

COVID-19 Self-Screening and Monitoring Tools for Healthcare Workers

Background

The coronavirus (COVID-19) epidemic has resulted in many healthcare workers in facilities and home care settings becoming exposed. These workers pose a significant risk of transmitting COVID-19 to high-risk patients in long-term care settings. The Centers for Disease Control and Prevention (CDC) developed recommendations for screening and monitoring healthcare workers.¹ Healthcare workers in various healthcare settings should adhere to these recommendations when visiting patients in facilities. As demonstrated by an outbreak in a long-term care facility in the State of Washington, healthcare workers who travel between facilities may be at especially high risk for transmission to patients because these workers may not receive consistent messaging or supervision on how to prevent transmission.²

Purpose

The tools can be used by healthcare workers to screen and monitor themselves for symptoms and easily demonstrate their risk status to facilities when they enter a facility. The tools also remind healthcare workers of best practices when entering a facility to provide care for a patient, including defining when they should consult with higher level clinical staff of the facility before entering. These tools will be especially useful for hospice workers, home health, and other healthcare workers who are not on the staff of a facility, but regularly enter the facility to work with patients or residents.

¹Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 Accessed at: <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</u>.

²CDC. COVID-19 in a Long-term Care Facility — King County, Washington, February 27–March 9, 2020. Morb Mortal Weekly Rep (MMWR) 69;339-342. Accessed at: <u>https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm</u>.

Recommendation of the Long-Term Care Subcommittee of the Utah COVID-19 Unified Command

Healthcare Worker (HCW) Screening Tool and Passport

To diminish the risk of transmission of COVID-19 to long-term care residents, the Long-Term Care Subcommittee of the Utah Governor's COVID-19 Unified Command developed a best-practices screening tool for healthcare workers that ensures communication of potential exposure. This tool ensures individual, household, and occupational exposures are documented and communicated before individuals enter care settings and allows healthcare workers to track their exposure every 24 hours.

The Decision Tree can be used at entry to facilities and provides screening and education on medium and high-risk exposures. Facility leadership will assist the healthcare worker with decisions on appropriate personal protective equipment (PPE) for the nature of planned care. High-risk exposures may necessitate replacement of staff to prevent asymptomatic transmission to residents.

The Passport is a tool that can guide healthcare workers visiting multiple facilities to document their risk and guide timing of visits (e.g., multiple resident facilities with no COVID-19 patients' first visits, then COVID-19-exposed facilities later in the schedule). It also provides guidance on appropriate <u>PPE</u>.

- Wear gloves, a surgical mask and eye protection or face shield (when available) while working with ALL patients.
 - Wear a gown during close contact with any patient (e.g., bathing or cleaning).
 - Face shield is optional if <u>community transmission rate</u> is low or moderate and facility is not experiencing an outbreak.
- Avoid removing your surgical mask during your shift.

