**COVID-19 Screening for Families Participating in Family Support Services**

When there is an identified need for in-person Family Support Program, the provider of the Family Support Program should contact the family **prior to every** in-person service to ask the following [health screening questions](https://content.govdelivery.com/attachments/USHHSHRSA/2020/04/28/file_attachments/1437607/COVID19%20home%20visitor%20mitigation%20of%20risk%20document%20CLEARED.pdf) and additional considerations as recommended by the US Department of Health and Human Services.

Family / Primary Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Screening Questions:** | **Yes** | **No** |
| Has anyone in the home tested positive or suspected of having COVID-19 in the last 14 days? |  |  |
| Does anyone in the home have signs or symptoms of a fever, new or worsening cough, sore throat, shortness of breath or difficulty breathing, fatigue, muscle or body aches, new loss of taste or smell, sore throat, congestion, nausea, vomiting, or respiratory illness? |  |  |
| Is anyone in the home under quarantine due to being identified as having close contact with someone with or under investigation for COVID-19? |  |  |
| **Additional Considerations: \*** | **Yes** | **No** |
| Has anyone who will be present during the visit returned home from Out of State had a negative COVID test within 72 hours prior to returning to Pennsylvania or quarantined per the Dept of Health recommendations? |  |  |
| Will a person with a weakened immune system, a person who is over the age of 65 years, or a person that has chronic health conditions (e.g. heart disease, lung disease, diabetes), or other factors that pose a risk if the person becomes infected with COVID-19 be present during the visit? |  |  |
| Considerations Comments: | | |

Name of Screener: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the response is “Yes” to any of the three screening questions above, it is recommended that the provider of the Family Support Program coordinate with the family to participate in a virtual home visit/tele-intervention session instead of an in-person session.

\*If the response is yes to the two additional considerations, it is recommended that the provider of Family Support services and family discuss the possible risk in delivering an in-person session and document the decision. Virtual home visiting/tele-intervention is an option for all Family Support programs.

Quarantine Recommendations are issued through the Pennsylvania Department of Health using a Health Alert Network (HAN communication). Available is an [Updated Quarantine Recommendations for Person Exposed to COVID-19](https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-538-12-4-ALT%20-%20Updated%20Quarantine%20Recommendations%20for%20Persons%20Exposed%20to%20COVID-19.pdf).