



SAINT MARY-OF-THE-WOODS  
COLLEGE

# Long-term Care Return Protocol for COVID-19

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## Results & Discussion

Citation (APA)	Purpose	Sample/Design	Result/discussion
Rivett, L., Sridhar, S., Sparkes, D., Routledge, M., Jones, N., Forrest, S., Young, J., Pereira-Dias, J., Hamilton, W., Ferris, M., Torok, M., Meredith, L., The CITIID-NIHR COVID-19 BioResource Collaboration., Curran, M., Fuller, S., Chaudhry, A., Shaw, A., Samworth, R., Bradley, J., & Dougan, G. et al. (2020). Screening of healthcare workers for SARS-CoV-2 highlight the role of asymptomatic carriage in COVID-19 transmission. <i>eLife</i> , 9, 1-20.	Early identification of infectious health care workers may prevent further transmission of COVID-19 to patients and colleagues.	Total sample size is 1,032 health care workers.  Experimental design.	“Through the rapid establishment of an expanded HCW SARS-CoV-2 in the absence program, we discovered that 31/1,032 (3%) of HCWs tested positive for SARS-CoV-2 in the absence of symptoms.” (Rivett et al., 2020, p. 6).  By employers implementing daily screening of employees, the transmission of SARS-CoV-2 was detected earlier.
Shen, C., Chen, A., Lou, C., Zhang, J., Feng, B., & Liao, W. (2020). Using Reports of Symptoms and Diagnoses on Social Media to Predict COVID-19 Case Counts in Mainland China: Observational Inference Study. <i>Journal of Medical Internet Research</i> , 22(5), 1-10.	To collect and analyze data on post that were related to COVID-19 on a social media site known as Weibo.	There were 250 million active users on Weibo. Study was completed from December 1, 2019 to March 31, 2020.  Descriptive design.	“We found that reports of symptoms and diagnosis of COVID-19 significantly predicted daily cases count up to 14 days ahead of official statistics, whereas other COVID-19 past did not have similar predictive power.” (Shen et al., 2020, p. 1).
Schrager, J., Schuler, K., Isakov, A., Wright, D., Yaffee, A., Jacobson, K., Parker, R., & Goolsby, C. (2020). Development and usability testing of web based COVID-19 self-triage platform. <i>Western Journal of Emergency Medicine</i> , 21(5), 1054-1058.	To determine the effectiveness of a web based self-triage tool.	There were 877 participants in the study.  Quasi-experimental design.	“We found that 79.4% of the participants accurately recalled the recommendations provided by the website. Almost all participants (96.9%) found the website easy to use and navigate.” (Schrager et al., 2020, p. 1050).  Despite the convince and user-friendly platform, self-triaging may not be the safest and most effective way to ensure the safety of others during COVID-19.
Jameson, A., Biersack, M., Sebastian, T., & Jacques, L. (2020). SARS-CoV-2 screening of asymptomatic healthcare workers. <i>Infection Control &amp; Hospital Epidemiology</i> , 41(10), 1229-1231.	To determine the SARS-COV2 positivity rate among asymptomatic healthcare workers.	There were 121 participants tested out of an eligible 499, (Jameson et al, 2020, P.1230).  Quasi Experimental design.	“The results of all 121 tests were negative for SARS-CoV-2,” (Jameson et al., 2020, p. 1230).  By following the procedures that were implemented, they were able to confidentially return to work without the need of routine testing, which would save on resources and expenses.
Wake, R., Morgan, M., Choi, J., & Winn, S. (2020). Reducing nosocomial transmission of COVID-19: Implementation of a COVID-19 triage system. <i>Clinical Medicine Journal</i> , 20(5), 141-145.	To ensure the safety of patients that are admitted into the hospital by preventing nosocomial infections of COVID-19.	A total of 662 patients testing positive for SARS-COV2 during admission. 573 were admitted with clinical features of COVID-19 and tested positive within the first seven days of admission. The remaining 89 patients were tested positive of COVID-19 following more than seven days in the hospital. (Wake, et al, 2020, P.141).  Descriptive design.	There were 6.7% of cases acquired COVID-19 in the hospital. 4.4% of patients were admitted into the intensive care unit (ICU). 31.1% of patients with COVID-19 died in the hospital. (Wake et al., 2020, p. 142).  The high incidences of nosocomial infections of COVID-19 show the importance of closely following the policies implemented.
Beeching, N., Fletcher, T., & Beadsworth, M. (2020). COVID-19 testing times. <i>The BMJ</i> , 369(8241), 1-2.	To show the importance of retesting if suspected of having COVID-19.	No sample size was reported in this study.  Descriptive design.	“Respiratory shedding of virus peaks at the end of the first week after infection, so a single negative swab result can be misleading, and tests may need to be repeated.” (Beeching et al., 2020, p. 2).  Testing a person with suspected COVID-19 once can possibly yield a false negative, increasing the infection rate of others.

## Introduction

Purpose: Ensuring the safety of yourself and others from COVID-19.

