

SECTION 7B: PREVENTIVE EDUCATION AND CLINICAL SAFETY	POLICY: 7B.32a
POLICY: COVID SCREENING QUESTIONNAIRE (FORM)	PAGE: 1 OF: 3

PURPOSE:

- To identify cases or potential cases of COVID-19 in the home environment for clients receiving nursing care.

POLICY:

- The Agency will follow CDC recommendations for COVID-19 screening of all home health clients.
- Agency nurses and care coordination staff will ensure all clients are properly screened prior to providing hands-on care.
- Agency will coordinate with nursing staff, pharmacies and physicians to ensure care is provided to clients in a safe environment with appropriate exposure/infection control measures in place.

PROCEDURE:

During the initial visit confirmation call, Care Coordinators will screen new clients as follows:

1. Ask the three (3) screening questions from the ***COVID Screening Questionnaire***.
 - a. If all answers are “No,” proceed to confirm and schedule the initial visit as usual
 - b. If any answers are “Yes,” ask the client to hold for a member of the clinical team
 - i. If a clinical team member is not immediately available, let the client know that a clinician will call them back to discuss further.
2. A clinical staff member will speak with clients who have screened positive to gather information and details regarding symptoms and potential COVID risk.
 - a. Clinician may opt to consult with pharmacy and/or physician regarding potential COVID risk.
 - b. Clinician will document conclusions and determination of COVID risk along with recommended actions for providing care to clients in a safe environment with appropriate exposure/infection control measures in place.

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During each visit occurrence, prior to providing hands-on care, nursing staff will assess risk for COVID exposure as follows:

1. For clients who have tested positive or previously screened positive for COVID:
 - a. Nurse will don appropriate PPE (goggles and N95/KN95 mask) prior to and during all aspects of care provided.
 - b. Nurse will document positive risk assessment and confirmation of PPE on clinical note.

2. For clients who have **NOT** tested positive or previously screened positive for COVID:
 - a. Nurse will ask the three (3) screening questions from the ***COVID Screening Questionnaire***.
 - i. If all answers are “No,” nurse will proceed to provide care under standard precautions for infection control.
 - ii. If any answers are “Yes,” the nurse will document findings and determination on the ***COVID Screening Questionnaire***.
 1. Nurse is required to consult with clinical representative from the Agency to complete this form and make determination.

COVID Screening Questionnaire

Patient Name:

DOB:

Date:

In the past 2 weeks, have you or anyone in your household tested positive for COVID-19?

Yes No

In the past 2 weeks, have you come in direct contact with a person known to have COVID-19?

Yes No

In the past 48 hours, have you experienced a new onset of any of the following symptoms:

Fever or fever-like symptoms

Yes No

New or worsening cough

Yes No

Shortness of breath or difficulty breathing

Yes No

Fatigue

Yes No

Muscle or body aches

Yes No

Headache

Yes No

New loss of taste or smell

Yes No

Sore throat

Yes No

Congestion or runny nose

Yes No

Nausea or vomiting

Yes No

Diarrhea

Yes No

Determination:

Negative:

Symptoms as noted above are likely related to or a result of the current diagnosis(es) of the client.

Client will **not** be treated as a positive COVID risk based on:

MD/Agency determination Negative COVID test

Positive:

As noted, home environment is present with positive COVID risk or high potential for COVID risk.

Symptoms noted above cannot be attributed to current diagnosis and are likely related to positive COVID risk based

MD/Agency determination Positive COVID test

Agency & Pharmacy has approved nursing services to be conducted virtually until COVID risk resolves.

RN does not have access to appropriate PPE and cannot complete care. Agency has been notified.

RN has appropriate PPE as required by Agency will conduct all visits per policy until COVID risk resolves

Patient agrees to a visit in a room where social distancing can be maintained, and with proper ventilation and/or to conduct visit in an outdoor area.

Comments:

Agency Notification & Communication via email text phone

Name of Agency Representative: _____ Date: _____

Nurse Name: _____ Signature: _____

Policies & Procedures

