



Disaster Health Services Procedures in COVID-19 Congregate Shelters

Purpose

This job tool provides guidance for Disaster Health Services responders working in a congregate shelter in a COVID-19 environment.

Planning Assumptions

- All individuals entering the shelter have been screened by having their temperature taken and responding to screening questions.
- Individuals with a temperature of greater than 99.5°F or those answering “yes” to [Red Cross COVID-19 screening questions for clients](#) are referred to an isolation care area for evaluation by Disaster Health Services.
- All individuals entering the shelter have answered Red Cross questions regarding COVID-19 symptoms and exposure.
- Ongoing screening is taking place for shelter clients.
- Shelters house 50 clients or fewer.
- Assume 20 percent of clients will be exhibiting signs and symptoms of COVID-19.
- COVID-positive clients will be mildly ill. **(If clients or members of the workforce exhibit signs of shortness of breath, difficulty breathing, or distress: Call 911)**

Audience

Required	Recommended
All Disaster Health Services Responders	Regional Disaster Leadership
Members of deployed COVID Shelter Teams	Division Disaster Leadership
	Disaster Health Services leads at the divisions and regions

Disaster Health Services Team in a Congregate Shelter

The Disaster Health Services team in a COVID-19 shelter consists of:

- 3 Disaster Health Services responders per shift:
 - 1 Registered Nurse (RN) per shift is preferred.
 - 1 Disaster Health Services responder remains near the entrance of the isolation care area at all times.
 - All Disaster Health Services responders support Staff Health.

All Disaster Health Services workers must be screened upon arrival for their shift.

- If temperature is above 99.5 (currently or in the past 24 hours) or yes to any [COVID screening question](#), disaster responder is not to work.
- Report to Staff Health and seek medical care if needed.

Disaster Health Services workers in the Isolation Care Area:

- Must wear gown, N95 respirator, gloves, face-shield (if available), and goggles before entering Isolation Care Area.
 - Do seal check of respirator.
 - See *How to Put On and Take Off a Disposable Respirator* section above.
- Attempt to maintain social distancing while in Isolation Care Area.

Disaster Health Services Actions Outside the Isolation Care Area

Disaster Health Services responders not actively working in the isolation care area should initiate Cot-to-Cot and C-MIST interviews in the dormitory using social distancing practices.

- Provide needed assistance as outlined in the *Disaster Health Services Standards & Procedures*.
- Disaster Health Services responders provide liquid gel temperature strip to each client for use twice daily for all clients and request that clients report any temperature >99.5°F.
- Ask any client who develops a temperature higher than 99.5°F and/or is coughing, sneezing, or complaining of a sore throat to relocate to the Isolation Care Area for monitoring.
- Disaster Health Services responder assists all Red Cross workforce in self-monitoring temperatures twice per shift, in addition to screening temperatures required to enter the shelter facility.
 - If Red Cross responder reports a temperature >99.5°F, refer to guidance in *COVID-19 Workforce Health Screening on Disaster Relief Operations Job Tool*.
- Observe client's psycho-social interactions and refer to virtual Disaster Mental Health as appropriate.

Opening an Isolation Care Area in a Shelter

1	Disaster Health Services responders identify isolation care area with Shelter Manager: <ul style="list-style-type: none">• Ideally, this is a separate room from the shelter dormitory with a closing door and windows to observe clients.• This room should have a dedicated restroom.• Ideal size is 1100 square feet (approximately 24 feet x 48 feet)
2	Identify area where workers can don their personal protective equipment (PPE). <ul style="list-style-type: none">• Stock supplies of personal protective equipment.• Add a table and paper bags for workers' personal possessions.
3	Identify area where workers can doff their personal protective equipment. <ul style="list-style-type: none">• Post signage and add two chairs.• Add trash can and black trash bags for disposal of PPE.
4	Set up isolation care area (with assistance of COVID Shelter Team): <ul style="list-style-type: none">• Set medical cots 6 feet apart on all sides. Cots should be placed in a head-to-toe configuration and one end of the cot may be against the wall.• Number cots 1-10 by taping a paper sign on each cot or on the wall.• Place a chair by each cot.

