Ambulatory Care Communicable Disease Screening

All sections must be fully assessed and completed.

For more information see the [IPC COVID-19 Interim Recommendations](#).

<table>
<thead>
<tr>
<th>Part 1 - Patient Current Status</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Unable to assess patient’s symptoms due to patient’s physical or mental status. Implement Modified Respiratory Precautions. Use usual process for COVID-19 testing of outpatients.</td>
<td>If Respiratory/Core or GI symptoms present Defer appointment/procedure if possible. OR Implement Modified Respiratory Precautions due to symptoms. Use usual process for COVID-19 testing/other investigations in outpatients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 2 - Symptom Set Assessment within the last 7 days</th>
<th>Actions Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review ALL symptom sets and follow actions required as appropriate.</td>
<td>If checked: Defer appointment/procedure if possible. OR Implement Modified Respiratory Precautions due to symptoms. Use usual process for COVID-19 and Pertussis testing/other investigations in outpatients.</td>
</tr>
</tbody>
</table>

**Respiratory/Core Symptoms (new or worse):**
- Cough
- Shortness of breath
- Difficulty breathing
- Increased $O_2$ requirement/decreased $O_2$ saturation
- Sore throat/painful swallowing/hoarse voice
- Runny nose/nasal congestion/sneezing
- Fever/chills/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.)
- Loss of/change to sense of smell or taste
- **Neonates:** also consider apnea

**Gastrointestinal (GI) Symptoms (new or worse):**
- Vomiting and/or diarrhea

**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**
- 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

**No Respiratory/Core or GI symptoms present:** Follow Routine Practices (including continuous masking and +/- eye protection) Continue to Part 3
## Ambulatory Communicable (Respiratory) Disease Screening

<table>
<thead>
<tr>
<th>Part 3 - COVID-19 Risk Factors</th>
<th>Action Required</th>
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</table>
| □ Direction has been given for the patient to remain on Contact and Droplet Precautions, Modified Respiratory Precautions, self-isolation or quarantine. | Defer appointment/procedure if possible and advise patient to call 811 *(as needed)* for quarantine/isolation instructions **OR**  
If appointment/procedure cannot be deferred, implement Modified Respiratory Precautions |

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