

North Dakota Department of Health COVID-19 Screening for Healthcare Employees

Our goal is to keep workforce intact while protecting staff and the public we serve from contracting the virus.

This form should be used if an employee has recently (within the past 14 days) traveled or has signs or symptoms commonly associated with COVID-19 (fever, cough, shortness of breath).

Employee Name:	Employee Phone Number:		
Classification/Job Title:	Date/Time:		
1.	Does the employee have a fever $\geq 100.4^\circ$ Fahrenheit (38°C)? (note, people 70+ or immunocompromised may have a fever at 99.6° F)	Yes	No
2.	Does the employee have at least 2 symptoms of new onset of viral illness: fever, cough, sore throat, muscle aches, headache, fatigue, shortness of breath, chills	Yes	No
3.	Has employee traveled to a country with a Level 3 Travel Warning, been on a cruise, or traveled to an area of the U.S. with widespread transmission?	Yes	No
4.	Did 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 (2 meters) or within the room or care area for a prolonged period of time (e.g. healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e. gowns, gloves, respirator, eye protection) or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).</i>	Yes	No
5.	Has the employee traveled on an airplane?	Yes	No

For an individual answering "Yes" to questions 1 or 2, 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 for COVID-19, the individual should be sent home until at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 7 days have passed since symptoms first appeared.

For an individual answering "Yes" to questions 3 or 4, The employee should be furloughed for 14 days (from their last known exposure) and be self-quarantined at home.

For an individual answering "Yes" to question 5, The employee may work, but must wear a mask at ALL times and be screened for symptoms and fever at arrival to work for 7 days after they return to North Dakota. Masks need to be changed when wet. Infection Prevention needs to be involved in the decision to return to work. Employers should conduct a daily check-in with the employee.

Completed by:

Printed Name: _____

Date/Time: _____