



COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers

APPENDIX 10: COVID-19 AND INFLUENZA POWERFORM INSTRUCTIONS; SCREENING, ISOLATION, AND QUARANTINE SURVEILLANCE

ORDERING PATHWAY: Ad Hoc > Assessments > COVID-19 Screening 2.3 PowerForm

1. COVID-19 Screening 2.3 PowerForm: Screening Criteria; COVID-19 Historical; COVID-19 Screening and Disposition: Quarantine or Isolation and Transportation Decision Support and Intervention.

COVID-19 Screening Criteria

Patients That Require COVID-19 Screening Include:
 County Intake (RC Arrivals)
 Interfacility/DSH transfers (Sending & Receiving)
 COCF & Fire Camps (Sending to, and Receiving from)
 Out to Court Returns
 Higher Level of Care Returns
 Offsite Specialty Appointment Returns
 Symptomatic 7362

COVID-19 Historical

Diagnosis (Problem) being Addressed this Visit

Priority	Ranking	Annotated Display	Condition Name	Date	Code
1	1	Pain in ear	Pain in ear	01/13/20	H92.09
1	2	Suicidal ideation	Suicidal ideation	04/21/20	R45.831

COVID-19 Screening

Have You Had Any Unexplained, New, or Worsening of the following Symptoms?

	Yes	No	Comment
*Are you experiencing any symptoms of new illness			
*Chills			
*Cough			
*Diarrhea: 3 or more loose stools within 24 hours			
*Difficulty breathing			
*Fever			
*Headache			
*Loss of Smell			
*Loss of Taste			
*Muscle or joint pain			
*Nasal/sinus congestion/rhinorrhea			
*Nausea			
*Severe/new/unexplained fatigue			
*Sore Throat			
*Vomiting			

Symptomatic of COVID-19
 Yes
 No

Oral Temperature: [] Deg. C
 Temporal Temperature: [] Deg. C
 Tympanic Temperature: [] Deg. C
 IR Temperature: [] Deg. C

- If patient answers "yes" to one or more of the screening questions and/or has temperature above 100 F (37.8 C) Patient must be isolated.
 - All transfer/arrivals (except same day returns) who answer "no" to all questions must be quarantined for 14 days. This includes movement within the same institution ONLY if movement is from a COVID-19 outbreak unit to a non-outbreak unit.
 - All patients returning same day (out to court or out to clinical) must be COVID screened daily for 14 days, and do not require quarantine if asymptomatic.

Quarantine Interventions

Was Patient Placed in Quarantine?
 Yes
 No

Date and Time Quarantine Initiated: [] [] [] [] [] []

QUARANTINE
 The separation and restriction of movement of well persons who may have been exposed to a communicable disease. Quarantine facilitates the prompt identification of new cases and helps limit the spread of disease.

Notification of Quarantine

SRHI/III Notified of Quarantine: [] Date and Time SRHI/III Notified: [] [] [] [] [] []
 Custody Staff Notified of Quarantine: [] Date and Time Custody Notified: [] [] [] [] [] []
 Medical Staff Notified of Quarantine: [] Date and Time Medical Notified: [] [] [] [] [] []
 PHH Notified of Quarantine: [] Date and Time PHH Notified: [] [] [] [] [] []



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Isolation Interventions

ISOLATION
Separation of persons who have a communicable disease (confirmed or suspected) from those who are healthy. People who have same or different communicable diseases cannot be isolated together.

Was Patient Placed in Isolation?
 Yes
 No

Date and Time Isolation Initiated
 m/j/y: _____ : _____
 By charting "Yes" patient placed in isolation and signing this form, the system will auto-generate the order for isolation.

Quarantine to Isolation Interventions
 Informed custody of patient need for housing with a solid closed door
 Placed surgical or procedure mask placed on patient
 Other: _____

TTA Referral

Does patient have urgent/emergent health care needs?
 Yes
 No
 If yes send patient to TTA for immediate assessment. Must place surgical/procedure mask on patient.