- Use privacy screening between cots if available.
- Post signage outside and inside isolation care area:
 - Isolation Care Area – Authorized Disaster Health Services Staff Only
 - Post DHS contact number prominently in the Isolation Care Area
- Place a face mask, tissue pack, 2 blankets, bottled water, snack. on cot.
- Place hand washing stations inside and outside the entrance to the isolation care area, near the restroom area, and at 2 additional locations in the isolation care area.
- Set up 2 to 4 tables for equipment needs in the isolation care area.
- If possible, provide entertainment equipment such as a TV or radio where clients can view from their cot.

Equipment Needed for Isolation Care Area

Note: Attempt to secure as much disposable equipment as possible.

- 2 disposable stethoscopes
- 5 disposable blood pressure cuffs
- Pulse oximeter
- Lysol spray or bleach solution spray
- Rolls of paper towels
- Boxes of alcohol wipes
- Boxes of face masks
- 2 per person/day Glucometer and strips
- 1 liquid crystal temperature strip per client.
- [DHS Client Health Record](#) forms
- [DHS Aggregate Morbidity Report](#) forms
- Disposable pens for use in the isolation care area only
- Privacy screens between cots if available
- Dedicated Red Cross computer for use in isolation care area only
 - May be utilized by clients and responders
- Dedicated Red Cross cell phone for use in Isolation Care Area only with video relay service apps called nTouch and wavello for clients to contact Disaster Health Services if needed.
- Biohazard waste bags with container and lid
- Trash can with disposable bags
- Individual wash cloth and towel per client
 - These should be disposed of when client leaves the isolation care area.
- Locking office file box to store *Client Health Records*

Who May Enter the Isolation Care Area?

- No visitors or non-DHS responders are permitted in Isolation Care Areas.

- Parents and family caregiver may stay with client but must remain in Isolation Care Area and not return to general population dormitory.
- Service animals must stay with their owners.
- Disaster Health Services is responsible for cleaning and maintaining Isolation Care Area. All surfaces must be disinfected every 4 hours (minimum) using a bleach solution or approved disinfectant.
- Disaster Health Services serves all meals and requests snacks to be delivered if needed.
- Clients are admitted to the Isolation Care Area based on symptoms or exposure based on the Decision Matrix below.

Isolation Care Area Decision Matrix

Clients Referred to Isolation Care Area		
Currently in home isolation or quarantine?	Recent Exposure	<p>Temperature higher than 99.5? OR Symptomatic?</p> <ul style="list-style-type: none"> ● Cough ● Shortness of breath ● Nausea/Vomiting ● Diarrhea
<p>Home Quarantine? Has been in quarantine for 14 days with no symptoms</p> <p>Home Isolation? Client as:</p> <ul style="list-style-type: none"> ● At least 3 days (72 hours) have passed since recover defined as resolution of fever without the use of fever-reducing medications <u>AND</u> ● Improvement in respiratory symptoms (like cough, shortness of breath) <u>AND</u> ● At least 10 days have passed since symptoms first appeared 	<p><u>If no temperature or symptom:</u> Client may reside in general population shelter.</p>	<p>Client placed in Isolation Care Area until:</p> <ul style="list-style-type: none"> ● At least 3 days (72 hours) have passed since recover defined as resolution of fever without the use of fever-reducing medications <u>AND</u> ● Improvement in respiratory symptoms (like cough, shortness of breath) <u>AND</u> ● At least 10 days have passed since symptoms first appeared
<u>YES to all:</u> Client may reside in general population dormitory	<u>NO to any:</u> Client must be placed in Isolation Care Area until all criteria are met	<u>YES to all:</u> Client may reside in general population dormitory
<p>Source: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html</p> <p style="text-align: center;">All clients must maintain social distancing > 6 feet All clients must wear a mask except children < 2 years Cots must be configured in a head-to-toe arrangement</p>		

Caring for Clients in the Isolation Care Area

Maintain 6-foot distance from clients as much as practicable.

