

## **Employee Screening Prior to Work**

### **Screening staff as they enter the building:**

- Designate staff may only enter through current screening entrances South ED, West Pavilion, and Turner Center.
- Shut off badge access to any other door (understanding there may need to be exceptions)
- When staff enter:
  - “Have you had a **new** fever, cough, or shortness of breath in the last 48 hours?”
  - Check Temp. >100

If staff are No to both they proceed into the building.

If staff are Yes to either

- Staff will need to notify their manager
- Staff advised to leave and call their PCP or virtual visit. If no PCP they can call the info line or welcome center

### **Provider/ Virtual Visit Role for HCP that fail screening (fever, new cough or SOB):**

- Refer to MTU for COVID-19 test if patient meets testing criteria
- Instruct to quarantine until result received

### **COVID negative**

- Return to work after 24 hours fever free with no antipyretics

### **COVID positive**

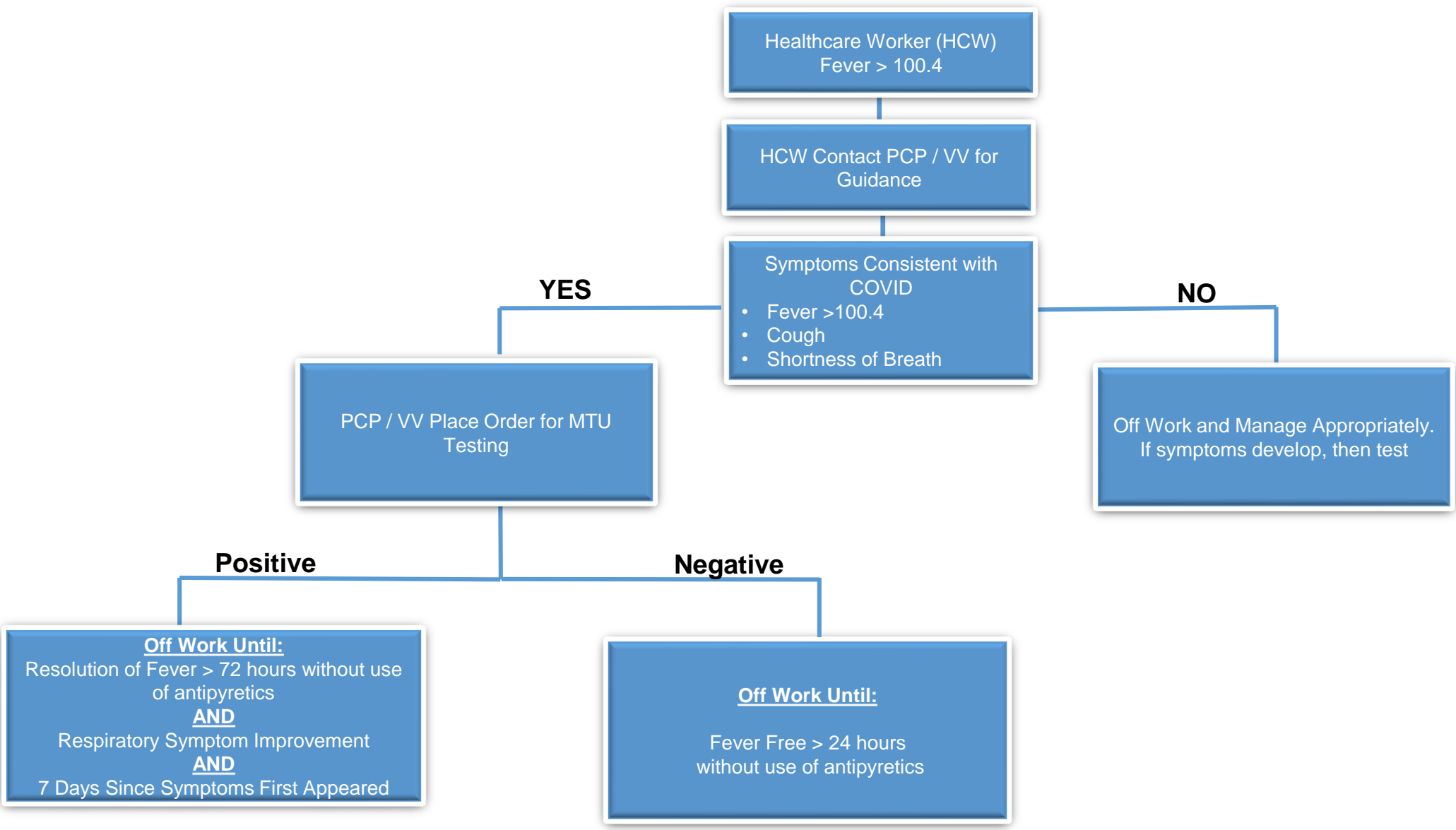
Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

