## Table 1. Wilmer Eye Institute—COVID-19 Entrance Screening

(Updated 5/1/20. At this date, only emergent and urgent patients were seen.)

PERSON (PATIENT, VISITOR, ESCORT) PRESENTS TO SCREENER	
<ul><li>Provide mask to any unmasked individual.</li><li>Ask: "Do you have an appointment today?"</li></ul>	<ul><li>Fever</li><li>Cough</li><li>Sore throat</li></ul>
If YES and if escorted: "We are asking that your escort does not accompany you to clinic, if you are able to proceed unescorted." (No escort, unless patient needs physical assistance.)  INFORM: "We will be asking you a series of questions and checking your temperature before you proceed."  If NO: Request reason for requested visit. If urgent/emergent, contact the clinic for permission to add. All other requests should be scheduled through the call center.	<ul> <li>Shortness of breath</li> <li>Muscle aches</li> <li>Diarrhea</li> <li>Headache</li> <li>If YES to TWO or more of these symptoms, proceed to Section A.</li> <li>If YES to only ONE of these symptoms, proceed to Category 3.</li> <li>If NO to ALL symptoms, proceed to Category 3.</li> </ul>
CATEGORY 1	CATEGORY 3
<ul> <li>Have you experienced any new unexplained loss of taste or smell? If YES, proceed to Section A. If NO, go to Category 2.</li> <li>Have you had a positive COVID-19 test within the past 14 days? If YES, proceed to Section A. If NO, go to Category 2.</li> <li>Have you been advised to obtain COVID-19 testing and/or are you awaiting results? If NO, go to Category 2.  If YES, "Was the test ordered because of a planned surgery or procedure?"  If YES and otherwise asymptomatic, proceed to Category 2.</li> <li>If NO (not due to upcoming surgery), proceed to Section A.</li> </ul> CATEGORY 2 Ask each symptom question individually: Have you experienced, in the last three days any new:	<ul> <li>Have you had exposure to a person confirmed to have COVID-19?</li> <li>Have you traveled to New York City or New Jersey in the past 14 days?</li> <li>Do you live in a long-term care facility (e.g., nursing home, skilled nursing facility, assisted living, rehab unit)?</li> <li>If YES to at least ONE of the Category 3 situations and any ONE symptom from Category 2, proceed to Section A.</li> <li>If YES to ONE or more of the Category 3 questions, proceed to Section B.</li> <li>If NO, proceed to Section C.</li> <li>FOR ALL PATIENTS</li> <li>Proceed to use of scanning thermometer. If patient's temperature is 100.4 or higher: If NO symptoms or any Category 3 criteria are present, proceed to Section B. Otherwise, proceed to Section A.</li></ul>
SECTION A. RETURN TO VEHICLE PROCESS	
Obtain contact information using Contact Form, and advise patient to return to their vehicle.  Explain to patient that they will be contacted in a few minutes to manage their office visit as their screening has provided some concern for a visit	in our typical clinic setting.  Provide appropriate clinic with the Contact Form so they can contact the individual immediately with plan for office visit.
SECTION B. PROCEED TO ISOLATION ROOM, AND CALL CLINIC	
Provide a surgical mask to any individual who is wearing homemade mask or face covering.	Escort patient to isolation room and call clinic to inform of status and obtain plan for visit.
SECTION C. PROCEED TO CLINIC	
INFORM: "Please proceed to the clinic. We ask that you continue to wear your mask while in our building."	

**SOURCE:** Adapted from the Wilmer Eye Institute screening form dated May 1, 2020. Special thanks to Donna Vierheller, COT, and Michelle J. Campbell, MBA