



The purpose of this questionnaire is to screen for potentially contagious infectious diseases to protect patients as well as staff.

INFECTIOUS DISEASES SCREENING TOOL

Assigned staff should have ALL patients answer these questions:

1. Have you traveled outside the U.S. in the past 21 days (3 weeks)? Yes No

If yes, where?

Has a close contact (household member) traveled outside the U.S. in the past 21 days (3 weeks)? Yes No

If yes, where?

2. Have you had close contact with a person with Ebola/Lassa/Marburg, Middle Eastern Respiratory Virus (MERS), Measles, Mumps, Chickenpox, or any other known infectious disease? Yes No

3. Do you have a fever (Temp more than 100.4°F (38°C)) or feel hot? Yes No

4. Do you have a cough, shortness of breath, or a sore throat? Yes No

5. Are you vomiting or having diarrhea? Yes No

6. Do you have a rash? Yes No

If you answer "yes" to question 1 or 2 AND any other question, please notify staff IMMEDIATELY for further instructions.

During FLU season, think FLU

If the patient has traveled, and/or has had contact with someone with a highly infectious disease, and reports being symptomatic, **isolate the patient and ALERT YOUR SUPERVISOR.**

Please also be mindful of the person who has multiple symptoms without travel or sick contacts as chickenpox, measles, mumps, and even tuberculosis are highly infectious and can occur without international travel, especially in New York City. **ALERT YOUR SUPERVISOR.**

IDENTIFY:

- Put on a mask and gloves
- Give the patient a surgical mask and instruct him/her on how to put it on
- Contact area manager, supervisor, or physician immediately

ISOLATE:

- Quickly direct the patient to a single patient room and close the door
- If a single room is not available, separate the patient from other patients in a private area a minimum of 6 feet away from other patients
- If an escort is required, they should wear Personal Protective Equipment (PPE) – at minimum gloves and a mask
- If needed, provide patient with urinal and/or bedpan
- Have a provider review the screening tool and interview/assess the patient

INFORM INFECTION PREVENTION:

- If a viral hemorrhagic fever (e.g., Ebola, Lassa, Marburg), measles, or MERS is suspected, please contact Infection Prevention at your institution for further instructions
- Use the ID Grab-and-go kit and conduct Risk Assessment (standard, contact, airborne, and eye protection). In the ED, use the EVD Grab-and-Go Kit for the assessment of a person being evaluated for possible viral hemorrhagic fevers.
- Once a history has been taken, call Infection Prevention if there is a concern for a highly infectious disease
- Do NOT move patient until authorized

Infection Prevention:

MSH 212-659-9450

MSQ 718-267-4264

MSBI 212-420-2853

MSB 718-951-2828

MSSL 212-523-2105

MSW 212-523-6570

NYEE IMS 212-979-4028

Mount Sinai Health System 212-824-8700