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**Policy Template:**

**Interim COVID-19 Resident / Staff Screening & COVID-19 Suspected or Confirmed Case**

**Revision Date: May 7, 2020**

This resource was developed utilizing information from one or more of the following sources: Centers for Disease Control & Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), and the Minnesota Department of Health (MDH). COVID-19 guidance from these agencies changes frequently, and we remind you to update your policies and procedures, as needed, to incorporate those changes.

**NOTICE:** This policy template is intended for aging services providers and is for general information purposes only. Each organization and care setting is different, and it is important that you customize the policy to align with your specific operational approach to the issues it covers. This template does not constitute legal advice and does not guarantee compliance with state or federal regulatory requirements. Please direct any questions regarding this document to your organization’s legal counsel.

**COVID-19: INFECTION PREVENTION**

# SUBJECT: Interim COVID-19 Resident / Staff Screening & COVID-19 Suspected or Confirmed Case

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## Accountability: All Staff Document No.: COVID-001

**Reference:** Interim Guidance for the Prevention of COVID-19 in MDH-Licensed Residential and Non-Residential Settings with At-Risk Persons.

 CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (Revised). QSO-20-14-NH

**POLICY:** To minimize transmission of respiratory pathogens within the facility and among residents and health care workers (HCW).

**PROCEDURE:**

**Staff Screening:**

1. All HCW will be appropriately trained on infection control procedures and prevention practices.
2. All HCW will be screened prior to entering the building before a shift.
	1. Screening includes:
		1. Staff will complete hand hygiene upon entrance to the community.
		2. Staff will have a temperature taken.
		3. Staff will be screened for current signs and symptoms of cough, shortness of breath, fever or any other signs of illness.
		4. Staff will be asked if they have traveled in the last 14-days.
	2. If staff have a temperature of greater than 100.0 degrees F or respiratory signs and symptoms the staff member will be asked to don a mask and to leave the building and not work their shift.
		1. Information regarding why the staff could not report to work will be reported to the Director of Nursing (DON), or designee.
		2. The staff member will be placed on a surveillance log for follow-up.
3. Recommend the staff person contact their primary care provider for further evaluation and interventions / follow-up.
4. If the staff member receives testing for COVID-19 and the test returns positive, notify the Minnesota Department of Health (MDH) and follow their guidance and recommendations.

**Employee Return to Work Criteria:**

1. ***Symptomatic Health Care Worker with suspected or confirmed COVID-19***

 *Non-test-based strategy*. Exclude from work until

* 1. At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
	2. At least 10 days have passed *since symptoms first appeared*

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

1. ***Health Care Worker with Laboratory confirmed COVID-19 without symptoms***

*Time based strategy.* Exclude from work until: 10 days have passed since the date of their first positive COVID-19 diagnostic test sample is collected if the HCW remains symptom free. If the HCW develops symptoms, then the symptom-based strategy should be used.

There may be situations where the community needs to use alternative staffing solutions. Please see the Emergency Staffing Policy. Staff in these circumstances should:

* 1. Wear a facemask at all times while in the healthcare facility.
	2. Be restricted from contact with immunocompromised residents or residents with conditions that can worsen the outcome from COVID-19 infection such as high blood pressure, asthma, COPD, etc.

**Resident Screening:**

1. All residents receiving home care services residing in a HWS community with an internal home care agency will be screened two times each day.
	1. All residents in the community will have their temperature and oxygen saturations monitored two times a day in an effort to detect COVID-19 symptoms as early as possible.
	2. All residents in the community will be monitored two times a day for respiratory symptoms including cough and shortness of breath.
	3. Oxygen saturations below 90%, a temperature of 100.0 F or and/or respiratory symptoms such as cough and shortness of breath above will be reported to the nurse. The nurse will institute transmission-based precautions.
2. All residents residing in a nursing home will be screened each shift.
	1. All residents in the community will have their temperature and oxygen saturations monitored each shift in an effort to detect COVID-19 symptoms as early as possible.
	2. All residents in the community will be monitored each shift for respiratory symptoms including cough and shortness of breath.
	3. Oxygen saturations below 90%, a temperature of 100.0 F or and/or respiratory symptoms such as cough and shortness of breath above will be reported to the nurse. The nurse will institute transmission-based precautions.

**Resident Suspected / Confirmed COVID-19 Infection:**

1. Transmission-based isolation precautions for COVID-19 : Droplet precautions, which include standard precautions, are indicated.
	1. The resident will be placed on droplet precautions.
	2. Contact the resident’s primary care provider to review information and determine next steps. The PCP may decide to test the resident for COVID-19 or not.
	3. The resident will be placed on a resident surveillance log for tracking and follow-up.
	4. Contact the resident’s family / responsible party with an update.
	5. If applicable, contact the facility’s medical director.
2. If the resident is COVID-19 positive MDH will be contacted and community staff will collaborate with the Department on next steps.
3. If the resident can be managed in the facility, the resident will remain in their private room or apartment if possible.
4. When able, cohort residents together. This places residents with the same infection with the same microorganism in groups for care.
5. Post a notice so all personnel and others in the building are directed to talk to a staff person or nurse prior to entering the room.
6. Equipment for droplet precautions will be made available at the entrance of the resident’s room or apartment for staff and others to use when entering the dwelling.
7. Staff will don facemasks, eye protection, gowns and gloves when working with a resident who has been placed in isolation.
8. When leaving the resident’s room, staff will doff their PPE and place it in an appropriate waste or laundry receptacle.
9. When possible, dedicate the use of noncritical resident-care equipment items such as stethoscope, sphygmomanometer, bedside commode, or electronic thermometer, etc., to a single resident (or cohort of residents) to avoid sharing between residents.
10. If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident.

**Discontinuing Transmission-Based Precautions for Residents**

1. **Symptomatic residents with COVID-19**should remain in Transmission-Based Precautions until **either**:

Symptom-based strategy

* 1. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
	2. At least 10 days have passed since symptoms first appeared
1. **Residents with laboratory-confirmed COVID-19 who have not had any symptoms**should remain in Transmission-Based Precautions until **either**:

Time-based strategy: 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

**Effective Date:**

**Reviewed By: Date:**

**Revised By: Date:**