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 Screener: ___________________________

Date: ___________________________ Time: ___________________________

BEFORE ENTRY HEALTH QUESTIONS:

Check #1: Take temperature and check for fever (>100.0°F) (a) Before start of shift temp: ____________

Check #2: Are you experiencing any of the signs or symptoms: Shortness of Breath: Yes No Cough: Yes No

OR at least two of these symptoms:

Sore Throat: Yes No Chills: Yes No Repeated Shaking with chills: Yes No

Headache: Yes No Muscle Pain: Yes No New Loss of Taste or Smell: Yes No

Fever: Yes No Diarrhea: Yes No

If presenting signs or symptoms of shortness of breath or cough, or a combination of the listed symptoms (b):

• STOP, put on mask, consult with DON/NHA/Infection Prevention Nurse to evaluate for testing – Staff must self-isolate, monitor, record daily temp checks. Consult with your local DOH and notify AHCA of symptomatic staff.

• If persons in your household tested positive, or are self-isolating, include this in your answers.

If temperature below 100.0 and no symptoms present, go to Check #3.

Check #3: HAVE YOU BEEN SWAB TESTED OUTSIDE OF WORK FOR COVID-19 AND AWAITING RESULTS? Yes No

If YES: Must self-isolate until results are confirmed, then follow return to work directions of your center. (c) If NO: Go to Check #4

CONTACT AND RISK ASSESSMENT:

Check #4: Have you been in close contact (d) with person(s) who are a confirmed or suspected case, for longer than a few minutes (e) and at less than 6 ft. distance, within the last 14 days? Yes - Go to Check #5 No - Go to Check #6

Check #5: Answer both 1 and 2 - During the close contact:

1) Did you wear a surgical mask, at minimum, when working with a patient who was wearing a facemask? Yes No

If YES, low risk exposure. (f) see criteria box below, go to Question 2.

If NO, medium risk exposure, (g) staff must self-isolate, monitor for 14 days, record twice daily temp checks.

2) Did you wear a surgical mask and goggles or face shield when working with a patient not wearing a facemask? Yes No

If YES, low risk exposure, (f) see criteria box below, go to Check #6.

If NO, medium risk exposure, (g) staff must self-isolate, monitor for 14 days, record twice daily temp checks.

TRAVEL QUESTIONS:

Check #6: Have you traveled on a cruise ship within the last 14 days? Yes No

If YES: STOP, Entry NOT Allowed! Must self-isolate, monitor for 14 days, record twice daily temp checks. If NO: Start Shift

CRITERIA FOR RETURN TO WORK QUESTIONS:

CDC Test-Based strategy:

Have you been tested and confirmed positive with COVID-19? Yes No

If YES: Did you bring proof of two consecutive negative test results separated by 24 hours? Yes No

If YES: Can be permitted to return to work, see criteria box below.

If NO: May use Symptom Based Strategy below.

CDC Symptom Based Strategy:

- Has at least 3 days (72 hours) passed since recovery (defined as resolution of fever without use of fever-reducing medications and improvement in respiratory symptoms) AND

- Has at least 10 days passed since symptoms first appeared.

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 symptom-based or test-based strategy should be used. (h)

If criteria are met, staff can be permitted to work if 1) asymptomatic, 2) a surgical face mask or N95 as required, is worn at all times while working, (f) 3) continues self-monitoring for symptoms.

Low-risk exposure category: Staff can be permitted to work if 1) asymptomatic, 2) a surgical face mask or N95 as required, is worn at all times while working, 3) check temperature twice daily and remain alert for any symptoms of COVID-19. (f)
Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)

(a) Fever is either measured temperature \( \geq 100.0^\circ\text{F} \) 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.

(b) 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/

(c) **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).

(d) 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.

(e) 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.

(f) 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 \( \geq 100.0^\circ\text{F} \) 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.

(g) **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.