

Forte Residential, Inc./ Forte Home Health Care, Inc.
COVID-19 Employee Questionnaire

Date:

Employee Name:

Name(s) of consumer(s)/client(s) employee works with:

Forte representative completing questionnaire:

HUMAN RESOURCES PROCEDURE

The email address employeehealth@forteresidential.org has been created to enable the Human Resources Department to monitor COVID-19 among Forte employees. This inbox will be monitored daily by HR for the following:

- Requests by branch offices for employee screenings prior to trainings.
- Reports of possible exposure of employees to individuals who are positive for COVID-19.
- Reports of signs/symptoms of illness by employees.

To complete an employee screening questionnaire:

- Telephone the employee (do not email questionnaires).
- If the person being interviewed is a direct care staff, list all of the consumers/clients they serve on the consumer/client line.
- Ask the questions on the questionnaire and complete the form.
- If an employee is experiencing respiratory infection symptoms (cough, sore throat, fever, chills, repeated shaking with chills, muscle pain, headache, new loss of taste or smell) or if they have been in contact with someone who has tested positive for COVID-19, notify them they may not work until cleared by the corporate office.
- If an employee is experiencing respiratory infection symptoms (cough, sore throat, fever, chills, repeated shaking with chills, muscle pain, headache, new loss of taste or smell) or if they have been in contact with someone who tested positive for COVID-19, instruct them to contact their primary care physician or to call one of the following hotlines:
 - Lutheran: 260-435-5050
 - Parkview: 866-PPG-TODAY
 - CDC: 800-232-4636
 - ISDH-Epidemiology Resource Center
 - * Main number 317-233-7125
 - * After hours 317-233-1325
 - * Email: apiresource.isdh.in.gov
- Employees may use accumulated PTO if unable to work due to illness. Forte does not provide additional paid sick leave.
- Save the completed questionnaire to the COVID-19 folder on the server at Documents Elanna > COVID19 > Staff questionnaires.

- If the employee is a direct care staff, document the completed questionnaire in the Questionnaire Tracker in the COVID-19 folder on the server at Documents Elanna > COVID19 > Questionnaire Tracker.DSP.HHA.
- If there are any "yes" answers to the questionnaire, it should be attached to an email and forwarded to Ellie, Ashley, Missy, and Lisa for a determination of next steps.
- The subject line of all questionnaire emails should include the employee's name and the word "questionnaire".
- If the questionnaire includes YES answers, flag the email as important and note that there are YES answers in the body of the email.
- Bridget will deactivate InCare access for staff who answer YES to question 1 (signs & symptoms) or who serve consumers/staff who answer YES to question 1.
- The admin team will determine further appropriate follow-up measures to questionnaires with YES answers.
- Employees who fail to respond to three attempted phone calls will be suspended from duty.

QUESTIONNAIRE

1. Do you have any signs or symptoms of a respiratory infection, such as a fever, cough, sore throat, chills, repeated shaking with chills, muscle pain, headache, new loss of taste or smell?

Check one: YES NO

If yes, what symptoms do you have?

Date of onset of symptoms:

2. Does anyone you have been in contact with have signs or symptoms of a respiratory infection, such as a fever, cough, sore throat, chills, repeated shaking with chills, muscle pain, headache, new loss of taste or smell?

Check one: YES NO

If yes, what symptoms do they have?

Date of onset of symptoms:

3. In the last 30 days, have you been in contact with someone with confirmed emergent disease or someone who is under investigation for an infection of emergent disease?

Check one: YES NO

If yes, list date of exposure:

Please explain:

4. In the last 30 days, has anyone you have been in contact with been exposed to someone with confirmed emergent disease or someone who is under investigation for an infection of emergent disease?

Check one: YES NO

If yes, list date of exposure:

Please explain:

5. Have you traveled outside of the state of Indiana within the last 30 days?

Check one: YES NO

If yes, list your destination:

If yes, list your return date:

6.READ THE FOLLOWING STATEMENT TO STAFF/CONSUMER/CLIENT:

If you begin to experience symptoms of respiratory infection (fever, cough, sore throat, chills, repeated shaking with chills, muscle pain, headache, new loss of taste or smell) or become aware that you have been exposed to COVID-19 by a person who has the virus please immediately notify Forte Residential/Home Health. In this situation you (or your staff) may not work until you/they have been cleared to work by corporate.

INITIAL TO CONFIRM YOU HAVE READ THIS STATEMENT:

Signature of employee completing questionnaire:

If answer Q1 is YES: Initial to confirm staff was instructed not to work:

Date HR was notified staff should be deactivated from InCare:

Additional comments: