



COVID – 19 Screening Tool  
Hemodialysis

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

**INITIAL ALL APPLICABLE BOXES**

In-person Screen       Telephone Screen

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

**Provide patient with a procedure mask if they haven't received one at the facility entrance.**

| Ask patient if they have <b>ANY</b> 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 37.6°C or greater on arrival or by patient history?  |   | <input type="checkbox"/> |               | <input type="checkbox"/> |
| New or worsening respiratory symptoms <b>NOT ATTRIBUTABLE</b> to seasonal or environmental allergies i.e. cough, shortness of breath or difficulty breathing, sore throat, runny nose?  |   | <input type="checkbox"/> |               | <input type="checkbox"/> |
| <b>New onset atypical</b> 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? <b>For frail and/or elderly individuals:</b> acute functional decline (including falls), acute confusion? <b>Note:</b> Patients at extremes of age can have unusual presentations. |   | <input type="checkbox"/> |               | <input type="checkbox"/> |
| <b>In the last 14 days, have they:</b>  | Traveled outside of Canada?   | <input type="checkbox"/> |               | <input type="checkbox"/> |
|   | Been identified by Public Health as a close contact?      OR<br>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  |  | ID |
|-----------------|--------------|---|--|----|
|                 | All "NO"     | Proceed with procedure or appointment.  |  |    |
| Any "YES"       | Asymptomatic | <ul style="list-style-type: none"> <li>Perform risk assessment to determine need for additional PPE beyond procedure mask.</li> <li>Droplet/Contact Plus precautions for patients unable to tolerate a mask.</li> <li>Instruct to "self-isolate" at home for 14 days from return of travel or date of close contact.</li> </ul> |  |    |
|                 | Symptomatic  | <ul style="list-style-type: none"> <li>Place patient on Droplet/Contact Plus precautions.</li> <li>Instruct to "self-isolate" at home for 14 days or 48 hours after symptoms significantly resolve, whichever is longer.</li> <li>Nasopharyngeal swab for COVID-19 at hemodialysis unit.</li> </ul>                             |  |    |

**Swab if: symptoms consistent with COVID-19 as per discussion with MRP**

N/A       Not sent – rationale: \_\_\_\_\_  
 Sent on (Date): \_\_\_\_\_

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

**Yes** – Date: \_\_\_\_\_  
 **No** – Would you like to receive the influenza vaccine?     Yes     No

Signature/Designation: \_\_\_\_\_