

INFECTION CONTROL PROTOCOL

INFECTION CONTROL SCREENING

Date: _____ Unit/Location: _____

Contact Information

First Name: _____ Date of Birth: _____
Middle Name: _____ Phone Number: _____
Last Name: _____ Email: _____

Method of Survey Completion In-Person Phone Call

Have you been instructed to self-quarantine? Yes No

Reason for Call or Visit:

Does you have any of the following symptoms? (Check box if "yes")

Fever	<input type="checkbox"/>	<i>If yes, last temperature taken was:</i>	<input type="checkbox"/>	°F
Cough	<input type="checkbox"/>	Difficulty Breathing/Shortness of Breath	<input type="checkbox"/>	
Dizziness	<input type="checkbox"/>	Nasal/Sinus Congestion	<input type="checkbox"/>	
Runny Nose	<input type="checkbox"/>	Chest Congestion	<input type="checkbox"/>	
Chills	<input type="checkbox"/>	Stomach Cramps/Abdominal Pain	<input type="checkbox"/>	
Headache	<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	
Body Aches	<input type="checkbox"/>	Poor Appetite	<input type="checkbox"/>	

Describe Other Symptoms:

What date did these symptoms begin?

Did you work or attend any public areas since symptoms began? Yes No

If yes, please describe:

Who have you been in contact with since symptoms began? List below:

Have you contacted or seen a doctor? Yes No

If yes, what was the diagnosis?

Were you hospitalized? Yes No

Have you traveled outside of the United State in the past 14 days? Yes No

If yes, what country did you travel to?
What date did you return?

Have you had close contact with anyone with a laboratory confirmed COVID-19 or Patient Under Investigation (PIU) for COVID-19? Yes No

If yes, please describe:

Interviewer Information

First Name: _____

Phone Number: _____

Last Name: _____

Email: _____

If the patient, staff, or visitor reports having any of the above symptoms and is:

**ON THE
PHONE:**

1. Let the caller know you are going to read them something then you are going to ask them to hold to speak with a supervisor.

2. Read the caller the following statement:

Please call your doctor if you have any symptoms of illness, but especially if you have fever, cough, shortness of breath, abdominal cramps, or sore throat, or if you have recently traveled from China, Iran, Italy, Japan, South Korea or other areas with widespread / ongoing community spread of COVID-19. The most current list of countries with travel restrictions can be found at cdc.gov.

If any signs or symptoms of illness are recorded on this form, you need to call DPH to be screened and follow their recommendations. Please call **1-866-408-1899**.

2A. Please initial here after reading the above to the caller:

3. Alert your supervisor.

**OUTSIDE THE
FACILITY:**

1. Ask the person to remain outside and let them know you are going to get a supervisor.

2. Alert your supervisor.

**INSIDE THE
FACILITY:**

1. IMMEDIATELY put on a mask and gloves and ask the patient to do the same.

2. Remain at least 6 feet away from the patient at all times.

3. Let the patient know you are going to get a supervisor.

4. Alert your supervisor

PLEASE CHECK THE BOXES TO THE RIGHT FOR ANY PROTOCOLS YOU USED

IMPORTANT!

ONCE YOU HAVE COMPLETED THE SCREENING PLEASE SAVE THIS FORM AND EMAIL IT TO MARY.WISE@DELAWARE.GOV AND APRIL.JOHNSON@DELAWARE.GOV.