COVID-19 Screening Survey (EVG, ISQ, PEN)

1. Do you have any of the following symptoms?

- Fever
- Chills
- Cough
- Sore throat
- Shortness of breath
- Chest tightness
- Loss of smell or taste
- New onset of diarrhea
- Congestion (stuffy nose)
- Runny nose
- Muscle aches and pains

2. Have you tested positive for COVID-19 in the past 30 days?

➢ If No to question 1 or 2 --> All patients require a mask.
➢ If asymptomatic, they can proceed with their personal mask or be given a procedure mask if they do not have one. Patient may wait in the waiting area.

➢ If Yes to question 1 or 2 --> Instruct the patient to put on a clean procedure mask (make sure it covers their mouth and nose). If patient arrived with their personal mask, instruct them to remove and safely store it.
  o If a patient’s caregiver, companion, or guest is experiencing any of the symptoms, please instruct that person to wait in their vehicle.
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(EVG, ISQ, PEN)

Symptom Screening – Arrival at the Clinic

1. Do you have a fever, chills, coughing, shortness of breath, chest tightness, sore throat, congestion (stuffy nose) or runny nose, loss of smell or taste, new onset diarrhea, muscle aches?
2. Have you tested positive for COVID-19 in the past 30 days?

Yes, provide patient with procedure mask

No

All patients require a mask. If asymptomatic or not recently tested positive, they can proceed with their own mask or be given a procedure mask if they do not have their own. Patient may wait in the waiting area.

- Ensure patient is masked
- Place the patient in designated room with the door closed
- Place droplet precautions sign on door
- Notify care team/nurse/provider, who needs to:
  - Ensure they are wearing the appropriate PPE (gown, gloves, mask)
  - Refer to SCCA Clinic COVID-19 and extended respiratory virus testing guidelines for information about testing if applicable
  - Prepare patient for possible inpatient admission

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