|  |  |
| --- | --- |
| DYS Seal | **Commonwealth of Massachusetts** |
| ***Executive Office of Health and Human Services*** |
| **Department of Youth Services** |
|  |

**2019 Novel Coronavirus (COVID-19) Interim Guidance for Screening Visitors**

With the emerging Coronavirus (COVID-19) concerns, we strive to provide the safest environment for our youth, staff and visitors.

All visitors should complete the Coronavirus (COVID-19) Exposure Questionnaire before entering the program site.

Individuals with any of the conditions described in the questionnaire should be restricted from entering the program.

In cases when visitation is allowed, facilities must:

* Require visitors to sign the completed questionnaire;
* Require visitors to limit their movement within the facility;
* Make efforts to allow for safe visitation for youth and loved ones such as suggest limiting physical contact with youth and others while in the facility, practicing social distances with no hand-shaking or hugging, and remaining six feet apart;
* If possible, create dedicated visiting areas (e.g., “clean rooms”) near the entrance to the facility where youth can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each youth-visitor meeting.

The facility must:

* Keep a daily log of names and contact information for visitors.
* Keep a copy of the completed questionnaire in the youth’s file.

|  |  |
| --- | --- |
| DYS Seal | **Commonwealth of Massachusetts** |
| ***Executive Office of Health and Human Services*** |
| **Department of Youth Services** |
|  |

**Coronavirus (COVID-19) Exposure Questionnaire**

The purpose of this questionnaire is to screen for potentially contagious infectious diseases.

1. Have you traveled outside the U.S. in the past 14 days? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Has a close contact (household member) traveled outside the U.S. in the past 14 days?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Have you had close contact with a person diagnosed with Coronavirus (COVID-19), under investigation for COVID-19, or ill with a respiratory illness? Yes\_\_\_\_\_ No\_\_\_\_\_

4. Do you have any flu-like symptoms including fever (temperature more than 100.3 F (38 C), chills, body aches, cough, shortness of breath, sore throat, vomiting or diarrhea? Yes\_\_\_\_\_ No\_\_\_\_\_

If you answer ‘yes’ to any question, please notify staff **immediately** for further instructions.

**As viruses can be spread to other people, please take the following steps to keep yourself and others healthy:**

* Wash your hands often with soap and water for at least 20 seconds
* Use an alcohol-based hand sanitizer with at least 60% alcohol
* Avoid touching your eyes, nose, and mouth
* Sneeze or cough into your sleeve or preferably a tissue, then throw the tissue into the trash and wash your hands
* Stay home when you are sick
* Avoid close contact with people who are sick
* Frequently disinfect cell phones and other frequently touched objects and household surfaces such as light switches, doorknobs, countertops and toilets