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 (see Visitor Recommendations)

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

- Have you had close contact with someone who has confirmed or suspected COVID-19 in the last 14 days?  
  - O Yes  
  - O No

- If the patient answers yes to travel history to a high-risk location and they have ANY symptoms, they will be asked to leave. Please suggest that they call their PCP

- If patient has respiratory symptoms (regardless of travel) and testing is elective, please ask that they reschedule

- 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 the attached Visitor Recommendations) please ask the following screening questions:

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

- Have you had close contact with someone who has confirmed or suspected COVID-19 in the last 14 days?  
  - O Yes  
  - O No

If **EITHER** answer is yes regardless of the circumstances in which they are visiting, please explain that we’re not allowing anyone with symptoms or who has traveled from high risk areas identified by the CDC to visit.

3/10/2020
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 get a blue badge/sticker. WRITE THE NAME OF THE VISITOR ON THE BADGE.