



## Guidance for symptom monitoring in health and aged care workers during the COVID-19 outbreak

### Background

This guidance was developed by the Communicable Disease Network of Australia (CDNA) and endorsed by the Australian Health Protection Principal Committee (AHPPC).

This guidance is intended for health and residential aged care settings considering monitoring for symptoms. Health screening for health and aged care workers for symptoms of COVID-19 in these settings may be used as one of a suite of measures to detect and prevent outbreaks.

### Current Evidence

There is limited evidence to support health screening in workplaces as a measure to detect cases of COVID-19. [1] Both temperature screening and questionnaires assessing risk of exposure and symptoms are likely to miss a proportion of cases. [2-4]

Health screening to monitor symptoms may have advantages in causing behavioural change, raising awareness, and educating the workers and staff [5] and may have value in specific settings in addition to existing preparedness and infection control measures.

### Recommendations

Preventing exposure to COVID-19 is the most important step in preventing transmission and protecting vulnerable members of our society.

CDNA advise that health screening to monitor for COVID-19 symptoms may have applications in health and aged care settings to protect vulnerable populations in addition to existing preparedness and infection control measures, particularly in communities with increased local transmission or risk of importation.

### Unwell health and aged care workers

Healthcare and aged care workers with acute respiratory infections **must** not work while unwell.

Health care and aged care workers who are unwell with respiratory symptoms (e.g. cough, shortness of breath, sore throat), or a fever, or a history of fever (e.g. night sweats, chills), or other symptoms such as loss of taste and loss smell, should isolate and be tested for COVID-19.

### Residential Aged Care Facilities

Residential aged care facilities should follow the advice of the Aged Care Quality and Safety Commission '[Entry screening advice for residential aged care facilities April 2020](#)'

### Other Health Care Facilities

Facilities considering health screening to monitor for symptoms of COVID-19 should undertake a facility specific assessment which includes:

- assessment of the vulnerability of the population/setting;
- consideration of the current rate of transmission of COVID-19 in the local community;
- a risk benefit assessment (i.e. time, staff, equipment vs possible detections and deterrence)

The balance of risk and benefit depends on the rate of transmission in the local community. As the rate of community transmission decreases, the benefit of health screening decreases and vice versa. It is important to have awareness of the rates of local transmission.

Where facilities decide to commence a program to monitor symptoms, CDNA advises using the combination of a questionnaire with a temperature screen on a case by case basis. If a facility adopts health screening for health care workers, they may also consider screening other visitors or staff to the facility.

**Health screening programs to monitor for COVID-19 symptoms do not replace any of the other essential arrangements and practices that must be in place for all health and residential aged care services, including:**

- **rigorous hand hygiene using the correct technique,**
- **interpersonal distancing wherever possible, and**
- **environmental cleaning with the required cleaning products, thoroughness and frequency.**

## Conducting symptom monitoring for COVID-19

**Who is responsible for implementing health screening to monitor for COVID-19 symptoms?**

Healthcare facilities should develop clear policy and guidance for the implementation of health screening. Larger facilities could consider a staged implementation, commencing with areas identified as higher risk and/or areas with vulnerable patients.

**How long should a facility monitor symptoms of health and aged care workers?**

Facilities should undertake regular risk assessments, and screening of healthcare workers should continue if supported by the facility-specific risk assessment.

**Is health screening to monitor for COVID-19 symptoms required for all healthcare workers, even if they are not involved in direct patient care?**

It is recommended that all healthcare workers undergo health screening regardless of their role in the facility. The consequences of a single infectious healthcare worker are high, with the potential to cause severe disruption to services within the facility.

**Where will health screening to monitor for COVID-19 symptoms occur?**

Daily screening at the start of shift is recommended. Health screening can either occur at facility entry points or designated areas within the facility such as the 'home ward' of the healthcare worker. Factors to consider include type of facility, number of entry points, number of healthcare workers entering at a given time, and availability of dedicated staff and equipment for health screening.

Facilities should minimise entry points and entries should be monitored. Every staff member should be asked, at the point of entry, to respond to a standard set of risk screening questions. Services may want to consider giving these questions to each entrant on a pre-printed form on arrival to assist with understanding and recording.

**What will happen with the health screening data?**

Facilities should determine how this will be managed and outline this in their policy.

