

**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.**

**It is recognized that testing criteria continues to expand but screening criteria are limited to those below.**

Ask patient if they have <u>ANY</u> of the following:		Yes	Date of Onset	No
Have you had a fever?		<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? Use clinical judgement, clients 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 <a href="#">AGMP</a> in the last 2 hours?		<input type="checkbox"/>		<input type="checkbox"/>
<b>In the last 14 days, have they or others in the home:</b>	Traveled outside of Saskatchewan or Canada?	<input type="checkbox"/>		<input type="checkbox"/>
	Attended a mass gathering over 15 people inside or 30 people outside (does not apply to a single household or congregate living situation)?	<input type="checkbox"/>		<input type="checkbox"/>
	Had close (within 2 metres) or prolonged contact with a confirmed/probable case of COVID-19 without proper PPE?	<input type="checkbox"/>	<b>IF "YES"</b>  Use Droplet/Contact Plus Precautions	<input type="checkbox"/>
	Lived in or visited a community or facility designated as an area of concern re: COVID-19? <a href="#">Consult current list.</a>	<input type="checkbox"/>		<input type="checkbox"/>
	Anyone visited them that lives in or has visited a community or facility designated as an area of concern re: COVID-19? <a href="#">Consult current list.</a>	<input type="checkbox"/>		<input type="checkbox"/>

**This screening tool is not intended to replace your point of care risk assessment.**

**Screening results should dictate the need for precautions. Previous testing does not impact screening results.**

Patient Answers	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"> <li>If physical distancing cannot be maintained during the visit, increase PPE as required.</li> <li>Advise patient to self-monitor. Advise to "self-isolate" for 14 days from return of international travel or date of close contact.</li> </ul>	
	Symptomatic	<ul style="list-style-type: none"> <li>If visit not essential, consider postponing visit or referral to Assessment and Treatment Site, if available and patient is mobile.</li> <li>Ask patient to move at least 2 meters from entry way.</li> <li>Use Droplet/Contact PPE – don PPE in the entry way of the home.</li> <li>If <a href="#">AGMP</a> within 2 hours of scheduled visit time, reschedule visit to allow for settle time (2 hours).</li> <li>If previously unknown, document precautions for upcoming visits.</li> <li>Advise patient to self-isolate.</li> </ul>	

**Swab or arrange for swab if symptoms consistent with COVID-19 as per discussion with MRP:**

N/A

Not sent – rationale: \_\_\_\_\_

Sent on (Date): \_\_\_\_\_

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