

Community Meeting Screening Plan v_1

Purpose: To ensure all attendees of any community meeting receive a screening prior to entry. Any person found unfit to enter will not be allowed entrance and will receive further instruction on self-monitoring and isolation.

Facility Set Up:

- Seating for attendees and meeting facilitators should have 6 feet of physical distance between seats
- Facility Entrances
 - 1-2 screeners
 - Table and supplies
 - There should be ample room to keep attendees separated as they arrive
 - Signage
 - Flow, Process & Questions that will be asked
- Equipment Needed
 - Screening forms and pens
 - Self-monitoring flyers
 - Table and chairs
 - Small lined garbage can
 - Thermometer w/protective covers
 - Gloves
 - Hand sanitizer
 - Sanitizing wipes
 - Procedure masks

Procedure:

1. Screeners don a procedure mask and safety glasses prior to any screening
2. Attendee arrives to screening location
3. Attendee fills out screening form
4. Attendee has temperature taken and recorded
5. Attendee is deemed fit based on questionnaire and general impressions
 - a. Attendee is granted access
6. Attendee is deemed unfit based on questionnaire and/or general impressions
 - a. Attendee is given a mask to immediately don and moved away from any other attendees
 - b. Attendee is given a self-monitor flyer and verbal instructions
 - c. Attendee is sent home to self-monitor and isolate
 - d. Area is disinfected prior to any other attendee access to the screening area
 - e. Provider to document the encounter on a new screening form for record
 - f. Attendee form in question is thrown away
7. Continue with the process



COVID-19 ALERT!

Based on the questionnaire and/or presentation there is a reasonable suspicion that you may have a viral infection

With the current concerns around the spread of the Coronavirus the CDC recommends

Stay Home & Self-Monitor For The Following Symptoms

Fever
Cough
Difficulty Breathing
Diarrhea

If these symptoms remain mild, stay home and isolate

If you live with others, they also have a high suspicion of exposure and will need to isolate for 14 days

You should be symptoms-free for at least 7 days before leaving your home.

Questions?

Call the GRHC COVID-19 Health Line at **520-550-6079**

Emergency – Call 911



Gila River Indian Community

COVID-19 EMPLOYEE HEALTH SCREENING QUESTIONNAIRE

To ensure the health and well-being of the workforce, Directors/Supervisors should be assessing each employee's health status prior to the start of their on-site workday.

Employee Name: _____
Department: _____
Supervisor: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you had a Fever in the past 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have new/worsening Cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. New onset/worsening Difficulty Breathing or Shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. New onset diarrhea? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had close contact with anyone who has tested positive or had close contact with someone being tested for Coronavirus (COVID-19)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you traveled outside of Arizona in the past 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you traveled to other Native American communities in past 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. - If so, which state, location, and/or tribal community? | | |

I have truthfully answered the above questions.

Print Name: _____

Employee Signature: _____ Date: _____

- ❖ If the employee answered yes to any of the questions 1 thru 5, the employee should be sent home for illness and instructed to call their primary care provider or local health department to obtain further instructions.
- ❖ If the employee answered yes to question 6 and/or 7, the employee should call their primary care provider or local health department to be evaluated if the employee can work.

If you have any questions regarding sick leave due to coronavirus, please contact GRIC Human Resources at (520) 562-9800 or (520) 562-9521. Please see grhc.org/coronavirus for additional information or CDC at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

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Gila River Indian Community
COVID-19 HEALTH SCREENING QUESTIONNAIRE

Name: _____

Visitors/guests will be screened prior to entering the facility/establishment to ensure the health and well-being of the Community.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you had a Fever in the past 48 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have new/worsening Cough? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. New onset/worsening Difficulty Breathing or Shortness of breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. New onset diarrhea? | <input type="checkbox"/> | <input type="checkbox"/> |
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| 6. Have you traveled outside of Arizona in the past 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you traveled to other Native American communities in past 2 weeks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. - If so, which state, location, and/or tribal community? | | |

I have truthfully answered the above questions.

Print Name: _____

Signature: _____

Date: _____

- ❖ If the individual answered yes to any of the questions, the person should not enter the facility and instructed to call their primary care provider or local health department to obtain further instructions.

Please see grhc.org/coronavirus for additional information or CDC at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

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