

COVID-19 Resources

SHA Facility Screening Principles and Guidelines

Objective of Entryway Screening

Prevention of transmission of the novel coronavirus from those entering our facilities, including physicians and staff, clinical contractors, volunteers, learners and trainees, (collectively referred to as the healthcare workforce or HCW); vendors and contractors; patients/clients; and designated family members.*

Assumptions

- Transmission can result from individuals who are asymptomatic, mildly symptomatic or symptomatic carriers of novel coronavirus.
- We trust our HCWs to monitor their health, assess their fitness to work, and follow the requirements of the public health order.
- We trust our community of patients, clients, designated family members to monitor their health, disclose symptoms or risk-related activities when actively screened, and help us keep everyone as safe as possible.

Principles: HCW Screening

- HCW will self-screen, using the online tool or a paper copy of the questions, including taking their temperature prior to starting or on arrival at work.
- On arrival at a monitored entrance, HCW will show identification, perform temperature check if needed and hand hygiene, and don a procedure mask if they aren't already wearing a medical or cloth face covering.
- An infrared or tympanic thermometer will be available within the work site/unit if the HCW is not able to take their temperature at home prior to departing for work and for the required temperature check.
- All HCWs will sign a logbook or equivalent at beginning of shift/day on their home unit that indicates they screened fit to work.
- Staff or physicians not assigned to a single work unit, will document self-screening on the unit/dept where they start their day or via a locally developed process.

Tracking of Information

- The only information that must be retained is a Record of the Screening Logbook.
- The Screening Logbook should be retained for one month in case a safety review requires access.
- Questions regarding the collection, use and disclosure of information through the course of this process may be directed to privacy@saskhealthauthority.ca.

When HCW Screening Indicates “Not Permitted to Work”

- Any answer of YES to screening questions requiring self-isolation for any period (or a temp > 38.0 Celsius

* Patients and residents will identify who their Family is and this may include a: loved one; friend; paid caregiver; or other support person of the patient or resident's choosing as per the Family Presence during a Pandemic Policy Directive (SHA-02-007)

when applicable) will result in the determination that the HCW is not permitted to work.

- Where an employee or physician is deemed not permitted to work, they will be instructed to self-isolate and contact OHS and their manager or physician leader.
- Where a learner/trainee, volunteer, or clinical contractor is deemed unfit for work they will be instructed to self-isolate and 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.
- If determined not permitted to work, staff will be coded 'sick outbreak' (if experiencing symptoms) or 'paid pandemic loa' (if requiring isolation with no symptoms).
- Where determination of "not permitted to work" occurs at a facility entryway, processes will be put in place by the facility to ensure notification is provided to the manager/physician leader 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.

Principles: Patient Screening

- Patients coming in for outpatient/urgent care appointments or entering the emergency department to access care also require clinical screening by the clinical team. There are three key considerations for clinical screening:
 1. This screening determines the precautions needed for staff in assessment and treatment and potential interventions or procedures including if COVID testing is indicated
 2. As such, it is crucial that clinical screening happen as close as possible to the clinical interaction or that there are reliable means for transferring the results from the clinical screening point at registration, for example, to the clinical team
 3. Temperature check is essential for clinical screening to be effective

One Step or Two Step Screening Process

- If the flow of a building enables direct entry to the outpatient department or clinical triage in the emergency department, a **ONE-STEP** process can be used where no formal entryway screening is required. Instead, for example, a patient may present directly to the triage nurse who is doing COVID screening as a first step in the triage process. Hand hygiene and masking can be integrated into this process.
- A **TWO-STEP** screening process is required when the flow of the building/department requires some distance to be traveled between the entryway and the clinical department.
 - Step 1:** The entrance way attendant focuses on ensuring the patient has an appointment, knows where they are going, hand hygiene & masking. Temperature should be done in Step 2 as a patient should not be turned away regardless of entrance way screening even if the patient has a temperature ≥ 38.0 C on entry
 - Step 2:** Clinical screening on arrival at registration or the clinical department, including a temperature check

NOTE: where resources allow, pre-screening patients for re-bookable appointments **over the phone** and done by the relevant clinical department may reduce unnecessary traffic into the building and inconvenience to the patient and the clinical team.

- If the patient has a family member or support accompanying them they must also be screened using the process described below. This may occur in conjunction with the clinical screening (ONE STEP process) or at the entryway (TWO STEP process). If the family member/support screens as a risk, including symptoms, discuss option to not accompany; if the family member/support is deemed essential by the most responsible provider, in the context of an emergent or urgent visit, treat patient and family as a unit and apply precautions to both – examples could include a single parent of a minor child who screens positive and symptomatic when presenting at emergency.
- Where appointments are re-bookable and resources allow, clinical departments should continue to offer pre-screening by phone (24 hours in advance) using both the appropriate clinical screening tool and the full-set of screening questions for any accompanying family. This will avoid unnecessary traffic in facilities or issues on arrival where accompanying family screen as “no entry”.

Principles: Family/Vendors/Contractors Screening

- Where family presence is booked in advance (e.g. Long Term Care), facilities/homes should continue to offer pre-screening by phone using the full-set of screening questions.
- Notification of screening questions resulting in “no entry” will be posted on the entry door.
- Entryway screening will focus on
 1. confirming reason for presenting to facility including identification as required
 2. temperature check via fever camera or infrared/tympanic thermometer
 3. hand hygiene
 4. masking (required)
 5. confirming knowledge of destination and how to get there efficiently
 6. reminding of importance of physical distancing (elevator for example)
- Where a temperature exceeds the threshold, they will not be permitted to enter and the individual will be asked to contact 811 and self-isolate until they receive further direction.
- Where a mask is refused, entry will be denied.
- Depending on process and site, contact information may also be logged for all who pass screening.

Considerations for Confirming Designated Family Status

- Each facility will have their own process for designating family and disseminating the list of those who have been approved.
- Entryway screeners need to be aware of both the process for receiving an up to date list and the local process for supporting family who arrive and are not expected/approved.
- Support should include information on how to become designated and how to appeal if designation is not approved.