- Non-test-based strategy. Exclude from work until:
  - a. 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**,
  - b. At least 7 days have passed *since symptoms first appeared*

### **Work Practices and Restrictions once recovered from COVID**

After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen



**If positive, after returning to work, HCW should :**

1. Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
2. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
3. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Key Objective	Conventional Strategies	Contingency Strategies	Crisis Strategies
<p>Potential Employee Exposures</p> <p><u>Patient- Employee:</u> Exposure team to track potential exposures according to CDC definitions</p> <p><u>Community contact to Employee:</u> employee complete Community Exposure form on employee portal for review by physician review panel</p>	<p>Current staffing burden on department/facility does not impact daily operations:</p> <ol style="list-style-type: none"> <li>1. Low risk exposures               <ol style="list-style-type: none"> <li>a. Self-monitoring for symptoms and twice-daily temperature for 14 days post exposure.</li> </ol> </li> <li>2. Mod/High risk exposures               <ol style="list-style-type: none"> <li>a. Exclude from work for 14 days</li> <li>b. Quality for COVID sick bank</li> <li>c. Active monitoring by HD and/or facility to include daily phone call and symptom monitoring</li> <li>d. Turn temperature log into EH/or log in employee portal</li> </ol> </li> <li>3. Employees that develop symptoms will contact Employee Health, if they qualify they will be sent for COVID testing per testing protocol               <ol style="list-style-type: none"> <li>a. Follow return to work protocol (see attachment)</li> </ol> </li> </ol>	<p>Once the burden of staffing on a department and/or facility become too great to sustain 14 days off for medium/high risk exposures:</p> <ol style="list-style-type: none"> <li>1. Low-Moderate risk exposures               <ol style="list-style-type: none"> <li>a. Allowed to work as long as asymptomatic</li> <li>b. Employee will wear simple face mask should supply chain allow</li> <li>c. Symptom check and temperature taken upon entry to the facility</li> <li>d. Employees that exhibit symptoms will be pulled from work immediately</li> </ol> </li> <li>2. High risk exposures               <ol style="list-style-type: none"> <li>a. Exclude from work for 14 days</li> <li>b. Qualify for COVID sick bank</li> <li>c. Active monitoring by HD to include daily phone call and symptom monitoring</li> <li>d. Turn temperature log into EH/or log in employee portal</li> </ol> </li> <li>3. Employees that develop symptoms will contact Employee Health, if they qualify they will be sent for COVID testing per testing protocol</li> </ol>	<p>Facility is unable to sustain work restrictions of any exposures of non-symptomatic employees:</p> <ol style="list-style-type: none"> <li>1. Low-High risk exposures               <ol style="list-style-type: none"> <li>a. Allowed to work as long as asymptomatic</li> <li>b. Employee will wear simple face mask should supply chain allow</li> <li>c. Symptom check and temperature taken upon entry to the facility</li> <li>d. Employees that develop symptoms may be tested depended on testing availability and community spread of COVID-19</li> <li>e. For moderate/severe symptoms employees qualify for COVID sick bank</li> </ol> </li> </ol> <p><u>Crisis Tier 2:</u></p> <ol style="list-style-type: none"> <li>1. Employees with mild symptoms will work with face masks</li> <li>2. Follow above criteria</li> </ol>

		a. Follow return to work procedure	
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