DSH GUIDELINES FOR THE SCREENING OF HEALTHCARE PERSONNEL (HCP) FOR CORONAVIRUS DISEASE (COVID-19)

California Department of State Hospitals

Updated and Approved by DSH Executive Team on July 22, 2020

I.   DSH guidelines for the screening of healthcare personnel (HCP) for COVID-19 follow the Center for Disease Control (CDC) recommendations. The hospitals may also follow local public health department guidelines as long as it compliments and does not contradict this document, CDPH or CDC guidelines to protect patients and Health Care Personnel (HCP).

II. Screening is mandatory to protect the wellbeing and the life of DSH's patients and staff. Employees are expected to be forthcoming and honest during the screening process. Employees who circumvent the screening process, or who are dishonest may be subject to disciplinary action.

III.   The Basics of COVID-19 Illness

A. COVID-19 is a contagious, respiratory illness caused by infection with the coronavirus SARS-CoV-2. Symptoms range from mild to severe with some requiring intensive hospital care. Mortality from the illness appears to be higher than that caused by the common influenza virus.

B. Usual symptoms of COVID-19 illness include:
1.   Fever: $\geq$ 100.0°F (COVID-19 illness can occur without fever and/or delayed fever that follows other symptoms)

2. Respiratory: Dry cough and shortness of breath
3. Early presentation may be non- specific including but not limited to: Sore throat, runny nose, recent loss of taste or smell, muscle/body aches, fatigue and gastrointestinal symptoms (abdominal pain and diarrhea).

IV.   Transmission of COVID-19 Illness

A. COVID-19 is spread person-to-person mainly via respiratory droplets produced when an infected person speaks, coughs or sneezes. These droplets can land in the mouths, noses, or eyes of people who are nearby and possibly inhaled into the lungs.

B. It is not clear the extent to which touching a surface contaminated with the virus and then touching the mouth, nose, or eyes contributes to transmission.

C. While body fluids other than respiratory secretions have not been clearly implicated in transmission of COVID-19, unprotected contact with other body fluids, including blood, stool, vomit, semen and urine, might put HCP at risk of COVID-19.

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D. Standard precautions are extremely important in preventing all disease transmission and should be emphasized repeatedly to all staff at healthcare facilities. These practices are:

1. Wash hands frequently with soap and water at least for 20 seconds and always after patient contact. If hand washing not available use a hand sanitizer with at least 60% alcohol.
2. Attempt to maintain a minimum of (6) feet apart from others.
3. Cover the mouth (elbow or tissue) before you cough or sneeze.
4. Avoid touching face/mouth/nose.
5. Stay away from people who are ill.
6. If you are ill, stay home.

V. Prolonged and Close Contact/Exposure:

A. Increased risk of acquiring COVID-19 is directly related to Prolonged and Close Contact/Exposure to a COVID-19 patient or a Suspected patient/Patient Under Investigations (PUI).

B. Close Contact is defined as exposure within **6 feet** to a COVID-19 patient or a Suspected patient/Patient Under Investigations (PUI).

C. Prolonged Contact is defined as exposure for over **15 minutes** to a COVID-19 patient or Patient Under Investigations (PUI).

D. Having unprotected, direct contact with infectious secretions or excretions of the patient (e.g., being coughed on and touching used tissues with a bare hand) may increase the risk of COVID-19 infection.

VI. Approach to COVID-19- Employee Screening

A. There is a significant community spread of COVID-19 in multiple States (including California) and cities; Detention facilities; Skilled Nursing facilities (SNF) and Health Care Organizations. Consequently, DSH staff is at increased risk of being exposed to, and infected with, COVID-19 virus.

B. Health Care Organizations should be/have been utilizing a daily employee screening mechanism to assure that their employees have not been in close and/or prolonged contact with a COVID-19 patient or Patient Under Investigations (PUI), and to assure employees are free of symptoms that may suggest COVID-19 infection including fever, cough, sore throat, shortness of breath and others.

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    C. Each DSH hospital will determine points of entry to conduct staff member screening.

    D. All evaluative staff performing primary and secondary screening/evaluation **must** wear <u>at least</u> a **mask (surgical or N-95) and gloves** as Personal Protective Equipment (PPE).

VII.   <u>DSH HCP COVID-19 Screening Process</u>

    A. Please see **Attachment 1: DSH Healthcare Personnel (HCP) COVID-19 Screening Summary.**

    B. <u>The Primary HCP COVID-19 Screening</u> will be performed in a two-step process for every staff member, every day and every shift prior to entering the hospital.

