

COVID-19 Resources

Daily Screening for the Health Care Workforce: Principles and Guidelines

Background

The Health Care Workforce (HCW) – including all physicians and staff, volunteers, learners and trainees, and vendors and contractors – may be attending work while experiencing influenza-like-illness (ILI) or other illnesses. This creates risk for the workforce and people receiving service. To minimize exposure, we will do a daily risk assessment. This will ensure everyone coming into facilities and providing service are well and contributing to the safety of everyone.

Principles

Consistent screening protocols and criteria will be set by the Emergency Operations Centre (EOC). Implementation will be the responsibility of the Integrated Health Incident Command Centre (IHICC) and individual sites/programs.

The screening process is required to ensure a safe work and clinical environment. Screening will be performed with respect and dignity, providing adequate information so everyone fully understands the reason for the screening and the impact of attending work when not well.

Information collected through screening will be managed according to privacy requirements, including clarity on collection, use, and disclosure.

Individuals that refuse to be screened will not be permitted to attend work as scheduled. Each screening refusal will be dealt with on a case by case basis in consultation with the operational manager and Human Resources.

Screening Criteria

Anyone who is part of the HCW will be required to complete screening prior to starting a shift or upon arrival at work. The first step of screening will involve answering a questionnaire. As equipment becomes available and human resources are secured, sites and programs will implement temperature screening as well.

The collection, use, and disclosure of screening information is solely for the purposes of determining risk related to the scheduled shift. All privacy requirements will be met. The only retained record will be through use of a logbook for individuals who have a recorded temperature > 38.0 Celsius.

All members of the HCW providing service, regardless of role or potential for contact with individuals receiving service, will be subject to screening to ensure no one is working with an ILI and increasing the chance of spread of COVID-19.

Members of the HCW should be prepared to show their SHA issued photo identification, or other identification, upon reporting for screening and work.

The IHICC/facilities will be responsible for notifying the HCW about the new screening process.

Tracking of Information

- Each individual program area needs to establish a process to ensure all members of the HCW presenting at facilities or scheduled to work are screened.
- The only information that must be retained is a record of the individual's temperature when > 38.0 Celsius; this can be done via a logbook.
- The logbook must be kept in a secure location, but be accessible to those who require access. Only those who need access should have access – they should not be accessible to all staff.
- The facility manager needs to determine who should have access to the logbook, and determine a process to ensure that it is available when they need them.
- The manager should keep a list of staff who can have access, and update it as required. The list should be available to those who would grant access to the logbook (e.g. the manager, nurse in charge).
- The logbook should be retained until further notice and should be stored at the facility level (not included in the employee health record).
- Questions regarding the collection, use and disclosure of information through the course of this process may be directed to privacy@saskhealthauthority.ca.

Staffing and Location of Screening Areas

Screening will be supported by the following personnel:

- Staff for rapid review of questions (on poster) or checking screening results (if done digitally) and for temperature checks (when available).
- A manager or supervisor available by phone, who is able to provide the appropriate direction to staff that may have questions regarding outcomes of the assessment or next steps.

Location of screening areas will be at the discretion of the facility and should consider the following:

- Limit number of entrances for staff to maximize compliance and resources required to perform screening, while also considering the impact of bottlenecks.
- Post large versions of the screening tool and directions for next steps (posters).
- Ensure allowance for social distancing.
- Consider the physical layout to optimize flow and efficiency.
- Use of a two-step process for temperature checks (first with an infrared and only with a tympanic if >37.0 Celsius via infrared) will allow smoothing of flow and reduce unnecessary use of personal protective equipment (PPE) for screeners.
- Ensure staff are assessed in a manner that maintains employee confidentiality.
- Signage will be required to direct staff where to go for screening and to notify residents that the process is occurring. Facilities will be responsible for posting signage.

When the Screening Indicates “Unfit for Work”

- Any answer of YES to screening questions requiring self-isolation for any period (or a temp > 38.0 Celsius when applicable) will result in the determination that the HCW is unfit for work.
- Where an employee or physician is deemed unfit for work, they will be instructed to self-isolate, contact OHS and their manager or physician leader.
- Where a learner/trainee, volunteer, or vendor/contractor is deemed unfit for work they will be instructed to self-isolate, contact 811 and their supervisor.
- Consistent advice on when and how to return to work across all clinical sites must be provided, using the latest guidelines from [saskatchewan.ca/covid19-providers](https://www.saskatchewan.ca/covid19-providers)
- If determined unfit for work, staff will be coded ‘sick outbreak’ (if experiencing symptoms) or ‘paid pandemic loa’ (if requiring isolation with no symptoms).
- Processes will be put in place by the facility to ensure notification is provided to the manager for staffing purposes as soon as possible.
- Decision to replace the shift will be the manager’s responsibility as per normal staffing protocols.
- Costs and premiums related to short-notice shift scheduling will not be a consideration as to whether to replace staff or not, and will be based on needs of the service area/unit.

Other Considerations

- There are two screening questions that, when answered YES, result in FIT for work but requiring self-monitoring. When individuals have this result, they should be provided with [the self-monitoring information sheet](#) and [this sheet](#) for recording symptoms that includes instructions on how to take an oral temperature. Printed copies should be available at the screening stations.
- An effort should be made to communicate the responsibility of all physicians and employees to consider the screening questions PRIOR to arrival at work or accepting a shift and contact their manager/physician leader and OHS if required.
- Facilities should consider how to integrate HCW with other screening processes already in place (or planned) for visitors and people receiving service.
- Facilities and programs may wish to establish a visual signal that indicates a member of the HCW has “passed” today’s screening, e.g. sticker or wristband.