



## Attachment A

May, 2020

### Actively screen staff in Hospitals

Actively screen all staff for fever and symptoms of illness before starting each shift. In addition to facility staff, conduct health screening for other essential health care personnel including therapy personnel, hospice, home care, dialysis, ombudsman, state surveyors, chaplain at end of life, mortician, etc. [Active screening means that a trained person should physically monitor temperature of staff entering the building and ask questions regarding other COVID-related symptoms.]

- Conduct active assessment for fever (measured temperature  $>100.0^{\circ}\text{F}$ ) or subjective fever (chill, feeling feverish).
- Ask about new symptoms of illness (e.g., measured or subjective fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or new loss of taste or smell).
- Consider further evaluation for fever  $<100.0^{\circ}\text{F}$ , or other symptoms not attributable to another diagnosis, including, nausea, vomiting, diarrhea, abdominal pain, runny nose, and fatigue.
- Staff should not work while sick. If illness develops while at work, staff must immediately separate themselves from others, alert their supervisor, and leave the workplace.

Hospital maintains documentation

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#monitor\\_manage](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#monitor_manage)

Attachment B: Federal Regulation, Surveyor Tools and CMS QSO Memos

**Excerpts: CMS Federal Acute Care and Critical Access Hospital Regulations**

Federal hospital regulations require that the hospital's infection prevention program employs methods for preventing and controlling transmission of infections within the hospital. These regulations go on to state that the infection control program addresses infection control issues identified by public health authorities and adheres to nationally recognized guidelines.

Acute Care Federal Regulations

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

Applicable excerpts from the acute care and critical access hospital regulations are in italics below.

*A-0144 §482.13(c) (2) - The patient has the right to receive care in a safe setting.*

*Under this CMS requirement, this regulation covers in part:*

*In order to provide care in a safe setting, hospitals must identify patients at risk for intentional harm to self or others, identify environmental safety risks for such patients, and provide education and training for staff and volunteers.*

*A-0747 §482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs*

*A-749 §482.42(a)(2) The hospital infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings;*

*A-750 §482.42(a)(3) The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities;*

*A-0770 §482.42(c) (1) standard: Leadership responsibilities*

*(1) The governing body must ensure all of the following:*

*(i) Systems are in place and operational for the tracking of all infection surveillance, prevention, and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities.*

*A-0772 §482.42(c) (2) Standard: Leadership responsibilities*

*(2) The infection preventionist(s)/infection control professional(s) is responsible for: (i) The development and implementation of hospital-wide infection surveillance, prevention, and control policies and procedures that adhere to nationally recognized guidelines.*

*A-0773 [§482.42(c)(2) The infection preventionist(s)/infection control professional(s) is responsible for:]*  
*(ii) All documentation, written or electronic, of the infection prevention and control program and its surveillance, prevention, and control activities.*

## Critical Access Hospital Regulations

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_w\\_cah.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf)

*§485.640(a)(2) The infection prevention and control program, as documented in its policies and procedures, employs methods for preventing and controlling the transmission of infections within the CAH and between the CAH and other healthcare settings;*

*§485.640(a)(3) The infection prevention and control includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and that the program also addresses any infection control issues identified by public health authorities; and*

*§485.640(c) Standard: Leadership responsibilities*

*(1) The governing body, or responsible individual, must ensure all of the following:*

*(i) Systems are in place and operational for the tracking of all infection surveillance, prevention and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities.*

### **CMS QSO 20-20 Federal Acute Care Surveyor Tool for COVID-19 Infection Control: Screening of Staff**

CMS issued on March 23, 2020, the required federal surveyor infection control checklist tool titled “COVID-19 Focused Infection Control Survey: Acute and Continuing Care”. This surveyor tool addresses education, monitoring and screening of staff and directs surveyors to cite a federal deficiency at the appropriate federal infection control regulation if evidence supports a violation.

Self-assessments: The Infection Control checklist was shared at MDH Hospital COVID call and allow for hospitals to do voluntary self-assessment of their Infection Control plan and protections.

This infection control tool can be accessed in the link below and specifically addresses screening.