       1. <u>Step 1:</u> Verbal Screening- This screening does not need to be performed by health care personnel.
          a) Screening Questions:

             1) In the last **14 days,** have you been in prolonged or Close contact to a COVID-19 patient or a Suspected COVID-19 patient/Patient Under Investigations (PUI) **without you wearing a mask or N-95 respirator?**

             2) Do you have symptoms that may suggest COVID-19 infection such as fever, respiratory illness (such as cough, sore throat or difficulty breathing) gastrointestinal symptoms or others?

       2. If the staff member answers **YES** to any of the questions or answers no but appears to have signs and symptoms of an acute or other illness, the screener ensures the staff member is wearing the surgical mask correctly and immediately directs the staff to proceed to the Secondary Screening area for further evaluation.

       3. <u>Step 2:</u> Temperature check - **The temperature check must be performed by a health care personnel (RN, PT, LVN, etc.).**

4. The screener will measure the temperature of the staff member with a non-oral thermometer. If the staff member has a temperature equal or greater than 100 o F or appears to have signs and symptoms of an acute respiratory or other illness, despite not having a temperature, the screener ensures the staff member is wearing the surgical mask correctly and immediately directs the staff to proceed to a Secondary Screening area for further evaluation.

C. Secondary HCP COVID-19 Screening/Evaluation: Please see **Attachment 2: DSH Secondary Healthcare Personnel (HCP) Questionnaire.**
The secondary screening/evaluation may include review of circumstances, temperature re-check and, when indicated, consultation with a registered nurse or public health nurse. The secondary screener follows CDC guidelines for Risk Assessments and Public Health Management of Healthcare Personnel with Potential Exposure in Healthcare Setting: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

1. The Secondary Screening/Evaluation area is located near but separated from the Primary Screening. The Secondary Screening/Evaluation area contain all the necessary PPE, tools and instruments to conduct all requirements of the Secondary Screening/Evaluation Process and ensure privacy whenever possible.

2. Upon entering the Secondary Screening/Evaluation area the HCP is evaluated by a secondary screener, a Registered Nurse (RN).

3. The secondary screener checks the temperature of the staff with a non- oral thermometer and documents the reading in DSH Secondary Screening Healthcare Personnel (HC) Questionnaire. **Please see Attachment 2: DSH Secondary Screening Healthcare Personnel (HC) Questionnaire.**

4. The secondary screener reviews all the questions with the HCP and documents all the answers in the DSH Secondary Screening Healthcare Personnel (HC) Questionnaire.

5. Using their clinical judgement, CDC guidelines and consultation with public health staff/central nursing office, the secondary screener either

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allows the staff to enter the patient care area or sends the staff home with instructions.

6. The secondary screener circles Sent Worksite or Sent home in the questionnaire to indicate the determination taken.

7. If HCP is a nursing staff, the secondary screener circles YES or NO to having contacted the Central Staffing Office (CSO) or Central Nursing Services (CNS) reporting that the HCP was sent home.

8. If the screener decision is to send the HCP home, the screener checks the appropriate box(es) in the DSH COVID-19 Positive Risk Screening Instruction Form and provides the form to the staff. **Please see Attachment 3: DHS COVID-19 Positive Risk Screening Instructions Form.**

9. At the end of the shift, all completed DSH Secondary Screening Healthcare Personnel (HC) Questionnaires are sent to the hospital's Public Health Office.

VIII. <u>Determination of Exposure Risk to COVID-19 in the Community and Healthcare Setting</u>

HCP's community and hospital exposure should be evaluated with the same assessment of risk; HCP with Prolonged and Close Contact to a person with confirmed COVID-19 while the HCP is not using or using certain PPE equipment. Secondary screener should refer to Table 1 of this document.

Please see Table 1: Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19 and the Resultant Work Restrictions

A. CDC determination of these risk levels is based on HCP following recommended Infection Prevention practices (social distancing as possible, proper and frequent handwashing, frequent surface cleaning,

California Department of
State Hospitals

Updated and Approved by DSH Executive Team on July 22, 2020

avoidance of touching eyes/nose/mouth) and utilizing Personal Protective Equipment (PPE) recommended for the activities in which they are engaged. See CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#train_educate

B. Currently, CDC guidance applies to HCP with potential exposure in a healthcare setting to patients with confirmed COVID-19. However, HCP exposures could involve a Person Under Investigation (PUI-person with symptoms suggestive of COVID-19 illness) who is awaiting testing. Implementation of monitoring and work restrictions described by CDC guidance could be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours.

