COVID 19 Visitor/Patient Screening Form

1. All screeners, when within 6 feet of a patient/visitor, should wear a mask with eyeshield (please sanitize hands and place in paper bag for reuse)

2. Ask visitor/patient to sanitize their hands

3. Ask the visitor/patient why they are visiting the hospital today

**Patients presenting for testing/therapy/procedures/outpatient visits:** No additional person can accompany unless authorized

- Do you have a fever, sore throat, cough, respiratory or other cold symptoms?  
  O Yes  O No

- Do you have a loss of smell, reduced ability to smell or detect odors, or a reduced or distorted sense of taste?  O Yes  O No

- Have you had contact in the last 14 days with a person who tested positive for the virus, is currently being tested, or has been placed on home quarantine by the Department of Health?  O Yes  O No

- If the patient answers yes to any of the above questions they will be asked to cover their nose/mouth with a tissue prior to entering

- Do not send patients to the ED unless symptoms are severe. If they need to go to the ED, immediately notify the ED. Otherwise, suggest that they call their PCP.

**Visitors:** Please explain to the visitor that we're sorry but we're not allowing visitors at this time to protect our patients, employees and the community. Ask them to please understand that our patients in the hospital are among the most vulnerable to the Coronavirus. We are encouraging visitors to use the phone as an alternative.

If the visitor is allowed based on an exception please ask the following screening questions:

- Do you have a fever, sore throat, cough, respiratory or other cold symptoms?  
  O Yes  O No

- Do you have a loss of smell, reduced ability to smell or detect odors, or a reduced or distorted sense of taste?  O Yes  O No

- Have you had contact in the last 14 days with a person who tested positive for the virus, is currently being tested, or has been placed on home quarantine by the Department of Health?  O Yes  O No
If any answer is yes regardless of the circumstances in which they are visiting, please explain that we’re not allowing anyone to visit who has symptoms or has been in close contact with someone who has tested positive or is suspect.

If the visitor meets criteria for visitation (birth partner on TBC, parent/guardian of Hasbro Children’s patient, end of life family member, decision maker for cognitively impaired patient) please call the primary nurse on the unit for authorization.

Name of Visitor(s) being allowed to visit:
________________________________________________________________
Name of patient the visitor(s) are visiting if applicable:
________________________________________________________________
Name of location being visited: _____________________      Date: __________

Ask permitted visitors to wear a badge/sticker and perform hand hygiene NOW and each time they enter or leave the patient’s room

Visitors get a red badge/sticker. Patients coming for testing or an appointment get a blue badge/sticker. WRITE THE NAME OF THE VISITOR ON THE BADGE.