

# COVID-19 and Other Respiratory Illness Protocols

## When Scheduling Appointments: Ask 3 Questions

1. Are you experiencing any respiratory symptoms? (cough, fever, congestion, sore throat, runny nose)
2. Have you been exposed to the flu? If so, who, when, and where?
3. Have you or anyone you know traveled outside of the United States recently? If yes, who, where and when?

## When Receiving Walk-Ins: Ask 3 Questions

1. Are you experiencing any respiratory symptoms? (cough, fever, congestion, runny nose, sore throat)
2. Have you been exposed to the flu?
3. Have you or anyone you know traveled outside of the United States recently? If yes, who, where and when?

Depending on you're the privacy of your registration desk, you may choose to screen the patient using a paper questionnaire. Have this questionnaire available in the language(s) used by the majority of your patient population. See attached sample.

## When Checking-In a Patient or Rooming a Patient

If the patient is experiencing symptoms but has not been exposed to the flu and has not traveled outside of the country, offer the patient a face mask. Advise the clinical staff that there is a possible respiratory illness.

If the patient has been exposed to the flu OR has been outside of the country or has been exposed to someone who was traveled internationally, require the patient to wear a mask. Advise the staff that you have a potentially high-risk patient.

If the patient has a known exposure to someone who may have been exposed to or has tested positive to COVID-19, remove the patient from the waiting area and place the patient in a designated exam room. Alert the provider on duty of the situation. Alert nursing staff to use PPE including masks and gloves when providing patient care.

## Turning Around Exam Rooms

All exam rooms should be cleaned between patients. Use a hospital-grade wipe to clean all surfaces-equipment, counter tops, tables, doorknobs, faucets, etc. Change table paper. Use commercial disinfectant spray for surfaces which cannot be cleaned with a wipe. Observe all kill/wet/dry times.

## Waiting Room Cleaning

Clean waiting room surfaces several times a day. Do not wait for routine housekeeping services. If you use tablets for registration, wipe those down in between patients. Wipe down phones, refreshment stations, furniture, doorknobs, and toys.

## Respiratory Illness and Travel Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Which provider are you seeing today? \_\_\_\_\_

**1. Are you experiencing flu or respiratory symptoms today?**

Fever	Yes	No
Cough	Yes	No
Congestion	Yes	No
Runny Nose	Yes	No
Sore Throat	Yes	No

**2. Have you recently traveled outside of the United States or been in an international airport or port of entry?**

Yes or No

**3. If yes:**

Where \_\_\_\_\_

When \_\_\_\_\_

How long were you there? \_\_\_\_\_

Purpose of trip \_\_\_\_\_

**4. Were you knowingly exposed to an illness during your travel?**

Yes or No

**5. Have you been around anyone else (friend, family member, neighbor, coworker) who has traveled outside of the United States?**

Yes or No

If yes, please provide details:

\_\_\_\_\_