

COVID-19 RESPONSE PROTOCOL FOR PARTICIPANTS AND STAFF

1. SCREENING QUESTIONS

2. HAVE YOU TESTED POSITIVE FOR COVID-19?

DO YOU LIVE IN THE SAME HOUSEHOLD/ROOM AS A PERSON WITH COVID-19?

HAVE YOU BEEN WITHIN 6 FEET (2 METERS) OF A PERSON, INDOORS AND UNMASKED, WHO HAS COVID-19 FOR A TOTAL OF 15 MINUTES OR MORE?

SYMPTOMS?: FEVER OF 100 F (37.8 C) OR ABOVE, OR POSSIBLE FEVER SYMPTOMS LIKE ALTERNATING CHILLS AND SWEATING, COUGH, TROUBLE BREATHING, SHORTNESS OF BREATH OR SEVERE WHEEZING, CHILLS OR REPEATED SHAKING WITH CHILLS, MUSCLE ACHES, SORE THROAT, RUNNY NOSE, CONGESTION, SEVERE FATIGUE, LOSS OF SMELL OR TASTE, OR A CHANGE IN TASTE, NAUSEA, VOMITING OR DIARRHEA, OR HEADACHE.