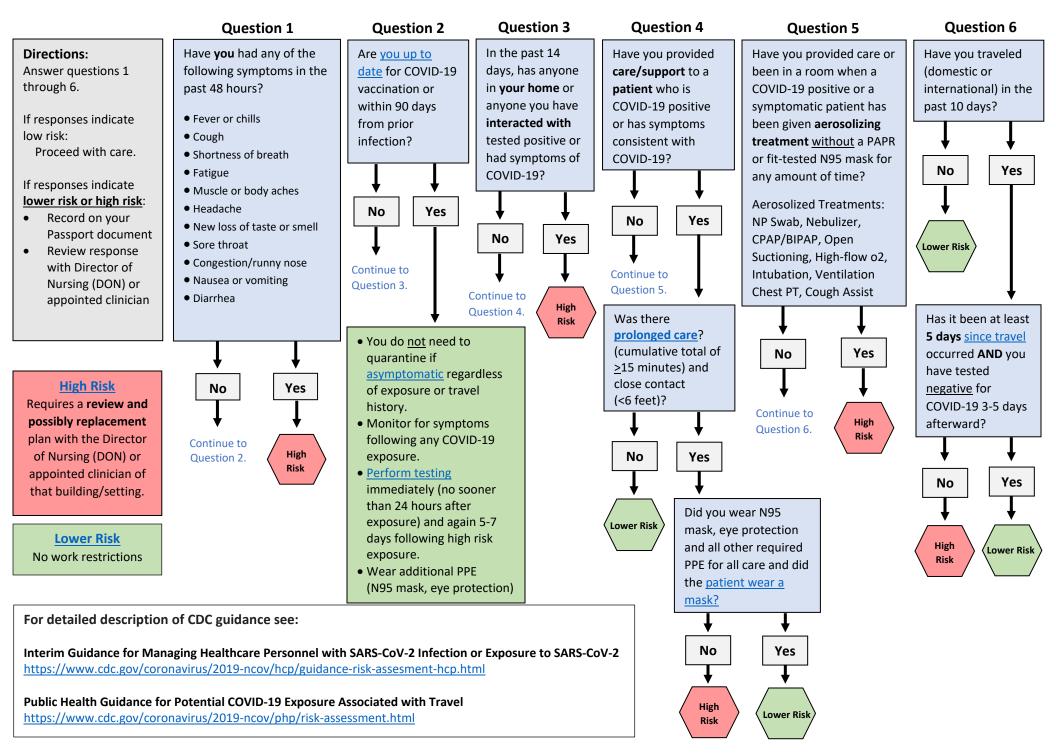
Caring for Patients with COVID-19+, Test Pending, or Displaying Symptoms Consistent with COVID-19

Use contact/droplet precautions: gown, gloves, fit-tested N95 or respirator and eye protection/face shield when providing cares within 6 feet of patient.

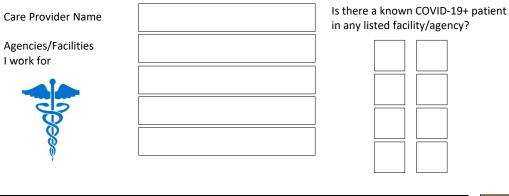
Aerosol-Generating Procedures for All Patients

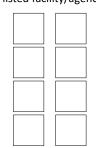
Utilize the following PPE in substantial or high community transmission or if suspicion of COVID-19 or during an outbreak: gown, gloves, PAPR (if available) or fit-tested N95 and face shield on any patient during treatment and for an hour after treatment.

Stop. Think. Assess. Every Interaction and Assess Highest Risk Encounter



Stop. Think. Assess. Every Interaction and Record Risk Every 24 hours





Do not bring any unnecessary items into the facility/home.

Take PPE for that care session and no personal belongings.

Please leave all gait belts, stethoscopes, cuffs, computers, etc. secured outside of facilities.

Facilities are not responsible for any lost or stolen items.

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Lower Risk

No work restrictions.

High Risk

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Requires a *review and replacement* plan with the Director of Nursing or appointed clinician of that building/setting.

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LH	LH	LH	LH	LH	LH	LH
LH	LH	LH	LH	LH	LH	LH
LH	LH	L H	L H	LH	L H	LH
L H	LH	LH	LH	LH	LH	LH



Wear gloves, a surgical mask and eye protection or face shield* (when available) while working with ALL patients. *Face shield is optional if community transmission rate is low or moderate AND facility not experiencing an outbreak.



Avoid removing your surgical mask during your shift. Wear a gown during close contact with any patient (e.g., bathing or cleaning).



Sunday

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Caring for patients with COVID-19 +; test pending; or symptomatic Use contact/droplet precautions: gown, gloves, fit-tested N95 or respirator and eye protection/face shield when providing cares within 6 feet of patient.

Aerosol-Generating Procedures for All Patients



Wear contact-airborne precautions in substantial or high community transmission or if suspicion of COVID-19 or during an outbreak: gown, gloves, PAPR (if available) or fit-tested N95 and face shield on any patient during treatment and for an hour after treatment.