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Subject: Visitor/Vendor/Volunteer Screening Tool & Instructions
Date: Thursday, March 12, 2020 7:04:00 PM
Attachments: [2020 03 12 Coronavirus Visitor Screening Tool Instructions.pdf](#)
[2020 03 12 Coronavirus Visitor Screening Tool.pdf](#)

Hi Mick:

Two attachments:

- a) Visitor/Vendor/Volunteer Screening Tool
- b) Instructions (to be updated by HCD when CDC updates countries of risk)

Any questions, please let me know.

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DEPARTMENT OF PUBLIC SAFETY
CORONAVIRUS DISEASE 2019 (COVID-19)
VISITOR/VENDOR/VOLUNTEER SCREENING TOOL
INSTRUCTIONS FOR STAFF

1. If the visitor/vendor/volunteer traveled to a listed country within the last 14 days or had close contact with someone who had coronavirus, immediately **DENY** entrance to the facility. Request that the visitor/vendor/volunteer return after the 14-day period.

CDC Risk Assessment Levels for COVID-19 with at least widespread sustained spread by country (see list below). [Search COVID-19 Risk Assessment by Country](#)

• Austria	• France	• Latvia	• South Korea
• Belarus	• Germany	• Lithuania	• Spain
• Belgium	• Greece	• Luxembourg	• Sweden
• Czechia	• Hungary	• Norway	• Switzerland
• China	• Iceland	• Poland	• Ukraine
• Denmark	• Iran	• Portugal	•
• Estonia	• Italy	• Slovakia	•
• Finland	• Japan	• Slovenia	•

2. If the visitor/vendor/volunteer reported symptoms of fever, cough, or shortness of breath, immediately **DENY** entrance to the facility.

3. If the visitor/vendor/volunteer does not permit staff to take the temperature, immediately **DENY** entrance to the facility.

4. If the visitor/vendor/volunteer has a temperature of 100.4°F or above, immediately **DENY** entrance to the facility. Encourage the visitor/vendor/volunteer to see their healthcare provider. Request the visitor/vendor/volunteer return after their symptoms have completely resolved.

5. If all of the above are negative, **CLEAR** the visitor/vendor/volunteer for entrance to the facility. Complete staff name, title, and facility. Provide Visitor Badge.

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CORONAVIRUS DISEASE 2019 (COVID-19)
VISITOR/VENDOR/VOLUNTEER SCREENING TOOL

SECTION A (TO BE COMPLETED BY VISITOR/VENDOR/VOLUNTEER)

Please complete the following:	
Date of Requested Entrance	
Name	
1. Please answer the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last 14 days, have you traveled off-island? If yes, where?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last 14 days, were you within 6 feet of someone who had coronavirus?
2. Do you have any of the following?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath
3. Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can staff take your temperature?

SECTION B (TO BE COMPLETED BY STAFF)

4. Take Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the temperature of the visitor/vendor/volunteer 100.4°F or above?
5. Clearance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the visitor/vendor/volunteer clear for purpose of this screening to enter the facility?

Staff Name: _____

Staff Title: _____

Facility: _____