

**COVID – 19 Screening Tool
Community Screening – Home Visit**

Date: _____ Time: _____

INITIAL ALL APPLICABLE BOXES

- In-Person Screen Telephone Screen Screen documented in EMR (no need to retain paper copy)

Patient Identifier: _____

Patient Name: _____

Date of Birth: _____

HSN: _____

This screening tool is NOT screening for seasonal or environmental allergies but meant to capture new symptoms, or worsening of long-standing symptoms.

It is recognized that testing criteria continues to expand but screening criteria are limited to those below.

| Ask patient if they have ANY of the following: | | Yes | Date of Onset | No |
|--|--|--------------------------|---|--------------------------|
| Have you had a fever? | | <input type="checkbox"/> | | <input type="checkbox"/> |
| New or worsening respiratory symptoms NOT ATTRIBUTABLE to seasonal or environmental allergies i.e. cough, shortness of breath or difficulty breathing, sore throat, runny nose? | | <input type="checkbox"/> | | <input type="checkbox"/> |
| New onset atypical symptoms including chills, aches and pains, headache, loss of sense of smell or taste? Use clinical judgement, clients at extremes of age can have unusual presentations | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Anyone else living in their home feeling sick? | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Anyone in home, including client, had an AGMP in the last 2 hours? | | <input type="checkbox"/> | | <input type="checkbox"/> |
| In the last 14 days, have they or others in the home: | Traveled outside of Saskatchewan or Canada? | <input type="checkbox"/> | | <input type="checkbox"/> |
| | Spent time (i.e. >15 min) with people outside their extended household where they were not able to maintain physical distance or use appropriate PPE for the situation (note: appropriate PPE includes cloth masks for non-medical situations) | <input type="checkbox"/> | | <input type="checkbox"/> |
| | Had close (within 2 metres) or prolonged contact with a confirmed/probable case of COVID-19 without proper PPE? | <input type="checkbox"/> | IF "YES" Use Droplet/Contact Plus Precautions | <input type="checkbox"/> |
| | Lived in or visited a community or facility designated as an area of concern re: COVID-19? Consult current list. | <input type="checkbox"/> | | <input type="checkbox"/> |
| | Anyone visited them that lives in or has visited a community or facility designated as an area of concern re: COVID-19? Consult current list. | <input type="checkbox"/> | | <input type="checkbox"/> |

This screening tool is not intended to replace your point of care risk assessment.

Screening results should dictate the need for precautions. Previous testing does not impact screening results.

| Patient Answers | Action | | ID |
|-----------------|--------------|--|----|
| | All "NO" | Proceed with visit. Wear surgical mask and any additional PPE required to provide patient care. | |
| Any "YES" | Asymptomatic | <ul style="list-style-type: none"> If physical distancing cannot be maintained during the visit, increase PPE as required. Advise patient to self-monitor. Advise to "self-isolate" for 14 days from return of international travel or date of close contact. | |
| | Symptomatic | <ul style="list-style-type: none"> If visit not essential, consider postponing visit or referral to Assessment and Treatment Site, if available and patient is mobile. Ask patient to move at least 2 meters from entry way. Use Droplet/Contact PPE – don PPE in the entry way of the home. If AGMP within 2 hours of scheduled visit time, reschedule visit to allow for settle time (2 hours). If previously unknown, document precautions for upcoming visits. Advise patient to self-isolate. | |

Swab or arrange for swab if symptoms consistent with COVID-19 as per discussion with MRP:

N/A

Not sent – rationale: _____

Sent on (Date): _____

Signature/Designation: _____