

## 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**

Employee Name:		Employee Phone Number:	
Classification/Job Title:		Date/Time:	
1.	Does the employee have a fever $\geq 100.0^{\circ}$ Fahrenheit ( $38^{\circ}$ C) (note, people 70+ or immunocompromised may have a fever at $99.6^{\circ}$ 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? <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., coughed on).</i>	Yes	No
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 <b>less than</b> 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:** \_\_\_\_\_