

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

Employee Name:		Employee Phone Number:	
Classification/Job Title:		Date/Time:	
1.	Does the employee have a fever $\geq 100.4^\circ$ Fahrenheit (38°C) (note, people $70+$ or immunocompromised may have a fever at 99.6° F)	Yes	No
2.	Does the employee have at least 1 symptom of new onset of viral illness: cough, congestion/runny nose, sore throat, muscle/body aches, headache, fatigue, shortness of breath, chills, new loss of taste/smell, nausea/vomiting, or diarrhea?	Yes	No
3.	Has employee traveled internationally?	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 6 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 any personal protective equipment or not wearing a facemask or respirator 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 within 6 feet and 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 but COVID-19 is suspected, the individual should be sent home until at least 1 day (24 hours) have passed **and** recovery defined as resolution of fever without the use of fever-reducing medications in the past 24 hours **and** improvement in symptoms **and**, at least 10 days have passed since symptoms first appeared. If diagnosed with another illness that doesn't require exclusion, the employee may return to work. See the [NDDoH Healthcare Worker Return to Work](#) full guidance for more detailed information.

For an individual answering "Yes" to questions 3, The employee may work, but must wear a mask at ALL times and be screened for symptoms and fever at arrival to work for 14 days after return.

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

For an individual answering "Yes" to questions 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 14 days. Consult with your facility's infection prevention program on all possible exposures.

Completed by:

Printed Name: _____ **Date/Time:** _____