

# Fairfax County Juvenile Detention Center Visitor COVID-19 Symptom Screening

Resident Name \_\_\_\_\_

Date \_\_\_\_\_

Time: \_\_\_\_\_

**Relationship to Resident** \_\_\_\_\_

**Manager Conducting Screening:** \_\_\_\_\_

<b>Section 1</b>	<b>VDH COVID-19 Screening Protocol: Survey for Visitors</b>		
<b>YES or NO, are you currently experiencing any of the following symptoms?</b>		<b>Yes</b>	<b>No</b>
A new fever (100.4°F or higher) or a sense of having a fever		<input type="checkbox"/>	<input type="checkbox"/>
A new cough that you cannot attribute to another health condition		<input type="checkbox"/>	<input type="checkbox"/>
New shortness of breath or difficulty breathing that you cannot attribute to another health condition		<input type="checkbox"/>	<input type="checkbox"/>
New chills that you cannot attribute to another health condition		<input type="checkbox"/>	<input type="checkbox"/>
A new sore throat that you cannot attribute to another health condition		<input type="checkbox"/>	<input type="checkbox"/>
New muscle aches (myalgia) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)		<input type="checkbox"/>	<input type="checkbox"/>
A new loss of taste or smell		<input type="checkbox"/>	<input type="checkbox"/>
Have you had a positive test for the virus that causes COVID-19 disease within the past 10 days?		<input type="checkbox"/>	<input type="checkbox"/>
In the past 14 days, have you had close contact (within about 6 feet for 15 minutes or more) with someone with suspected or confirmed COVID-19?		<input type="checkbox"/>	<input type="checkbox"/>
In the past 14 days, have you traveled internationally?		<input type="checkbox"/>	<input type="checkbox"/>

*Visitors who answer YES to any of the Visitor screening questions should not be permitted to enter the facility.*

<b>Section 2</b>	<b>VDH COVID 19 Optional Visitor Agreement: Infection Control Practices</b>		
<b>During your visit, do you agree to:</b>		<b>Yes</b>	<b>No</b>
Immediately notify a staff member if you develop symptoms of COVID-19		<input type="checkbox"/>	<input type="checkbox"/>
Practice proper hand hygiene		<input type="checkbox"/>	<input type="checkbox"/>
Maintain appropriate physical distance between yourself and others, as much as possible (at least 10 feet for establishments with physical activity, singing, or cheering and at least 6 feet for all other settings)		<input type="checkbox"/>	<input type="checkbox"/>
Limit physical contact between yourself and others, as much as possible		<input type="checkbox"/>	<input type="checkbox"/>
Wear a face covering when entering, exiting, traveling through, and spending time inside the venue/facility (unless an exception exists per Executive Order 63)		<input type="checkbox"/>	<input type="checkbox"/>
Limit touching surfaces to only what is necessary		<input type="checkbox"/>	<input type="checkbox"/>

<b>Section 3</b>	<b>JDC COVID 19 Manger Observation and Screening</b>		
<b>Prior to visitation with the resident a JDC Manager will observe the following:</b>			
Temperature		_____	
Active coughing that is repeated and ongoing		<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Breathing		<input type="checkbox"/>	<input type="checkbox"/>

*An indication of YES to any of the observations listed above or a temperature reading of 99.8 then the visitor should not be permitted to enter the facility.*

**If no concerns - verify that the visitor is wearing a mask that covers their mouth and nose. Advise them that they must keep the mask on at all times, that there is no contact permitted, that 6ft distance must be maintained at all times and request that they wash or sanitize their hands prior to commencing the visit.**