**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:

Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Respondent: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- |
| **Screening Questions:** | **Yes** | **No** |
| Has anyone in the home tested positive for or been 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, respiratory illness? |  |  |
| Is anyone in the home under quarantine due to having close contact with someone with or waiting for testing results for COVID-19? |  |  |
| **Additional Consideration: \*** | **Yes** | **No** |
| Will a person with a weakened immune system, a person who is 65 or older, or a person that has chronic health conditions or other factors that pose a risk if the person becomes infected with COVID-19 be present during the visit? |  |  |
| Consideration Comments: | | |

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

If the response is yes to any of the three screening questions above, it is recommended that the provider of 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 additional consideration question, it is recommended that the provider of the Family Support Program and family discuss the possible risk in delivering an in-person session and document the reason for the decision to proceed or not proceed under “Consideration Comments”. Virtual home visiting/Tele-intervention is an option for providing Family Support Programs.

Quarantine Recommendations are issued through the Pennsylvania Department of Health using a Health Alert Network (HAN communication). 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) HAN communication is available.

During in person sessions, all participants should practice appropriate public health measures to slow the spread of COVID-19 such as masking, physical distancing, and hand hygiene.