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/protection 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
   - Attendee is granted access
6. Attendee is deemed **unfit** based on questionnaire and/or general impressions
   - Attendee is given a mask to immediately don and moved away from any other attendees
   - Attendee is given a self-monitor flyer and verbal instructions
   - Attendee is sent home to self-monitor and isolate
   - Area is disinfected prior to any other attendee access to the screening area
   - Provider to document the encounter on a new screening form for record
   - 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:

1. Have you had a Fever in the past 48 hours? [ ] Yes [ ] No
2. Have new/worsening Cough? [ ] Yes [ ] No
3. New onset/worsening Difficulty Breathing or Shortness of breath? [ ] Yes [ ] No
4. New onset diarrhea? [ ] Yes [ ] No
5. Have you had close contact with anyone who has tested positive or had close contact with someone being tested for Coronavirus (COVID-19)? [ ] Yes [ ] No
6. Have you traveled outside of Arizona in the past 2 weeks? [ ] Yes [ ] No
7. Have you traveled to other Native American communities in past 2 weeks? [ ] Yes [ ] No
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.

1. Have you had a Fever in the past 48 hours?   Yes  No
2. Have new/worsening Cough?                Yes  No
3. New onset/worsening Difficulty Breathing or Shortness of breath?  Yes  No
4. New onset diarrhea?                      Yes  No
5. Have you had close contact with anyone who has tested positive or had close contact with someone being tested for Coronavirus (COVID-19)?  Yes  No
6. Have you traveled outside of Arizona in the past 2 weeks?  Yes  No
7. Have you traveled to other Native American communities in past 2 weeks?  Yes  No
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.


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