Problem: Self-screening imposes an increase risk of infecting others and is not as effective as other forms of screening



Fig. 1. Stock photo of woman being screened

## Materials and Methods

- Campus Clear phone application
- Providence Health Care policy
- CDC guidelines
- Saint Mary-of-the-Woods database
- CINHAL complete
- Google Scholar
- Key words: COVID-19, screening, return to work, COVID testing

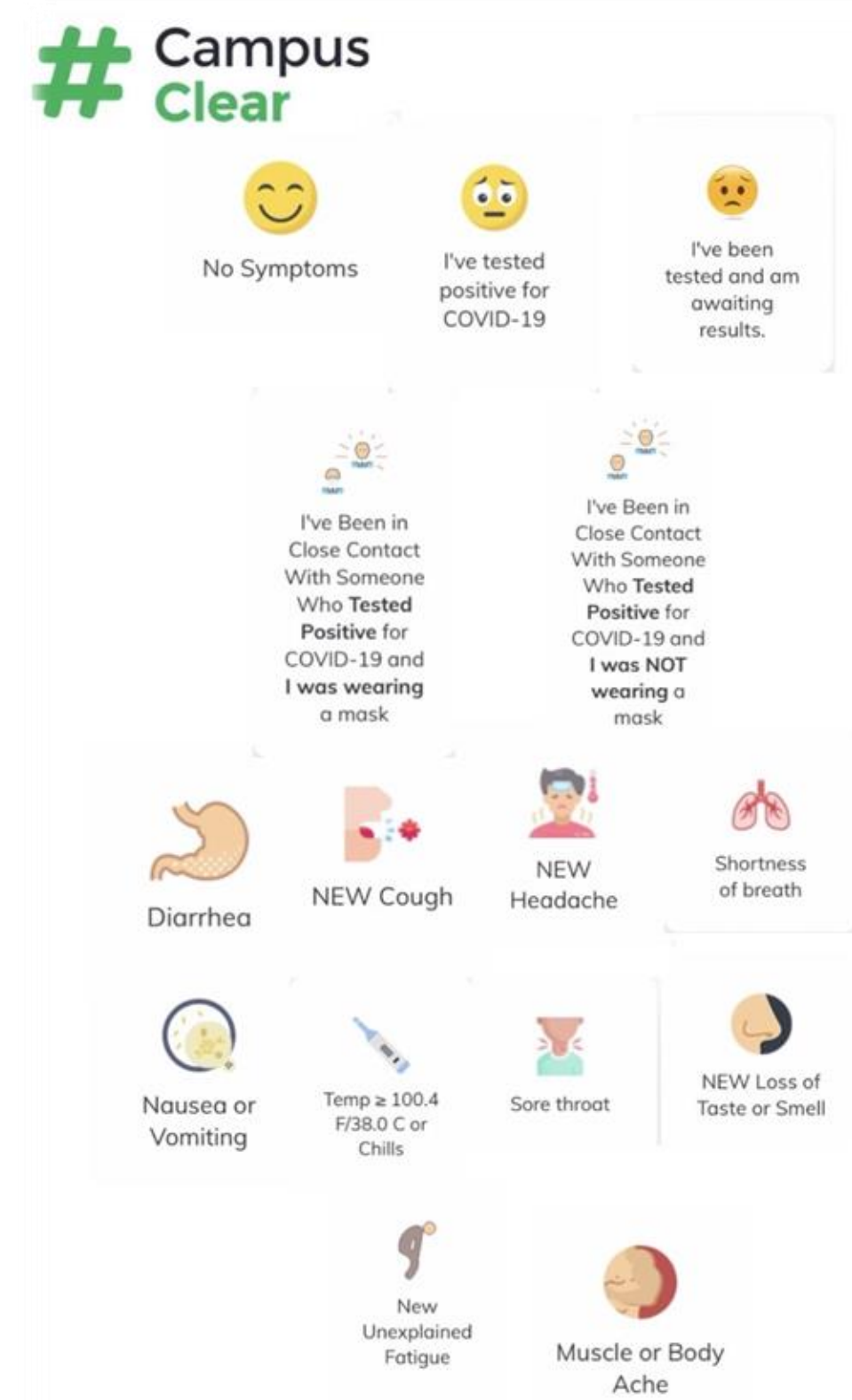


Fig. 2. Campus Clear dashboard

## Conclusions

### Workplace Return Protocol for COVID-19

1. Screeners screen employees at the front door daily for symptoms or exposure of COVID-19
2. If employees experience any symptoms of COVID-19, they are to be sent home and tested the next day
3. Depending on the duration and severity of symptoms determines if a repeat test will be needed
4. If test comes back positive quarantine for 14 days and then get at least two repeat negative tests to confirm employee has recovered
5. If test is negative, but exposed quarantine for 10 days and get retested
6. Repeat

## Future Work

- Mass-produce COVID-19 tests at a cheaper cost and make more accessible to the general public for an at home test.
- Ensure that there is a safe return policy back to the workplace after being exposed of recovering from COVID-19
- Revise and re-establish return policies at local healthcare facilities
- As we learn more about COVID-19 and the dynamic changes it has left, we shall return to our policy and revise accordingly

## Literature Cited

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