



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.

<p>1. Do you have any of the following symptoms (check all that apply)?</p>		
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
Fatigue/malaise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea, vomiting or diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of appetite/sense of smell or taste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Have you traveled outside the U.S. in the past 21 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where _____?</p> <p>Date of return ____/____/____</p>		
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>If you answer “Yes” to Question 1 or 3 please alert a staff member immediately</p>		

Instructions to staff:

IDENTIFY:

If any of the following questions are positive:

#	Question	If yes
1	If the patient reports any of the symptoms listed; check/record all symptoms that apply	Please give the patient a surgical/medical mask and ALERT YOUR SUPERVISOR
2	If the patient has traveled internationally in the last 21 days	Please record the country that they traveled to and date of return.
3	Ask the patient if they have had 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 supervisor for assessment. Confirm that they have no symptoms (Q1).
1+2 and/or 3	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	Isolate the patient (see below) 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
- 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:		Emergency Department:
MSH (212) 659 -9450	MSM (212) 523 -2106	MSH (212) 241-6639
MSQ (718) 267-4264	MSSN (516) 632-4009	MSQ (718) 267-4286
MSBI (212) 420 -2853	MSW (212) 523-2106	MSBI (212) 420-2840
MSB (718) 951-2828	NYEEIMS (212) 979-4028	MSB (718) 951-2901
MS Health System (212) 824-8700		MSM (212) 636-1661
		MSW (212) 523-6800