Saskatchewan Health Authority

For Emergency Department Use ONLY

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

Facility: _____ **Chief Complaint:** _____

Date: _____ **Time:** _____

Name:	**DOB:**
HSN:	**Contact Phone:**

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 ANY of the following:		**Yes**	**Date of Onset**	**No**
Unable to obtain history (e.g. altered LOC) or no history available?		☐		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?	**Actual Temp:** _____°C	☐		☐
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.		☐		☐
In the past 14 days, have they:	Traveled outside of Canada?	☐		☐
	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?	☐		☐

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.

For ALL patients, follow empiric PPE for emergency →	• Continuous and universal masking • Continuous and universal eye protection (goggles or face shield) • N95 for all AGMPs • PCRA: Gown and gloves - note: need to be changed out between interactions

If any of Section A is outside normal limits, patient is to be seen in the Emergency Department. Isolate in the designated treatment area. If all parts of Section A are within normal limits, provide patient with referral to Off-Site Testing/Assessment Centre and Self-Isolation information. Fax this form to the local Testing Centre.

Section A	Heart Rate outside normal limits	HR:	**Medical History (Circle any that apply):**
	Resp Rate outside normal limits	RR:	Active cancer treatment Immunocompromised Active heart issues Active lung issues
	SpO_2 less than 92%	SpO_2:	
	Age less than 5y or greater than 60y	Age:	
	Have you been asked to self-isolate?	☐ No ☐ Yes - why? _____ When? _____	

• **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 (see below)	**NOTE: See SCM if not completed**
Have you had the INFLUENZA VACCINATION since October 2020?	☐ **Yes** – Date: _____ ☐ **No** – Would you like to receive the influenza vaccine? ☐ Yes ☐ No	

Disposition	☐ ED ☐ Home with Self-Monitoring Information ☐ Home with Self-Isolation Information – swabbed in ED ☐ Home with Testing Centre Referral and Self-Isolation Information ☐ Referral Form faxed ☐ Home with Assessment and Treatment Site Referral and Self-Isolation Information ☐ Referral form faxed Stat Referral: ☐ HCW ☐ First Responder ☐ Congregate Living

Signature/Designation: _____

FAX TO OR WITH CONSENT IF PATIENT FOR SURGERY

SEND TO INPATIENT UNIT WITH PATIENT IF ADMITTED