Part 1 - Patient Current Status

☐ Unable to assess patient’s symptoms due to patient’s physical or mental status. Implement Modified Respiratory 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 Respiratory/Core or GI symptoms present (with or without Expanded symptoms):

- Implement Modified Respiratory Precautions
- Contact MRHP to order tests (select based on symptom set)
  - COVID-19 Core (COVID-19, other as indicated)
  - Respiratory* symptoms (COVID-19, Influenza A & B, +/- RSV)
  - Respiratory* symptoms PLUS ONE of the following:
    - recent COVID-19 infection (tested positive greater than 14 days ago but within the previous 90 days)
    - 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

Pertussis Symptoms

☐ Cough AND one or more other Pertussis Symptoms

- Paroxysms, inspiratory ‘whoop’ cough ending in gagging/vomiting
- Neonates: also consider apnea

During COVID-19 implement Modified Respiratory Precautions

- Contact MRHP to order tests (COVID-19, RPP, Pertussis, other as indicated)
- Notify IPC as per site process

Please ensure all 3 sections on both front and reverse are fully assessed and completed. Designated support person (DSP) should be encouraged to self-report new or worse symptoms to the care team.
## Part 2 - Symptom Set Assessment (continued)

<table>
<thead>
<tr>
<th>Symptom Set</th>
<th>Actions Required</th>
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</table>
| Tuberculosis (TB) Symptoms | During COVID-19 implement Airborne, Modified Respiratory Precautions  
- Cough AND any other Tuberculosis (TB) Symptoms  
- Hemoptysis, fever, night sweats, unintentional weight loss, or history of TB |
| Measles and Varicella Symptoms | Contact MRHP to order tests  
- Fever AND Rash, AND International travel in last month  
- Fever AND Rash AND potential Measles Exposure  
- Fever AND Rash AND potential Varicella Exposure  
- Fever AND Rash  
- International travel in last month  
- Potential exposure to Measles or Varicella |

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

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

<table>
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<tr>
<th>Risk Factor</th>
<th>Actions Required</th>
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| Travelled anywhere outside of Canada within the last 14 days | Implement Modified Respiratory Precautions  
- Close contact** of a person with acute respiratory illness who has travelled anywhere outside of Canada in the 14 days before their illness  
- Close contact** of a confirmed or probable case of COVID-19 within 14 days before illness onset  
(A probable case is defined as a person with symptoms who is known to be a close contact with a confirmed COVID-19 case OR was exposed to a known COVID-19 outbreak OR had laboratory exposure to biological material known to contain COVID-19)  
- Associated with a COVID-19 outbreak at any healthcare unit/facility, congregate living, or other workplace or social gathering within the last 14 days. Refer to link: **COVID-19 outbreak**  
- 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 Modified Respiratory 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). |

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If patient is **severely immunocompromised**, please contact IPC for further direction about testing.