

**\*\*SFDPH Communicable Disease Control & Prevention\*\***  
**415-554-2830 (M-F 8:30am-5pm) and at 415-554-3613 (after-hours)**

Youth's Name:	_____
DOB:	_____
Date of Screen:	_____
Admitting RN's Printed Name:	_____
Admitting RN's Signature:	_____

## **SPY Admissions COVID-19 Screen** Updated 3.18.2020

**Step 1: Check Vital Signs:** Temp\_\_\_\_\_ BP\_\_\_\_\_ P\_\_\_\_\_ RR\_\_\_\_\_

**Step 2: Does youth have a fever ( $\geq$  temp 100.4F), difficulty breathing, or severe cough?**

If NO, skip to Step 3.  If YES, complete Step 2.

- Immediately ask youth to put on a surgical mask.
- Place youth in a holding cell and ask those nearby to maintain a distance of 6ft from the youth.
- While maintaining a distance of 6 ft from the youth, ask the following questions:
  - 1) When did their symptoms begin? Date sxs started\_\_\_\_\_
  - 2) Have they travelled outside of CA or been on a cruise ship in the past 30days? If yes, where\_\_\_\_\_ and dates of travel\_\_\_\_\_
  - 3) Have they been in close contact with anyone who has been diagnosed with or is suspected of having COVID-19?

**\*\*Close contact is defined as –**

*o Being within approximately 6 feet of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case*

**-OR-**

*o Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)*

If yes, when did this contact occur? \_\_\_\_\_

Call to consult with SFDPH Communicable Disease Control & Prevention at 415-554-2830 (M-F 8:30am-5pm) and at 415-554-3613 (after-hours)

- Let the Operator know you are a nurse calling from juvenile hall about a youth with symptoms concerning for COVID-19.
- Leave your name and a call-back number.

- When the doctor calls you back, provide them with the information you have gathered.
- The doctor will let you know if the youth should be isolated and tested for COVID-19 and flu.
- If testing is recommended, obtain a case number to send specimens to SF Public Health Lab. Email Joanna, Dr. Chan, and Mona so that we can arrange for specimen collection.
- If Communicable Disease Control advises medical isolation of youth at JJC, admit youth following the instructions on the SPY COVID-19 Medical Isolation/Quarantine Procedures form.
- If Communicable Disease Control **does not** advise medical isolation of youth at JJC, admit youth following per standard procedure.

**Step 3: Youth DOES NOT present with fever ( $\geq$  temp 100.4F), difficulty breathing, or cough.**

**Ask the youth the following question:**

- 1) Have they been in close contact with anyone who has been diagnosed with or is suspected of having COVID-19 within the past 14 days?

\*\*Close contact is defined as –

*o Being within approximately 6 feet of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case*

**-OR-**

*o Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)*

If yes, when did this contact occur?: \_\_\_\_\_

**If YES to question 1,**

**Call to consult with SFDPH Communicable Disease Control & Prevention at 415-554-2830 (M-F 8:30am-5pm) and at 415-554-3613 (after-hours)**

- Let the Operator know you are a nurse calling from juvenile hall about a youth who may have been exposed to COVID-19 but is asymptomatic.
- Leave your name and a call-back number.
- When the doctor calls you back, provide them with the information you have gathered.
- The doctor will let you know if the youth should be tested for COVID-19.
- If testing is recommended, obtain a case number for specimens to be sent to SF Public Health Lab. Email Joanna, Dr. Chan, and Mona so that we can arrange for specimen collection.
- If youth is to be tested for COVID-19, admit youth to JJC following the instructions on the SPY COVID-19 Medical Isolation/Quarantine Procedures form.

**If NO to question 1,**

- Admit youth to JJC per standard procedure.