

## COVID-19 Screening Guidelines

Update 1/6/2022: Change based on The Centers for Disease Control and Prevention (CDC) recommended isolation and quarantine period for general population.

The Centers for Disease Control and Prevention (CDC) recommends that healthcare facilities have processes in place to screen patients, visitors, and employees for any recent exposures to or symptoms of COVID-19 before they enter the facility. Symptoms of COVID-19 include fever ( $T \geq 100.0^{\circ}\text{F}$ ), cough, and/or difficulty breathing. Additional symptoms may include chills, repeated shaking with chills, muscle aches, headache, sore throat, new loss of taste or smell, or occasionally diarrhea.

To protect our patients, visitors, contractors, vendors, and employees from exposures to COVID-19, screening for symptoms of COVID-19 should be conducted for all who are entering BJC facilities. Diligent screening will minimize persons most likely to be carrying the virus from traveling through our facilities and exposing other employees and patients. These guidelines apply to patients, visitors, contractors, vendors, and employees unless otherwise specified.

### Recommendations:

- COVID-19 screening should continue for the duration of the pandemic.
- Screening must include checking for recent positive COVID-19 tests, symptoms of COVID-19, and close contact with known or suspected COVID cases in the last 10 days.
- All BJC hospitals should continue daily entry screening.
- All employees should perform daily self-screening for exposure to or symptoms of COVID-19, preferably through the online work entry screening tool.
- All surgery centers, procedural centers, multi-purpose centers (e.g., South County CAM, The Orthopedic Center, Children's Specialty Care Center) should continue daily entry screening.
- All medical offices/clinics (MOB) and office buildings should continue a daily entry screening program.
  - Patient and visitor screening is permitted at entry to individual office suites, but screening at building entry is preferred, if feasible. Patients and visitors should be screened for each visit.
- Symptom-screening of patients with scheduled visits should also be conducted via phone in advance of appointment, if feasible.
- Clinically stable ill or recently COVID-19-exposed patients coming in for non-urgent/routine appointments or procedures should be rescheduled.
  - Contractors, vendors, and employees who work in MOB and office buildings that are directly connected to or on the campus of a hospital, surgery, procedural, or multi-purpose center should continue self-screening prior to reporting for their shift.
- Most patients recently diagnosed with COVID-19 should have tele-visits or phone assessments instead of in-person visits.
  - Patients requiring an in-person clinical visit within 10 days of a COVID-19 diagnosis, who have not been classified as "COVID: Recovered" in EPIC by Infection Prevention, and who cannot be managed with a tele-visit or phone assessment, should be provided a medical grade isolation mask on arrival to the facility, and be escorted directly to a private room in the care area, with the door closed, where staff can assess the patient in appropriate PPE.
  - Facilities should have a process to identify patients and/or notify areas of patient arrival (e.g., a clinic staff member in appropriate PPE can meet the patient at the entry point and escort the patient directly to the care area or a visual cue can be given to patients with a positive screen (yes to any screening questions) by the screener to alert the patient's clinical area destination).

- Signage informing patients, visitors, and vendors of the following should be placed at point of entry and other key locations throughout facility:
  - Follow universal masking policy
  - Proceed directly to place of service and/or screening station
  - Participate in screening, which may occur at or within individual office suites
  - Immediately report symptoms of COVID-19 and/or recent exposure to someone with COVID-19
- Signage should be placed at employee entry sites with reminders to perform self-screening for symptoms and recent exposure.
- Patients should be instructed on screening program and universal masking policy when scheduling and/or confirming appointments; consider asking patients to wait in cars until called into facility.

## COVID-19 Entry Screening Operational Guidelines

1. The entry screening process applies to all patients, visitors, volunteers, vendors, and employees of BJC HealthCare, including onsite contingent and contracted personnel and other health care providers entering our facilities such as employees of Washington University and licensed independent practitioners.
2. All patients, visitors, employees, volunteers, and vendors must follow the universal masking policy. If individuals present without a mask, one should be provided for them.
3. All persons entering BJC facilities must be screened for recently positive COVID-19 tests, symptoms of COVID-19, and contact with someone who has confirmed or suspected COVID-19 prior to entering the facility. Employees will conduct a self-screen prior to entering the facility for each shift. Screening includes answering the specific questions listed below. Do NOT simply ask individuals if they have “symptoms of COVID-19”.
  - Have you tested positive for COVID-19 recently? (7 days for employees; 10 days for patients and visitors)
  - Today or within the last 24 hours, have you experienced any of the following? Yes/No
    - Feel like you have had a fever
    - New or worsening cough
    - Trouble breathing
    - New loss of sense of taste or sense of smell
    - New or worsening body aches
    - Sore throat, different from your seasonal allergies
    - New or worsening of diarrhea (not consistent with chronic medical conditions)
  - Have you been exposed to a household or close family member who has tested positive for or is suspected of having COVID-19 in the past 10 days?

