



Saskatchewan Health Authority

**COVID – 19 Screening Tool
Inpatient, Outpatient, Continuing Care**

Date: _____ Time: _____

INITIAL ALL APPLICABLE BOXES

- First Contact** (screen at each visit) **Reassessment Screen** (e.g. new onset of symptoms or on transfer)

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

Ask patient if they have <u>ANY</u> of the following:		Yes	Date of Onset	No
Unable to obtain history (e.g. altered LOC) or no history available?		<input type="checkbox"/>		N/A
Fever of 38°C or greater on arrival or by patient history? NB: ≥ 37.6°C for hemodialysis patients or ≥ 37.8°C for individuals residing in Continuing Care or Personal Care Home		<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, 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.		<input type="checkbox"/>		<input type="checkbox"/>
In the past 14 days, have they:	Traveled outside of Canada?	<input type="checkbox"/>		<input type="checkbox"/>
	Been identified by Public Health as a close contact? OR Had close (within 2 metres) or prolonged contact with a confirmed/probable case of COVID-19 without proper PPE?	<input type="checkbox"/>		<input type="checkbox"/>
	Lived in, worked in, or visited a location or event on the current outbreak list?*	<input type="checkbox"/>		<input type="checkbox"/>

*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	Screen	Action/Follow Algorithm	ID
	All “NO”	Monitor for symptoms.	
Any “YES”	Admission	CV-19 A0001 COVID-19 Acute Care Placement and Precautions Algorithm	
	Outpatients	CV-19 A0013 Outpatient Clinic and Endoscopy Suite COVID-19 Algorithm	
	Surgical -All Ages-	CV-19 G0005 Protocol for Operative Management of Surgical Patients – ALL AGES - During COVID-19 Pandemic	
	Continuing Care	CV-19 G0042 LTC and PCH Move In Guidelines – Quick Reference	

- If POSITIVE screen, COVID-19 swab is required.
 - If NEGATIVE screen, COVID-19 swab is encouraged (where possible) for surveillance.
- N/A
 Not sent – rationale: _____
 Sent on (Date): _____
 Referred for Testing Referral form faxed to Testing Centre

Have you had the INFLUENZA VACCINATION since October 2020? Yes – Date: _____
 No – Would you like to receive the influenza vaccine? Yes No

Signature/Designation: _____