

Site Applicability

Patient and visitor screening for COVID-19 applies to all inpatient and outpatient programs and unit/clinic/areas at BC Children's Hospital and BC Women's Hospital & Health Centre.

Purpose

Active screening for COVID-19 is in place in alignment with Ministry of Health requirements for all healthcare settings. Early identification of cases is vital to prevent transmission of infection.

This protocol is for unit/clinic/area screening for symptoms or risk for COVID-19. For information on site Entrance Door Screening, please see [Standard Work: COVID-19 Entrance Screening](#)

Practice Level/Competencies

Screening is completed by all healthcare providers (HCP) and/or staff as determined by area specific processes.

Policy Statement(s)

Screening process must be implemented in each unit/clinic/area as per the minimum requirements in this protocol. Additional or complementary screening requirements may exist for specific areas or populations.

Screening tools specific to an area must be approved by CW Policy Office.

Implementation of screening processes may differ dependent on staff mix and/or availability and current workflows.

Screening for COVID-19 must follow Infection Prevention and Control (IPAC) guidance. Refer to [COVID-19: Screening and Testing Algorithm](#). Consult IPAC for guidance as needed.

All patients receiving in person, direct care must be screened for COVID-19 upon arrival to unit/clinic/area. Where applicable, follow additional area specific requirements for patient screening prior to arrival (i.e. pre-screening)..

All visitors must be screened for COVID-19 upon entry to unit/clinic/area. Where applicable, follow additional area specific requirements for screening prior to arrival (ie. pre-screening).

Clear communication of screening results is required to all areas when patient requires transfer to another area or has multiple outpatient appointments in one visit.

All confirmed COVID-19+ cases are reported to IPAC by the C&W lab

All HCP and staff follow the [COVID-19: PPE Use – Application of PPE Emergency Framework Policy](#) for Personal Protective Equipment requirements based on screening results.

Symptom and Risk Assessment

Inpatients and accompanying parent/caregiver/support person(s) are screened at a minimum of once a day and in the event of any changes in status.

Interventions

All HCPs and staff perform Point of Care Risk Assessment (PCRA) and follow Routine Practices for Infection Control for all patient and visitor encounters.

HCP and/or MRP to be notified of initial screening results as applicable for unit /clinic area for consideration of COVID-19 testing.

HCP and/or MRP to be notified of subsequent screening results if any new symptoms or additional findings inconsistent with initial screening for consideration of COVID-19 testing.

All HCP and staff to initiate Additional Precautions as necessary based on the PCRA.

For ambulatory patients or visitors who may be suspected of having COVID-19 symptoms, provide them with a mask and ask them to perform hand hygiene. Place patient in a private room or a separate area with at least 2 meters separation to maintain physical distancing while awaiting assessment.

Any visitors accompanying a patient who may be a suspected of having COVID-19 symptoms will be asked to put on a mask and may be required to leave the hospital. Refer to [COVID-19 Visitor Restrictions Policy](#).

Related Documents

[COVID-19: CW Visitor Restriction Policy](#).

[Standard Work: In-Person Screening Steps & Script for COVID-19: Ambulatory Clinic Clerks and Medical Office Assistants](#)

[Standard Work: Telephone Screening Steps & Script for COVID-19: Ambulatory Clinic Clerks and Medical Office Assistants](#)

[COVID-19: PPE Use – Application of PPE Emergency Framework Policy](#)

Documentation

Document screening results on COVID-19 Screening Tool (see Appendix A, B, C for options) or approved area specific screening tool.

Document additional assessment information, clinical decision making and guidance for patients, parent/caregiver/support person in patient record as per usual practice

Patient & Family Engagement/Education

Provide information on screening process to all patients and essential visitors.

Provide education on hand hygiene, respiratory etiquette and donning or doffing PPE as needed.

Provide education on any Additional Precautions requirements as needed.

Refer patient and visitor to the [BCCDC COVID-19 website](#) for current recommendations on screening and testing.

References

BC Ministry of Health. May 19, 2020. Infection prevention and Control for Novel Coronavirus (COVID-19).

BCCDC. June 1, 2020. COVID-19: Testing Guidelines for British Columbia.

Public Health Agency of Canada. April 30, 2020. Infection prevention and control for COVID-19: Second interim guidance for acute healthcare settings.

Definitions

Initial screening is the first COVID-19 screening assessment completed by HCP or staff upon arrival to unit/clinic/area.

Subsequent screening is any COVID-19 screening assessments completed by HCP or staff after the initial screening.

