COVID-19 -- Ohio Jail Screening Assessment

Patient Name: ________________________________
Patient Identifier: ____________________________

Symptom Screen:
• Current temperature
  Greater than 100.4? 
    Yes____ No____
• Cough present?
    Yes____ No____
• Shortness of breath / difficulty breathing?
    Yes____ No____

Travel / Contact History:
• Have you had contact with lab confirmed COVID-19 patient
  Yes____ No____
  If yes, When _________ Where________________________________________
• Have you recently traveled to CDC Warning Level 3 Area?*
  Yes____ No____
  If yes, When__________ Where______________________ ________________________

FOR GENERAL SCREENING IN JAILS:
• If person is positive on the symptom screen, place in a single cell and notify a healthcare provider to evaluate for next steps.
• If epidemiological risk is positive based on travel/contact history (no symptoms), place in single cell and notify a healthcare provider. Recommend twice daily health assessments for 14 days inclusive of temperature checks/symptom screens. If person becomes symptomatic, immediately notify healthcare provider to determine plan of care. Release after 14 days if individual is symptom free.
• If both epidemiologic and positive symptoms are present, place in a single cell and notify healthcare provider and public health department immediately. Implement PPE use per local protocol

SCREENING IMMEDIATELY PRIOR TO OHIO DRC TRANSFER:
• This screening tool must be completed immediately prior to the transfer of any inmate to the Ohio Department of Rehabilitation and Correction.
• IF THERE ARE ANY “YES” INDICATORS ON EITHER SYMPTOM OR TRAVEL/CONTACT SCREENING STOP! DO NOT TRANSPORT THIS PERSON TO THE OHIO DEPARTMENT OF REHABILITATION & CORRECTION
• Follow the instructions above in general screening section for any positive/yes responses.

* Utilize listing on CDC website for current status of countries with Level 3 status