# COVID-19 SCREENING ASSESSMENT

### Tips for an accurate and effective COVID-19 screening process



## Which Covid-19 screening assessment tool should I use?

You are free to use the Covid-19 assessment tool of your choice. Please consider:



Capture essential information.

- 2 Include options for staff, residents, family visits and other essential visitors.
  - Allow for timely reporting



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The tool is easy to understand/interpret



## The screening process FAQ's:

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When should screening occur: First thing, before entry into facility.

- 2 Who screens: A trained person assigned as a designated screener for greater accuracy and consistency in reporting, and to allow for a visual screening assessment.
- **How** to screen without a designated screener: Set and evaluative systems in place to ensure accuracy in "self reported" screenings and to ensure infection control standard compliance.
  - **Where**: Whenever possible, allow for separate staff, resident and or vendor entries into the facility closest to the destination point to avoid unnecessary indoor close contact passage while in route to the intended destination.



Frequently Asked Questions

### CORONAVIRUS DISEASE 2019 (COVID-19)

Long-Term Care Facility residents: Lead the way – encourage your fellow residents, family, and friends to get vaccinated.



Questions to include in a Covid-19 screening questionnaire. CDC list for symptoms of Coronavirus

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

### Common types of Covid-19 screening assessment tools

## <u>Electronic</u>

- Computer, smart phone, tablet
- Apps for Android, iOS, Windows
- Analyze, customizable, track data
- Symptoms, exposures, trends
- Assessment results
- Sign and submit

## Paper Chart

- Excel with multiple sheet options
- Word document with "table" insert.
- Hand written
- Self designed dichotomous questionnaire (Y/N)
- Self evaluative summative (open).

## Ensure infection control measure are used during staff screening

- Mask use/PPE
- Social distancing
- Hand hygiene
- Disinfection of screen, pens or other common items that have been handled in between uses
- If an individual does not pass the screening they cannot enter the facility

## Assessment tools Pros and Cons







#### TODAY'S DATE: \_\_\_\_\_

### CDC FACILITIES COVID-19 SCREENING

Accessible version available at https://www.cdc.gov/screening/

PLEASE READ EACH QUESTION CA	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU		
Have you experienced any of the following symptoms in the pa fever or chills cough shortness of breath or difficulty breathing fatigue muscle or body aches headache new loss of taste or smell sore throat congestion or runny nose nausea or vomiting diarrhea	st 48 hours:	YES	NO
Within the past 14 days, have you been in close physical conta cumulative total of 15 minutes) with: Anyone who is known to have laboratory-confirmed Cl OR Anyone who has any symptoms consistent with COVID	DVID-19?	YES	NO
Are you isolating or quarantining because you may have been of COVID-19 or are worried that you may be sick with COVID-19?	exposed to a person with	YES	NO
Are you currently waiting on the results of a COVID-19 test?		YES	NO
Did you answer NO to ALL QUESTIONS?	Access to CDC facilities Af security at the facility ent us protect you and others	rance. Thank ye	ou for helping
Did you answer YES to ANY QUESTION?	Access to CDC facilities N Page 2 for further instruct us protect you and others	tions. Thank yo	u for helping
cdc.gov/screening cdc.gov	/screening/further-instruc	tions.html	REV20201214



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## Word doc chart example listing symptoms

Date	Tim e	Staff Printed Name	Temp Report	Loss of sense of	Cough Present	Sore Throat	Shortness of Breath	Diarrhea Yesor	Asked to go home for yes	Screeniı Persons
		Name	tem p above 100F	Taste/Smell	Yes or No	YesorNo	Yes or No	No	to Symptoms or Fever Yes or No	signatui

#### **Employee Health Screening Form**

Employer Name

Person Completing Form

Date

Screen each employee for symptoms before they start their shift and, as a best practice, after they complete each shift.

- If the person answers affirmative to a combination of two of any of the following, the person should be politely asked to leave immediately and notify their supervisor.
   Dry Cough 2. Sore Throat 3. Shortness of breath
- Temperature: 100.4 is automatic "No GO." Temperature of 99.2 or higher, but less than 100: have the person begin monitoring their temperature twice a day for a
  minimum of 7 days to determine if the temperature is going up or down. The person should notify their supervisor.

Circle an answer (y=yes, n=no) for each symptom for each employee. If an employee reports any of the symptoms:

1. Send employee home immediately.

2. Increase cleaning in your facility ensure staff are least 6 feet apart from one another.

3. Exclude employee until they are fever-free (without medication) for 72 hours and 7 days have passed since their first symptom.

4. If multiple employees have symptoms, contact your local health department.

Other symptoms: chills, muscle aches, headache, sore throat, new smell and taste disorder(s); consider also runny nose, diarrhea, nausea, vomiting.

EMPLOYEE NAME	BEFORE STARTING SHIFT								DESCRIBE OTHER SYMPTOMS
	Fever	Cough	Shortness of breath	Runny Nose	Head or Body Aches	Sore Throat	Nausea, Vomiting or Diarrhea	Loss of taste of smell	
	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	
	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	
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	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	ΥN	

## Incomplete screening assessment example

Facility name:	Date	Time: Time
Screener name:	Visit	or name: Visitor phone #:
	COVI	D-19 Screening Assessment
	(circle)	<u>Comments/Questions</u>
Does the screener observe any signs or symptoms of a respiratory Yy infection, such as a fever, cough, N shortness of breath?	es 0	Corr For Coricl 12 Positie
Does the visitor report any potential signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath?		4 Thur PPE Use per instruction.
In the last 14 days, has the visitor had contact with someone with a confirmed diagnosis of COVID-19 or under Investigation for COVID-19?		As with Megative could in tect regut
Has the visitor traveled to any locations with current COVID-19 transmissions within the last 14 No days?	-	At Work
Has the visitor resided in a community where a community- based spread is occurring?		AT WORK in guerostine

## In Summary





- You have a choice of assessment tools.
- Screen before or at entry to facility.
- Ensure timelessness of reporting.
- Ensure consistency and validity of reported data.
- Capture essential Covid-19 symptom related information from all who enter facility (Staff, residents, visitors, vendors, other essential workers).
- Ensure easy of data interpret information.
- A printable example can be found in the LTCF COVID-19 Response Toolkit and AFH Toolkit located on the Tri-County Website <u>https://multco.us/novel-coronavirus-covid-19/c</u> ovid-19-webinars-group-living-facilities