

Department of Public Health Health Officer Directive

Health Officer Directive No. 2020-20 **Appendix C: Patient, Client, and Support Person Screening Questions**

Patients, clients, and support persons must answer the following questions before or at the start of any in-person appointment or procedure. For any answer that is "yes," the requirements of the Directive must be followed and the in-person care should be postponed unless it can occur safely. Support persons who answer "yes" to any question are not allowed to participate in person.

Part 1 (screening questions to be answered by the patient, client, and support person):

- 1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the SARS-CoV-2 virus?
- 2. Do you live in the same household with or have you had close contact* with someone who in the past 14 days was diagnosed with COVID-19, was in isolation or quarantine, or had a test confirming they have the SARS-CoV-2 virus?

If the answer to either question is "yes", follow the steps listed in <u>Part 2</u> below.

- 3. Have you had any one or more of these symptoms today or within the past 24 hours which is new or not explained by a pre-existing condition?
 - Fever, chills, or repeated shaking/shivering
 - Cough
 - Sore throat
 - Shortness of breath, difficulty breathing
 - Feeling unusually weak or fatigued

- Loss of your sense of taste or smell
- Muscle pain
- Headache
- Runny or congested nose
- Diarrhea

If the answer to Question 3 is "yes", follow the steps listed in *Part 3* below.

Part 2 – If you answered "yes" to Questions 1 or 2:

- If you answered **yes to Question 1**: you are subject to the Health Officer Isolation Directive. **Follow Isolation Steps** in the Guidance Packet. Your care may need to be postponed.
- If you answered **yes to Question 2**: you are subject to the Health Officer Quarantine Directive. **Follow Quarantine Steps** in the Guidance Packet. Your care may need to be postponed.
- The meaning of the term *close contact is explained in the Guidance Packet. The Guidance Packet is available at: https://www.sfcdcp.org/lsolation-Quarantine-Packet

Part 3 – If you answered "yes" to Question 3:

You may have the SARS-CoV-2 virus and **should be tested for the virus**. Your care may need to be postponed, depending on the ability of your provider to safely provide care. You should not go to work for at least **10 calendar days**. In order to return to work sooner and to protect those around you, you should take these steps:

- 1. Contact your usual healthcare provider about getting tested for the virus, or sign up for free testing from CityTestSF at https://sf.gov/citytestsf. If you live outside the City, you can check with the county where you live, get tested by your usual healthcare provider, or use CityTestSF.
- 2. Wait for your test results at home while minimizing exposure to those you live with. A good resource is https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html.
- 3. If your result is positive (confirms that you have the virus), go to <u>Part 2</u> above and follow **Isolation Steps**.
- 4. If your result is negative, do not return to work until you have had at least **3 days** in a row without fever and with improvements in your other symptoms. Consult your healthcare provider to decide.