Appendix

- Appendix A: Patient Screening Tool (inpatient or longer stay/multiple screening)
- Appendix B: Parent/Caregiver/Support Person Screening Tool (inpatient or longer stay/multiple screening)
- Appendix C: Combined Patient & Parent/Caregiver/Support Person Screening Tool (outpatient or short stay)

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
16-Jun-2020	C-0506-13-60678 COVID-19: Patient And Visitor Screening Protocol	Developed by CW COVID Response Working Group; Approved by Professional Practice Director
23-Jun-2020	"	Updated; Approved by Professional Practice Director
21-Jul-2020	"	Updated; Approved by Professional Practice Director

Disclaimer

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COVID-19: PATIENT AND VISITOR SCREENING

DOCUMENT TYPE: PROTOCOL

Appendix A: COVID-19 Patient Screening Tool (inpatient or longer stay/multiple screening)

This form must remain on the patient's medical record

PURPOSE: Active screening for COVID-19 is now in place. Early identification of cases is vital to prevent transmission of infection in health care settings.

This form is used to screen all inpatients for signs of infection and self-isolation.

Legend:		COVID-19 Symptoms:														Self-Isolation:			HCP / MRP Notified	COVID-19 Suspected	COVID-19 Swab Sent (MRP Order Required)	Initials					
N (no)	Y (yes)	*Initial Screening: In the last 10 days, has the patient had any of the following symptoms?														Has the patient been instructed to self-isolate in the last 14 days for any of the following reasons:											
U (unable to assess)	N/A (not applicable)	Subsequent Screening: Is the patient experiencing any new or worsening symptoms?																									
Date	Time	Fever	New or worsening cough	Shortness of breath	Runny nose	Nasal congestion	Loss of sense of smell	Sore throat	Painful swallowing	Headache	Muscle aches	Fatigue	Loss of appetite	Chills	Vomiting	Diarrhea	NONE (no symptoms)	Travel outside Canada	Contact w/ person suspected or known to have COVID-19	Been tested for COVID-19 and results are pending							
*Initial Screening																											

COVID-19: PATIENT AND VISITOR SCREENING

DOCUMENT TYPE: PROTOCOL

Appendix B: Parent/Caregiver/Support Person Screening Tool (inpatient or longer stay/multiple screening)

This form must remain on the patient's medical record

PURPOSE: Active screening for COVID-19 is now in place. Early identification of cases is vital to prevent transmission of infection in health care settings. **This form is used to screen all parents/caregivers/support person (P/C/SP) for signs of infection and self-isolation.**

Legend:		COVID-19 Symptoms:															Self-Isolation:			HCP / MRP Notified	COVID-19 Suspected	COVID-19 Swab Sent (MRP Order Required)	Initials				
N (no)	Y (yes)	*Initial Screening: In the last 10 days, has the P/C/SP had any of the following symptoms?															Has the P/C/SP been instructed to self-isolate in the last 14 days for any of the following reasons:										
U (unable to assess)	N/A (not applicable)	Subsequent Screening: Is the P/C/SP experiencing any new or worsening symptoms?																									
Date <small>mm/dd/yyyy</small>	Time <small>0000</small>	Fever	New or worsening cough	Shortness of breath	Runny nose	Nasal congestion	Loss of sense of smell	Sore throat	Painful swallowing	Headache	Muscle aches	Fatigue	Loss of appetite	Chills	Vomiting	Diarrhea	NONE (no symptoms)	Travel outside Canada	Contact w/ person suspected or known to have COVID-19	Been tested for COVID-19 and results are pending							
*Initial Screening																											

Appendix C: Combined Patient & Parent/Caregiver/Support Person Screening Tool (outpatient or short stay)

This form must remain on the patient's medical record

PURPOSE: Active screening for COVID-19 is now in place. Early identification of cases is vital to prevent transmission of infection in health care settings. This form is used to screen all ambulatory patients and their parent/caregiver/support person (P/C/SP) for signs of infection and self-isolation.

Legend:			COVID-19 Symptoms:														Self-Isolation:			HCP / MRP Notified	COVID-19 Suspected	COVID-19 Swab Sent (MRP Order Required)	Initials					
N (no) Y (yes) U (unable to assess) N/A (not applicable)	Screening: In the last 10 days, has the patient or P/C/SP had any of the following symptoms?														Has the patient or P/C/SP been instructed to self-isolate in the last 14 days for any of the following reasons:													
	Subsequent Screening: Is the patient or P/C/SP experiencing any new or worsening symptoms?																											
Date mm/dd/yyyy	Time 0000	Fever	New or worsening cough	Shortness of breath	Runny nose	Nasal congestion	Loss of sense of smell	Sore throat	Painful swallowing	Headache	Muscle aches	Fatigue	Loss of appetite	Chills	Vomiting	Diarrhea	NONE (no symptoms)	Travel outside Canada	Contact w/ person suspected or known to have COVID-19	Been tested for COVID-19 and results are pending								
PATIENT																												
P/C/SP 1																												
P/C/SP 2																												