1	<p>Before beginning client screening:</p> <ul style="list-style-type: none"> ▪ Wash hands ▪ Don personal protective equipment, including gown, non-latex nitrile gloves, N95 mask, goggles, and face shield or eye protection <ul style="list-style-type: none"> ○ See <i>Donning and Removing Personal Protective Equipment</i> ○ See <i>CDC Guidance on N95 Masks</i> ○ https://intranet.redcross.org/content/redcross/categories/our_services/disaster-cycle-services/dcs-capabilities/individual_clientservices/health-services-toolkit.html
2	Enter the isolation care area.
3	If a client is coughing, sneezing, or has a runny nose, request that the client put on a face mask. Children may not be able to wear face masks.
4	Instruct client to enter room and move to assigned cot.
5	Initiate Cot-to-Cot and interview clients. (See <i>Disaster Health Services Standards and Procedures</i> for Cot-to-Cot details.)
6	Disaster Health Services cares for clients in the Isolation Care Area. Follow procedures in the <i>Admitting New Clients to the Isolation Care Area</i> and <i>Ongoing Care for Clients in the Isolation Care Area</i> sections below.
7	<p>When exiting the isolation care area:</p> <ul style="list-style-type: none"> • Doff personal protective equipment per signage instructions. • Dispose of personal protective equipment in biohazard trash can in the doffing area at end of shift. <ul style="list-style-type: none"> ○ N95 masks may be stored in individually labeled brown paper bags for reuse during shift. Use caution when handling or touching mask, as the outside may be contaminated. ○ Gowns may be folded in a manner that the outside of the garment is covered to allow for reuse during shift. Discard soiled gowns in a biohazard waste container. • Wash hands for 20 seconds.

Admitting New Clients to the Isolation Care Area

- Take temperature and document temperature and other symptoms (such as cough).
- Ask if client has been tested for COVID-19.
- Ask if client has the result of that test and what the result is. Document findings on client health record.
- Ask if the client or anyone in their household has been exposed to a person with COVID-19 or is ill with fever and cough. Document answers.
- Take health history and document on client health record.
- Conduct physical assessment as necessary. Document findings on client health record.
- Conduct C-MIST interview from the DHS [C-MIST Worksheet](#). Develop plan for providing needed assistance.
- If clients cough, instruct them to cough into a tissue and dispose of tissue promptly in trash container.
- Provide clients with information regarding the impact of the disaster event and when they might be able to return home as updates become available.

- Instruct client to be diligent about maintaining social distance of 6 feet from other clients.
- Instruct parents/guardians to assist children to maintain 6 ft. Away from other clients in the isolation care area.
- Instruct client regarding shelter rules:
 - Clients remain in the isolation care area.
 - Should a client refuse to remain in the isolation care area, they may be considered to be in violation of shelter rules. Discuss this with Shelter Manager and notify local Public Health Dept.
 - Communication between isolation care area clients and family is facilitated using cell phones.
 - Visitors are not permitted in isolation care area, except for Public Health officials and law enforcement in full PPE.
 - Meals are delivered to the isolation care area at the entrance and delivered by Disaster Health Services staff in PPE.
- Instruct client to notify isolation care area staff if they need any assistance, feel sicker, or become short of breath.
- Observe client’s psycho-social interactions and refer to virtual Disaster Mental Health, as appropriate.
- Put *Client Health Record* in isolation care area in a secured location or locked box.

