



Partners in Comprehensive Care

STANDARD OPERATING PROCEDURE

DESCRIPTION:	COVID-19 Patient Screening		
SOP #:			
UPDATED:	July 16, 2020	STAFF WORK UNIT:	

I. PURPOSE:

To outline a process to screen all Patients and Visitors before they enter any Epic Care facility. If the CA State or Federal Government protocols for screening, quarantine and/or isolation prove to be more stringent than the ones outlined in this policy, the CA State or Federal Government mandates shall be followed.

II. PROCESS:

Any Epic Care Employee conducting a COVID-19 health screening, must wear a face mask **and** face shield or goggles. In accordance with CDC guidelines, doing so will categorize any potential exposure to "Low Risk." Any Patient or person accompanying a patient entering the facility must follow the screening guidelines, otherwise Epic Care reserves the right to allow access to the facility, hence unable to provide service.

III. PROCEDURE:

1. Staff will take both patient and visitor's temperature prior to entering the clinic area. An infrared thermometer will be used to take the temperature of each patient.
2. For patients presenting a fever of $\geq 100.0^{\circ}\text{F}$ no further assessment needed and the person will immediately be asked to leave their cell phone number and wait in their vehicle or outside, subsequently:
3. The triage Physician will call the Patient to further assess and determine whether they are cleared to enter the clinic. Patients not cleared to enter the clinic will be provided information to obtain COVID-19 testing and the appointment will be rescheduled to a Telehealth appointment.
4. Patients' visitors or caregivers presenting a fever of $\geq 100.0^{\circ}\text{F}$ will not be allowed in the facility and a Testing Center locations List will be provided.
5. **CDC Guidelines** state that **one-way valve facemasks must not be worn** where sterility must be maintained as they release respiratory droplets into the air upon exhalation of the wearer; therefore they are **not allowed in any Epic Care facility by anyone**.
6. If the patient **is not** experiencing a fever, proceed to ask the following questions:
 - a. Have you been tested for COVID-19 in the last 14 days, if so what were your results?
 - b. Have you been placed on home quarantine in the last 14 days?
 - c. Has anyone in your household tested positive for COVID-19 in the last 14 days?
 - d. Have you been in contact with someone who was confirmed or suspected to have COVID-19 in the last 48 hours?
 - e. Do you have any of the following symptoms presently?
 - i. Fever or chills
 - ii. Cough, if chronic has it worsened
 - iii. Fatigue, if chronic has it worsened
 - iv. Shortness of breath or difficulty breathing, if chronic has it worsened

If the patient answers "yes" to any of the above questions, the process outlined in III. 3 above will be

observed. Refer to the COVID-19 Screening Workflow in Appendix A of this SOP.

IV. DOCUMENTATION:

Physician: Telephone encounter or progress note

Screener: COVID-19 Progress note

V. EQUIPMENT REQUIRED:

Staff should wear the following PPE when screening patients:

1. Surgical mask or N95
2. Face Shield or Goggles

