

## North Dakota Department of Health COVID-19 Screening for Healthcare Employees

*Our goal is to keep workforce intact while protecting staff and the public we serve from contracting the virus.*

**This form should be used if an employee has recently (within the past 14 days) traveled or has signs or symptoms commonly associated with COVID-19 (fever, cough, shortness of breath).**

Employee Name:		Employee Phone Number:	
Classification/Job Title:		Date/Time:	
1.	Does the employee have a fever $\geq 100.4^{\circ}$ Fahrenheit ( $38^{\circ}$ C) and at least one symptom listed in question 2? (note, people $70+$ or immunocompromised may have a fever at $99.6^{\circ}$ F)	Yes	No
2.	Does the employee have at least 2 symptoms of new onset of viral illness: cough, sore throat, muscle aches, headache, fatigue, shortness of breath, chills	Yes	No
3.	Has employee traveled outside of the U.S. (including cruises) or to a state with widespread transmission?	Yes	No
4.	Did employee have close contact* with a person who has been diagnosed with COVID-19 or is under investigation for COVID-19? <i>* Being within approximately 12 feet or within the room or care area for a prolonged period of time defined as 15 minutes (e.g. healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e. gowns, gloves, respirator, eye protection) or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).</i>	Yes	No
5.	Did the employee who did not have a mask or eye protection have contact with a person who has been diagnosed with COVID-19 or is under investigation for COVID-19, but that contact was less than 15 minutes in duration and the employee did not have direct contact with the infectious secretions of the a COVID-19 case (e.g., wasn't coughed or sneezed on)?	Yes	No

**For an individual answering "Yes" to questions 1 or 2**, immediately provide the staff member with a mask and refer them to their medical provider or occupational health, calling ahead. The medical provider should assess the individual for COVID-19 infection and submit a specimen for testing if indicated. If tested for COVID-19, the individual should be sent home until test results are obtained. If not tested for COVID-19, the individual should be sent home until 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, at least 7 days have passed since symptoms first appeared.

**For an individual answering "Yes" to question 4**, The employee should be furloughed for 14 days (from their last known exposure) and be self-quarantined at home.

**For an individual answering "Yes" to questions 3 or 5**, The employee may work, but must wear a mask at ALL times and be screened for symptoms and fever at arrival to work for 7 days after they return to North Dakota. Consult with your facility's infection prevention program on all possible exposures.

**Completed by:**

**Printed Name:** \_\_\_\_\_

**Date/Time:** \_\_\_\_\_