

Mike DeWine, Governor Ryan Gies, Director

## DYS Admissions Screening for Prevention of COVID 19 Transmission

## **Revision Effective March 25, 2020**

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Yo	Youth Name: Detention Center/CCF:		
Da	te of Screening: Time of Screening:		
	Each youth being transferred to a DYS facility shall be asked the following questions by a nealthcare provider prior to transporting to DYS or CAS.		
1.	Has the youth had symptoms of respiratory infection within the past 72 hours (fever, cough, shortness of breath, or difficulty breathing)?  NO – Proceed to question 2.		
	☐ YES – Yes, but the cough is mild, chronic, and of known cause (asthma, COPD, chronic sinusitis etc.) - proceed to question 2.		
	<ul> <li>YES, all other reasons – The youth will <u>not</u> be permitted to be transported to a DYS facility. A request to transport to a DYS facility may occur WHEN:         <ul> <li>A physician has determined that the cause of the fever is NOT COVID-19 and approves, in writing, transport to a DYS facility</li></ul></li></ul>		
2.	Has the youth traveled outside of the United States within the past 14 days, or been exposed to someone with confirmed COVID-19?  NO – Proceed to question 3.		
	Yes, and non-symptomatic (fever, cough, shortness of breath or difficulty breathing) –Youth shall <u>not</u> be transported to a DYS facility. Youth should be in quarantine for 14-days from the time they were exposed to confirmed COVID-19 OR left the impacted area. If fever develops during the quarantine period, go to next bullet.		
	<ul> <li>Yes, and exhibiting flu-like symptoms like fever, cough, shortness of breath, difficulty breathing.</li> <li>Youth shall <u>not</u> be transported to a DYS facility and should be placed in medical isolation. A request to transport to a DYS facility may occur WHEN: <ul> <li>A physician has determined that the cause of the fever is NOT COVID-19 and approves a transport to a DYS facility;</li> <li>OR:</li> <li>Seven (7) days have passed since onset of symptoms; and</li> </ul> </li> </ul>		
	Central Office		

3. Take the youth's temperature to see if the youth has a temperature of 100.4 degrees Fahrenheit or greater.
NO – If no, the facility may request the youth be transported to DYS. TEMP:
☐ <b>YES</b> – The youth will <u>not</u> be permitted to be transported to a DYS facility. A request to transport to a DYS facility may occur <b>WHEN</b> :
<ul> <li>A physician has determined that the cause of the fever is NOT COVID-19 and approves a transport to a DYS facility;</li> </ul>
<ul> <li>OR:</li> <li>Seven (7) days have passed since onset of symptoms; and</li> </ul>
<ul> <li>Three (3) days (72 hours) have passed with no fever and youth has not been taking medication to reduce fever, like Tylenol; and</li> </ul>
<ul> <li>Three days have passed since respiratory symptoms improved.</li> </ul>
List of All Medications taken in the last 24 hours:
Printed Name of Staff Completing the Form  Signature of Staff Completing the Form

Three (3) days (72 hours) have passed with no fever and youth has not been taking medication to reduce fever, such as Tylenol; **and** 

Three days have passed since respiratory symptoms improved.

**Date of Form Completion**