C. A record of HCP exposed to a PUI should be maintained and HCP should be encouraged to perform self-monitoring while awaiting test results. If the results will be delayed more than 72 hours or the patient is positive for COVID-19, then the monitoring and work restrictions described in this document should be followed.

D. No Identifiable Risk of Exposure to COVID-19

   a) HCP with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19.
   b) 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.

E. Please see **Attachment 4: DSH Secondary Screening Tool for Registered Nurses.**

F. Further CDC Guidance for Healthcare Facilities

   1. Facilities should shift emphasis to a routine practice of asking HCP to report recognized exposures, regularly monitor themselves for fever and symptoms of respiratory infection and not report to work when ill. Facilities should develop a plan for how they will screen HCP for symptoms and evaluate ill HCP.

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California Department of State Hospitals

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2. 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 and local health department.

   a) These HCP have their temperature taken before entering the facility and in the absence of symptoms should report to work daily.

   b) Facilities are requiring HCPs to wear a facemask while at work for the 14 days after the exposure event, if there is a sufficient supply of facemasks.

   c) If HCP develop even mild symptoms consistent with COVID-19 illness, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor prior to leaving work.

DSH HEATHCARE PERSONNEL (HCP) COVID-19 SCREENING SUMMARY

PRIMARY SCREENING

1. THE HCP TEMPERATURE IS OBTAINED BY THE PRIMARY SCREENER.
   - Ensure the HCP is wearing their Surgical Mask appropriately.
   - If the temperature reading is **100 degrees F** or above, the HCP immediately undergo secondary screening.
   - If the temperature reading is less than 100 degrees F, the screener asks the primary screening questions.

2. HCP ARE ASKED THE FOLLOWING QUESTIONS BY THE PRIMARY SCREENER:
   - In the last **14 days,** have you been in contact with someone that **has/had or is suspected of having COVID-19 without you wearing a mask or N-95 respirator?**
   - Do you have symptoms of a respiratory illness, such as fever, cough, difficulty breathing, or new loss of taste or smell?

3. IF THE HCP ANSWERS **YES** TO ANY OF THE **TWO QUESTIONS**, ENSURE THEY ARE WEARING THEIR MASK CORRECTLY AND IMMEDIATELY SEND THEM FOR SECONDARY SCREENING.

4. IF HCP ANSWERS **NO** TO BOTH QUESTIONS AND DOES NOT LOOK ILL, HE/SHE CAN PROCEED INTO PATIENT CARE AREAS.

SECONDARY SCREENING

1. ENSURE THE HCP IS WEARING THE SURGICAL MASK APPROPRIATELY. THE HCP UNDERGOES SECONDARY SCREENING BY A RN. THE SECONDARY SCREENER/RN COMPLETES THE SECONDARY SCREENING FORM.

2. THE SECONDARY SCREENER DETERMINES IF THE HCP IS APPROVED TO ENTER THE PATIENT CARE AREAS. IF THE HCP IS NOT ALLOWED TO ENTER THE PATIENT CARE AREA, THE SCREENER PROVIDES INSTRUCTIONS TO THE HCP ON NEXT STEPS TO TAKE.

DSH SECONDARY SCREENING HEALTHCARE PERSONNEL (HCP) QUESTIONNAIRE

Employee: _____   Work Site Assignment: _____

Name of Supervisor: _____   Telephone#: _____   Date: _____

Refer to CDC Guidance for Risk Assessment of HCP with Potential Exposure to COV	YES	NO
1. Are you taking any medication that may decrease temperature like Tylenol or Motrin?		
2. Are you experiencing: (Please note onset and duration of symptoms after each question)		
• Fever		
• New cough, dry or productive?		
• Difficulty breathing or shortness of breath?		
• Sore throat		
• New non-specific symptoms such as abdominal pain, vomiting, diarrhea, muscle pain Conjunctivitis, loss of appetite, taste or smell, fatigue?		
If YES to non-specific symptoms, specify:		
3. Have you been in direct contact with a person (< 6 feet) with a confirmed or suspected COVID-19? • With PPE_____ Without PPE_____		
4. Have you had a prolonged contact with a person (> 15 minutes) with a confirmed or suspected COVID-19? • With PPE_____ Without PPE_____		