### **Patient Entry Screening:**

1. The preferred location for patient/visitor screening is at building entry, but in smaller MOBs this may not be feasible. Therefore, patient screening is permitted at entry to individual office suites, but screening at building entry is preferred, if feasible.
  - a. Each medical office is responsible for screening all patients who enter their suite.
  - b. Patients should be screened for each visit.
  - c. Patients must comply with the universal masking policy. If patients arrive without a mask, one should be provided for them.
  - d. Patients should be instructed on screening program and universal masking policy when scheduling and/or confirming appointments; consider asking patients to wait in cars until called into facility.

2. Patients requiring an in-person clinical visit within 10 days of a COVID-19 diagnosis, who cannot be managed with a tele-visit or phone assessment, should be escorted directly to a private room in the care area with the door closed where staff can assess the patient in appropriate PPE. Facilities should have a process to identify patients and/or notify areas of patient arrival (e.g., a clinic staff member in appropriate PPE can meet the patient at the entry point and escort the patient directly to the care area, or a visual cue can be given to patients with a positive screen (yes to any screening questions) by the screener to alert the patient's clinical area destination.)

#### **Visitor Entry Screening:**

1. The preferred location for visitor screening is at building entry, but in smaller MOB's this may not be feasible. Therefore, visitor screening is permitted at entry to individual office suites, but screening at building entry is preferred, if feasible.
  - a. Each medical office is responsible for screening all visitors who enter their suite.
  - b. Visitors should be screened for each visit.
  - c. Visitors must comply with the universal masking policy. If visitors arrive without a mask, one should be provided for them.

#### **Employee Entry Screening:**

1. Employee entry screening applies to all employees of BJC HealthCare, including onsite contingent and contracted personnel and other health care providers entering our facilities such as employees of Washington University and licensed independent practitioners.
2. Employees will conduct a self-screen prior to entering the facility for each shift. The self-screen will include assessment for: symptoms of COVID-19, recent positive COVID test, and/or close contact with someone who has confirmed or suspected COVID-19. Entrance to a facility for their work-shift will serve as an attestation that the employee has conducted their self-screening prior to entry. Employees should be strongly encouraged to use the online access screening tool prior to leaving their home to report to work. Immediate supervisors may ask for results of that day's screening at any time.
3. It is the expectation for all employees to take their own temperature, as needed, prior to leaving their home to report to work.
4. Employees:
  - a. Will not come to work with any symptoms of COVID-19
  - b. If symptoms of COVID-19 develop while at work, the employee will advise their supervisor and leave work.
  - c. If symptoms of COVID-19 develop, the employee will not return to work until they have been cleared to do so by Occupational Health.
5. Facilities may choose to have employees demonstrate results of the online access screening tool at building entry or at unit/division entry.
  - a. Contractors and vendors are required to self-screen prior to building entry. Entrance to a facility will serve as an attestation that the contractor/vendor has conducted their self-screening prior to entry. The contractor or vendor may be asked for the results of that day's screening at any time. Contractors and vendors should be strongly encouraged to use the online access screening tool.

6. Any employee reporting symptoms of COVID-19 or reporting a recent positive COVID-19 test within the last 7 days; (10 days if unvaccinated employee) must not access the facility. They must be instructed to immediately return home, notify their manager, and contact the Employee COVID-19 Call Center at 314-362-5056 or Occupational Health for further evaluation.
7. Contractors, vendors, and employees who work in MOB and office buildings that are directly connected to or are on campus of a hospital, surgery, procedural, or multi-purpose center will follow self- screening prior to reporting for their shift; per above, facilities may choose to have employees demonstrate results of online access screening tool at unit/division entry as well.
8. Screening in non-clinical facilities/office buildings (e.g., BLI, Commons, Meridian, CAB)
  - a. Employees entering these facilities should conduct self-screening prior to entry as outlined above.

#### **Standard Signage:**

1. Standard signage informing persons of the following should be placed at point of entry and other key locations throughout facility:
  - a. Follow universal masking policy
  - b. Patients and Visitors: Proceed directly to place of service and/or screening station
  - c. Participate in screening, which may occur at or within individual office suites
  - d. Immediately report **recent positive COVID-19 tests**, symptoms of COVID-19 and/or recent exposure to someone with COVID-19
  - e. For MOBs with hospital access where patient and visitor screening are not conducted, signage should be placed on all doors restricting access to the hospital for employees only.

#### **Criteria for Entry Screening:**

1. Personnel conducting the screening should be located at the designated entrance(s) to building or unit/division. Patient and employee entrances may be at different locations.
2. Staffed screening hours should be determined by the facility based upon volumes and busiest times.
3. Screening locations should be staffed to prevent congregating.
4. Facility should consider designating an alternate entry location during peak building entry times for employees if congregation, physical distancing and/or bottlenecks become an issue
5. Those conducting the screening should be trained or knowledgeable on PPE, COVID-19 symptoms, and talking points. Examples of personnel who could conduct employee screening may include Medical Assistants, Patient Care Technicians, or Student Nurses. Contracted services (e.g., Clayton Valet) may also serve in these roles.