

DDS Residential Staff Screening Protocols- COVID-19
DDS Public Operations
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The following protocol is based on standards reviewed and supported by the Department of Developmental Services (DDS), Department of Public Health (DPH), and Centers for Disease Prevention and Control (CDC) Guidelines for Long-Term Care Facilities.

Residential Staff Exposure Protocol

1. All residential staff shall be screened for symptoms which may be related to COVID-19 viral infection a minimum of once daily upon arriving on duty. The Screening Protocol will consist of checking each staff person's temperature and inquiring regarding whether the staff person has any of the following symptoms: fever, cough, difficulty breathing or shortness of breath, vomiting, or diarrhea.
2. If a staff person has a fever, which for a healthy person would be a temperature of 100.4°F or higher or answered "yes" to any one of the other symptoms, the appropriate manager or supervisor shall be notified, and the person may be sent home to self-quarantine and self-monitor for a minimum of 7-days from the date the symptom(s) first occurred. After 7-days, if the person has not had any symptoms for 72-hours without the use of any fever-reducing medicine, then he/she may return to work.
3. If a residential staff is exposed to an individual served by the department, who tests positive or is a person under investigation (PUI) for COVID-19, if the staff person is asymptomatic (has NO symptoms), they shall use a **face shield (eye, nose and mouth protection) or eye protection and a facemask and gloves when within close contact (6-feet or less) of the person.** The staff person may continue to provide direct care using the appropriate PPE. The staff person shall continue to self-monitor and comply with the employee screening protocol.
4. If staff are not symptomatic, there is no reason to send them home to self-isolate.
5. If the staff person becomes symptomatic (i.e., fever, cough, difficulty breathing, etc.) the employee shall be sent home to self-isolate and shall contact his/her medical provider. The person shall provide a list of all individuals and co-workers he/she has been in contact with on the day that the symptom(s) first appeared. In collaboration with his/her medical provider, the employee may be referred for COVID-19 testing. Employees shall notify their Manager and regional Labor Relations Specialist of this information. After a minimum of 7-days, if the person has not had any symptoms for 72-hours without the use of any fever-reducing medicine, then he/she may return to work with a medical note.

6. If a residential staff is exposed to someone (i.e., not an individual served by the department) who later tests positive or is a person under investigation (PUI) for COVID-19, if the staff person is asymptomatic, has NO symptoms, and is not a caregiver for the person. Staff shall self-monitor and continue to comply with the employee screening protocol.
7. **N95 or higher respirator masks are NOT needed unless medical procedures are being done in which aerosol is produced.** For example, if a person received nebulizer treatments, the N95 mask would be needed. It is recommended that if the nebulizer treatment is not necessary and has not been utilized, it should be considered for discontinuing the treatment.
8. When there is a lack of enough PPE supplies, staff shall use substitutions specified by the CDC and outlined in other documents.
9. A screening process shall be implemented for medical providers, nurses, administrators, and anyone else who is NOT working as a part of the residential complement.

References

Centers for Disease Prevention and Control (CDC) Guidelines for Long-Term Care Facilities.
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Centers for Disease Prevention and Control (CDC) Strategies for Optimizing PPE

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE101-508.pdf>