# INFECTIOUS DISEASES SCREENING TOOL

Please answer all of the below questions. This information will help us keep our patients and staff safe.

1. Have you been diagnosed with COVID-19 or have you been asked to quarantine in the past 10 days? □ Yes □ No

2. Do you have a fever or chills?
   - Do you have cough, shortness of breath or sore throat? □ Yes □ No
   - Do you have body / muscle aches? □ Yes □ No
   - Do you have a runny nose or nasal congestion? □ Yes □ No
   - Do you have a new loss of taste or smell? □ Yes □ No
   - Do you have nausea, vomiting or diarrhea? □ Yes □ No
   - Do you have a rash?^ □ Yes □ No

3. Have you or a household member traveled outside the U.S. in the past 21 days? □ Yes □ No
   
   If yes, where ________________________________?

   Date of return ____/____/_______

4. Have you had close contact* with a person with 
   Ebola/Lassa/Marburg, Measles, Middle Eastern Respiratory Virus (MERS), Mumps, Chickenpox or any other known infectious disease in the last 21 days? □ Yes □ No

If you answer “Yes” to Question 1, 2, or 4 please alert a staff member immediately

^ Rash is not typical with COVID-19 but is a sign of other infectious diseases such as chickenpox or measles.
**Instructions to staff:**

**IDENTIFY:**

If any of the following questions are positive:

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>If yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>If the patient or visitor has been diagnosed with COVID-19 or asked to quarantine in the last 10 days</td>
<td>Isolate the patient and ALERT YOUR SUPERVISOR; ask the visitor to leave and return only if cleared from isolation or quarantine</td>
</tr>
<tr>
<td>2</td>
<td>Symptoms concerning for COVID-19 and other highly infectious disease</td>
<td>Isolate the patient and ALERT YOUR SUPERVISOR. If the person reports a rash, go to Q4</td>
</tr>
<tr>
<td>3</td>
<td>If the patient/visitor or their escort has traveled internationally in the last 21 days</td>
<td>If Yes, record the country they traveled to and date of return. Clarify if they have any of the symptoms in Q2.</td>
</tr>
<tr>
<td>4</td>
<td>Ask all patients and visitors if they have been exposed to someone with a highly infectious disease</td>
<td>If no symptoms but exposed to someone diagnosed with a highly infectious disease, do not allow entry. Inform your supervisor.</td>
</tr>
<tr>
<td>2 + 4</td>
<td>If the patient has traveled and/or has had contact with someone with a highly infectious disease (question 4), <strong>AND reports having symptoms in Q2</strong></td>
<td>Isolate the patient and ALERT YOUR SUPERVISOR.</td>
</tr>
</tbody>
</table>

**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 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
- If an escort is required they should wear at minimum a mask (and eye protection)
- If needed, provide patient with urinal and/or bedpan
- Contact 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 a viral hemorrhagic fever (e.g., Ebola, Lassa, Marburg), measles, or MERS is suspected please contact Infection Prevention at your institution for further instructions
- If COVID-19 is suspected **AND** the patient is being sent to the Emergency Department (ED), contact the ED

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**Infection Prevention:**

| MSH (212) 659-9450 | MSM (212) 523-2105 | MSQ (718) 267-4264 | MSW (212) 523-6570 | MSBI (212) 420-2853 | NYEEIMS (212) 979-4028 | MSH (212) 241-6639 | MSQ (718) 267-4286 | MSBI (212) 420-2840 | MSB (718) 951-2901 | MSB (718) 951-2901 | MSB Health System (212) 824-8700 | MSM (212) 636-1661 | MSW (212) 523-6800 |

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**Emergency Department:**

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