**NewYork-Presbyterian COVID-19 Clinical Screening Process**

To keep all of our patients, visitors and staff safe, NewYork-Presbyterian is conducting temperature and symptom screening for all patients and visitors at the point of entry into our institution.

**\*Ask all patients and visitors to put on a surgical face mask and perform hand hygiene.\***

**Screen all patients and visitors for sign/symptom of illness and:** **Circle (Y/N)**

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| --- | --- | --- | --- |
|  | **Is the patient or visitor currently experiencing a fever >100?** **And/or** **New (or worsening) symptoms: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, sore throat, abdominal pain/diarrhea, or new loss of taste or smell?**  | **Yes** | **Patient Action:** ***If Yes,*** Ask that the patient notify their physician upon arrival of high temperature and current symptoms. ***If No,*** Proceed to Question #2 |
| **No** |
| **Yes** | **Visitor Action:** ***If Yes,*** Ask visitor to not proceed further; re-direct to Cough, Cold and Fever (CCF) clinics or to conduct a Virtual visit when appropriate. Recommend that the visitor go the nearest ED if worsening symptoms. ***If No,*** Proceed to Question #2 |
| **No** |
| **2.** | **Is the patient or visitor a household member, intimate partner, or a caregiver of someone who has, or could have, COVID-19? If yes, was the contact within the last 14 days?** | **Yes** | **Patient Action:** ***If Yes,*** Ask that the patient notify their physician upon arrival of close contact with COVID+ individual. ***If No,*** Allow the patient to go to their destination.  |
| **No** |
| **Yes** | **Visitor Action:** ***If Yes,*** Ask visitor to not proceed further; re-direct to conduct a Virtual visit when appropriate. **Note:** Visitors accompanying a child with COVID-19 or as an OB support person and/or trained doula would be allowed to continue as long as they remain asymptomatic and remain in the patient’s room. Also other extenuating circumstances may allow for visitation, such as imminent end of life. Please allow them to continue as long as they remain asymptotic and remain in the patient’s room during this temporary visit. ***If No,*** Visitor can accompany patient to their destination with mask\*\* **Only as Pediatric, NICU or OB Support Person and/or trained Doula** |
| **No** |

Screening Performed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_