Screening questions for first contact/patient rep/patient registration

Travel/exposure questions

1. Have you traveled out of the North Country (St. Lawrence, Jefferson, Lewis, Essex, Clinton, Franklin, Hamilton) in the last 30 days?
2. Have you had contact (as defined by Public Health) with an individual with a confirmed diagnosis of novel Coronavirus (SARS-CoV-2/COVID-19)?

Symptom questions

1. Have you had a fever OR cough OR SOB in the last 14 days?

POSITIVE TRAVEL ANSWERS: please refer to most recent COVID-19 Screeners Memorandum

ACTIONS TO BE TAKEN IF SCREEN IS POSITIVE: Please follow appropriate PPE and distancing protocol per hospital location AND contact Triage RN and/or Provider if

- Individual has a positive symptom screen
- For any person, including healthcare workers who has had close contact (as defined by Public Health) with a laboratory confirmed COVID-19 patient within the last 14 days
- A history of travel to or from a restricted area as defined by NYS DOH or other included areas as defined by the institution within the last 14 days
- Individual themselves have had lab confirmed COVID-19 diagnosis OR are currently on quarantine initiated by local public health department within the last 14 days