**AM Youth Participant Daily Health Log**

\*Staff should change gloves between screenings if coming in contact with youth

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cohort:** |  |  |  |  |  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Do you have a cough? |  |  |  |  |  |
| Do you have shortness of breath or difficulty breathing? |  |  |  |  |  |
| Do you have any of the following symptoms: | | | | | |
| Fever |  |  |  |  |  |
| Chills |  |  |  |  |  |
| Repeated shaking with chills |  |  |  |  |  |
| Muscle pains |  |  |  |  |  |
| Headache |  |  |  |  |  |
| New loss of taste or smell |  |  |  |  |  |
| Sore throat |  |  |  |  |  |
| Have you or anyone in your household had direct contact with anyone who was diagnosed with COVID-19 in the past 14 days **outside of a controlled work environment?** |  |  |  |  |  |
| Record child’s temperature. If over 100.4, they will not be accepted into program. |  |  |  |  |  |
| Does youth exhibit signs of illness (please specify what signs) |  |  |  |  |  |

**Contact On Call Manager if:**

**-youth has fever over 100.4**

**-has a cough or shortness of breath**

**-has any two of the symptoms listed**

*If a youth does not pass the health screening, screening staff must wash hands immediately, clean and sanitize all surfaces that or items that were utilized during the screening. Primary Site Director/RS/PM will ask parents to keep child home and to remain in contact about child’s symptoms in manner that protects the privacy of the family.*

**PM Youth Participant Daily Health Log**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cohort:** |  |  |  |  |  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Does youth exhibit signs of illness (please specify what signs)? |  |  |  |  |  |

**Youth Participant Illness Report**

***Any youth who becomes ill with fever, cough, or difficulty breathing OR is unable to participate in daily activities will be separated and isolated from other youth while being comforted and supervised by a Camp Fire AK staff at all times.***

**Youth Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Completing Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Notes** | **Staff Initials** | **Time/Date Completed** | **RS Initials** |
| Ask the youth what hurts?  (Stomach, headache, etc…) |  |  |  |  |
| Take youth’s temperature | Temperature Recorded: |  |  |  |
| Look for visible symptoms |  |  |  |  |
| Contact Camp Fire On Call Manager |  |  |  |  |
| Contact parents to relay the severity of signs and symptoms |  |  |  |  |

**Staff Daily Health Log START OF DAY**

\*Staff should utilize hand sanitizer in between EVERY screening

Staff’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Site Director will conduct health screenings on all staff and will initial results daily. Float Leadership Staff will conduct health screening on Primary Site Director.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cohort:** |  |  |  |  |  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Do you have a cough? |  |  |  |  |  |
| Do you have shortness of breath or difficulty breathing? |  |  |  |  |  |
| Do you have at least two of the following symptoms: |  |  |  |  |  |
| Fever |  |  |  |  |  |
| Chills |  |  |  |  |  |
| Repeated shaking with chills |  |  |  |  |  |
| Muscle pains |  |  |  |  |  |
| Headache |  |  |  |  |  |
| Sore throat |  |  |  |  |  |
| New loss of taste or smell |  |  |  |  |  |
| Have you or anyone in your household had direct contact with anyone who was diagnosed with COVID-19 in the past 14 days **outside of a controlled work environment?** |  |  |  |  |  |
| Record staff’s temperature. If over 100.4, they will not be permitted to work in program. |  |  |  |  |  |
| Does staff exhibit signs of illness (please specify what signs) |  |  |  |  |  |

**Contact On Call Manager if:**

**-staff has fever over 100.4 or**

**-has a cough or shortness of breath or**

**-has any two of the symptoms listed**

*If a staff does not pass the health screening, screening staff must wash hands immediately, clean and sanitize all surfaces or items that were utilized during the screening. Primary Site Director/RS/PM will ask staff to return home in a manner that protects their privacy. They will be informed at that time that organizational or program leadership will be reaching out to them within 24hrs. with more information.*

**END OF DAY Staff Daily Health Log**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| List which staff you came in contact with: |  |  |  |  |  |
| List which cohort you came in contact with: |  |  |  |  |  |
| List the areas of program space you were in: |  |  |  |  |  |

**Staff Illness Report**

***Any staff who becomes ill with fever, cough, or difficulty breathing OR is unable to participate in daily activities will be asked to leave immediately. Camp Fire Leadership will follow-up with staff member.***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Completing Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Notes** | **Staff Initials** | **Time/Date Completed** | **RS Initials** |
| Signs |  |  |  |  |
| Take temperature | Temperature Recorded: |  |  |  |
| Look for visible symptoms |  |  |  |  |
| Contact Camp Fire On Call Manager |  |  |  |  |
| Contact HR |  |  |  |  |