

Last modified 7/30/20

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**