COVID-19 Patient Screening Guidance Document

Version 4.0 - June 11, 2020

Highlight of Changes

- Revised question regarding travel (Q2)
- Clarification to determine if PPE was worn properly (Q3)

This screening tool is based on the latest COVID-19 case definitions and the Coronavirus disease (COVID-2019) situation reports published by the World Health Organization. This document should be used to screen people who are suspected or confirmed of having COVID-19 throughout the health and emergency response system. Ensuring all health providers are following the same screening protocol will help ensure consistency when dealing with suspected or confirmed cases of COVID-19.

COVID-19 Patient Screening Guidance

- This checklist provides basic information only for COVID-19 screening and should be used with applicable health sector or service specific guidance and training documents. It is not intended to take the place of medical advice, diagnosis, or treatment.
- The screening result is not equivalent to a confirmed diagnosis of COVID-19.
- At a minimum, the following questions should be used to screen for COVID-19 and can be adapted based on need/setting.
- This information is current as of the date effective and may be updated as the situation on COVID-19 continues to evolve according to the evidence, including data received from surveillance testing initiatives.
- Once the person has been screened as positive (answered YES to a question), additional COVID-19 screening questions may discontinue.
- In the event a hospital emergency department modifies or adds COVID-19 screening questions, they should alert the local paramedics services of any changes.



Date Effective: June 11, 2020

Dispatch question for Long-term Care or Retirement Home*

Q1: Do you have a concern for a potential COVID-19 infection for the person (e.g. is there an outbreak in the facility, is the patient awaiting COVID-19 test results, etc)?

Screening Questions

Q2: Did the person travel outside of Canada in the past 14 days?

Q3: Has the person tested positive for COVID-19 <u>or</u> had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

Q4: Does the person have any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease of loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose or nasal congestion without other known cause

Q5: If the person is 70 years of age or older, are they experiencing any of the following symptoms?

- Delirium
- Unexplained or increased number of falls
- Acute functional decline
- Worsening of chronic conditions

^{*} This question is only to be asked to Long-Term Care or Retirement Home staff by Dispatch Centres.



COVID-19 Screening Results

If response to ALL of the screening questions is NO :	COVID Screen Negative
If response to ANY of the screening questions is YES :	COVID Screen Positive

Additional COVID-19 Screening Results [Dispatch Centres only]

If response to <u>ALL</u> of the screening questions is <u>UNKNOWN</u> :	COVID Screen Unknown
If response to ANY of the screening questions is	COVID Screen Unknown
NO and UNKNOWN	