

DOCUMENT TYPE: FORM

NOTE: This form must remain on the patient's chart

Early identification of cases is vital to prevention of respiratory infections in health care settings. Active screening for COVID-19 is now in place. Physicians or nurses are expected to routinely screen* patients for signs of infection and self-isolation.

Date: _____ Time: _____

Patient Name: _____

MRUN: _____

	Yes	No
1. Symptoms: Do you have any fever, new or worsening cough or shortness of breath, pneumonia, influenza-like illness, or upper respiratory tract infection (e.g. runny nose, sore throat)		
2. Self-isolation: Have you been instructed in last 14 days to self-isolate for any of the following reasons: a. Travel outside of Canada in the last 14 days b. Been in contact with someone known to have COVID-19 in last 14 days c. Tested for COVID-19 and results are pending		

Support Person 1 Name: _____

Support Person 2 Name: _____

*Use "OTHER" column below to record answers for other members of household

	Yes			No		
	1	2	Other	1	2	Other
1. Symptoms: Does your support person or other members of your household have any fever, new or worsening cough or shortness of breath, pneumonia, influenza-like illness, or upper respiratory tract infection (e.g. runny nose, sore throat)						
2. Self-isolation: Have your support person or other members of your household been instructed in last 14 days to self-isolate for any of the following reasons: a. Travel outside of Canada in the last 14 days b. Been in contact with someone known to have COVID-19 in last 14 days c. Tested for COVID-19 and results are pending						

Signature of Screener

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If **yes** to any of the above:

ISOLATE and **USE** droplet and contact precautions:

- Ask the symptomatic patient and any symptomatic support persons to wash their hands and put on a mask.
- Put the patient/family in a single room. **Use Droplet and Contact precautions** including eye protection (shield/visor).
- **Add Airborne precautions if Aerosol-Generating Medical Procedures (AGMP)** are likely to be required (e.g. nebulized therapy, CPR, CPAP, endotracheal intubation & extubation, high frequency oscillatory ventilation, bronchoscopy and bronchoalveolar lavage, laryngoscopy, positive pressure ventilation (BiPAP & CPAP), sputum induction). Further information can be found at: http://www.bccdc.ca/Health-Professionals-Site/Documents/2019-nCoV_AGMP_PICNet.pdf
- **All supporting documents can be found on [ePOPS](#)**

If **no** then proceed with care as usual

Daily Re-screening – Questions 1 & 2 only (Y/N)

Date: _____ Time: _____

	Patient	Support Person	
		1	2
1. Symptoms: Do you have any fever, new or worsening cough or shortness of breath, pneumonia, influenza-like illness, or upper respiratory tract infection (e.g. rhinorrhea (runny nose), sore throat)			
2. Self-isolation: Have you been instructed in last 14 days to self-isolate for any of the following reasons: <ul style="list-style-type: none"> a. Travel outside of Canada in the last 14 days b. Been in contact with someone known to have COVID-19 in last 14 days c. Tested for COVID-19 and results are pending 			

Signature

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Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
19-Mar-2020	C-0506-06-60569 COVID-19 Patient And Support Persons Screening	Developed by C&W IPAC; Approved by Professional Practice Director
23-Mar-2020	C-0506-06-60569 COVID-19 Patient And Support Persons Screening	Updated by NKI; Approved by Professional Practice Director
26-Mar-2020	C-0506-06-60569 COVID-19 Patient And Support Persons Screening	Updated by NKI; Approved by Professional Practice Director
2-Apr-2020	C-0506-06-60569 COVID-19 Patient And Support Persons Screening	Updated; Approved by Professional Practice Director

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