



Minnesota Hospital Association

2550 University Ave. W., Suite 350-S
St. Paul, MN 55114-1900

phone: (651) 641-1121; fax: (651) 659-1477
toll-free: (800) 462-5393; www.mnhospitals.org

May 22, 2020

Via Email: mary.absolon@state.mn.us

Mary Absolon, Program Manager
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 E. 7th Pl.
Saint Paul, MN 55164-0882

Dear Mary:

In response to new MDH draft guidance issued on Tuesday, May 19, on the standards of practice for employee screening (including active temperature screening), eye protection guidance and screening at respiratory clinics, MHA was asked to collect feedback from hospitals and health systems. MHA appreciates the opportunity to provide MDH with these themes and responses to the feedback that was gathered. MHA members have significant concerns about these recommendations. We request that you provide updated guidance as soon as possible to address these significant concerns which have the potential to impact hospitals' and health systems' ability to serve our patients.

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;
 - limited critical staffing;
 - limited facility/entrance spaces;
 - crowded entry spaces that could block emergency exits and create fire and patient flow hazards; and
 - 24/7 staffing due to the 24/7 nature of hospital operations.
- 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.
- Required documentation and what constitutes a trained person is not clear.
- Temperatures assessment recommendations by CDC for other industries state that temperature checking isn't effective or necessary.

Eye protection guidance:

- 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.

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

Respiratory clinic screening:

- 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.”
- 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?

We appreciate your consideration of the concerns and requests Minnesota hospitals and health systems have made and look forward to updated guidance from you as soon as possible.

Sincerely,

A handwritten signature in black ink that reads "Tania Daniels". The signature is written in a cursive style with a large, looping initial "T".

Tania Daniels, PT, MBA
Vice President, Quality & Patient Safety

c: Jan Malcolm, Commissioner, Minnesota Department of Health (jan.malcolm@state.mn.us)
Marie Dotseth, Senior Policy Advisory, Minnesota Department of Health (marie.dotseth@state.mn.us)