Novel Coronavirus (COVID-19) Guidance for Active Screening of Employees at 24/7 State-Operated Facilities

The Washington State Department of Health has developed guidance to assist 24/7 state-operated facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. 24/7 state-operated facilities include: veterans homes, correctional, behavioral health, developmental disability and juvenile rehabilitation facilities. While operating in compliance with other applicable law, these facilities will modify processes to come into compliance with these protocols and will communicate agency process changes to staff and others. 24/7 state-operated facilities have experience managing respiratory infection outbreaks among residents, and staff should at a minimum apply the same outbreak management principles to COVID-19. Additionally, facilities should actively screen employees to prevent resident and staff exposure to COVID-19.

Stay Up-to-date

Monitor public health updates from:

- Local Public Health Department
- Washington State Department of Health
- Centers for Disease Control and Prevention Situation Summary

Employee Screening

- 24/7 state-operated facilities will conduct active screening of all employees to prevent resident and staff exposure to COVID-19.
- Agencies will operate in compliance with DOH guidelines.
- Signs should be posted at building entrances and in reception areas alerting employees to active screening protocols, including:
  - Temperature information or temperature check, depending on the facility
  - Standard questions about symptoms consistent with COVID-19
- Additionally, visible signage should educate employees about COVID-19 and the importance of practicing infection prevention and control measures, including:
  - Frequent handwashing or, if a sink is not readily available, use of alcohol-based hand sanitizer
  - Appropriate use of personal protective equipment (PPE)
  - Sneezing/coughing into a tissue or elbow
  - Putting used tissues in a plastic-lined waste receptacle and washing hands
Avoiding handshakes

See [CDC Print Resources](https://www.cdc.gov/coronavirus/2019-ncov/downloads/posters.html) for posters to print

### Active Screening of Employees

- Active screening must take place each time an employee reports to work.
- Employees should be directed to specified checkpoints for active screening.
- Screening will be performed by staff who have been trained on the screening protocol.
- Active screening consists of temperature information and a standardized questionnaire. Facilities may use their discretion in allowing staff to provide this information.
  - When temperature checks are performed, a device that has been approved for use by each facility will be used.
    - Staff should refer to the instructions on the packaging or the manufacturer’s website for guidance on how to properly take an employee’s temperature, as steps vary by brand and model.
- The employee screening questionnaire includes the following questions:
  1. Since your last day of work, have you had any of these symptoms that you cannot attribute to another condition?
    - 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
    - Nausea or vomiting
    - Diarrhea
  2. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19? (Note: Close contact is defined as within 6 feet for at least 15 consecutive minutes)

### Criteria for Screening Out an Employee

- If an employee has a temperature greater than or equal to 100.4°, entry to the facility will be denied.
- If an employee answers “yes” to having new onset of any symptoms other than fever (temperature greater than or equal to 100.4°), entry to the facility will be denied and
the employee will be referred for secondary screening.

- Ideally, asymptomatic employees with high or medium risk exposure to COVID-19, as defined by the CDC, should be excluded from work for 14 days from the last exposure. After other staffing options have been exhausted and in consultation with their occupational health program and the local health jurisdiction, facilities can consider allowing asymptomatic employees who have had high or medium risk exposure to continue working with these provisions:
  - Actively monitor for symptoms consistent with COVID-19, and if symptoms develop, immediately cease work, notify their supervisor and self-isolate.
  - Adhere to cough etiquette and hand hygiene.
  - Wear a facemask at all times while in the facility.
  - Refer to the CDC’s guidance on mitigating healthcare personnel staffing shortages, adopted by DOH, for additional recommendations.

Secondary Screening

- The purpose of secondary screening is to determine employee fitness for duty based on established protocols.
- Ideally, secondary screening should be performed by staff who have medical training or a background in infection control procedures.
- Secondary screening will be performed as soon as possible, preferably before sending the employee home, based on the availability of staff trained on the secondary screening protocol.
- Secondary screenings must be documented and maintained.
- Employees who pass secondary screening must be actively screened each time they report to work.

Criteria for Passing Secondary Screening

- Employees who meet all three of the following criteria: 1) 10 days since symptoms first appeared, 2) 24 hours with no fever (defined as temperature greater than or equal to 100.4°) without the use of fever-reducing medication, and 3) COVID-19 symptoms (e.g., cough, shortness of breath) have improved. *Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.
  - Exception: Employees returning after a severe case of COVID-19, or employees who are severely immunocompromised and returning after a confirmed case of COVID-19, may need to isolate longer than 10 days and up to 20 days, as recommended by a healthcare provider or infection control expert. Refer to the CDC’s return to work guidelines, adopted by DOH, for more information.
- Employees who 1) self-disclose that their symptoms are related to a health condition other than COVID-19, such as allergies or asthma, and do not feel sick, and 2) have not had close contact with a confirmed case of COVID-19, unless there are other concerning

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health-related matters.

- Based on the judgment of the medical and/or infection control staff performing secondary screening, facilities may exercise discretion in allowing an employee with a symptom that is not attributed to another health condition, such as headache, to enter the facility, as long as 1) the employee does not have other concerning symptoms, 2) the employee has not had close contact with a confirmed case of COVID-19, and 3) the severity of the symptom is not serious enough to prevent the employee from performing their job duties.

- Employees will be cleared for work when:
  - The employee passed their secondary screening immediately after their initial active screening.
  - The secondary screening is passed by phone consultation after the employee went home, and the employee does not have a temperature greater than or equal to 100.4° or any new relevant symptoms on return to work.

**Employees Who Have Been Screened Out**

- For employees with confirmed COVID-19, refer to the CDC’s return to work guidance, adopted by DOH.
- For asymptomatic employees with high or medium risk exposure to a confirmed case of COVID-19, as defined by the CDC, refer to the CDC’s guidance on mitigating healthcare personnel staffing shortages, adopted by DOH.
- For symptomatic employees with no known exposure to COVID-19, refer to DOH’s guidance on infection prevention, home isolation and when to contact a healthcare provider.
- All employees must be actively screened upon their return to work.
- Refer to State HR’s Guidance for Supervisors for more information on how to answer employee questions related to COVID-19 and how to determine pay and leave status for employees who have been screened out.

**More COVID-19 Information and Resources**

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee’s proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

A person’s race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. Stigma will not help to fight the illness. Share accurate information with others to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)

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Have more questions about COVID-19? Call our hotline: 1-800-525-0127, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, press # when they answer and say your language. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.