Inpatient, Emergency and Urgent Care Communicable Disease (Respiratory) Screening

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

<table>
<thead>
<tr>
<th>Actions Required</th>
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<tbody>
<tr>
<td>If Respiratory/Core or GI symptoms present (with or without Expanded symptoms):</td>
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<tr>
<td>Implement Modified Respiratory Precautions</td>
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<tr>
<td>Contact MRHP to order tests (select based on symptom set)</td>
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<tr>
<td>☐ COVID-19 Core (COVID-19, other as indicated)</td>
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<tr>
<td>☐ Respiratory* symptoms (COVID-19, Influenza A &amp; B, +/- RSV)</td>
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<tr>
<td>☐ Respiratory* symptoms PLUS ONE of the following:</td>
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<tr>
<td>• Recent COVID-19 infection means individual tested positive greater than 14 days ago but within the previous 21 days by Rapid Antigen Test (RAT) at home or within the previous 90 days by molecular testing (e.g. PCR or ID Now™)</td>
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<tr>
<td>• Immunocompromised</td>
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<td>• Critical respiratory failure</td>
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<tr>
<td>• Outbreak investigation</td>
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<tr>
<td>• Pre-transplant screening</td>
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<tr>
<td>• Acute flaccid paralysis</td>
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<tr>
<td>• Myocarditis/pericarditis</td>
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<tr>
<td>(COVID-19, Respiratory Pathogen Panel (RPP), other as indicated)</td>
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<tr>
<td>☐ GI (COVID-19, other as indicated e.g., CDT, enteric screen)</td>
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</tbody>
</table>

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
Part 2 - Symptom Set Assessment (continued)

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, Modified Respiratory Precautions

Contact MRHP to order tests (COVID-19, AFB, Viral Serology, 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)

☐ COVID-19 test: positive COVID-19 within the last 14 days or currently pending (check lab results)

☐ 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

☐ Close contact** of a confirmed or probable*** case of COVID-19 within 14 days before illness onset

☐ Associated with a COVID-19 outbreak at any healthcare unit/facility or any congregate setting within the last 14 days. Refer to link: COVID-19 outbreak

☐ 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

If positive COVID-19 test within the last 14 days, or currently pending, specify the date ______________________

Implement Modified Respiratory Precautions

Notify IPC as per site process

If risk factor is present, date of last exposure ______________________

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

** Close contact: a person exposed to a case while the case is infectious(a) AND is defined as:
- An individual who had direct contact with infectious body fluids of the case (e.g. was coughed or sneezed on while unprotected(b) or who for example, shared cigarettes, glasses/bottles, eating utensils with a case) OR
- A household contact (i.e. a person who lives in the same residence as the case OR who has been in frequent, long-duration, close-range interaction with the person who tested positive) OR
- A HCW(c) who provided unprotected(d) direct care for the case, OR
- An individual and/or family member or other caregivers who provided direct care to the case or who had other similar direct physical contact with the case (e.g., intimate partner, hug, kiss, handshake) OR
- An individual who had unprotected(d) contact with a case within two metres for one minute or longer where there was any speaking, singing, shouting or breathing heavily (e.g., exercise) OR
- An individual who lived with or otherwise had unprotected(d) prolonged contact with a case for 10 minutes or more over a 24-hour period (may be cumulative, i.e., multiple interactions) and within two metres.

(a) For close contact identification purposes, the infectious period of the case is from two days before onset of symptoms in the case (or if asymptomatic, two days before test date) until the case is deemed COVID-recovered.

(b) An individual may be considered unprotected if at the time of the exposure they did not consistently and appropriately use personal protective equipment (PPE).

***Probable case: a person with symptoms AND
- 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

☐ No symptoms or risk factors present: Follow Routine Practices (including continuous masking, +/- eye protection).
Inpatient, Emergency and Urgent Care
Communicable Disease (Respiratory) Screening

**Part 4 - Previous positive COVID-19 (recovered/cleared)**
For patients(s) who initially tested positive for COVID-19 greater than 14 days ago but within the previous 21 days by Rapid Antigen Test (RAT) at home or previous 90 days by molecular testing (e.g. PCR or ID Now™)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>□ No new COVID-19 Symptoms <strong>AND</strong></td>
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<tr>
<td>□ No COVID-19 Risk Factors</td>
</tr>
<tr>
<td>□ New COVID-19 Symptoms</td>
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</tbody>
</table>

- **No new COVID-19 Symptoms** **AND** No COVID-19 Risk Factors
  - Follow Routine Practices *(including continuous masking, +/- eye protection).*

- **New COVID-19 Symptoms**
  - **If Respiratory/Core or GI symptoms present:** Implement Modified Respiratory 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 illness that could be due to COVID-19 (e.g. COVID-19 pneumonia)

  Notify IPC as per site process.

**Note:**
1. Depending on symptoms, consider testing for other pathogens (e.g. RPP).
2. 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.

- **Initiate Modified Respiratory 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 (other than Omicron)
  - Associated with a COVID-19 outbreak due to a different VOC (other than Omicron) at any healthcare unit/facility or congregate setting 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

<table>
<thead>
<tr>
<th>Date (dd-Mon-yyyy)</th>
<th>Time (hh:mm)</th>
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