

COVID-19 Screening Survey (NWH)

1. Do you have any of the following symptoms?

- | | |
|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Loss of smell or taste |
| <input type="checkbox"/> Chills | <input type="checkbox"/> New onset of diarrhea |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Congestion (stuffy nose) |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Muscle aches and pains |
| <input type="checkbox"/> Chest tightness | |

- If No symptoms -> **STOP** - No further action required. Patient may enter the clinic to check-in. Give the patient an 'I've been screened' sticker
 - If Yes, they have symptoms – **Instruct the patient to put on a mask (make sure it covers their mouth and nose)** and ask for further details of symptoms.
 - If the patient is wearing a cloth mask have them place their mask in a paper bag and put on a surgical mask.
 - Ensure the patient does hand hygiene before and after touching their mask(s).

2. Are you experiencing the following – Productive cough, fever or difficulty breathing?

- If No to question 2 -> **STOP** - No further action required. Patient may enter the clinic to check-in. Give the patient a **BLUE** 'I've been screened' sticker.
- **If Yes to question 2, complete the following steps immediately:**
 - Make sure the patient is wearing their mask correctly
 - Have patient wait at the bench outside of the clinic
 - Ask the patient's first and last name to give to a nurse
 - Call the Nurse Backline to inform a nurse that a patient screened positive for more "severe symptoms" and needs to be taken back to a droplet precaution room. Provide the nurse the patients full name.
 - Nurse Backline: 206-606-5822
 - Charge Nurse Cell: 206-305-3366

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