TTA Nursing Staff Notified

Provider Notified

Notification of Isolation

SRHI/III Notified of Isolation **Date and Time SRHI/III Notified** m/j/y: _____ : _____

Custody Staff Notified of Isolation **Date and Time Custody Notified** m/j/y: _____ : _____

Medical Staff Notified of Isolation **Date and Time Medical Notified** m/j/y: _____ : _____

PHN Notified of Isolation **Date and Time PHN Notified** m/j/y: _____ : _____

COVID-19 Screening Comments
 Segoe UI 9

Transportation Decision Support and Interventions

Is this screening being performed immediately prior to transportation?
 Yes
 No

Has the patient completed the quarantine period REQUIRED for this transportation; AND being transported within 72 hours of a Negative COVID-19 test result?
 Yes
 No

COVID-19 Transportation Interventions
 Provided N95 mask
 Instructed patient to wear N95 mask during transportation
 Other: _____


NOTE: Transportations for placement in PP and MHCB, or need for specialized medical bed placements that are considered clinically urgent or emergent; do not require quarantine, and patient is not held for refusal. Quarantine for COVID is generally for 14 days. If a patient refuses COVID testing, then Quarantine duration is at least 21 days, with disposition determined in consultation with OIE and public health. If answered No; use relevant sections and fields in this form to document all appropriate Hold, Quarantine, or Isolation interventions and notifications.

ALL INMATES AND TRANSPORTATION STAFF SHALL WEAR AN N 95 RESPIRATOR DURING TRANSFERS.

- COVID-19 Isolation Surveillance Rounding order is twice a day for 10 days, and COVID-19 Quarantine Surveillance Rounding order is twice a day for 30 days.

COVID-19 Isolation Surveillance Rounding

COVID-19 Isolation Surveillance Rounding (T;N, BIDAM+PM, 10, day, COVID-19 Isolation)

 COVID-19 Quarantine & Testing

COVID-19 Quarantine Surveillance Rounding

COVID-19 Quarantine Surveillance Rounding (T;N, BIDAM+PM, 30, day, COVID-19 Quarantine)



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- Once the Isolation Surveillance Rounding order is placed, it will trigger a task for the nurse to complete the Isolation Surveillance Rounding PowerForm from the task list, under the Scheduled Patient Care tab. The Quarantine Surveillance Rounding order does not trigger a task; complete the PowerForm, which is available in the Ad Hoc Assessment Folder.

Assessment Task	Checked
ADL Assessment	<input type="checkbox"/>
Asthma Control Test (ACT)	<input type="checkbox"/>
Behavior Management Evaluation - LTC	<input type="checkbox"/>
COVID-19 Isolation Surveillance Rounding	<input type="checkbox"/>
COVID-19 Pre-Release Screening 2.0	<input type="checkbox"/>
COVID-19 Quarantine Surveillance Rounding	<input type="checkbox"/>
COVID-19 Screening 2.3	<input type="checkbox"/>
Crisis Intervention Team	<input type="checkbox"/>
Effective Communication	<input type="checkbox"/>
Emergency Severity Index - Amb	<input type="checkbox"/>
Epworth Sleepiness Scale (ESS) form	<input type="checkbox"/>
First Medical Responder-DCT	<input type="checkbox"/>
Glasgow Coma Scale	<input type="checkbox"/>
Hunger Strike Nursing Assessment	<input type="checkbox"/>
Morse Fall Risk Scale	<input type="checkbox"/>
NSG HCV Management PowerForm	<input type="checkbox"/>
Nursing Face-to-Face / 7362	<input type="checkbox"/>
O2 Sat Resting/Exertion	<input type="checkbox"/>
Orthostatic Vital Signs	<input type="checkbox"/>
Palliative Care Activities Evaluation - LTC	<input type="checkbox"/>
Palliative Care History and Preferences - LTC	<input type="checkbox"/>
Patient Pain Perception - LTC	<input type="checkbox"/>
Post Fall Assessment	<input type="checkbox"/>
Post Fall Evaluation	<input type="checkbox"/>
Pre-Release Family Planning Offer PowerForm	<input type="checkbox"/>
Pre Use of Force Eval	<input type="checkbox"/>
Primary & Secondary Assessment	<input type="checkbox"/>
Psychosocial Spiritual Screening	<input type="checkbox"/>
Respiratory Pretreatment Assessment	<input type="checkbox"/>
Self Medication Evaluation	<input type="checkbox"/>
SOAPE	<input type="checkbox"/>
Transitional Level of Care Assessment	<input type="checkbox"/>
Vitals/Height/Weight	<input type="checkbox"/>
Weight Variance Evaluation-LTC	<input type="checkbox"/>

3a. COVID-19 Quarantine Surveillance Rounding

COVID-19 Quarantine Surveillance Rounding

Have You Had Any Unexplained, New, or Worsening of the Following Symptoms?

