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

This form should be used if an employee has signs or symptoms commonly associated with COVID-19 or has been exposed to someone with COVID-19

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee Phone Number:</th>
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<tbody>
<tr>
<td>Classification/Job Title:</td>
<td>Date/Time:</td>
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1. Does the employee have a fever ≥ 100.0° 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. Did the not up to date employee have close contact* with a person who has been diagnosed with COVID-19 or is under investigation for COVID-19?
   - Yes
   - No
   * 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., coughed on).

4. Did the not up to date 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, and that contact was within 6 feet and less than 15 minutes (cumulative time in a 24 hour period) in duration and the employee did not have direct contact with the infectious secretions of the COVID-19 case (e.g., wasn’t coughed or sneezed on)?
   - Yes
   - No

For an individual answering “Yes” to questions 1 or 2, (employee in question 1 and 2 refers to all employees regardless of vaccination status)
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 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.

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

For an individual answering “Yes” to question 3, if the employee is not up to date, they should quarantine at home for 10 days (from their last known exposure) OR 7 days with a negative test. Work restrictions for the following up to date HCP populations with higher-risk exposures should still be considered for:
- HCPs who have underlying immunocompromising conditions which might impact level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.
  - Examples of such immunocompromising conditions likely include, but might not be limited to, receiving chemotherapy for cancer, hematologic malignancies, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days.)

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- **Up to date** people should still monitor for symptoms of COVID-19 for 10 days following an exposure. If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing, if indicated, and inform their health care provider of their vaccination status at the time of presentation to care.

- Asymptomatic HCP with a higher-risk exposure, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately but no sooner than 1 days and again 5–7 days after exposure.

See the NDDoH Healthcare Worker Return to Work full guidance for more detailed information.

**For an individual answering “Yes” to questions 4**, The employee may work, but must wear a mask at ALL times (a N95 mask is preferred for fit tested employees) and be screened for symptoms and fever at arrival to work for 10 days. If working 12-hour shifts, suggest screening for symptoms twice a shift. Consult with your facility’s infection prevention program on all possible exposures. Facilities can consider applying CDC’s Strategies to Mitigate Healthcare Personnel Staffing Shortages to asymptomatic staff as a strategy to alleviate staffing shortages.

**Completed by** _______  **Printed Name:** _________________________________  **Date/Time:** __________