The purpose of this checklist is to help ensure the health and safety of residents, transport workers, and the general public during the current COVID-19 pandemic. Should a resident need to leave the facility for an essential appointment during the current COVID-19 pandemic, the following questionnaire and checklist should be completed by facility staff for each exiting trip, upon arrival of the transportation service to the facility. Once completed, the form should be placed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The cooperation of the driver[[1]](#footnote-1) and transport company (if applicable) is greatly appreciated. Please note that we will NOT allow a resident who has or who has recently had a new or unexplained headache, cough, sore throat, shortness of breath (SOB), diarrhea, vomiting, new onset dizziness, malaise, or a temperature of 100° or greater to leave this facility without immediately notifying the driver and transport company (if applicable).

**Questionnaire and Checklist**

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination and Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transport Company Name and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ask permission to take the driver’s temperature and record it here: \_\_\_\_\_\_\_\_\_\_\_\_\_

If the temperature is 100°F or greater, notify the driver, and the transport company, and do not allow transport. Staff initial here when notification complete\_\_\_\_\_\_\_\_\_\_\_\_

2. Questions for the driver:

1. Have you had any new or unexplained headache, cough, sore throat, SOB, diarrhea, vomiting, new onset dizziness, malaise, in the last 14 days?

**YES** – Do not allow transport.

**NO** – Staff initial here \_\_\_\_\_\_\_\_\_\_\_

1. Have you been exposed to anyone who was symptomatic for COVID-19 while you were NOT wearing full PPE (mask, eye protection, gown, gloves)

**YES** – Do not allow transport

**NO** – Staff initial here \_\_\_\_\_\_\_\_\_\_\_

1. Will you be using hand sanitizer before and after contact with our resident?

**YES** – Staff initial here \_\_\_\_\_\_\_\_\_\_

**NO** – Ask the driver to demonstrate good hand hygiene and sanitize his/her hands before and after contact with our resident. Provide hand sanitizer if necessary.

1. Is the driver wearing a face mask?

**YES** – Staff initial here \_\_\_\_\_\_\_\_\_\_

**NO** – Ask the driver to wear one (Provide one if the driver doesn’t have one, but let the driver know to provide his/her own going forward) Staff initial here \_\_\_\_\_\_\_\_\_\_\_

1. “Driver” refers to any person intending to transport a resident off facility premises. “Driver” does NOT refer to emergency personnel such as County Rescue, emergency management, ambulance services, etc. [↑](#footnote-ref-1)