



# COVID-19 Healthcare Personnel Screening Form

During the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are directing facilities to screen healthcare personnel (HCP) prior to allowing them to work or provide services in the facility. This form is intended to document screening of HCP including: (1) assessment of risk, (2) monitoring, and (3) work restrictions as suggested per the CDC. All HCP should be screened upon arrival to the facility to ensure they are free of signs and symptoms of COVID-19. For the purpose of this screening form, "HCP" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility.

Document completion of the screening questions below before allowing any HCP access to the facility. This form is intended for use over a period of seven days for each HCP. The following screening may differ from current facility policy or emergency preparedness plans, so please check your facility policy prior to using this form.

## Question 1

Does the HCP have any of the following **respiratory symptoms**: sore throat, cough, shortness of breath? If the answer is yes, the employee should not enter the facility. Instruct the HCP to return home and notify their physician and local health department. Also let them know that their access to the facility will be restricted until they are no longer present with respiratory symptoms. Proceed to restrict their access and check on them daily.

Enter the date in the table below for each day that you check on the HCP's health status. Check yes or no to indicate if the HCP has respiratory symptoms on that day.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /
No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes

## Question 2

Does the HCP have a **fever**? (Per the CDC, a fever is either a measured temperature of  $\geq 100.0^{\circ}\text{F}$  or subjective fever.) If a fever is present, the HCP should not enter the facility. Instruct the HCP to return home, notify their physician and local health department. Also, let them know that their access to the facility will be restricted until their fever has subsided. Proceed to restrict their access and check on them daily. Enter the date you checked on the HCP as well as their temperature in the boxes below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /
No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes

HCP Name: \_\_\_\_\_

## Question 3

Has the asymptomatic (free of fever and signs of respiratory symptoms) HCP **been exposed to a resident with COVID-19 or suspected of COVID-19, or traveled to an area with known COVID-19 cases?** Enter the date that the HCP was checked for exposure and check yes or no in the boxes below.

*\* If the answer is yes, complete a risk assessment to determine if the HCP may enter the facility as well as the appropriate infection control protocols to follow. Refer to the CDC's COVID Risk Assessment for HCP tables below to assess for recommended monitoring and work restrictions.*

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
/ /	/ /	/ /	/ /	/ /	/ /	/ /
No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes

## Return to work guidance from CDC for HCP with confirmed or suspected COVID-19

### TEST-BASED STRATEGY

The HCP may return to work when:

- Fever resolved without the use of fever-reducing medications; **and**,
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens) [1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

OR

### NON-TEST-BASED STRATEGY

The HCP may return to work when:

- At least three days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications; **and**,
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least seven days have passed *since symptoms first appeared*.

Date the HCP cleared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Signature of facility representative: \_\_\_\_\_

HCP Name: \_\_\_\_\_

**Source:** [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Health-care Setting to Patients with Coronavirus Disease \(COVID-19\)](#).

# COVID-19 Healthcare Personnel (HCP) Access to Facility Decision Tree



The decision tree above is based upon guidance from the CDC and is current as of March 24, 2020. It does not replace or supersede the directions from local or state authorities nor the facility's policy for screening HCP access to a facility.

# COVID-19 Risk Assessment for Healthcare Personnel (HCP): Access to Facility

If a HCP has been exposed through the community setting or travel, complete a risk assessment using the guidance contained in the CDC tables below to determine the appropriate actions for entry to the facility as well as infection control protocols.

COMMUNITY SETTING OR TRAVEL EXPOSURE TO COVID-19			
Risk Level	Travel-Associated Exposures*	Exposures Identified through Contact Investigation	Work Restrictions for Asymptomatic HCP
<b>High</b>	Not applicable	Living in the same household as, an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic, laboratory-confirmed COVID-19 infection <b>without using recommended precautions</b> for <a href="#">home care</a> and <a href="#">home isolation</a>	Exclude from work for 14 days after last exposure
<b>Medium</b> (assumes no exposures in the high-risk category)	<p>Travel from a country with widespread, sustained transmission</p> <p>Travel from a country with a <a href="#">Level 3 health notice</a></p> <p>Travel on a cruise ship or river boat</p>	<p>Close contact with a person with symptomatic, laboratory-confirmed COVID-19 infection</p> <p>On an aircraft, being seated within six feet (two meters) of a traveler with symptomatic, laboratory-confirmed COVID-19 infection; this distance correlates approximately with two seats in each direction.</p> <p>Living in the same household as, an intimate partner of, or caring for a person in a non-healthcare setting (such as a home) to a person with symptomatic, laboratory-confirmed COVID-19 infection <b>while consistently using recommended precautions</b> for <a href="#">home care</a> and <a href="#">home isolation</a></p>	Exclude from work for 14 days after last exposure

**Source:** [Interim U.S. Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease \(COVID-19\) Exposure in Travel-Associated or Community Settings](#)

If a HCP is asymptomatic (free of respiratory symptoms and fever) and has been exposed to a resident with COVID-19, or is suspected of having COVID-19, complete a risk assessment using the guidance contained in the CDC tables below to determine the appropriate actions for entry to the facility as well as infection control protocols.

RISK CLASSIFICATION FOR ASYMPTOMATIC HCP FOLLOWING EXPOSURE TO A PATIENT WITH COVID-19			
Epidemiologic Risk Factors	Exposure Category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self-monitoring with delegated supervision	None
HCP PPE: Not wearing gown or gloves <sup>a</sup>	Low	Self-monitoring with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self-monitoring with delegated supervision	None
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection <sup>b</sup>	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves <sup>ab</sup>	Low	Self-monitoring with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) <sup>b</sup>	Low	Self-monitoring with delegated supervision	None

<sup>a</sup>The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patient (e.g., rolling the patient).

<sup>b</sup>The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

- HCP not using all recommended PPE who have only brief interactions with a patient, regardless of whether patient was wearing a facemask, are considered low-risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient's secretions/excretions; entering the patient room immediately after the patient was discharged.
- HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.

**Note:** According to the CDC "Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work."

**Source:** [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\).](#)