

# Possible COVID-19 Questions to add to ePACT

**You can find information about youth programs and camps during the  
COVID-19 pandemic on the CDC website.**

**Please refer to your local or state authorities for information on reopening and staying  
consistent with applicable orders.**

Please note that all questions below are simply **examples** of the types of questions that can be added to ePACT, based on sources like CDC and WHO. Questions can be re-phrased as you like to meet your needs. Please check with your organization and local and/or state authorities before adding these questions.

Please note that ePACT is not a diagnostic tool and is meant to assist you in data collection that you may need .

## Daily Auditing

Coming  
soon!

Please note that ePACT does not have a daily tracking module currently, but this feature is coming soon as part of our COVID -19 improvements.

**In the meantime, you can add these on a UNIQUE STEP and send RECONFIRMATIONS REGULARLY.**

- You can also use Roll Call to collect these responses. Roll call can be created ahead of time and sent when required. Please note that administrators can manage roll call completely on their own.
- You can use "Notes" in Check In Check Out for each participant if you ask questions verbally and only want to mark any positive responses,
- If you do not use Check In Check Out, you can use "Comments" if you ask questions verbally and only want to mark any positive responses, or if staff want to note any observed symptoms.

### According to the CDC, symptoms may appear 2-14 days after exposure.

Has the member had any of the following symptoms in the last 48 hours? If you indicate 'Yes' to any of the following, {add instructions} .

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- Recent loss of taste or smell
- Gastrointestinal symptoms like nausea, vomiting, or diarrhea.

Have any members of your household and/or anyone else you're in close contact with, exhibited the following symptoms? If you indicate 'Yes to any of the following, {your organization instructions}.

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- Recent loss of taste or smell
- gastrointestinal symptoms like nausea, vomiting, or diarrhea.

Has the member been feeling sick or unwell in the last 48 hours?

Has anyone in the household been feeling sick or unwell in the last 24 hours?

Has the member had lesions or a rash in the last 48 hours?

Have you travelled outside of your community in the last 48 hours? If so, was it within your state?

What is the temperature of the participant? If it is above 100.4 F, {your organization instructions} .

## Risk Assessment (History) for Members & Staff

Gathering more historical data can assist you in risk assessment for both your members and staff. According to the CDC, one of the key questions to ask is "[Are you prepared to protect children and employees who are at higher risk for severe illness](#)"? In order to answer these questions as accurately as possible, you can use ePACT to gather information about the medical history of both members and staff.

Date of Birth (those over 65+ are higher risk)

Does the member have any of the following underlying health conditions that the CDC indicates pose a higher risk for severe illness, if infected with COVID 19?

- Chronic lung disease
- Moderate to severe asthma
- Serious heart conditions
- Immunocompromised
- Severe obesity (BMI of 40 or over)
- Diabetes
- Chronic kidney disease
- Liver disease

Has the member or anyone they have close contact with had any of the following symptoms in the last 2 weeks?

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- Recent loss of taste or smell
- Gastrointestinal symptoms like nausea, vomiting, or diarrhea.

Does the member have one of the following underlying health conditions that the CDC indicates pose a higher risk for severe illness, if infected with COVID 19?

Did the member or those they are in close contact with recently participate in an activity where social distancing could not be practiced? If yes, please provide details.

Did you or members you are in close contact with attend an event recently where social distancing could not be practiced? If yes, please provide details.

In the last two weeks, have you experienced any flu-like symptoms (fever, cough, shortness of breath, body aches etc)?

Do you share a residence with an elderly family member or someone who is immunocompromised?

Do you share a residence with either an essential care or front-line worker?

Do you think you have been exposed to COVID-19?

Is there any additional information you wish to provide to better assist us in supporting all staff/members?

What is your biggest concern about returning to a physical workplace/bringing the member to our facility?

Do you have one of the following underlying health conditions that the CDC has indicated poses a higher risk for severe illness, if infected with COVID 19?

Have you been tested for COVID-19? If so, what were the results?