



COVID-19 Healthcare Personnel Screening Form

During the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are directing facilities to screen healthcare personnel (HCP) prior to allowing them to work or provide services in the facility. This form is intended to document screening of HCP including: (1) assessment of risk, (2) monitoring, and (3) work restrictions as suggested per the CDC. All HCP should be screened upon arrival to the facility to ensure they are free of signs and symptoms of COVID-19. For the purpose of this screening form, "HCP" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility.

Document completion of the screening questions below before allowing any HCP access to the facility. This form is intended for use over a period of seven days for each HCP. The following screening may differ from current facility policy or emergency preparedness plans, so please check the facility policy prior to using this form.

Question 1

Does the HCP have muscle aches or any of the following **respiratory symptoms**: sore throat, cough, shortness of breath? If the answer is yes, the employee should not enter the facility. Instruct the HCP to return home and notify their physician and local health department. Also let them know that their access to the facility will be restricted until they are no longer present with respiratory symptoms. Proceed to restrict their access and check on them daily.

Enter the date in the table below for each day an HCP's health status is checked. Check yes or no to indicate if the HCP has respiratory symptoms on that day.

MON	TUES	WED	THURS	FRI	SAT	SUN
/ /	/ /	/ /	/ /	/ /	/ /	/ /
No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes

Question 2

Does the HCP have a **fever**? (Per the CDC, a fever is either a measured temperature of $\geq 100.0^{\circ}\text{F}$ or subjective fever.) If a fever is present, the HCP should not enter the facility. Instruct the HCP to return home, and to notify their physician and local health department. Also, let them know that their access to the facility will be restricted until their fever has subsided. Proceed to restrict their access and check on them daily. Enter the date the HCP was checked on as well as their temperature in the boxes below.

MON	TUES	WED	THURS	FRI	SAT	SUN
/ /	/ /	/ /	/ /	/ /	/ /	/ /
No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes

Question 3

Has the asymptomatic (free of fever and signs of respiratory symptoms) HCP **been exposed to a resident with COVID-19 or suspected of COVID-19, or traveled to an area with known COVID-19 cases**? Enter the date that the HCP was checked for exposure, and check yes or no in the boxes below.

** If the answer is yes, complete a risk assessment to determine if the HCP may enter the facility as well as the appropriate infection control protocols to follow. Refer to the CDC's COVID-19 Risk Assessment for HCP tables below to assess for recommended monitoring and work restrictions.*

MON	TUES	WED	THURS	FRI	SAT	SUN
/ /	/ /	/ /	/ /	/ /	/ /	/ /
No Yes	No Yes	No Yes	No Yes	No Yes	No Yes	No Yes

HCP Name: _____

Centers for Disease Control and Prevention Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19

Higher-risk exposures generally involve exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure.

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 occur from a suspected case of COVID-19 or from a person under investigation (PUI) when testing has not yet occurred or if results are pending. 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	<ul style="list-style-type: none"> HCP not wearing a respirator or facemask⁴ 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 procedure¹ 	<ul style="list-style-type: none"> Exclude from work for 14 days after last exposure⁵ Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ Any HCP who develop fever or symptoms consistent with COVID-19⁶ 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	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> 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-19⁶ and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19⁶ at the beginning of their shift. Any HCP who develop fever or symptoms consistent with COVID-19⁶ 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.		

1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, **any duration** should be considered prolonged if the exposure occurred during performance of an [aerosol generating procedure](#).
2. Data are limited for the definition of close contact. For this guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.

3. Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 could have been infectious:
 1. 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
 2. 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.
 1. 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](#).
 2. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of two days prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.
4. 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.
5. 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](#).
6. *For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0oF (37.8oC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).

Source: [CDC https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)