ATTENTION: WORK WITH LOCAL DOH TO ENSURE FORM MEETS LOCAL SCREENING REQUIREMENTS; ADJUST AS NEEDED

Long Term Care Employee Screening Tool

Name of Employee:		Signature of Employee:				
Name of Screener:			Signature of Scr	eener:		
Date:						
BEFORE ENTRY HEALT	TH QUESTIONS:					
Check #1: Take temp	erature and check fo	or fever (>100.0	°F) (a)	Before start of shift temp:		
• STOP, put on mask,	☐ Yes ☐ No symptoms of shortn consult with DON/ ice daily temp check ousehold tested po	Cough: Chills: Muscle Pain: ess of breath or NHA/Infection ss. Consult with sitive, or are se	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No cough, or any of the Prevention Nurse to your local DOH and If-isolating, include		□ Yes □ No nust self-isolate,	
·				.9 AND AWAITING RESULTS? rk directions of your center. (c)	☐ Yes ☐ No If NO: Go to Check #4	
CONTACT AND RISK A	ASSESSMENT:					
Check #4: Have you b and at less than 6 ft. c		-		med or suspected case, for long Yes - Go to Check #5	ger than a few minutes <i>(e)</i> No - Go to Check #6	
If YES, low risk exposu	gical mask, at minim ure, (ƒ) see criteria bo	ium, when work ox below, go to	ing with a patient w Question 2.	who was wearing a facemask? record twice daily temp checks	☐ Yes ☐ No	
If YES, low risk exposu	ure, (ƒ) see criteria bo	ox below, go to	Check #6.	h a patient not wearing a facer record twice daily temp checks		
TRAVEL QUESTIONS:						
Check #6: Have you tr		•	•	cord twice daily temp checks.	☐ Yes ☐ No If NO: Start Shift	
CRITERIA FOR RETUR	N TO WORK QUEST	IONS:				
CDC Test-Based strate Have you been tested If YES: Did you bring p If YES: Can be permitt If NO: May use Sympt	d and confirmed pos proof of two consect ed to return to wor com Based Strategy	utive negative to k, see criteria bo	est results separated	d by 24 hours?	☐ Yes ☐ No ☐ Yes ☐ No	
CDC Symptom Based		naccod cinco ro	sovery (defined as	rocalution of favor without use	of	
fever-red	ucing medications a st 10 days passed si	nd improvemen	t in respiratory sym	resolution of fever without use optoms) AND	☐ Yes ☐ No	
If YES: See criteria below. If NO: Return when criteria above are met. Staff who have confirmed positive with COVID-19 who have NOT had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test; If they develop symptoms, then the <i>symptom-based</i> or <i>test-based strategy</i> should be used. (h)						
If criteria are met, starequired, (f), 3) contin	•	-	ymptomatic, 2) a fa	cemask is worn <u>at all times</u> whi	le working, or N95 as	

Low-risk exposure category: Staff can be permitted to work if 1) asymptomatic, 2) a facemask is worn at all times while working,

or N95 as required, 3) check temperature twice daily and remain alert for any symptoms of COVID-19. (f)

Resources for this document: CDC 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) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance) https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

- (a) Fever is either measured temperature ≥100.0°F or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by occupational health or public health authorities. Additional information about clinical presentation of patients with COVID-19 is available.

 https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html
- (b) https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- (c) Individuals tested through commercial labs for COVID-19 may become a Person Under Investigation (PUI) and DOH notified. Contact tracing may be started for a health care worker who is determined to be a PUI. https://floridahealthcovid19.gov/county-health-departments/
- (d) Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand). https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- (e) Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important. Recommendations will be updated as more information becomes available. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- (f) HCP in the *low-risk* category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat). They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. *Low-risk* exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. **Use of eye protection, in addition to a facemask or respirator would further lower the risk of 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. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- (g) **HCP in the high- or medium-risk category** should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature ≥100.0°F* or subjective fever) OR symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, myalgias, malaise)* they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.
- (h) CDC changes to Return to Work criteria on April 30, 2020:

 Changed the name of the 'non-test-based strategy' to the 'symptom-based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms and updated these to extend the duration of exclusion from work to at least 10 days since symptoms first appeared. This update was made based on evidence suggesting a longer duration of cultural viral shedding and will be revised as additional evidence becomes available. Based on this extension of the symptom-based and time-based strategies, language about the test-based strategy being preferred was removed.

 https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html