

Coronavirus 2019 (COVID-19): Guidance for Screening in Healthcare Settings

This document provides guidance on the screening requirements for anyone entering a healthcare facility to reduce the risk of transmitting the SARS-CoV-2 virus to others. These requirements apply to any facility, entity, or individual that provides inpatient or outpatient healthcare services and is either licensed by DC Health (e.g. assisted living residence, chapter 35 community residence facility, hospital, etc.) or functions as an independent private practice under a licensed healthcare provider (e.g. Dental clinic, primary care clinic, veterinary clinic etc.).

Except for patients seeking urgent medical treatment or treatment for COVID-19, any individual experiencing symptoms of COVID-19 or who was recently exposed to someone diagnosed with COVID-19, **must** not enter a facility or residence under any circumstance due to the risk of exposing others. Symptoms of COVID-19 may include: fever (subjective or 100.4 degrees Fahrenheit), 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, or otherwise feeling unwell.

What is Screening?

- Screening is:
 - A multi-step process.
 - Used to help identify individuals who are at increased risk of spreading SARS-CoV-2 to others.
 - A dynamic process with questions and elements that may evolve over time.
- Screening is **not**:
 - A guarantee an individual is free from COVID-19 infection.
 - The same as testing.
 - A substitute for everyday prevention measures (e.g. proper face coverings, eye protection, and hand hygiene).

Basic Screening Guidelines

Steps must be taken to limit unnecessary face to face interactions during the COVID-19 pandemic regardless of known community transmissions. In instances where that is not possible, effective screening is essential to mitigate the spread of COVID-19 until the pandemic has passed.

- **Who should be screened?**
 - **ALL individuals** entering the facility **must** be screened for signs and symptoms of COVID-19 infection regardless of vaccination status. This includes all patients, residents, employees, agency, contractors, vendors, and visitors.
 - **For specific screening requirements for different groups, see applicable section of this guidance.**
- **When should screening occur?**
 - Except in emergency scenarios, screening should be conducted prior to an individual entering the facility or residence.¹
- **How should screening be conducted?**
 - Conduct the screening in a format that makes sense for your healthcare setting.
 - Screening must include:
 - Screening questions that assess for:
 - Signs and symptoms of COVID-19 including fever,
 - Whether the person is awaiting SARS-CoV-2 test results for any reason,

¹ For example, an employee would complete the screening prior to the start of each shift, but a patient may be screened during triage in the emergency room.

- Known exposure to a COVID-19 positive individual within the last 14 days.
 - Units undergoing an outbreak may need to institute active temperature checks as per DC Health outbreak specific recommendations.
- Trained personnel must be available for follow-up questions as needed during the screening process to further evaluate risk.
 - For example, if an individual answers yes to being exposed to someone with COVID-19 in the last 14 days, it is important to know if they rode in a vehicle with them for 3 hours or they just passed by them on the street.
- For a Screening Tool example, see *Screening Tool Guidance* at coronavirus.dc.gov/healthguidance.
- If a case is identified, facilities will be required to furnish contact tracing data, including the information stated above, to DC Health within 12 hours of it being requested.

Safe Screening Considerations

- Staff members who are performing in-person screenings:
 - Must wear a facemask (for source control) during every screening.
 - Should remain 6 feet away while performing screening questions.
 - Should make screening interactions as brief as possible.
 - Must wear eye protection if the staff is not able to maintain 6 feet of distance.
- If active temperature checks are being performed, additionally, staff who are performing screenings:
 - Should maintain as much distance as possible.
 - Must use a new disposable cover for each individual being screened for thermometers that require physical contact to obtain a reading.
 - Must perform hand hygiene before and after each screening interaction using an alcohol-based hand rub with at least 60% ethanol or 70% isopropanol or by washing hands with soap and water for at least 20 seconds. If gloves are used, hand hygiene between patients/residents is still required.
- All screening equipment that comes in contact with a screened individual, such as pulse oximetry devices for inpatients/residents, must be cleaned and disinfected between each use.
- Cloth face coverings are not considered PPE and should not be worn by a healthcare provider (HCP) when PPE is indicated.
- For more on PPE for healthcare facilities, visit: coronavirus.dc.gov/healthguidance.

Staff Screening Considerations

- Employers may elect to allow staff to complete daily screening via an app or other electronic format (e.g., survey link via an automated phone line, electronic survey, etc.).
- Staff may check themselves for symptoms offsite, provided the check occurred no more than 2 hours prior to arrival.
- A process must be developed to ensure that any staff member reporting a sign or symptom of COVID-19 during their screening is followed up on by occupational health or other qualified individual per facility policy.
 - Facilities must have policies to address staff returning to work under a modified isolation or quarantine period **when operating outside of a conventional capacity strategy** for staffing as outlined in DC Health guidance. Policies must:
 - Ensure staff are authorized to return to work.
 - Ensure staff are screened at least one additional time during their shift while at work until a full 10 days has passed since symptom onset or positive test result.
 - Provide a mechanism to track the presence and severity of mild/resolving

- Visitors must have a verbal screening for fever, at minimum.
- **Visitors who have known exposure to a COVID-19 positive person within the last 14 days may not enter the facility regardless of their vaccination status, personal history of COVID-19 infection, or having met criteria for ending quarantine under public guidance.**
- What information should be documented?
 - Daily visitor log including patients/residents visited for the previous 30 days. Minimum information to include:
 - First and last name,
 - Date and time of entrance,
 - Patient to be visited and location,
 - **PLUS** at least two of the following:
 - Date of birth,
 - Physical street address including state and zip code,
 - Daytime and evening telephone number.
 - Email address, if available.
- Outbreak response: Facility staff must notify visitors of outbreaks on the patient/resident's unit that occur within 14 days of a visit and recommend the visitor(s) seek testing.
- Ask visitors to notify the facility if they develop fever or symptoms consistent with or test positive for COVID-19 within 14 days of visiting the facility, and provide them with instructions on the process.
- For more guidance on visitors in specific healthcare settings, visit coronavirus.dc.gov/healthguidance.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov/healthguidance regularly for the most current information.