

## Cognitive Neuroscience Systems (CNS) Core Facility

### COVID-19 Standard Operating Procedures

**ALL staff are required to use PPE while working in the CNS.**

#### **SCREENING FORM (page 2)**

- Phone pre-screen
- In-person screen

#### **CLEANING PROCEDURES**

- Wash hands with soap before and after each visit.
- Use hand sanitizer during visits.
- Use disinfectant on equipment and surfaces before the first visit and immediately after each visit.

#### **EXPOSURE REPORTING**

- IF contact made with symptomatic participant, then report on **Participant Contact Log** (page 3)
- IF staff is symptomatic, then report on **Staff Screening Log** (page 4). Staff should contact Directors (see below) to inform them they will not report to work due to fever and/or cough and contact COVID Resource Nurse: 573-476-2178 for testing.

#### **COVID CLEANING PROCEDURES**

- In the event of presence of a symptomatic person(s) in the CNS core facility, then:
  - Contact the Building Coordinator (Jeff Brown) to schedule for cleaning:  
<http://servicerequests.cf.missouri.edu/contactus/>

#### **CONTACTS**

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573-823-4965

## Cognitive Neuroscience Systems (CNS) Core Facility, University of Missouri

## COVID-19 Screening Questionnaire

*This form is to be administered by CNS staff*

Participant Name:
Year of Birth:
Phone Screen Date:
Research Project:
MRI Visit Date:
MRI Visit Time:
<b>*Temperature at Visit:</b>
<i>*If &gt; 100<sup>0</sup> F, then Exclude for entry.</i>

**Circle either Yes or No for each question**

	Phone Screen (Last 14 Days)		In Person (Today)	
1. Fever >100.0 F	YES	NO	YES	NO
2. Cough	YES	NO	YES	NO
3. Shortness of breath or difficulty breathing	YES	NO	YES	NO
4. Chills	YES	NO	YES	NO
5. Muscle aches	YES	NO	YES	NO
6. Sore throat	YES	NO	YES	NO
7. Loss of taste or smell	YES	NO	YES	NO
8. Have you had contact with a known or presumed COVID patient	YES	NO	YES	NO

***\*If participant endorses YES to any of the above questions, exclude from the CNS until after 14-days of being symptom free upon re- phone-screen***

**COVID Risk Factor Guidance:**

Notify participant of the following risk factors for serious COVID disease:

- |  |  |
|--|--|
| 1. Age>65                              | 5. Pregnant or nursing                               |
| 2. BMI>30                              | 6. Chronic lung disease or moderate to severe asthma |
| 3. Uncontrolled hypertension (SBP>150) | 7. Immunocompromised                                 |
| 4. Diabetes (even if controlled)       | 8. Chronic kidney or liver disease                   |

By signing below, I acknowledge that my participation is on a purely voluntary basis and I am under no requirement to participate or enter the BIC facility.

**Research Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Screened by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COVID-19 Staff Contact with Participant Log**

*Log entry for staff member(s) who came in contact with symptomatic person.*

DATE of Contact	TIME of Contact	EMPLOYEE NAME	EMPLOYEE ID	PHONE #	DEPARTMENT	Details	Symptoms of Person
							<input type="checkbox"/> Fever <input type="checkbox"/> Cough
							<input type="checkbox"/> Fever <input type="checkbox"/> Cough
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*Email logs to [froeligerb@health.missouri.edu](mailto:froeligerb@health.missouri.edu)*

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## COVID-19 STAFF SCREENING LOG

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*Log entry for staff members with fever who are sent home from reporting to work.*

DATE	TIME	EMPLOYEE NAME	EMPLOYEE ID	PHONE #	DEPARTMENT	ROLE	SYMPTOM
							<input type="checkbox"/> Fever <input type="checkbox"/> Cough
							<input type="checkbox"/> Fever <input type="checkbox"/> Cough
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