



INFECTIOUS DISEASES SCREENING TOOL for PATIENTS at TRIAGE/REGISTRATION

Please answer all of the questions below.

This information will help us keep our patients and staff safe

Do you have any of the following symptoms (check all that apply)?		
Fever or chills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New onset cough, shortness of breath, or sore throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Body/muscle aches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea, vomiting or diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you traveled outside the U.S. in the past 3 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where: _____		
Date of return: ___/___/___		
Have you had close contact with someone who has Measles, Chickenpox, Mumps, Mpox, or any other known unusual highly infectious disease in the past 3 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer “Yes” to Question 1 or 3, please alert a staff member immediately.

Instructions for Staff

#	Question	
1	Check/record all symptoms that apply. If TWO or more symptoms are positive	Please give the patient a surgical/medical mask, isolate in a room (preferably with door), and ALERT YOUR SUPERVISOR
2	If International Travel	Please record the country that they traveled to and the date of return.
3	If close contact to someone with a highly infectious disease listed in Q3.	If the patient has no symptoms but reports being exposed to someone diagnosed with a highly infectious disease, escalate to the supervisor for assessment. Confirm that they have no symptoms (Q1).
1+2	If the patient reports ONE or more symptoms and has traveled internationally	Please give the patient a surgical/medical mask, isolate in a room (preferably with door), and ALERT YOUR SUPERVISOR
1+3	If the patient reports ONE or more symptoms and had close contact to someone with highly infectious disease	Please give the patient a surgical/medical mask, isolate in a room (preferably with door), and ALERT YOUR SUPERVISOR

ISOLATE:

- Ensure that the patient (and escort) is wearing a mask and wearing it properly
- Quickly direct the patient (and escort) to a single patient room in the clinic and close the door
- If a single room is not available, separate the patient (and escort) from other patients in a private area a minimum of 6 feet away from other patients
- Contact the area manager, supervisor, or physician immediately
- Have a provider review the screening tool and interview/assess the patient wearing PPE (i.e., N95, face shield, gown, and gloves)

INFORM:

- If measles or a viral hemorrhagic fever (e.g., Ebola, Lassa, Marburg) is suspected, please contact Infection Prevention or the local health department to discuss your concerns. If the patient is being sent to the ED, please call ahead.

Infection Prevention: MSH (212) 659 -9450 MSQ (718) 267-4264 NYEE/MSBI (212) 420 -2853 MSB (718) 951-2828	MSM (212) 523 -2106 MSSN (516) 632-4009 MSW (212) 523-2106 MSHS (212) 824-8700	Emergency Department: MSH (212) 241-6639 MSQ (718) 267-4286 MSBI (212) 420-2840 MSB (718) 951-2901 MSM (212) 636-1661 MSW (212) 523-6800
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