Symptom	Yes	No	Comment
*Are you experiencing any symptoms of new illness			
*Chills			
*Cough			
*Diarrhea			
*Difficulty breathing			
*Fever			
*Headache			
*Loss of Smell			
*Loss of Taste			
*Muscle or joint pain			
*Nasal/sinus congestion/rhinorrhea			
*Nausea			
*Severe/new/unexplained fatigue			
*Sore Throat			
*Vomiting			

Symptomatic of COVID-19
 Yes
 No

Temperatures:
Oral Temperature: _____ Deg.
Temporal Temperature: _____ Deg.
Tympanic Temperature: _____ Deg.
Rectal Temperature: _____ Deg.
IR Temperature: _____ Deg.

SpO2: _____
SpO2 Location:
 Right hand Right foot Right ear lobe
 Left hand Left foot Left ear lobe

If patient answers "yes" to one or more of the screening questions and/or has temperature above 100 F (37.8 C) patient must be isolated.

TTA Referral
Does patient have urgent/emergent health care needs?
 Yes
 No
If yes send patient to TTA for immediate assessment. Must place surgical/procedure mask on patient.
TTA Nursing Staff Notified: _____
Provider Notified: _____

Isolation Interventions
Was Patient Placed in Isolation?
 Yes
 No
Date and Time Isolation Initiated: _____
By charting "Yes" patient placed in isolation and signing this form, the system will auto-generate the order for isolation.
Quarantine to Isolation Interventions:
 Removed from quarantine placed in isolation with solid closed door
 Placed surgical or procedure mask placed on patient
 Other: _____

Notification of Isolation
SRNI/III Notified of Isolation: _____ Date and Time SRNI/III Notified: _____
Medical Staff Notified of Isolation: _____ Date and Time Medical Notified: _____
Custody Staff Notified of Isolation: _____ Date and Time Custody Notified: _____
PHN Notified of Isolation: _____ Date and Time PHN Notified: _____

COVID-19 Screening Comments
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3b. COVID-19 Isolation Surveillance Rounding

COVID-19 Isolation Surveillance Rounding

Patient Refused All Vitals?
 No
 Yes

Temperature Route
 Infrared Scan (IFI)
 Oral
 Rectal
 Temporal
 Tympanic

Temperature IR
[] []

Temperature Oral
[] []

Temperature Temporal
[] []

Temperature Tympanic
[] []

Temperature Rectal
[] []

Peripheral Pulse Rate
[] []

Apical Heart Rate
[] []

Respiratory Rate
[] []

Systolic/Diastolic BP
[] [] / [] []

Mean Arterial Pressure
[] []

SpO2
[] []

SpO2 Location
 Right hand
 Left hand
 Right foot
 Left foot
 Right ear lobe
 Left ear lobe

O2 flow Rate
[] []

FIO2
[] []

O2 Therapy
 Room air
 Aerosol mask
 A&P nebulizer
 Asth/Eag Valve Mask
 BPAP
 Blow-by
 CPAP
 Face shield
 High-Flow nebulizer
 High-Flow nasal cannula
 Humidification
 Nasal cannula
 Nonrebreather mask
 Partial rebreather mask
 Simple mask
 T-Piece
 Tracheal shield
 Other

Pain Present
 No actual or suspected pain
 Yes actual or suspected pain
 Not applicable

Are previously documented symptoms worsening?
 Yes No

Are previously documented symptoms resolving?
 Yes No

Assessment

Patient Experiencing Any COVID-19 Complications
 None
 Altered mental status or confusion, inability to arouse
 Bluish lips or face
 Fever and chills
 Labored breathing
 Low blood pressure
 Low body temperature
 Low oxygen saturation (highest association with the development of pneumonia)
 Persistent pain or pressure in the chest
 Rapid breathing
 Rapid pulse
 Other

Abnormal Assessment Provider Contact

Provider Notified
[] []

