

Ambulatory Communicable Disease Screening



All sections must be **fully assessed** and completed.
If lab testing is indicated, follow your normal site/department processes. For more information see the [IPC COVID-19 Interim Recommendations](#)

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	

Part 1 - Patient Current Status	
<input type="checkbox"/> Unable to assess patient's symptoms due to patient's physical or mental status. Implement Contact & Droplet Precautions. Use usual process for COVID-19 testing.	
Part 2 - Symptom Set Assessment within the last 7 days Review ALL symptom sets and follow actions required as appropriate.	Actions Required
Part 2A <input type="checkbox"/> COVID-19 Core Respiratory Symptoms New or worse: 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, increased O ₂ requirement, difficulty breathing Sore throat/painful swallowing Runny nose/nasal congestion <input type="checkbox"/> COVID-19 Gastrointestinal (GI) Symptoms New or worse: 2 or more episodes of vomiting and/or diarrhea <input type="checkbox"/> Seasonal ILI Symptoms <i>(see below)</i> , plus one of the following: immunocompromised, critical respiratory failure, or outbreak investigation Adults: New or changed cough AND fever (38° C or higher) AND any of the following: sore throat, joint pain, muscle ache, extreme exhaustion/weakness Pediatrics: cough OR sneezing OR runny nose	If checked Defer exam/appointment if possible and advise patient to go home and call 811. OR If exam cannot be deferred, implement Contact and Droplet precautions due to symptoms regardless of test results. Continue to 2B
Part 2B Pertussis Symptoms <input type="checkbox"/> Cough AND one or more other Pertussis Symptoms Paroxysms, inspiratory 'whoop' cough ending in gagging/vomiting Neonates: also consider apnea	If checked Defer exam/appointment if possible and advise patient to go home and call 811. OR If exam cannot be deferred, during COVID-19 implement Contact and Droplet precautions due to symptoms regardless of testing. Continue to 2C
Part 2C Tuberculosis (TB) Symptoms <input type="checkbox"/> Cough AND any other Tuberculosis (TB) Symptoms Hemoptysis, fever, night sweats, unintentional weight loss, or history of TB Measles and Varicella Symptoms <input type="checkbox"/> Fever AND Rash, AND International travel in last month <input type="checkbox"/> Fever AND Rash AND potential Measles Exposure <input type="checkbox"/> Fever AND Rash AND potential Varicella Exposure	If checked DO NOT proceed with appointment . Place in Airborne Isolation room or private room and during COVID-19 implement Airborne and Contact and Droplet precautions ASAP <i>(ensure door is closed)</i> . Notify physician and MRHP for further assessment. Continue to 2D
Part 2D <input type="checkbox"/> No above symptoms present: Follow Routine Practices <i>(including continuous masking/eye protection and Point of Care Risk Assessment)</i>	Continue to Part 3
Part 3 - COVID-19 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	Follow Routine Practices <i>(including Point of Care Risk Assessment)</i> Use usual process for COVID-19 testing.
<input type="checkbox"/> No above symptoms present: Follow Routine Practices <i>(including continuous masking/eye protection and Point of Care Risk Assessment)</i>	Continue to Part 4

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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			

Part 4 - COVID-19 Risk Factors <i>(check all that apply)</i>	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 a COVID-19 outbreak at any healthcare unit/facility, congregate living or other setting <i>(e.g., workplace or social gathering)</i> within the last 14 days. Refer to link: COVID-19 outbreak <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"/> COVID-19 test; positive COVID-19 within the last 14 days or currently pending <input type="checkbox"/> Had laboratory exposure to biological material known to contain COVID-19 virus within the last 14 days <input type="checkbox"/> Direction has been given for the patient to remain on Contact & Droplet Precautions <p>*A close contact is someone who:</p> <ul style="list-style-type: none"> - Provided direct care for the case, <i>(including HCW, family members or other caregivers)</i>, or who had other similar close physical contact <i>(e.g., intimate partner, hug, kiss, handshake)</i> without consistent and appropriate use of personal protective equipment <i>(PPE)</i>, 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 <i>(e.g., shared cigarettes, glasses/bottles, eating utensils)</i> or was coughed or sneezed on while not wearing recommended PPE. 	<p>If checked Date of last exposure</p> <p>_____</p> <p>Defer exam/appointment if possible and advise patient to self-isolate and call 811 if medical assistance required</p> <p>OR If exam cannot be deferred, implement Contact and Droplet precautions.</p> <p>► If positive COVID-19 test within the last 14 days, or currently pending, specify the date.</p> <p>_____</p>	
<input type="checkbox"/> No symptoms or risk factors present: Follow Routine Practices <i>(including continuous masking/eye protection and Point of Care Risk Assessment)</i> .		
Part 5 - Previously positive COVID-19 (recovered/cleared)	Actions Required	
If COVID-19 positive, greater than 14 days but within previous 90 days, do not re-test for COVID-19 unless the patient has <input type="checkbox"/> new COVID-19 symptoms AND has one of the following: <input type="checkbox"/> New COVID-19 risk factor (Part 4) <input type="checkbox"/> Immunocompromised - may refer to link for additional detail. https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-immunocompromised-patients.pdf <input type="checkbox"/> Healthcare Worker <input type="checkbox"/> Severe COVID-19 Illness <i>(e.g., progressing pneumonia)</i>	If symptoms present implement Contact & Droplet Precautions Contact MRHP to order other tests and investigations as clinically indicated. If the clinician decides to retest for COVID-19 because of concerns about the risk of reinfection, a nasopharyngeal swab should be taken and a Respiratory Pathogen Panel (RPP) should also be ordered. Notify IPC as per site process	
Assessed by	Date <i>(dd-Mon-yyyy)</i>	Time