

Communicable Disease (*Respiratory*) Initial Screening

All sections must be fully assessed and completed.

| | | | |
|---|--|----------------------------------|--|
| Last Name (<i>Legal</i>) | | First Name (<i>Legal</i>) | |
| Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First | | DOB (<i>dd-Mon-yyyy</i>) | |
| PHN | ULI <input type="checkbox"/> Same as PHN | MRN | |
| Administrative Gender <input type="checkbox"/> Male | | <input type="checkbox"/> Female | |
| <input type="checkbox"/> Non-binary/Prefer not to disclose (X) | | <input type="checkbox"/> Unknown | |

- Unable to assess patient's symptoms due to patient's physical condition. Implement Contact & Droplet Precautions, and contact Most Responsible Health Practitioner (MRHP) to order COVID-19 and other labs as indicated.

| Part 1 - Symptom Set Assessment (<i>review all symptom sets</i>) | Actions Required |
|--|---|
| <input type="checkbox"/> COVID-19 Core Influenza-like Illness (ILI) Symptoms - New/worse OR unexplained: Cough Fever/Chills/Rigors Adult: higher than 37.8° C; Pediatrics: 38° C or higher <i>(If sole symptom, should be reviewed with other symptoms, history, physical exam, etc.)</i> Shortness of breath, Difficulty breathing, Sore throat/Painful swallowing, Runny nose/Nasal congestion <input type="checkbox"/> COVID-19 Gastrointestinal (GI) Symptoms - New/worse AND unexplained: 3 or more episodes of vomiting and/or diarrhea in a 24hr period <input type="checkbox"/> Seasonal ILI Symptoms Adults: New or changed Cough AND Fever AND any of the following: Sore throat, Joint pain, Muscle ache, Extreme exhaustion/Weakness Pediatrics: Cough OR Sneezing OR Runny Nose | <input type="checkbox"/> Implement Contact & Droplet Precautions <input type="checkbox"/> Contact MRHP to order labs (<i>COVID-19, Respiratory Pathogen Panel [RPP], Other as indicated</i>) <input type="checkbox"/> Notify Infection Prevention and Control (IPC) as per site process |
| <input type="checkbox"/> Cough AND any other Pertussis Symptoms Paroxysms, Inspiratory 'whoop' cough ending in gagging/vomiting Neonates: Apnea | <input type="checkbox"/> Implement Contact & Droplet Precautions <input type="checkbox"/> Contact MRHP to order labs (<i>COVID-19, RPP, Pertussis, Other as indicated</i>) <input type="checkbox"/> Notify IPC as per site process |
| <input type="checkbox"/> Cough AND any Tuberculosis (TB) Symptoms Hemoptysis, Night sweats, Unintentional weight loss, or history of TB <input type="checkbox"/> Fever, Rash AND International travel in last month <input type="checkbox"/> Fever, Rash AND potential Measles Exposure | <input type="checkbox"/> Implement Contact, Droplet & Airborne Precautions <input type="checkbox"/> Contact MRHP to order labs (<i>COVID-19, AFB, Sputum Culture, Other as indicated</i>) <input type="checkbox"/> Notify IPC as per site process |
| Part 2 - Expanded Symptoms | Actions Required |
| <input type="checkbox"/> COVID-19 Expanded Symptoms: New/worse AND unexplained: Headache, Muscle/Joint pain, Fatigue/Extreme exhaustion, Nausea/Sudden loss of appetite, Loss of/Change to sense of smell or taste, Conjunctivitis/Red eye/Conjunctival edema, Altered mental status, any additional COVID-19 symptoms at clinician's discretion | <input type="checkbox"/> Follow Routine Practices (<i>including continuous masking</i>) <input type="checkbox"/> Contact MRHP to order labs (<i>COVID-19, Other as indicated</i>) |
| Part 3 - Risk Factors | Actions Required |
| <input type="checkbox"/> Close contact* with a confirmed or probable case of COVID-19 within 14 days before illness onset <input type="checkbox"/> Associated with any healthcare unit/facility, congregate living or other (e.g., <i>workplace or social gathering</i>) COVID-19 outbreak/cluster <input type="checkbox"/> Positive COVID-19 test within the last 14 days <input type="checkbox"/> Close contact* with a person with acute respiratory illness who has travelled anywhere outside of Canada in the 14 days before their illness <input type="checkbox"/> Travelled anywhere outside of Canada within the last 14 days <input type="checkbox"/> Had laboratory exposure to biological material known to contain COVID-19 virus <small>*A close contact is someone who: - Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment, OR - Lived with or otherwise had close prolonged contact (within 2 metres) with the person while the person was infectious, OR - Had direct contact with infectious bodily fluids of the person (e.g., was coughed or sneezed on) while not wearing recommended personal protective equipment.</small> | <input type="checkbox"/> Implement Contact & Droplet Precautions <input type="checkbox"/> Notify IPC as per site process |
| Assessed by | Date (<i>dd-Mon-yyyy</i>) |