



**Triage Assessment for Isolating COVID-19 (and Other Respiratory Viruses)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

<b>Name:</b>	<b>DOB:</b>
<b>HSN:</b>	<b>Contact Phone:</b>

**Chief Complaint:**

<b>Part A</b>	<b>This screening tool is <u>NOT</u> screening for seasonal or environmental allergies but meant to capture new symptoms, or worsening of long-standing symptoms.</b>	<b>YES</b>	<b>NO</b>
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**Ask the patient if they have ANY of the following:**

- Fever ( $\geq 38^{\circ}\text{C}$  on arrival or by patient history)? Note: In pts  $> 65$  and  $< 5$  yr. fever may not be present
  - 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?
  - New onset atypical** symptoms including chills, aches and pains, headache, loss of sense of smell or taste, diarrhea, nausea/vomiting, loss of appetite (difficulty feeding for children), fatigue or weakness?  
**For frail and/or elderly individuals:** acute functional decline (including falls), acute confusion?
- Note:** Patients at extremes of age can have unusual presentations.

Actual Temp:  
\_\_\_\_\_°C

<b>Part B</b>	<b>Within the past 14 days has the patient:</b>	<b>YES</b>	<b>NO</b>
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- Traveled outside of Canada? Where: \_\_\_\_\_
- Been identified by Public Health as a close contact? OR Had close (within 2 meters) or prolonged ( $>15$  min) contact with confirmed/probable case of COVID-19 without proper PPE?
- Lived in, worked in, or visited a location or event on the current outbreak list? \*
- Patient unable to provide accurate history or no history available (e.g. altered LOC or communication barrier)?

\*Current outbreak list can be found [here](#) – consult/print ONLY Section 1: COVID-19 Outbreaks in Saskatchewan

**This screening tool is not intended to replace clinical judgement in individual patient management and alternate diagnoses must be considered before the patient's final risk of COVID-19 is determined.  
Screening results should inform your risk assessment and the need for precautions.  
Previous testing does not impact screening results.**

Patient Answers	ID	Part A	Part B	Actions
			NO	NO
		NO	YES	<ul style="list-style-type: none"> <li>• PPE as above – plus add a gown</li> </ul>
		YES	NO	
		YES	YES	

**PATIENT FOR TRANSPORT**

**PATIENT FOR NON-TRANSPORT**

- Notify/Patch receiving hospital 15 mins prior to arrival with:
- Present Temp/Pulse/Resp Rate/BP/O<sub>2</sub> Sat
  - If PPE donned on patient and Paramedic
  - If patient answered "yes" to part B and which questions
  - Chief complaint and reason for transport (include regular patch information)

- Offer patient option to self-isolate and access a Testing Centre, if available locally.
- If patient agrees:
- Paramedic informs patient that Testing Center will contact them in 24-48 hrs
  - Paramedic informs patient to avoid public transportation to Testing Center (e.g. taxi, bus, etc.)
  - Paramedic relays demographics at top of page to MCCC via cell phone
  - MCCC emails patient demographics to local Testing Center

**Have you had the INFLUENZA VACCINATION since October 2020?**

- Yes** – Date: \_\_\_\_\_  
 **No**

Signature: \_\_\_\_\_

**If transported to ED, form to be given to ED department on transfer.**