Screening Questions for Prevention of COVID 19 Transmission
Revision Effective 03/18/2020

Patient Name: __________________________________ Hospital: __________________________________

*Each patient being transferred to a hospital shall be asked the following questions prior to requesting a transfer*

OhioMHAS Central Office will communicate any changes to this form

1. Does the patient have symptoms of respiratory infection (fever, cough, or shortness of breath)?
   - [ ] NO – Proceed to question 2.
   - [ ] YES – The patient shall remain at the facility until there is a medical clearance attestation from a physician, indicating that the patient tested negative for COVID-19 infection within 48 hours of the requesting admission date from a specimen obtained while the person was experiencing respiratory symptoms.

2. Has the patient traveled outside of the United States within the past 14 days, or been exposed to someone with confirmed COVID-19?
   - [ ] NO – Proceed to question 3.
   - [ ] YES and the patient does not have a fever, cough, or shortness of breath:
     - The patient shall be quarantined and monitored for symptoms for 14 days following last potential date of exposure and may be transferred at the conclusion of the 14 days.

     If symptoms occur during quarantine:
     - The county officials are required to contact their local health department regarding the patient.

     - The patient shall remain at the facility until there is a medical clearance attestation from a physician, indicating that the patient tested negative for COVID-19 infection within 48 hours of the requesting admission date from a specimen obtained while the person was experiencing respiratory symptoms AND 14 days has transpired following the last potential exposure.

     If the answer is YES and the patient currently has a fever, cough, or shortness of breath:
     - The county officials are required to contact their local health department regarding the patient.

     - The patient shall remain at the facility until there is a medical clearance attestation from a physician, indicating that the patient tested negative for COVID-19 infection within 48 hours of the requesting admission date from a specimen obtained while the person was experiencing respiratory symptoms. AND 14 days has transpired following the last potential exposure

3. Take the patient’s temperature to see if the patient has a temperature of 100.4 degrees Fahrenheit or greater
   - [ ] NO – If no, the hospital may request the patient be transported. TEMP: ____________________
If YES and the patient did not travel to one of the impacted geographical areas or been exposed to someone with confirmed COVID-19:
• The patient shall remain at the facility until there is a medical clearance attestation from a physician, indicating that the patient tested negative for COVID-19 infection within 48 hours of the requesting admission date from a specimen obtained while the person was experiencing respiratory symptoms OR the cause was determined to be unrelated to COVID-19 (e.g, a urinary tract infection)

If YES and the patient travelled to one of the impacted geographical areas or been exposed to someone with confirmed COVID-19:
• County officials are required to contact their local health department.

• The patient shall remain at the facility until there is a medical clearance attestation from a physician, indicating that the patient tested negative for COVID-19 infection within 48 hours of the requesting admission date from a specimen obtained while the person was experiencing respiratory symptoms AND 14 days has transpired following the last potential exposure.

• If a patient referred for transfer has confirmed COVID-19, they will not be admitted until they have two (2) negative follow-up tests separated by at least 24 hours per CDC guidance.

• Other patients exhibiting fever or significant respiratory symptom shall be afebrile and without symptoms for at least 24 hours before admission.

_______________________________  ______________________
Printed name of staff completing the form        Date

_______________________________
Signature of staff completing the form