (hand sanitizer, hand soap, masks)			
2. Do you and other members of your household wear a mask when you go outside of the house?			
3. Do you stay six feet apart from people (social distancing) when you and other members of your household go outside of the house?			
4. Are there others living in your household or do you have frequent visitors? If yes, tell me how they stay safe while working or doing other activities outside the home? What concerns do you have?			
5. Tell us how you stay safe. Is there any help or information you would like?			

Information (education) or materials provided today included:

Other Assistance Provided:

Other Outcomes/Results/Information to Note:

Staff Signature/Title/Date _____