

**Preventing COVID-19 in Nursing Homes**

**Universal Symptom and Temperature Screening Protocol for Staff**

**Guidance**

* Only essential nursing home staff should be entering the facility (e.g. no volunteers, no students or trainees). All staff must screen on entry for fever and symptoms of COVID-19 (see **Screening Checklist** below). Any ill staff member should be sent home.
* Entry should be limited to one entrance point where screening can be assured. Signage should be posted at this entrance and in common areas (nursing station, break room) to remind staff about symptoms (see sample signage).
* A touchless thermometer should be used to screen staff upon arrival to work
* Staff may undergo repeat screening if staff exit and re-enter the facility, OR a tracking system can be used (e.g. daily sticker or tag for badge, written log)
* If a household member develops COVID-19, public health recommends all household contacts remain home until the 14-day incubation period has passed.

**Speak Up to Save Lives!**

* **Working while sick can spread COVID-19 in the nursing home and risk lives.**
* Staff must feel comfortable reporting symptoms. Speaking up can directly save lives.
* Ensure sick leave policies are in place. Staff MUST NOT report to work when sick.

**Screening Checklist**

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| --- | --- | --- | --- |
| **Do you live with someone who may be ill with COVID-19?** | | | **If YES,**  **Contact your infection prevention team to determine if you are able to work.** |
| **Symptom** | **Circle (Yes/No)** | | **If YES to ANY of these symptoms**  **DO NOT proceed to work.**  **Contact your supervisor immediately.**  **If you develop severe symptoms such as confusion, severe dehydration, worsening difficulty breathing, go to the nearest Emergency Room.** |
| Fever (99+F) | No | Yes |
| Chills | No | Yes |
| Muscle aches | No | Yes |
| Cough (new) | No | Yes |
| Shortness of breath (new) | No | Yes |
| Unexpected fatigue | No | Yes |
| Sore throat | No | Yes |
| Loss of taste or smell | No | Yes |
| Headache | No | Yes |
| Diarrhea, vomiting, or nausea | No | Yes |
| Other cold symptoms | No | Yes |
| **If NO for ALL symptoms** 🡪 **You are cleared to work.** | | | |