



**COVID – 19 Screening Tool
Inpatient Areas**

Date: _____ Time: _____

INITIAL ALL APPLICABLE BOXES

- First Contact** (has not been screened on entry) **Reassessment Screen** (e.g. new onset of symptoms)

Part A	Symptom assessment. Ask patient if they have each of the following symptoms:	YES	NO
<input type="checkbox"/> Sudden onset of NEW cough or CHANGE to existing cough? <input type="checkbox"/> Fever of 38°C or greater on arrival or by patient history? Note: over age 65 and under age 5, fever may not be present <input type="checkbox"/> Sore throat? <input type="checkbox"/> Shortness of breath and/or difficulty breathing? <input type="checkbox"/> Pediatric – sudden onset of any of the following: <input type="checkbox"/> Runny nose, cough, sneezing? <input type="checkbox"/> GI symptoms (under the age of 5)? <input type="checkbox"/> Respiratory deterioration from previous assessment?	Exclude symptoms related to an underlying medical condition (e.g. SOB related to ascites) Describe _____ ANY “yes” answers = “YES” ALL “no” answers = “NO”	<input type="checkbox"/>	<input type="checkbox"/>

Part B	Within the past 14 days has the patient had ANY of the following:	YES	NO
<input type="checkbox"/> Travel to BC, ON, QC, AB or outside Canada (including USA)? Where: _____ <input type="checkbox"/> Close (within 2 metres) or prolonged contact with confirmed or probable case of COVID-19 without proper PPE? <input type="checkbox"/> Travel outside of Saskatchewan to mass gathering over 25?	ANY “yes” answers = “YES” ALL “no” answers = “NO”	<input type="checkbox"/>	<input type="checkbox"/>

Patient Answers	Part A	Part B	Action	ID
	NO	NO	Does not fit COVID-19 screening criteria	Monitor for symptoms during their stay.
NO	YES	Place in “self-isolation” - private room (if private room not possible, place in shared room with other patients that meet the criteria for self-isolation.) Patient to stay in room unless medical necessary Follow Routine Practices. Ask patient to wear mask (can be reused) when within 2 meters of others (if tolerated). Monitor for signs and symptoms of ILI.		
YES	NO	Fits COVID-19 screening criteria	Place on ‘Droplet and Contact Plus’ Precautions. If AGMP* required: place patient in airborne infection isolation room (AIIR), if possible. Collect COVID-19 nasopharyngeal swab**	
YES	YES			

COVID-19 nasopharyngeal swab: N/A Not sent Sent on (Date): _____

Signature/Designation: _____

FAX TO OR WITH CONSENT IF PATIENT FOR SURGERY

* AGMP = Aerosol Generating Medical Procedure: any procedure that may induce production of aerosols of various sizes, including droplet nuclei.

** As per Medical Directive: SHA Staff members whose entry-level scope of practice includes the collection of nasopharyngeal – including but not exclusive to RNs, LPNs, RPNs, RTs, PTs per Medical Directive.