

# Post-Positive COVID-19 Patient Process Reintegration Into Outpatient Services 6/23/2020

_____/_____/_____ LAST		_____ FIRST		_____ MI
_____/_____/_____ DOB	_____ MRN		_____ Facility	

Criteria: Please check off all areas as completed prior to patient being scheduled. Fill in each section as indicated without any blanks remaining. Review checklist with Supervisor. If any questions exist prior to scheduling, call Infection Prevention for review as well.

Complete ✓	<b>Criteria:</b>	
	Verify patient has been released from self-isolation by Local Health Department (county where patient resides)	
	_____	Date released from Local Health Department
	Obtain (from patient) a copy of release letter patient receives from Local Health Department (to be scanned into patient chart) ***If patient was hospitalized (within SIH or Outside Hospital) and recovered during stay, contact SIH facility Infection Preventionist to assist in determining if precautions are still required***	
	Patient is 10 days post onset of symptoms – date of onset _____ -and-	
	Patient has been fever free for 3 days without the use of fever reducing medication, -and-	
	Symptoms have been clinically improving (based upon original presentation, discuss these with patient)	

Advise Patient: Please acknowledge with the patient the following once *Criteria* above has been met.

Patient Acknowledged ✓	<b>Advise Patient:</b>
	Patient is expected to wear a mask upon entry into facility and during care
	Bring a mask from home or one will be provided upon arrival – in an effort to conserve PPE we ask the patient bring/or is issued a fabric mask to wear then launder at home and return with mask at each visit
	Staff will also be masked
	Screening will be done when arriving to facility
	Self-report if any symptoms are worsening and call before appointment to inform staff

Staff: Printed Name

Staff Signature

Date/Time

Author: Infection Prevention Med Tech Spec