



### 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 been exposed to someone with COVID-19 infection in the past 10 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have a fever or chills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a rash?^	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have cough, shortness of breath or sore throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have body / muscle aches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a runny nose or nasal congestion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a new loss of taste or smell?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have nausea, vomiting or diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><u>For Visitors Only</u></b>		
3. Are you fully vaccinated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, do you have a negative COVID-19 PCR test within the last 72 hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you or a household member traveled outside the U.S. in the past 21 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where _____?		
Date of return ____/____/____		
5. Have you had close contact* with a person with Ebola/Lassa/Marburg, Measles, Middle Eastern Respiratory Virus (MERS), Mumps, Chickenpox, Monkeypox or any other known unusual highly infectious disease in the last 21 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If you answer "Yes" to Question 1, 2, or 5 please alert a staff member immediately</b>		

^ 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:

#	Question	If yes
1	If the patient or visitor has been diagnosed with COVID-19 or have been exposed to someone with COVID-19 in the last 10 days	<b>Isolate the patient and ALERT YOUR SUPERVISOR; If the visitor tested positive for COVID-19 in the last 10 days, ask them to leave and return only if cleared from isolation. Visitors who are fully vaccinated or even boosted are not allowed to visit for at least 10 days after being exposed to someone with COVID-19.</b>
2	Symptoms concerning for COVID-19 and other highly infectious disease	<b>Isolate the patient and ALERT YOUR SUPERVISOR. If the person reports a rash, go to Q4. A visitor who reports presence of symptoms of COVID-19 should not be allowed entry; advise them to seek medical care if not already done.</b>
3	<p>All visitors except for are required to show proof of full vaccination status or show a negative PCR test in the last 72 hours. Exceptions to this are Labor and Delivery, Postpartum, Pediatric units, caregivers of patients with intellectual, developmental, or other cognitive disability, and end of life situations.</p> <p>If the visitor does not documentation of either full vaccination or a negative PCR test collected within 72 hours of the visit, they should not be allowed entry.</p> <p>Fully vaccinated is defined as two weeks after 2 doses of the mRNA COVID-19 vaccines (Pfizer/BioNTech or Moderna) or 1 dose of the Janssen/Johnson and Johnson COVID-19 vaccine.</p> <p>Fully vaccinated is defined as two weeks after 2 doses of the following WHO- approved COVID-19 vaccines:</p> <ul style="list-style-type: none"> <li>• Astra Zeneca</li> <li>• Sinopharm</li> <li>• Sinovac</li> <li>• Covaxin</li> <li>• Novavax</li> </ul> <p>Receipt of a combination of at least two doses of the vaccines above is also considered fully vaccinated.</p>	<p>Check for vaccination status; the following are acceptable documents:</p> <ul style="list-style-type: none"> <li>• CDC Vaccination Card (digital photo or photocopy acceptable) or vaccination card issued by a foreign government</li> <li>• NYC Vaccination Record or other official immunization record, including from a health care provider (digital photo or photocopy of this card acceptable)</li> <li>• NYC COVID Safe App</li> <li>• CLEAR Health Pass:</li> <li>• NYSDOH Excelsior Pass (or Excelsior Pass Plus)</li> </ul> <p>If not fully vaccinated, ask the visitor for proof of a negative COVID-19 PCR test collected within 72 hours of the visit.</p>
4	If the patient/visitor or their escort has traveled internationally in the last 21 days	If Yes, record the country they traveled to and date of return. Clarify if they have any of the symptoms in Q2.

5	Ask all patients and visitors if they have been exposed to someone with a highly infectious disease	If the patient has no symptoms but exposed to someone diagnosed with a highly infectious disease, escalate to supervisor for assessment. If a visitor, do not allow entry; refer for clinical evaluation or advise the visitor to seek medical care.
2 + 4 or 5	If the patient or visitor has traveled (question 4) and/or has had contact with someone with a highly infectious disease (question 5), <b>AND reports having symptoms in Q2</b>	<b>Isolate the patient or visitor and ALERT YOUR SUPERVISOR.</b>

**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, monkeypox or MERS** is suspected please **contact Infection Prevention** at your institution for further instructions

Infection Prevention: MSH (212) 659 -9450 MSQ (718) 267-4264 MSBI (212) 420 -2853 MSB (718) 951-2828 MS Health System (212) 824-8700	MSM (212) 523 -2106 MSSN (516) 632-4009 MSW (212) 523-2106 NYEEIMS (212) 979-4028	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
---	--	--