## **Health & Safety Wellness Questions**

The next page offers some questions to help guide your check-in. Please be sure to capture the answers to the questions that are relevant to the person in your notes. If the individual has supports, issues that require additional information will be directed to the support agency or staff. For those without supports, a community-based resource such as <a href="https://www.211ct.org">https://www.211ct.org</a> is another tool to consider. If issues arise that cannot be addressed through case management assistance, your supervisor may be a resource.

In the event that a home visit is necessary, the following guidance is helpful.

Prior to visiting family and residential homes, workers will call to screen for illnesses, which may include the following inquiries: recent (past 2 – 6 weeks) travel outside of the U.S. and the any one of the U.S. areas with COVID-19, upper respiratory and gastrointestinal virus symptoms (i.e., cough, sneezing, runny nose, fever, nausea, vomiting, diarrhea, chest or abdominal pain, etc.), recent influenza or pneumonia, recent hospitalization, anyone with compromised immune system, diagnosed with/or surveillance for COVID-19, exposure to anyone diagnosed with COVID-19, is or has anyone been on isolation or quarantine, etc.

If yes to any one the above, the worker should not visit and notify the team/IHS/IFS nurse, if there is one.

If the answer yes to any of the above noted questions, the worker should not visit and should seek medical attention and advice.

## Individual Wellness Check-in Questions

| Name   | e:Re                                                                                                                 | sidential Setting:                                                    |
|--------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| DDS#   | #:                                                                                                                   |                                                                       |
| Date:  | ::                                                                                                                   | Time:                                                                 |
| Persor | on Doing wellness Check:                                                                                             |                                                                       |
|        | e questions are to guide your conversation with t<br>questions as appropriate and remember to docum                  |                                                                       |
| 1.     | <ol> <li>Is this person displaying symptoms of illness?<br/>medical professional? Do they know their doc</li> </ol>  | If so, have they been supported to connect with a tor's phone number? |
| 2.     | <ol><li>What kind of supports are available to this per<br/>they should? If not, what is the temporary rep</li></ol> | rson and are all of those supports continuing as placement?           |
| 3.     | 3. Is there enough food in the home? Is there a page needed?                                                         | plan with anyone to get additional groceries if                       |
| 4.     | <ol> <li>Is there an adequate supply of medicine? Are get refills?</li> </ol>                                        | refills needed and does the person know how to                        |
| 5.     | 5. Who does this person or family contact if ther                                                                    | e are issues?                                                         |
| 6      | 6 Have natural supports been identified to reac                                                                      | h out to if needed?                                                   |