



June 3, 2020

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Dear Tania:

Thank you for bringing concerns of the Minnesota Hospital Association (MHA) to our attention in your letter of May 22, 2020 related to implementation of COVID infection control requirements for health care worker (HCW) screening, eye protection and respiratory clinics. We recognize the ongoing challenges faced daily by hospitals and appreciate working together with you.

In this letter, the Minnesota Department of Health (MDH) as the public health authority and the federal survey agency on behalf of the Centers for Medicare and Medicaid Services (CMS) is responding to the comments about employee screening, eye protection and respiratory clinic.

The attached document, "Actively screen staff in Hospitals" was forwarded to MHA to help clarify The Centers for Medicare and Medicaid (CMS) regulations and the Centers for Disease Control and Prevention (CDC) interim guidance related to HCW screening.

Upon careful review of the questions posed by you and your members, MDH has identified supportive documents from CMS and CDC. The guidance documents provide clear recommendations for active screening of HCWs, eye protection, and respiratory clinics. As a reminder, MDH recommendations are consistent with direction from CMS. MDH does not plan to issue federal regulatory interpretive guidance. However, we appreciate the opportunity to work with hospitals on areas noted in our responses below.

MDH Response to MHA Questions:

- MHA Comment: Employee screening:

Using "trained persons" to "physically monitor temperature of staff entering the building" and "asking questions regarding other COVID-related symptoms" will create significant resource and health safety issues by requiring the use of expensive and scarce thermometers and/or other screening devices;

MDH Response: MDH affirms that screening and monitoring of staff is a responsibility of businesses across many different work settings in Minnesota including health care. A hospital's infection prevention and control programs must include active HCW screening and monitoring including temperature taking consistent with CMS and CDC guidelines. As situations arise, MDH is available to assist in securing resources such as thermometers so hospitals are able to implement infection prevention programs.

- MHA Comment: limited critical staffing;

MDH Response: Employee screening and monitoring for infection prevention and transmission is a regulatory requirement and necessary to prevent transmission of infection. Resources are required to implement screening and monitoring of staff. The regulations provide flexibility about who and how a hospital decides training for staff conducting screening and monitoring. The regulations rely on the hospital to determine the training needed for the hospital's screening and monitoring activities. MDH is available to provide technical assistance to hospitals. Hospitals may contact health.fpc-web@state.mn.us.

- MHA Comment: limited facility/entrance spaces; crowded entry spaces that could block emergency exits and create fire and patient flow hazards;

MDH Response: The hospital's infection prevention and control programs that must prevent transmission of infection requires a location for active screening and monitoring of HCWs. Each hospital will have to address this for their unique setting and problem solve to assure other critical safety provisions are in place. MDH is available to provide technical assistance to hospitals where there are unique challenges for assistance in meeting requirements. The Health Regulation Divisions Engineering Program can assist. Please email health.healthcareengineers@state.mn.us.

- MHA Comment: 24/7 staffing due to the 24/7 nature of hospital operations.

MDH Response: A hospital's infection prevention and control program prevents transmission of infection over a 24 hour period and does require this be addressed. MDH concurs that there are challenges due to the 24/7 hour nature that hospital services pose.. Due to the ever presence of COVID infection over a 24 hour period, this must be implemented for an infection prevention program to be effective and for the safety of everyone in this setting.

- MHA Comment: Staffing for an active screening process that requires physical temperature measurement places an undue burden on health care organizations and health care workers who have already taken significant safety precautions and adhere to infection control and prevention practices.

MDH Response: A hospital's infection prevention and control programs must prevent transmission of infection. Because this is required of hospitals, this is a hospital responsibility and a hospital must actively monitor and screen to prevent transmission of COVID infection. CDC guidelines and CMS hospital regulatory requirements include the screening and monitoring of staff as part of infection prevention programs. Please see the attached CDC and CMS resources.

Screening HCWs at the point of entry to a hospital is needed for a hospital to implement infection prevention. To prevent exposing HCWs who are not screened and potentially COVID positive to patients, visitors and other HCWs, hospitals must assure that all HCWs are screened and monitored at point of entry to the hospital and before they have contact with anyone. A HCW that enters a hospital unscreened and wearing a mask potentially exposes themselves to other patients, visitors and other HCWs. Hospitals operate 24 hours a day and HCWs unscreened for symptoms who enter a hospital has potential to spread infection.

- MHA Comment: Required documentation

MDH Response:

Under federal hospital regulation the infection preventionist(s)/infection control professional(s) is responsible for all documentation, written or electronic, of the infection prevention and control program and its surveillance, prevention, and control activities.

