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Division of Public and Behavioral Health
Helping people. It's who we are and what we do.

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To: All Division of Public and Behavioral Health Licensed Health Care Facilities

From: Division of Public and Behavioral Health, Infection Control and Prevention Section

Regarding: Screening and Triaging Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19

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Note: The use of the term "patient" may be replaced with "resident", as applicable.

In accordance with the Centers for Disease Control and Prevention's (CDC) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, healthcare facilities should establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19, or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control.

Note:
The Division of Public and Behavioral Health is interpreting the above statement to apply to everyone entering a healthcare facility be screened for all three components noted above (assessed for COVID-19 symptoms, exposure and practicing source control).

The CMS Nursing Home Visitation – COVID-19 memoranda, revised March 10, 2021, notes the following:
Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)
- o Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days.
  - ▪ Fever can be either measured temperature ≥100.0°F or subjective fever. People might not notice symptoms of fever at the lower temperature threshold that is used for those entering a healthcare setting, so they should be encouraged to actively take their temperature at home or have their temperature taken upon arrival.
  - ▪ Obtaining reliable temperature readings is affected by multiple factors, including:
    - ▪ The ambient environment in which the temperature is measured: If the environment is extremely hot or cold, body temperature readings may be affected, regardless of the temperature-taking device that is used.
    - ▪ Proper calibration of the thermometers per manufacturer standards: Improper calibration can lead to incorrect temperature readings.

- Proper usage and reading of the thermometers: Non-contact infrared thermometers frequently used for health screening must be held at an established distance from the temporal artery in the forehead to take the temperature correctly. Holding the device too far from or too close to the temporal artery affects the reading.

Note: If a facility chooses to implement an electronic monitoring system, as described above, the facility must show an inspector their policy for conducting electronic monitoring and evidence that shows it is actively being implemented, for example, the records showing individuals are reporting in accordance with the above guidelines. One example of an electronic monitoring system may be setting up SharePoint or other electronic means in which an employee can complete the screening, including the employee name, date and time of the screening, which is collected by the facility prior to the employee entering the facility.

Other alternatives to screening individuals at the facility's entrance includes:

a. Screening from the facility's parking lot (in car or other location) where an employee can complete the screening, for example, electronically through a cell phone or other means set up by the facility;
b. Employees provided with screening forms that they can complete and submit per facility policy;
c. Name badge system where employee can attest to symptom screening prior to start of shift; or
d. Other method healthcare facility develops to ensure screening is completed and documented.

Note: For facilities that continue to conduct temperature checks upon entrance to the facility, the facility's policy may include a documentation by exception provision, in which a temperature is only documented if a fever is indicated. If a fever is not documented, the policy must indicate that the temperature was taken and did not fall within the parameters of a fever.
- Fever is either measured temperature ≥100.0°F or subjective fever.

Resources

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic - https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html