

## 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 to transmission of 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 of healthcare workers.<sup>1</sup> 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 Washington, healthcare workers that 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.<sup>2</sup>

### 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.

<sup>1</sup>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). Accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

<sup>2</sup>CDC. 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: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm>.

# 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 PPE.

- Wear gloves, a surgical mask and eye protection or face shield (when available) while working with ALL patients.
- Avoid removing your surgical mask during your shift.
- Wear a gown during close contact with any patient (e.g., bathing or cleaning).

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

Use contact/droplet precautions: gown, gloves, mask and eye protection/face shield when providing cares within 6 feet of patient.

## Aerosol-Generating Procedures for All Patients

Wear contact-airborne precautions: gown, gloves, PAPR (if available) or 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

## Directions:

Answer questions 1 through 4.

If you answer 'No' to all 4 questions:

- Proceed with care.

If you answer 'Yes' to any question:

- Record on your Passport document; and
- Review response with Director of Nursing (DON) or appointed clinician.

**Moderate Risk:** Requires clearance.

**High Risk:** Requires review AND replacement.

## Question 1

Have **you** had any of the following symptoms in the past 48 hours?

- Fever or chills
- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion/runny nose
- Nausea or vomiting
- Diarrhea

No

Continue to Question 2.

Yes

High Risk

## Question 2

In the past 14 days, has anyone in **your home** or anyone you have **interacted with** tested positive or had symptoms of COVID-19?

No

Continue to Question 3.

Yes

High Risk

## Question 3

Have you provided **care/support** to a **patient** who is COVID-19+ or has symptoms consistent with COVID-19?

No

Continue to Question 4.

Yes

Was there **prolonged care** (cumulative total of >15 minutes) & close contact (<6 feet)?

No

Moderate Risk

Yes

Did you wear gown, gloves, eye protection and mask for all care and did the patient wear a mask?

No

High Risk

Yes

Moderate Risk

## Question 4

Have you provided care or been in a room when a COVID-19+ or symptomatic patient has been given **aerosolizing treatment** without a PAPR or fit-tested N95 mask for any amount of time?

Aerosolized Treatments:  
NP Swab, Nebulizer, CPAP/BIPAP, Open Suctioning, High-flow o2, Intubation, Ventilation Chest PT, Cough Assist

No

Low Risk

Yes

High Risk

## Moderate Risk

Requires a review for clearance with the Director of Nursing (DON) or appointed clinician of that building/setting.

## High Risk

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

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

Care Provider Name

Agencies/Facilities  
I work for




Is there a known COVID-19+ patient  
in any listed facility/agency?


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.*

### Moderate Risk

Requires a **review for clearance**  
with the Director of Nursing or  
appointed clinician of that  
building/setting.

### High Risk

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

### November 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 L M H	2 L M H	3 L M H	4 L M H	5 L M H	6 L M H	7 L M H
8 L M H	9 L M H	10 L M H	11 L M H	12 L M H	13 L M H	14 L M H
15 L M H	16 L M H	17 L M H	18 L M H	19 L M H	20 L M H	21 L M H
22 L M H	23 L M H	24 L M H	25 L M H	26 L M H	27 L M H	28 L M H
29 L M H	30 L M H					

### December 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 L M H	2 L M H	3 L M H	4 L M H	5 L M H
6 L M H	7 L M H	8 L M H	9 L M H	10 L M H	11 L M H	12 L M H
13 L M H	14 L M H	15 L M H	16 L M H	17 L M H	18 L M H	19 L M H
20 L M H	21 L M H	22 L M H	23 L M H	24 L M H	25 L M H	26 L M H
27 L M H	28 L M H	29 L M H	30 L M H	31 L M H		



Wear gloves, a surgical mask and eye protection  
or face shield (when available) while working with  
ALL patients



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



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



### Aerosol-Generating Procedures for All Patients

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available) or N95 and face shield on any patient during treatment  
and for an hour after treatment.

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

Care Provider Name

Agencies/Facilities  
I work for


  
  
  
  


Is there a known COVID-19+ patient  
in any listed facility/agency?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do not bring any unnecessary items  
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building/setting.

### High Risk

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

### January 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 L M H	2 L M H
3 L M H	4 L M H	5 L M H	6 L M H	7 L M H	8 L M H	9 L M H
10 L M H	11 L M H	12 L M H	13 L M H	14 L M H	15 L M H	16 L M H
17 L M H	18 L M H	19 L M H	20 L M H	21 L M H	22 L M H	23 L M H
24/31 L M H L M H	25 L M H	26 L M H	27 L M H	28 L M H	29 L M H	30 L M H

### February 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 L M H	2 L M H	3 L M H	4 L M H	5 L M H	6 L M H
7 L M H	8 L M H	9 L M H	10 L M H	11 L M H	12 L M H	13 L M H
14 L M H	15 L M H	16 L M H	17 L M H	18 L M H	19 L M H	20 L M H
21 L M H	22 L M H	23 L M H	24 L M H	25 L M H	26 L M H	27 L M H
28 L M H						



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and for an hour after treatment.