Date and Time Provider Notified
[] [] [] []

Interventions / Plan of Care
 Orders received for treatment
 No orders received
 Sent to TTA
 Transfer to outside hospital for medical care
 Other



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4. COVID-19 Receiving County Notifications PowerForm

COVID-19 Receiving County Notifications - ZZZH, YYYY

01/08/2021 1353 PST By: D'Acquisto, Collean NCP

Receiving Health Department Notification

Notification Sent to Receiving Public Health Department

- Appendix 5
- Confidential Morbidity Report (CMR)
- Other:

Form of Notification Sent to receiving Public Health Department

- Email
- Fax
- Phone call
- Other:

Recipient of Public Health Department Notification

Date/Time Public Health Department Received Notification

mm/dd/yyyy

Public Health Department Notification Details

- CC'd Public Health Notification inbox when sending notification
- Contact information of parole/probation officer
- Contact information of patient
- COVID-19 lab result information
- Date of release from isolation/quarantine
- Date of symptom onset
- Fever resolution without antipyretics status
- Start date of isolation/quarantine
- Symptom improvement status
- Other:

Receiving Parole/ Probation Notification

Notification Sent to Parole/ Probation Unit

Yes
 No

Form of Notification Sent to Parole/ Probation unit

- Email
- Fax
- Phone call
- Other:

Recipient of Parole/Probation Unit Notification

Date/Time Parole/ Probation Unit Received Notification

mm/dd/yyyy

Parole/ Probation Unit Notification Details

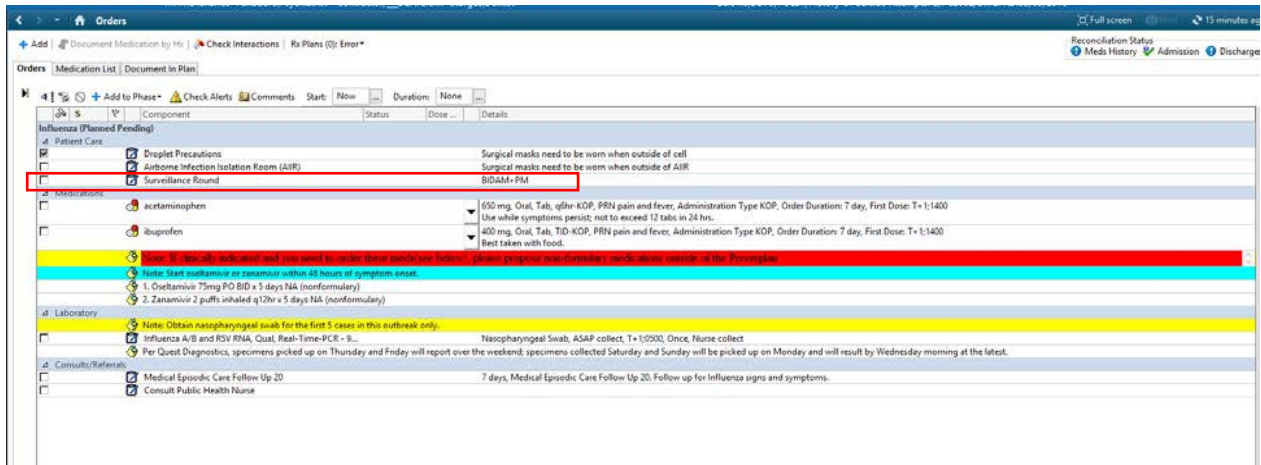
- CC'd Public Health Notification inbox when sending notification
- Contact information of parole/probation officer
- Contact information of patient
- COVID-19 lab result information
- Date of release from isolation/quarantine
- Date of symptom onset
- Fever resolution without antipyretics status
- Start date of isolation/quarantine
- Symptom improvement status
- Other:



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5. Influenza Order and Documentation: The Surveillance Round order is placed, it will trigger a task for the nurse to complete the appropriate Surveillance Round PowerForm. This PowerForm is currently viewable in the Ad Hoc > Rounds/Observation > Surveillance Rounds.

5a. Select Order for Droplet Precautions for patients presenting with Influenza-like-illness symptoms.



6. INFLUENZA Surveillance Rounding
ORDERING PATHWAY: Ad Hoc > Rounds/Observation > Surveillance Rounds