### Part 1 - Patient Current Status

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

### Part 2 - Symptom Set Assessment within the last 7 days. Review ALL symptom sets and follow actions required as appropriate

#### Actions Required

If Core/Respiratory or GI symptoms present *(with or without Expanded symptoms)*:

- Implement Contact & Droplet Precautions
- Contact MRHP to order tests *(select based on symptom set)*
  - COVID-19 Core *(COVID-19, other as indicated)*
  - Respiratory illness* symptoms *(COVID-19, Influenza A & B, +/- RSV)*
  - Respiratory illness* symptoms PLUS ONE of the following: immunocompromised, critical respiratory failure, outbreak investigation, pre-transplant screening, acute flaccid paralysis, myocarditis/pericarditis *(COVID-19, Respiratory Pathogen Panel (RPP), others as indicated)*
  - GI *(COVID-19, other as indicated e.g., CDT, enteric screen)*

If Expanded symptoms only:

- Follow Routine Practices *(including continuous masking and +/- eye protection)*
- Contact MRHP to order tests *(COVID-19, other as indicated)*
- Notify Infection Prevention and Control (IPC) as per site process

#### COVID-19 Core/Respiratory Symptoms

- **New or worse:**
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - Increased O2 requirement, decreased O2 saturation
  - Sore throat/painful swallowing
  - Runny nose/nasal congestion/sneezing
  - Fever/chills/feverish/rigors: Adult: higher than 37.8°C; Pediatrics: 38°C or higher *(If sole symptom, should be reviewed with other symptoms, history, physical exam, etc.)*

#### COVID-19 Gastrointestinal (GI) Symptoms

- **New or worse:**
  - Vomiting and/or diarrhea

#### COVID-19 Expanded Symptoms

- **New or worse:**
  - Headache, muscle/joint pain, fatigue/extreme exhaustion, nausea/sudden loss of appetite, conjunctivitis/red eye/conjunctival edema, any additional COVID-19 symptoms at clinician’s discretion

#### Pertussis Symptoms

- **Cough** AND one or more other Pertussis Symptoms
  - Paroxysms, inspiratory ‘whoop’ cough ending in gagging/vomiting
  - *Neonates*: also consider apnea

#### Respiratory illness* symptoms

- *(COVID-19, other as indicated)*
- *(COVID-19, Influenza A & B, +/- RSV)*
- *(COVID-19, Respiratory Pathogen Panel (RPP), others as indicated)*
- *(COVID-19, other as indicated e.g., CDT, enteric screen)*
## Part 2 - Symptom Set Assessment continued

<table>
<thead>
<tr>
<th>Symptom Set</th>
<th>Description</th>
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</table>
| **Tuberculosis (TB) Symptoms** | - Cough AND any other Tuberculosis (TB) Symptoms  
  Hemoptysis, fever, night sweats, unintentional weight loss, or history of TB |
| **Measles and Varicella Symptoms** | - Fever AND Rash, AND International travel in last month  
  - Fever AND Rash AND potential Measles Exposure  
  - Fever AND Rash AND potential Varicella Exposure |

During COVID-19 implement Airborne, Contact & Droplet Precautions
Contact MRHP to order tests (COVID-19, AFB, Sputum Culture, Other as indicated)
Notify IPC as per site process

- **No above symptoms present:** Follow Routine Practices *(including continuous masking, +/- eye protection).*

## Part 3 - COVID-19 Risk Factors *(check all that apply)*

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Description</th>
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</table>
| Travelled anywhere outside of Canada within the last 14 days | Implement Contact & Droplet Precautions
Notify IPC as per site process
If risk factor is present, date of last exposure ____________________

- COVID-19 test: positive COVID-19 within the last 14 days or currently pending *(check lab results)*
- Had laboratory exposure to biological material known to contain COVID-19 virus within the last 14 days
- Direction has been given for the patient to remain on Contact and Droplet Precautions, quarantine or self isolation

*A close contact is someone who:*
- Provided direct care for the case, *(including HCW, family members or other caregivers)*, or who had other similar close physical contact *(e.g., intimate partner, hug, kiss, handshake)* without consistent and appropriate use of personal protective equipment *(PPE)*, OR
- Lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more and within two metres with a case without consistent and appropriate use of PPE and not isolating, OR
- Had direct contact with infectious body fluids of a case *(e.g., shared cigarettes, glasses/bottles, eating utensils)* or was coughed or sneezed on while not wearing recommended PPE.

- **No symptoms or risk factors present:** Follow Routine Practices *(including continuous masking, +/- eye protection).*

Continue to Part 4
### Part 4 - Previously positive COVID-19 (recovered/cleared)

*For patient(s) who initially tested positive for COVID-19 greater than 14 days ago but within the previous 90 days*

<table>
<thead>
<tr>
<th>Actions Required</th>
</tr>
</thead>
</table>
| **☐ No** new COVID-19 symptoms  
**AND**  
**☐ No** new COVID-19 Risk Factors |
| Follow Routine Practices *(including continuous masking, +/- eye protection).* |
| **☐ New COVID-19 symptoms** |
| If Core/Respiratory and/or GI symptoms - Implement Contact and Droplet Precautions  
If expanded symptoms only: follow Routine Practices *(including continuous masking, +/- eye protection)*  
Contact MRHP to assess patient for any tests/investigations as indicated.  
Re-test for COVID-19 if patient has any of the following:  
- New COVID-19 Risk Factor(s) *(see Part 3)* in the last 14 days  
- Is immunocompromised  
- Anyone with a high degree of interaction with high risk populations/who works in a vulnerable setting *(e.g. healthcare workers, Continuing Care staff/residents, correctional facilities, shelters)*  
- Severe COVID-19-like illness *(e.g. COVID-19 pneumonia)*  
Notify IPC as per site process  
**Note:**  
- Depending on symptoms, consider testing for other pathogens *(e.g. RPP).*  
- With the emergence of variant COVID-19 strains, testing guidance may change. If there is concern about infection due to a variant COVID-19 strain, please consult IPC. |
| **☐ New COVID-19 Variant of Concern (VOC) Risk Factors ONLY** |
| Initiate Contact and Droplet Precautions if patient has any of the following:  
- Travelled anywhere outside of Canada within the last 14 days  
- Close contact* of a person with acute respiratory illness who has travelled anywhere outside of Canada in the 14 days before their illness onset  
- Close contact* of a person with different confirmed VOC  
- Associated with a COVID-19 outbreak due to a different VOC at any healthcare unit/facility, congregate living or other workplace or social gathering within the last 14 days  
**OR**  
Is severely immunocompromised AND has any COVID-19 Risk Factor(s) *(see Part 3)*  
If Risk Factor is present:  
- Date of last exposure/test: ________________  
Notify IPC as per site process |

**Assessed by** | **Date (dd-Mon-yyyy)** | **Time**