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

Please ensure all 5 sections on all 3 pages are fully assessed and completed.

Designated support person (DSP) should be encouraged to self-report new or worse symptoms to the care team.

### 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

<table>
<thead>
<tr>
<th>Symptom Set</th>
<th>Actions Required</th>
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</table>
| **COVID-19 Core Symptoms** | Implement Contact & Droplet Precautions  
Contact MRHP to order labs (select based on symptom set)  
- COVID-19 Core (COVID-19, other as indicated)  
- GI (COVID-19, other as indicated e.g., CDT, enteric screen)  
- Seasonal ILI (COVID-19, Influenza A & B, +/- RSV)  
- Seasonal ILI PLUS ONE of the following: immunocompromised, critical respiratory failure, or outbreak investigation (COVID-19, Respiratory Pathogen Panel (RPP), others as indicated)  
Notify Infection Prevention and Control (IPC) as per site process |
| **COVID-19 Gastrointestinal (GI) Symptoms** |  
New or worse: vomiting and/or diarrhea |
| **Seasonal ILI Symptoms** | During COVID-19 implement Contact & Droplet Precautions  
Contact MRHP to order labs (COVID-19, RPP, Pertussis, other as indicated)  
Notify 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 |
| **Tuberculosis (TB) Symptoms** | During COVID-19 implement Airborne, Contact & Droplet Precautions  
Contact MRHP to order labs (COVID-19, AFB, Sputum Culture, Other as indicated)  
Notify IPC as per site process |
| **Measles and Varicella Symptoms** | During COVID-19 implement Airborne, Contact & Droplet Precautions  
Contact MRHP to order labs (COVID-19, AFB, Sputum Culture, Other as indicated)  
Notify IPC as per site process |

### Part 3 - Inpatient, Emergency and Urgent Care Communicable Disease (Respiratory) Screening

Continue to Part 3
### Part 3 - COVID-19 Expanded Symptoms

- **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
  - Follow Routine Practices *(including continuous masking, +/- eye protection)*
  - Contact MRHP to order labs *(COVID-19, other as indicated)*

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

### Part 4 - COVID-19 Risk Factors *(check all that apply)*

- **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, 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 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.

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

### Actions Required

- Implement Contact & Droplet Precautions
- Notify IPC as per site process
- If risk factor is present, date of last exposure ___________________

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

**Continue to Part 5**
Part 5 - 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

☐ No new COVID-19 symptoms
   AND
☐ No new COVID-19 Risk Factors

Actions Required

Follow Routine Practices *(including continuous masking, +/- eye protection)*.

☐ New COVID-19 symptoms

If core 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 4)* in the last 14 days
• Is immunocompromised
• Is a healthcare worker
• Has severe illness that could be due to COVID-19 (e.g. progressing pneumonia)
Notify IPC as per site process

Note: 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 *(other than B1.1.7/Alpha)*.
• Associated with a VOC *(other than B1.1.7/Alpha)* outbreak at any healthcare unit/facility, congregate living or other workplace or social gathering within the last 14 days

OR
• COVID-19 test pending or COVID-19 test positive and strain type pending
If Risk Factor is present:
• Date of last exposure/test: __________________

Notify IPC as per site process

Assessed by __________________________

Date *(dd-Mon-yyyy)*  Time __________________________