# Infectious Diseases Screening Tool for Patients at Triage/Registration

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

1. Do you have any of the following symptoms (check all that apply)?
   - Fever or chills? □ Yes □ No
   - Rash? □ Yes □ No
   - New onset cough, shortness of breath, or sore throat? □ Yes □ No
   - Body/muscle aches? □ Yes □ No
   - Fatigue/malaise? □ Yes □ No
   - Nausea, vomiting or diarrhea? □ Yes □ No
   - Loss of appetite/sense of smell or taste □ Yes □ No

2. Have you traveled outside the U.S. in the past 21 days? □ Yes □ No
   If yes, where ________________________________?
   Date of return ____/____/_____

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

If you answer “Yes” to Question 1 or 3 please alert a staff member immediately.
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 reports any of the symptoms listed; check/record all symptoms that apply</td>
<td>Please give the patient a surgical/medical mask and ALERT YOUR SUPERVISOR</td>
</tr>
<tr>
<td>2</td>
<td>If the patient has traveled internationally in the last 21 days</td>
<td>Please record the country that they traveled to and date of return.</td>
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<tr>
<td>3</td>
<td>Ask the patient if they have had close contact to someone with a highly infectious disease listed in Q3.</td>
<td>If the patient has no symptoms but reports being exposed to someone diagnosed with a highly infectious disease, escalate to supervisor for assessment. Confirm that they have no symptoms (Q1).</td>
</tr>
<tr>
<td>1+2 and/or 3</td>
<td>If the patient has traveled (Q2) and/or has had contact with someone with a highly infectious disease (Q3), AND reports having symptoms in Q1</td>
<td>Isolate the patient (see below) 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 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
- If an escort is required they should wear at minimum a mask
- 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

**Infection Prevention:**
MSH (212) 659 -9450  MSM (212) 523 -2106  MSQ (718) 267-4264  MSSN (516) 632-4009  MSBI (212) 420 -2853  MSW (212) 523-2106  MSB (718) 951-2828  NYEEIMS (212) 979-4028  MS Health System (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