**What type of thermometer should be used?**

Facilities may decide to use a thermometer to measure possible fever. Where temperature is measured, a reliable no touch thermometer should be used. Staff need to be knowledgeable in the correct technique for the type of thermometer being used. Infection control practices need to be maintained during the health screening process.

**What happens if a healthcare worker or visitor is symptomatic?**

Any person who is symptomatic with fever and/or acute respiratory illness, should immediately be instructed to put on a surgical mask and be sent for further assessment and testing at an appropriate clinic.

## Who will assess a symptomatic healthcare worker?

Some facilities will have the capacity to perform in-house assessment such as an emergency department or COVID clinic. Facilities that are unable to perform in-house assessment, should nominate an appropriate assessment facility for assessments.

Symptomatic healthcare workers should disclose to the treating clinician that they work in a health or aged care setting and are a healthcare worker. Any specimens that are collected for testing should be clearly labelled as 'healthcare worker'. The healthcare worker should self-isolate until the testing results are received.

## Sample COVID-19 Symptoms Monitoring Questionnaire

This generic tool is to support facilities to implement health screening for COVID-19 where an infectious case detected in a facility would be detrimental to the workplace. It is designed to be adapted for local use according to setting and risk.

### Questions

1. Do you feel unwell with any cold or flu like symptoms such as cough, sore throat, headache, fatigue or body aches?
2. Do you/have you felt feverish, had night sweats or had a high temperature recorded recently?
3. Have you been on a cruise ship or arrived from overseas or interstate in the last 14 days?
4. Have you been in contact with someone that is a suspected (being tested) or confirmed COVID-19 case in the last 14 days?
5. Have you been vaccinated against influenza (after 1 May 2020)?

### Temperature

A facility may consider taking a person's temperature as part of health screening requirements if the risk indicates extra precaution is required. These may include any or all, but not be limited to, the below:

1. If there is local community transmission
2. If there are vulnerable people in the setting (for e.g., aged care facility, high risk settings in hospitals)
3. If a case/s and associated requirements for contact quarantine would be detrimental to workforce capacity
4. If social distancing, hygiene measures and adequate cleaning cannot be maintained

**If anyone answers YES to questions 1-4 above, and/or the temperature recording is >37.5.0 °C:**

1. **Restrict entry**
2. Provide a mask, give advice about isolation and identify the most appropriate local referral pathway for assessment and testing– e.g. GP, fever clinic.

**Staff who have not had influenza vaccinations after 1 May 2020 should have a influenza vaccination (where possible).**

## References

1. Quilty Billy J, Clifford Sam, CMMID nCoV working group2, Flasche Stefan, Eggo Rosalind M. Effectiveness of airport screening at detecting travellers infected with novel coronavirus (2019-nCoV). [Euro Surveill.](#) 2020.
2. Niehus, R et al 'Quantifying bias of COVID-19 prevalence and severity estimates in Wuhan, China that depend on reported cases in international travellers.' Preprint April 2020. medRxiv preprint doi: <https://doi.org/10.1101/2020.02.13.20022707>.
3. Gostic K, Gomez AC, Mummah RO, Kucharski AJ, Lloyd-Smith JO. Estimated effectiveness of symptom and risk screening to prevent the spread of COVID-19. *Elife.* 2020;9:e55570. Published 2020 Feb 24. doi:10.7554/eLife.55570
4. Australian Government Department of Health. COVID-19, Australia: Epidemiology Report 8. Available at: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/novel\\_coronavirus\\_2019\\_ncov\\_weekly\\_epidemiology\\_reports\\_australia\\_2020.htm](https://www1.health.gov.au/internet/main/publishing.nsf/Content/novel_coronavirus_2019_ncov_weekly_epidemiology_reports_australia_2020.htm)
5. Mouchtouri VA, Christoforidou EP, an der Heiden M, et al. Exit and Entry Screening Practices for Infectious Diseases among Travelers at Points of Entry: Looking for Evidence on Public Health Impact. *International Journal of Environmental Research and Public Health* 2019; 16(23): 4638. Available at: <https://www.mdpi.com/1660-4601/16/23/4638>

## Where can I get more information?

For the latest advice, information and resources go to [www.health.gov.au](http://www.health.gov.au)

Call the National Coronavirus Health Information Line on 1800 020 080. The line operates 24 hours a day, seven days a week. If you require translating or interpreting services, call 131 450.

The telephone number of your state or territory public health authority is available on the coronavirus page at [www.health.gov.au/state-territory-contacts](http://www.health.gov.au/state-territory-contacts)