The infection prevention activities of screening of health care personnel are part of the hospital's infection prevention program and therefore documentation is required. A screening and monitoring system must be documented to verify that this important infection prevention activity is being implemented by the hospital. MDH recognizes there are questions about specific documentation approaches. These may be forwarded for MDH to review. MDH is available to provide technical assistance to hospitals in reviewing specific documentation systems. Hospitals can email health.fpc-web@state.mn.us.

- MHA Comment: and what constitutes a trained person is not clear.

MDH Response: A hospital's infection prevention and control programs must prevent transmission of infection and trained staff are needed to implement required tasks. Regarding screening and monitoring, the individual would need to be trained in screening activities performed. The regulations do not provide specific training requirements. The regulation gives flexibility in how the training is conducted and the hospital determines the training appropriate for the hospital's screening program. MDH is available to provide technical assistance to hospitals. Hospitals may contact health.fpc-web@state.mn.us.

- MHA Comment: Temperatures assessment recommendations by CDC for other industries state that temperature checking isn't effective or necessary.

MDH Response: Actively taking a temperature is an accepted health care standard across the health care system that is included in CDC guidance and federal regulation as provided in attached resources. Until this standard is no longer accepted in the health care system by CMS and CDC, this will be an accepted screening and monitoring tool.

Eye protection guidance

MDH forwarded to MHA MDH interim guidance as of April 21, 2020 "Responding to and Monitoring COVID-19 Exposures in Health Care Settings".

<https://www.health.state.mn.us/diseases/coronavirus/hcp/response.pdf>.

Please see MDH responses below. For questions, please contact the MDH Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division at <https://www.health.state.mn.us/about/org/idepc/index.html>.

- MHA Comment: Additional guidance is needed on practices for eye protection use when the staff is in the core (nurse station area) and are not patient-facing and on use by non-patient-facing staff.

MDH Response: As long as there is universal masking with surgical masks, coworker interactions without eye protection are considered low-risk. However, if a positive healthcare worker is not masked, a coworker exposed to that person without eye protection would be considered high-risk.

- MHA Comment: It would be helpful to include which type of eye protection should be used and in which order based on level of protection.

MDH Response: CDC recommendations are to use equipment with front and side protection of eyes. This can include face shield, goggles, and safety glasses that have front and side protection.

- MHA Comment: In the clinic setting, where both patient and provider are masked, consider eye protection only be required for aerosolizing procedures or during the physical exam. Or regular eyeglasses be allowed to serve as protection for routine office visits.

MDH Response: CDC's revised guidance emphasizes the importance of eye protection, thus MDH will retain the recommendation for eye protection in all settings during direct patient care, as supplies allow. Exposure risk is considered to be high if a health care worker without eye protection has at least 15 cumulative minutes of interaction within less than six feet of a COVID positive patient (or attending parent of a minor patient) or HCW who is not wearing a surgical mask or cloth face cover. Regular eye glasses are not considered PPE in any situation.

Respiratory clinic screening:

MDH provided clarification to MHA:

All patients entering a respiratory virus clinic are presumed positive and therefore should be treated as such upon entry. Follow appropriate standards for care and PPE for a patient presumed positive and proceed with care and testing in private room/clinic setting. Screening for COVID-19 symptoms should not take place in waiting area or in public setting in these locations as the patient should be placed rapidly in a private room.

CDC has guidelines for ambulatory care settings and clinic settings. Please see CDC guidelines below to be read in conjunction with our response below.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>

- MHA Comment: Recommend statement to the effect of “Screening for COVID-19 symptoms should be conducted in a way that follows best practices of infection control and social distancing, as well as maintains patient privacy.”

MDH Response: Thank you for this suggestion which can be implemented consistent with CDC standards.

- MHA Comment: Clarify what is meant by “public setting.” For example, do public settings include the outdoor respiratory clinics where patients may be assessed and treated in their vehicle?

MDH Response: In the response above, outdoor clinics for assessment in vehicles are not considered public places.

Thank you again for allowing us to answer your questions and for working with MDH to optimize the safety of HCWs and patients in Minnesota..

For further questions, please contact myself at Mary.Absolon@state.mn.us or [Jacy Walters](mailto:Jacy.Walters@state.mn.us) at Jacy.Walters@state.mn.us.

Sincerely,

Mary T. Absolon

Mary T. Absolon
Program Manager
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Attachments

cc: Marie Dotseth, MDH Assistant Commissioner
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