HCP Temperature Reading _____Degrees F^o

Fever (T$\geq$ 100° F) Confirmed by a different thermometer: **Check one**:   YES   NO

Circle one: Sent to worksite   or   Sent home

Information Discussed with Public Health Nurse/After Hour RN Supervisor: YES   NO

If sent home, information communicated with the Central Staffing and/or Nursing Office (CSO/CNO):
          YES   NO

Printed Name: _____

Signature of RN Evaluator: _____   Time: _____

Return to hospital's Public Health Office at the end of each shift/day

Table.1

Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19 and the Resultant Work Restrictions

This guidance applies to HCP with potential exposure in a healthcare setting to patients, visitors, or other HCP with confirmed COVID-19. Exposures can also be from a person under investigation (PUI) who is awaiting testing. Work restrictions described in this guidance might be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. Therefore, a record of HCP exposed to PUIs should be maintained. If test results will be delayed more than 72 hours or the patient is positive for COVID-19, then the work restrictions described in this document should be applied.

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed COVID-19[3]	• HCP not wearing a respirator or facemask[4] • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure[1]	• Exclude from work for 14 days after last exposure[5] • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19[6] • Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	• N/A	• No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19[6] and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19[6] at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

HCP with travel or community exposures should inform their occupational health program for guidance on need for work restrictions.

HCP=healthcare personnel

1. Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 could have been infectious:

   a. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions

   b. For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.

   - In general, individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet criteria for discontinuing Transmission-Based Precautions.

   - If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.

2. While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are **not considered PPE** because their capability to protect HCP is unknown.

3. If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to Strategies to Mitigating HCP Staffing Shortages.

DSH COVID-19 Positive Risk Screening Instructions Form

You are being sent home from work today due to a positive screening for COVID-19. Your screening was positive for:

Screener check the appropriate box(es):

☐ Employee has a fever of 100 ^{0} F or greater

☐ Employee symptoms could indicate COVID-19 infection

☐ Employee has a high contact risk level (household or patient)

What to do:
- Please return home as soon as possible and contact your Supervisor.
- Please contact your healthcare provider for evaluation of your symptoms or additional recommendations. You may qualify for COVID-19 testing.
- If you receive an alternative diagnosis for your fever (e.g. tested positive for Influenza), criteria for return to work should be based on the diagnosis for the illness per the guidance/direction of your healthcare provider.
- Employees will receive ATO for their entire shift on the day they are sent home due to positive screening.

The CDC and DSH has recommended the following return to work guidelines for healthcare personnel (HCP) based on whether they were COVID-19 tested:

Symptomatic HCP with suspected or confirmed COVID-19:

Symptom-based strategy:

- At least 1 day (24 hours) have passed since last fever without the use of fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved; and,
- At least 14 days have passed since symptoms first appeared. For severely immunocompromised employees 20 days.

HCP with laboratory-confirmed COVID-19 who have not had any symptoms

Time-based strategy.

- At least 14 days have passed since the date of the first positive COVID-19 diagnostic test assuming no symptoms since the positive test. If you develop symptoms, then the symptom-based strategy will be used. For severely immunocompromised employees 20 days.

CDC guidance for asymptomatic HCP who were exposed to Individuals with confirmed COVID 19

- In certain circumstances, the decisions for work restriction and testing could vary from the above guideline and based on the advice of the Public Health Nurse or the designated Health Care professional and CDPH.
- HCP who had Prolonged Close contact with a patient, visitor, family member, or HCP with Confirmed COVID 19 while the HCP was not wearing a face mask or respirator, or the recommended PPE may be excluded from work up to 14 days of last exposure.
- Regardless of whether you are or are not restricted from work, you should be monitoring yourself for fever and symptoms consistent with COVID 19 and notify your supervisor immediately if you develop any symptoms.
- It is DSH policy that all employees are screened for symptoms when they come to work and wear facemask (Source control) to prevent spread of COVID 19

Return to work:

- Contact your supervisor every day letting them know the recommendations of your healthcare provider or results of any COVID testing and whether you have developed symptoms or remain asymptomatic.
- Employees are required to provide medical substantiation clearing them to return to work with full duties.
- Employees shall contact Human Resources to discuss options regarding time off.
- Where feasible, upon an employee's request, managers and supervisors should consider all viable options for telework (refer to Operational Procedure Admin-OP-5338