Ongoing Care for Clients in the Isolation Care Area

<p>Clients In the Isolation Area</p> <p>Refer to <i>Isolation Care Area Decision Matrix</i> above for which clients must be in Isolation Care Area.</p>	<ul style="list-style-type: none"> • Disaster Health Services team lead at the shelter must have a contact name and number for local public health. <ul style="list-style-type: none"> ○ Notify Public Health of any client identified as exhibiting signs and symptoms of COVID-19 not previously reported to Public Health. • Must wear masks. • Clients may request to go outside of shelter facility but must wear a mask and maintain social distancing > 6 feet. <ul style="list-style-type: none"> ○ Encourage handwashing before exiting and upon return
<p>Observe for warning signs of deterioration in client condition.</p> <p>Use clinical judgement, assessment, and trend monitoring to identify need for referral to higher level of care</p>	<p>Document care on <i>Client Health Record</i> and symptom tracker (see below). Keep <i>Client Health Records</i> in Isolation Care Area in a secured location or locked bo</p> <ul style="list-style-type: none"> • Take temperature a.m., p.m., and PRN. • Monitor pulse oximetry a.m., p.m., and PRN. <ul style="list-style-type: none"> ○ Assess and monitor for trends. • Observe for worsening of any of the following symptoms noted in clinical observations: <ul style="list-style-type: none"> ○ Trouble breathing ○ Pulse oximetry of 90 or below ○ Persistent pain or pressure in the chest ○ New confusion ○ Inability to wake or stay awake ○ Bluish lips, face, or toes • Call 911. Notify the operator that you are seeking care for someone who may have COVID-19. • Notify Shelter Site Manager after requesting 911 assistance. <p>Signs and symptoms of COVID-19 present at illness onset vary, but over the course of the disease many persons with COVID-19 will experience the following:</p>

	<ul style="list-style-type: none"> • Loss of appetite • Sudden loss of taste or smell • Muscle or body aches • Nausea or vomiting • Diarrhea • Fatigue <p>Source: Caring For Someone Sick at Home (CDC)</p>
<p>Provide support and assistance to provide for basic needs</p>	<p>Help the person who is ill to follow their healthcare provider’s instructions for care and medication if prescribed. Continue to create an Aggregate Morbidity report every 24hrs. Per the DHS S&P.</p> <ul style="list-style-type: none"> • Disaster Health Services facilitates medication refills per <i>Disaster Health Services Standards & Procedures</i>. • Provide over-the-counter medicines for fever, sore throat, or body aches. • Hydration – ensure client drinks lots of fluid. • Meals – Disaster Health Services staff wearing PPE deliver meals to clients in the isolation care area. • Provide quiet rest times during the day. • Provide tissues. • Provide face covering. • Provide trash bag. • Consider medical cot. • Provide a small bottle of hand sanitizer to each client. <p>Source: Caring For Someone Sick at Home (CDC)</p>
<p>Bathroom/Restroom Facility</p>	<ul style="list-style-type: none"> • Isolation area must have designated bathroom for isolation clients only. <ul style="list-style-type: none"> ○ Door may be left open to increase ventilation if no exhaust fan is available. • The person who is ill must clean and disinfect bathroom surfaces after each use using bleach solution or approved disinfectant. <ul style="list-style-type: none"> ○ If this is not possible, wait as long as possible after the client has vacated the bathroom before cleaning and disinfecting the bathroom. <p>Source: Caring For Sick at Home (CDC)</p>
<p>Ending Isolation in Non-Healthcare Setting</p> <p>Refer to Isolation Care Area Decision Matrix.</p>	<p>Persons who have COVID-19 with symptoms who have been directed to care for themselves at home may discontinue isolation under the following conditions:</p> <ul style="list-style-type: none"> • Resolution of fever without the use of fever-reducing medications for three days and • Improvement in respiratory symptoms (e.g., cough, shortness of breath); and • At least 10 days have passed <i>since symptoms first appeared</i>; or • Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

- Testing may be done at the discretion of the local Public Health department or the client's healthcare provider.
- See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#).

Source: [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#) (CDC)

References

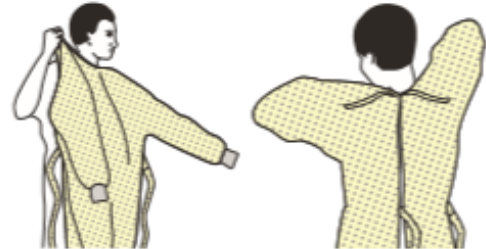
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- CDC: *When You Can be Around Others After You Had or Likely Had COVID-19* (2020) at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html>
- CDC: *Alternate Care Sites and Isolation Sites* (2020) at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html>

SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



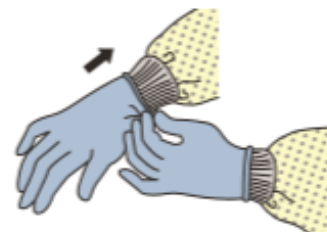
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



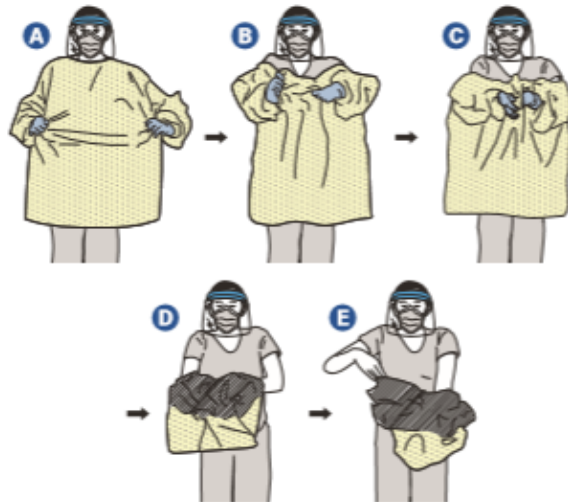
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

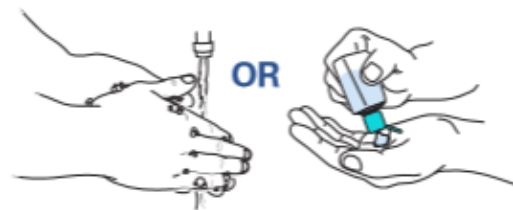


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator.

Follow the instructions that come with your respirator.¹

Putting On The Respirator



Position the respirator in your hands with the nose piece at your fingertips.



Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.



The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal²



Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.



Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.



If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.



If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator



DO NOT TOUCH the front of the respirator! It may be contaminated!



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in waste container. WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

¹ Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/npptl/topics/respirators/disp_part/

² According to the manufacturer's recommendations

For more information call 1-800-CDC-INFO or go to <http://www.cdc.gov/niosh/npptl/topics/respirators/>



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DHHS (NIOSH) Publication No. 2010-133

COVID-19 Fever and Symptom Log for Clients

Day	Date	Time	Temperature	Symptom Monitoring			
1	____/____/____ MONTH DAY	_____ AM	_____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No
		_____ PM	_____ °F	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		2	____/____/____ MONTH DAY	_____ AM	_____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ PM	_____ °F			Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		3	____/____/____ MONTH DAY	_____ AM	_____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ PM	_____ °F			Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		4	____/____/____ MONTH DAY	_____ AM	_____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ PM	_____ °F			Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		5	____/____/____ MONTH DAY	_____ AM	_____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ PM	_____ °F			Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		6	____/____/____ MONTH DAY	_____ AM	_____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ PM	_____ °F			Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		7	____/____/____ MONTH DAY	_____ AM	_____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ PM	_____ °F			Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle - Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		8	____/____/____ MONTH DAY	_____ AM	_____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ PM	_____ °F			Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Day	Date	Time	Temperature	Symptom Monitoring				
9	____/____/____ MONTH DAY	____ AM	____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		____ PM	____ °F	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No			
10	____/____/____ MONTH DAY	____ AM	____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		____ PM	____ °F	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No			
11	____/____/____ MONTH DAY	____ AM	____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		____ PM	____ °F	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No			
12	____/____/____ MONTH DAY	____ AM	____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		____ PM	____ °F	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No			
13	____/____/____ MONTH DAY	____ AM	____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		____ PM	____ °F	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No			
14	____/____/____ MONTH DAY	____ AM	____ °F	Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty-Breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		____ PM	____ °F	Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No		Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle-Ache	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No			
				Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No			

- (1) Name: _____ Age (yrs): _____ Sex: M F
- (2) Street address: _____ City, State: _____ Telephone number: _____
- (3) Exposure Level (High or Medium) _____ Furloughed from work? _____
- (4) Case ID number (from contact listing form): _____ Contact number (from contact listing form): _____
- (5) Facility where the contact occurred case occur: _____
Date of last contact with the case (mm/dd/yyyy): _____