

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

Date: _____ Time: _____

INITIAL ALL APPLICABLE BOXES

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

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?		<input type="checkbox"/>		N/A
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"/>
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”	Proceed with visit. Wear surgical mask and any additional PPE required to provide patient care. Direct patient to sanitize hands and to waiting area**	
Any “YES”	Asymptomatic	<ul style="list-style-type: none"> Postpone appointment, if possible. If visit is necessary, use Droplet/Contact Plus Precautions. Advise patient to self-monitor. Advise to “self-isolate” for 14 days from return of international travel or date of close contact. 	
	Symptomatic “non-urgent”	<ul style="list-style-type: none"> Postpone appointment. Proceed with COVID-19 test or refer to local Testing Centre. <input type="checkbox"/> Tested in office OR <input type="checkbox"/> Referral form faxed 	
	Symptomatic “urgent”	<ul style="list-style-type: none"> Refer to Emergency Department or COVID Assessment Centre as required. If visit to proceed, patient to sanitize hands and wear a mask. Droplet//Contact Plus Precautions to be utilized. Place patient directly in exam room, if possible. If exam room not available, direct to waiting area** Proceed with COVID-19 test or refer to local Testing Centre. <input type="checkbox"/> Tested in office OR <input type="checkbox"/> Referral form faxed 	

Have you had the INFLUENZA VACCINATION since October 2020?

Yes – Date: _____
 No – Would you like to receive the influenza vaccine? Yes No

Signature/Designation: _____

**** maintain physical distancing in waiting areas; consider asking patients to wait in vehicles where feasible.**