APPENDIX 5



ALASKA DOC INMATE TRANSFER SCREENING FOR COVID-19

EFFECTIVE 4/11/2020

The following questions must be asked of every inmate immediately prior to getting on the van/bus for transport.

	YES		
	NO		
Do you have new	onset of two or more of the follo	owin	ıg:
□ Chills			Muscle/joint aches
Diminished	sense of taste or		Nausea/vomiting
smell			Runny nose
Diarrhea			Sore throat
□ Fatigue			Sputum (mucus) production
Headache			
	YES		
	NO		
In the last two we	eeks, have you traveled outside A	Alask	a?
	YES		
	NO		
Is your temperate	ure at or above 100.4° F?		
	YES		
	NO		
	□ Chills □ Diminished smell □ Diarrhea □ Fatigue □ Headache □ □ □ In the last two we	 □ Chills □ Diminished sense of taste or smell □ Diarrhea □ Fatigue □ Headache □ YES □ NO In the last two weeks, have you traveled outside A □ YES □ NO Is your temperature at or above 100.4° F? □ YES 	 □ Diminished sense of taste or smell □ Diarrhea □ Fatigue □ Headache □ NO In the last two weeks, have you traveled outside Alask □ YES □ NO Is your temperature at or above 100.4° F? □ YES

If the answer to any question is YES, the individual will not be allowed to transfer.

Inmates who fail the screening should be GIVEN A MASK and taken to a single cell or to medical for further assessment.