

**Vista Autism Services  
COVID-19 Health Monitoring Checklist**

<b>Name of Symptomatic Individual</b>									
<b>Type of Individual (Staff, Client, Other)</b>	<b>Staff</b>	<b>Client</b>	<b>Other</b>						
<b>Vista Program</b>	<b>EIBI</b>	<b>School/EIBS</b>	<b>VASO Employment</b>	<b>VASO CIC</b>	<b>VASO In-Home</b>	<b>Outreach</b>	<b>CoVE</b>	<b>Other</b>	
<b>Date and Time of Incident</b>	<b>Date:</b>			<b>Time:</b>					
<b>Name of Person Completing Form (Print)</b>									

Please complete the following checklist when concerned for possible sickness similar to symptoms of COVID-19:

Yes	No	Symptom
Yes: proceed to isolation procedures	No: continue down checklist	Temperature greater than 100
Yes: proceed to isolation procedures	No: continue down checklist	Persistent and productive cough
Yes: proceed to isolation procedures	No: continue down checklist	Shortness of breath
Yes: proceed to isolation procedures	No: continue down checklist	New loss of taste or smell
Yes: monitor	No: follow internal sick policy/protocol as applicable	Chills
Yes: monitor	No: follow internal sick policy/protocol as applicable	Fatigue
Yes: monitor	No: follow internal sick policy/protocol as applicable	Body aches
Yes: monitor	No: follow internal sick policy/protocol as applicable	Headache
Yes: monitor	No: follow internal sick policy/protocol as applicable	Sore throat
Yes: monitor	No: follow internal sick policy/protocol as applicable	Congestion or runny nose
Yes: monitor	No: follow internal sick policy/protocol as applicable	Nausea or vomiting
Yes: monitor	No: follow internal sick policy/protocol as applicable	Diarrhea
Yes: proceed to isolation procedures	No: monitor individual	Does the individual have two or more non red symptoms?

Please complete the following checklist when concerned for possible sickness similar to symptoms of MIS-C:

Yes	No	Symptom
Yes: proceed to isolation procedures	No: follow internal sick policy/protocol as applicable	Temperature greater than 100
Yes: proceed to isolation procedures	No: follow internal sick policy/protocol as applicable	Severe abdominal pain
Yes: proceed to isolation procedures	No: follow internal sick policy/protocol as applicable	Pain or pressure in chest that does not go away
Yes: proceed to isolation procedures	No: follow internal sick policy/protocol as applicable	Bluish lips or face
Yes: proceed to isolation procedures	No: follow internal sick policy/protocol as applicable	Inability to wake or stay awake
Yes: monitor	No: follow internal sick policy/protocol as applicable	New confusion
Yes: monitor	No: follow internal sick policy/protocol as applicable	Vomiting
Yes: monitor	No: follow internal sick policy/protocol as applicable	Diarrhea
Yes: monitor	No: follow internal sick policy/protocol as applicable	Neck pain
Yes: monitor	No: follow internal sick policy/protocol as applicable	Rash
Yes: monitor	No: follow internal sick policy/protocol as applicable	Bloodshot eyes
Yes: monitor	No: follow internal sick policy/protocol as applicable	Fatigue
Yes: proceed to isolation procedures	No: monitor individual	Does the individual have three or more non red symptoms?

**Parent/Guardian/Staff Directions:**

**Please follow the directions that are checked off below. If consulting a medical professional, please share the above symptom checklist.**

**Yellow** Your son/daughter or you as staff had a symptom similar to COVID-19 or MIS-C, and following our assessment above, adhered to our standard internal 'illness/sick practices.' **Your son/daughter DID NOT need to use the isolation area.** Please continue to monitor your son/daughter carefully and if you feel necessary, have your son/daughter assessed further by a medical professional. **There is no further documentation or criteria needed for your son/daughter to return.**

**Green** Your son/daughter or you as staff had symptoms similar to COVID-19 or MIS-C, and following our assessment above, adhered to our standard internal 'illness/sick practices.' **We DID NOT need to use the isolation area.** However, vomiting or diarrhea existed to the extent that requires the need to be symptom free for 24 hours before returning to the program. Please continue to monitor carefully and if you feel necessary, assess further by a medical professional. **Please follow the 24-hour policy as we will not be able to accept the individual back to program prior.**

**Purple** Your son/daughter or you as staff had symptom(s) similar to COVID-19 or MIS-C and, following our screening assessment above, **was sent to the Isolation Area. Please contact a medical professional to have for further evaluation.** A doctors note, remaining out of program for 10 calendar days, or a negative COVID test are required for re-entry in addition to being symptom free without the aid of medication for 24 hours. If the doctor recommends further assessment/COVID-19 testing, the individual may not return until one of two conditions occur: 1) A negative test result is produced and shared with Vista AND the individual is symptom free for 24 hours without the aid of medication; 2) A positive test result is produced. In this case, please contact Vista immediately, as well as the Department of Health at 1-877-724-3258. **The positive case will need to remain out of Vista programs until the 11<sup>th</sup> day from the onset of symptoms as well as until they are symptom free for at least 24 hours without the aid of medication.**

**Red** Your son/daughter or you as staff had symptom(s) similar to COVID-19 or MIS-C and, following our screening assessment above, **was sent to the Isolation Area. Please contact a medical professional to have for further evaluation.** A doctors note, remaining out of program for 10 calendar days, or a negative COVID test are required for re-entry in addition to being symptom free without the aid of medication for 24 hours. If the doctor recommends further assessment/COVID-19 testing, the individual may not return until one of two conditions occur: 1) A negative test result is produced and shared with Vista AND the individual is symptom free for 24 hours without the aid of medication; 2) A positive test result is produced. In this case, please contact Vista immediately, as well as the Department of Health at 1-877-724-3258. **The positive case will need to remain out of Vista programs until the 11<sup>th</sup> day from the onset of symptoms as well as until they are symptom free for at least 24 hours without the aid of medication.**