

**COVID – 19 Screening Tool
Community Screening – Home Visit**

Date: _____ Time: _____

INITIAL ALL APPLICABLE BOXES

In-Person Screen Telephone Screen Screen documented in EMR (no need to retain paper copy)

Patient Identifier: _____

Patient Name: _____

Date of Birth: _____

HSN: _____

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

Ask client if they have ANY of the following:		Yes	Date of Onset	No
Have you had a fever?		<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"/>
Anyone else living in their home feeling sick?		<input type="checkbox"/>		<input type="checkbox"/>
Anyone in home, including client, had an AGMP in the last 2 hours?		<input type="checkbox"/>		<input type="checkbox"/>
In the last 14 days, have they or others in the home:	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"/>
	Anyone visited them that 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 visit. Wear surgical mask and any additional PPE required to provide patient care.	
Any “YES”	Asymptomatic	<ul style="list-style-type: none"> If visit not essential, consider postponing visit. If visit is essential, use Droplet/Contact Plus Precautions --don PPE in entry way of home. If previously unknown, document precautions for upcoming visits. Advise patient to self-monitor. Advise to “self-isolate” for 14 days from return of international travel or date of close contact. 	
	Symptomatic	<ul style="list-style-type: none"> If visit not essential, consider postponing visit or referral to Assessment and Treatment Site, if available and patient is mobile. Ask patient to move at least 2 meters from entry way. Use Droplet/Contact Plus Precautions--don PPE in the entry way of the home. If AGMP within 2 hours of scheduled visit time, reschedule visit to allow for settle time (2 hours). If previously unknown, document precautions for upcoming visits. Advise patient to self-isolate. 	

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

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