



**환자 접수/등록 시 전염병 검사 도구**

아래 질문에 전부 대답해주세요.

이 정보는 환자와 직원의 안전을 지키는 데 도움이 됩니다.

<p>1. 다음과 같은 증상이 있습니까(해당 사항 모두에 체크)?</p> <p>열이나 오한이 있습니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니요</p> <p>발진이 있습니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니요</p> <p>최근 기침, 숨 가쁨이나 인후통이 생겼습니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니요</p> <p>몸살 기운/근육통이 있습니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니요</p> <p>피로감/권태감이 있습니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니요</p> <p>메스꺼움, 구토 또는 설사 증상이 있습니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니요</p> <p>식욕/후각 또는 미각 상실이 있습니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니요</p>	
<p>2. 지난 21 일 이내에 미국 외 지역으로 해외여행을 한 적이 있습니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니요</p> <p>있는 경우, 해당 국가 기재: _____</p> <p>귀국일 ____ / ____ / _____</p>	
<p>3. 지난 21 일 이내에 에볼라/라싸/마르부르크, 홍역, 중동 호흡기 바이러스(메르스), 볼거리, 수두, 원숭이 두창 또는 그 외 모든 알려진 드문 고감염성 질환에 걸린 사람과 밀접 접촉한 적이 있습니까? <input type="checkbox"/> 예 <input type="checkbox"/> 아니요</p>	
<p><b>1 번 또는 3 번 질문에 '예'라고 답변하셨다면 즉시 직원에게 알려십시오.</b></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 <b>ALERT YOUR SUPERVISOR</b>
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 <b>no</b> 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	<b>Isolate the patient (see below) 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 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	NYEIMS (212) 979-4028	MSB (718) 951-2901
MS Health System (212) 824-8700		MSM (212) 636-1661
		MSW (212) 523-6800