

Patient COVID-19 Screening Questions

Mr/Mrs _____: Thank you for calling our practice. I understand you would like to have a medical visit with one of our physicians and/or other qualified health care providers. We do offer multiple options including Telehealth (this is a video and audio interactive communication), telephone call or an in-person, face-to-face visit.

If they opt for the in-person visit, ask the following questions and read the following statement:

Before I ask you these questions, I need to make you aware that providing false answers or information regarding exposure and/or possible exposure, mandatory quarantine and/or self-quarantine could be considered a criminal offence and reportable to law enforcement and/or governmental agencies monitoring the COVID-19 Pandemic. Do you understand this statement I just read to you? If so, please respond in the affirmative.

1. Are you and/or any member of your household on either a mandatory or self-quarantine and if so, for how long have you been quarantined?
 - a. If on a quarantine, have you sought medical care and if so, where and on what date?
 - b. Have you received the results of your screening? If so, what were they?
2. Have you and or a member of your family been exposed or potentially exposed to someone who has tested positive to COVID-19?
3. Have you or a family member that you have had contact with in the past week traveled domestically in the past 3 weeks via commercial mode (i.e. Airplane, Bus, Train, Cruise Ship)?
4. Have you or a family member that you have had contact with in the past week traveled internationally (China, Iran, South Korea, Italy, Japan, etc.) in the past 3 weeks?
5. Have you had in the past 72 hours any of the following:
 - a. Dry Persistent Cough?
 - b. Fatigue?
 - c. Shortness of Breath or Difficulty doing tasks that you would not normally?
 - d. Have you had a temperature above 98.6?

Patients Presenting to Office / Facility

When the patient presents to your office or facility, they must be screened again. Please use the following as provided by the American Health Care Association
https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID19-Screening-Checklist-SNF-Visitors.pdf
 Up dated 03/31/2020:

ALL individuals (staff, other health care workers, family, visitors, government officials, etc.) entering the building must be asked the following questions:

1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry?
 ___ Yes ___ No – please ask them to do so
2. Ask the individual if they have any of the following respiratory symptoms?
 ___ Fever
 ___ Sore throat
 ___ Cough
 ___ New shortness of breath

If YES to any, restrict them from entering the building. If NO to all, proceed to question

#3 for staff and question #4 for all others.

3. For Staff & Health Care Providers (HCP) (e.g. agency staff, regional or corporate staff, health care workers such as hospice, EMS, dialysis technicians that provide care to residents):
 - 3A. Check temperature and document results ___ Fever present? If YES, restrict from entering the building. If NO, proceed to step 3B.
 - 3B. Ask if they have worked in facilities or locations with recognized COVID-19 cases?
 ___ If YES, ask if they worked with a person(s) with confirmed COVID-19? If YES, require them to wear PPE including mask, gloves, gown before any contact with residents & proceed to step 4. If NO, proceed to step 4.
4. Allow entry to building and remind the individual to:
 - ___ Wash their hands or use ABHR throughout their time in the building.
 - ___ Not shake hands with, touch or hug individuals during their visit

Visitors permitted for compassionate care situation	Staff
<input type="checkbox"/> Must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.	When there are cases in the community but none in this facility: <input type="checkbox"/> Consider implementing universal use of facemasks for all HCP while in this facility.
	When there are cases in this facility OR sustained transmission in the community: <input type="checkbox"/> Implement universal use of facemask for all HCP while in this facility. <input type="checkbox"/> Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection & facemasks.