<https://www.cms.gov/files/document/qso-20-20-all.pdf>

#### *Education, Monitoring, and Screening of Staff*

- *Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?*
- *How does the provider convey updates on COVID-19 to all staff?*
- *Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?*
- *If staff develop symptoms at work (as stated above), does the facility:*
  - o have a process for staff to report their illness or developing symptoms;*
  - o place them in a facemask and have them return home for appropriate medical evaluation;*
  - o inform the facility’s infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and*
  - o Follow current guidance about returning to work (e.g., local health department, CDC:*  
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>*).*

*Did the facility provide appropriate education, monitoring, and screening of staff? Yes No (see appropriate IPC tags for the provider/supplier type)*

### **CMS QSO Memo 20-13**

#### **Guidance for Infection Control and Prevention of Coronavirus Disease (COVID-19) in Hospitals, Psychiatric Hospitals, and Critical Access Hospitals (CAHs): FAQs, Considerations for Patient Triage, Placement, Limits to Visitation and Availability of 1135 waivers.**

<https://www.cms.gov/files/document/qso-20-13-hospitals-cahs-revised.pdf>

#### **See excerpts below from QSO 20-13**

##### **How should facilities screen visitors and patients for COVID-19?**

*Hospitals, psychiatric hospitals, and CAHs should identify visitors and patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility. They should ask patients about the following:*

- 1. Signs or symptoms of a respiratory infection, such as a fever, cough, or difficulty breathing.*
- 2. Contact with a person who is positive for COVID-19 or with someone who is considered a PUI or someone who is ill with respiratory illness.*
- 3. Travel within the last 14 days to areas with widespread or ongoing COVID-19 community spread. For updated information on countries and restricted areas within the U.S., visit:  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>.*
- 4. Residence or working in a community where community-based spread of COVID-19 is occurring. For more information on mitigation plans for communities identified to be at risk, visit:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>.*

*For patients, implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth if that has not already been done) and isolate the patient in an examination room with the door closed. If the patient cannot be immediately moved to an examination room, ensure they are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. In some settings, medically-stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.*

*Inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation for COVID-19. Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC COVID-19 website. For more specific guidance see resource links.*

*Provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, facemasks, and tissues at healthcare facility entrances, waiting rooms, patient check-ins, etc.*

##### **How should facilities monitor or restrict healthcare facility staff?**

**The same screening performed for visitors should be performed for hospital, psychiatric hospital, and CAH staff.**

- *Healthcare providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.*
- *Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:*
- *Immediately stop work, put on a facemask, and self-isolate at home.*
- *Inform the hospital, psychiatric hospital, or CAH's infection control professional/preventionist and include information on individuals, equipment, and locations the person came in contact with.*
- *Contact and follow the local health department recommendations for next steps such as testing and locations for treatment.*
- *Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).*
- *Report cases of illness to their supervisor, employee health service, and/or occupational health clinic. Employees should also consult their healthcare provider if they are experiencing signs/symptoms consistent with COVID-19*

*Hospitals, psychiatric hospitals, and CAHs should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).*



### Attachment C: CDC Standards Screening

MDH has posted on its COVID website CDC resources to prevent and control the transmission of COVID.

#### **Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: updated May 18, 2020**

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#monitor\\_manage](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#monitor_manage)

At this document, under the Table of Contents at #8 is “Monitor and Manage Healthcare Personnel” and states:

##### *8. Monitor and Manage Healthcare Personnel*

- *Screen all HCP at the beginning of their shift for fever and symptoms consistent with COVID-19\**
  - *Actively take their temperature and document absence of symptoms consistent with COVID-19\*. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace.*
  - *\*Fever is either measured temperature >100.0oF or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 include cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0oF) or other symptoms consistent with COVID-19 based on assessment by occupational health. Additional information about clinical presentation of patients with COVID-19 is available.*

This CDC guidance can be linked from MDH website:

On the MDH COVID website at <https://www.health.state.mn.us/diseases/coronavirus/index.html>:

left side bar “Health Care” at <https://www.health.state.mn.us/diseases/coronavirus/hcp/index.html> MDH has provided resources.

Under the resource “CDC Information for Health Professionals” at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and under the heading

“Protect Patients and Workers” at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and under the heading

“Infection Control” <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

is “Infection Control Guidance” at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> and under the Table of Contents at #8 is “Monitor and Manage Healthcare Personnel”

The CDC recently updated (5-23-20) their health care worker guidance:

**Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 updated May 23, 2020**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

*Purpose: This interim guidance is intended to assist with assessment of risk and application of work restrictions for asymptomatic healthcare personnel (HCP) with potential exposure to patients, visitors, or other HCP with confirmed COVID-19.*

**MDH Comment:**

Screening health care workers (HCW) 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 any potential contact patients, visitors and HCWs. A HCW that enters a hospital unscreened and wearing a mask potentially exposes themselves to other patients, visitors and HCW. Hospitals operate 24 hours a day and HCW unscreened for symptoms who enter a hospital has potential to spread infection.