

## COVID-19 SCREENING FOR VISITORS AND STAFF POLICY AND PROCEDURE

### Policy:

This facility restricts visitors and non-essential healthcare personnel, except certain compassionate care situations. **All individuals** (staff, other health care workers, family, visitors, government officials, etc.) entering the building will be screened using the most updated guidelines provided by CMS and the CDC.

### Procedure:

All individuals entering the building will be asked the following questions:

1. Have you washed your hands or used alcohol-based hand rub?  
 YES     NO-please ask them to do so
2. Have you had any of the following respiratory symptoms?  
 Cough  
 Shortness of breath  
**OR at least TWO of these symptoms?**  
 Fever  
 Repeated shaking with chills  
 Headache  
 New loss of taste or smell  
 Diarrhea  
 Chills  
 Muscle pain  
 Sore throat  
 Vomiting
- If YES to any of these symptoms, the individual is restricted from entering the building
- If NO to all, proceed to **question # 3 for staff and question #4 for all others**
3. For **Staff and Health Care Providers (HCP)** (e.g. agency staff, regional or corporate staff, health Care workers such as hospice, EMS that provide care to residents):
  - 3A. **Check temperature and document results**     Fever present?
    - If YES, restrict from entering building.
    - If NO proceed to step 3B.
  - 3B. **Ask if they have worked in facilities or locations with recognized COVID-19 cases.**
    - If YES, ask if they worked with a person (s) with confirmed COVID-19
      - If YES, require them to wear PPE including mask, gloves, gown before having any contact with residents and proceed to step 4
      - If NO, proceed to step 4
4. **Allow entry to building and remind the individual to:**
  - Wash their hands or use ABRH throughout their time in the building
  - Not to shake hands with, touch or hug individuals during their visit.

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*This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.*

Visitors	Staff
<p>Permitted for certain compassionate care situations</p> <p>Must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.</p>	<p><b>When there are cases in the community but none in the facility:</b></p> <p>Consider implementing universal use of facemask for all HCP while in the facility.</p>
	<p><b>When there are cases in the facility or sustained transmission in the community:</b></p> <p>Implement universal use of facemask for all HCP while in this facility.</p> <p>Consider having HCP wear all recommended PPE, (gown, gloves, eye protection, N95 respirator or, if not available a facemask) for all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemask.</p>

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Administrator Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Medical Director Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Participating Health Care Provider Signature

\_\_\_\_\_

Date

The information on this Employee Health Log contains health related information that is protected by federal and state laws and may be protected health information under HIPAA privacy law provisions. Dissemination or disposal of protected health information may be done only in compliance with HIPAA and other applicable laws.

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