

Vista Autism Services
COVID-19 Daily Screening Assessment

Directions: All individuals providing or receiving Vista services (staff and clients) are required to review the below screening assessment daily prior to receiving or providing Vista services.

Parents/guardians should go through the assessment with enough lead time to cancel any provided transportation should external transportation be applicable.

Staff should go through the assessment with enough lead time to meet standard sick notice to their supervisor/program as stipulated in current Personal Time Off policies.

Yes	No	Symptom
<p>Yes: *If positive result – isolate for 5 days.</p> <ul style="list-style-type: none"> • Must be fever free for 24 hours at day 5 to return. If not fever free, remain out until 24 hours has passed fever free without the use of fever reducing medications. Must use a mask through day 10 while in a community setting. If mask use is not tolerated – stay home for full 10 days. <p>*If negative result –</p> <ul style="list-style-type: none"> • Individual must be fever free for 24 hours without the use of fever reducing medication to return OR • Obtain a doctor note – individual must also be fever free for 24 hours without the use of fever reducing medications to return OR <p>If testing or doctor consultation not available – remain out for 5 days and must be fever free at day 5 to return</p>	<p>No: continue down screening assessment</p>	<p>Temperature greater than 100 Persistent and productive cough Shortness of breath New loss of taste or smell</p>
<p>Yes: if the symptom isn't explained by another reason, count symptoms and continue down screener.</p>	<p>No: continue down screening assessment</p>	<p>Chills Fatigue Body aches Headache Sore throat Congestion or runny nose</p>
<p>Yes: If individual served, and two or more episodes occur, must remain home or cancel services until 24 hours without use of medication to suppress symptoms. If employee, if the symptom isn't explained by another reason, count symptoms and continue down screener.</p>	<p>No: continue down screening assessment</p>	<p>Nausea or vomiting Diarrhea</p>
<p>Yes: *If positive result – isolate for 5 days.</p> <ul style="list-style-type: none"> • Must be fever free for 24 hours at day 5 to return. If not fever free, remain out until 24 hours has passed fever free without the use of fever reducing medications. Must use a mask through day 10 while in a community setting. If mask use is not tolerated – stay home for full 10 days. <p>*If negative result –</p> <ul style="list-style-type: none"> • Individual must be fever free for 24 hours without the use of fever reducing medication to return OR • Obtain a doctor note – individual must also be fever free for 24 hours without the use of fever reducing medications to return OR <p>If testing or doctor consultation not available – remain out for 5 days and must be fever free at day 5 to return</p>	<p>No: continue down screening assessment</p>	<p>Does the individual have two or more non red symptoms?</p>
<p>Yes: please see Covid-19 Vaccination Assessment*</p>	<p>No: review results of screening assessment to determine action</p>	<p>Has the individual received a COVID-19 vaccination dose in the last 72 hours?</p>

Vista Autism Services Covid-19 Vaccination Assessment

Please use this assessment for symptoms that occur the **first 2 days** after the date of vaccination. For example: Dosage given on Tuesday at 2:00 pm – assess vaccination symptoms on Wednesday and Thursday. Mild to moderate symptoms can occur following first and second dose and any booster dose. Symptoms are more frequent following the second dose.

If you have symptoms after the first 2 days following dose date, you cannot use this assessment form and must use the regular COVID-19 Daily Screening Assessment.

Symptom	Yes	No	Guidance
Persistent and Productive cough	Yes: Must use regular COVID-19 Daily Screening Assessment		Not a typical post vaccination symptom.
Shortness of breath	Yes: Must use regular COVID-19 Daily Screening Assessment		Not a typical post vaccination symptom.
New loss of taste or smell	Yes: Must use regular COVID-19 Daily Screening Assessment		Not a typical post vaccination symptom.
Sore throat	Yes: Must use regular COVID-19 Daily Screening Assessment		Not a typical post vaccination symptom.
Congestion or runny nose	Yes: Must use regular COVID-19 Daily Screening Assessment		Not a typical post vaccination symptom.
Temperature greater than 100	Yes: Remain home and monitor		Must be resolved within 2 days from vaccination dose day
Chills	Yes: Remain home and monitor		Must be resolved within 2 days from vaccination dose day
Fatigue	Yes: Remain home and monitor		Must be resolved within 2 days from vaccination dose day
Body aches	Yes: Remain home and monitor		Must be resolved within 2 days from vaccination dose day
Headache	Yes: Remain home and monitor		Must be resolved within 2 days from vaccination dose day
Nausea or vomiting	Yes: Remain home and monitor		Must be resolved within 2 days from vaccination dose day
Diarrhea	Yes: Remain home and monitor		Must be resolved within 2 days from vaccination dose day