



1. Have you been identified as being positive for COVID-19?
 No Yes When? _____
OR Have you had a COVID-19 test done AND are awaiting results AND have been informed to self-isolate?
 No Yes When? _____
OR Have you had a close contact with a person with a confirmed case of COVID-19 in the last 14 days?
 No Yes When? _____

2. In the last 21 days have you travelled outside of Canada?
 No travel Yes Where? _____ Date of return: _____
OR Had close contact with a confirmed or probable case of: EBOLA, MERS, Avian Influenza?
 No contact Yes Contact with a confirmed or probable case of: _____
OR Had close contact with a person with acute respiratory illness (fever, or new/worsening cough, or shortness of breath/difficult breathing) who has recently travelled outside of Canada in the last 21 days before their symptoms?
 No contact Yes. Where?: _____ Date of return: _____

3. Do you have any of these symptoms? (check all that apply)

<input type="checkbox"/> Feeling feverish/chills	<input type="checkbox"/> New or worsening cough	<input type="checkbox"/> Sore throat/Hoarse voice
<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Unexplained fatigue/malaise
<input type="checkbox"/> Nausea/Vomiting/Diarrhea	<input type="checkbox"/> Muscle aches	<input type="checkbox"/> Pink eye (conjunctivitis)
<input type="checkbox"/> Shortness of breath/difficulty breathing	<input type="checkbox"/> Unexplained or worsening headaches	
<input type="checkbox"/> Decrease or lost sense of taste or smell	<input type="checkbox"/> New or worsening runny nose/nasal congestion	

No symptoms

4. Have you been in contact with someone who has had any of the previously mentioned symptoms in the last 14 days?
 No Yes

5. Do you live in a shared living facility that is in outbreak? (*such as a long-term care home, retirement home, group home, hospice, shelter or rooming house*)?
 No Yes

6. If you are **65 years or older** are you experiencing any changes or decline to your health like worsening of chronic conditions, unexplained/increased falls, or new or worsening altered mental status or inattention (delirium)?
 No Unable to answer (defer to clinical team/MRP for clinical assessment)
 Yes N/A (patient is under 65 years old)

STAFF ACTION (If any question is answered YES):

Ensure patient is wearing a mask

CONFIRMED COVID-19 / PENDING COVID-19 TEST RESULTS

YES to question #1

Action:

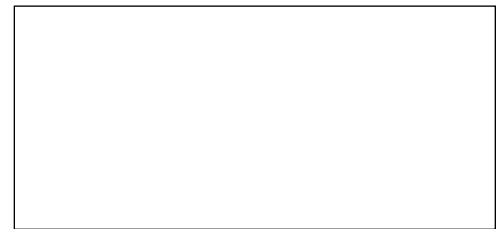
Notify the clinical team/MRP and IPAC

Defer/reschedule appointment if not medically necessary

Manage appointment with **Droplet + Contact precautions** (for any of the following):

- Symptomatic
- Less than 10 days from symptom onset/positive swab collection date





- Who have not been deemed resolved as per the **Resolution of a Case and Discontinuation of Additional Precautions for COVID-19 Positive patients**
- Who are currently awaiting COVID-19 test results from recently being tested (does not apply to asymptomatic priority populations who have been swabbed as part of the dialysis or DRCC criteria)
- Less than 14 days from having contact with a confirmed case of COVID-19

OR

- Manage appointment on **Routine Practices** for the following resolved cases (non-test based strategy):
 - *NO symptoms** (asymptomatic)
 - 10 days since symptom onset/positive swab collection date **AND**
 - Remains afebrile, symptoms improving for at least 3 days (72 hours) since recovery

OR

- *NO symptoms** (asymptomatic) who are **severely immunocompromised**
 - 20 days since symptom onset/positive swab collection date **AND**
 - Remains afebrile, symptoms improving for at least 3 days (72 hours) since recovery**Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection*

NO SYMPTOMS:

- YES to anything answered in question #2

Action:

- Defer/reschedule appointment if not medically necessary
**For anyone who has travelled outside of Canada in the last 14 days defer appointment if not medically necessary. Please verify date of return.*
- If appointment is medically necessary follow the **Algorithm for Outpatient of Clinical Staff Assessment for Asymptomatic COVID-19**

- Contact with someone with symptoms in the last 14 days (#4)
- Live in a shared living facility in outbreak (#5) Refer to IPAC page on the WAVE: "Regional Outbreak List"

Action:

- Manage appointment with **Droplet + Contact precautions** if medically necessary (ADD Airborne if appointment is aerosol generating Medical procedure)

SYMPTOMS:

- YES to ANY of the symptoms (#3)

OR

- YES or UNABLE to answer symptoms for 65 years or older (#6)

Action:

- Defer/reschedule appointment if not medically necessary
- Notify clinical team/MRP to assess the patient
- Manage appointment with **Droplet + Contact precautions** if medically necessary (ADD Airborne if appointment is aerosol generating Medical procedure)
- Clinical team/MRP to consider testing for COVID-19 as per the **COVID-19 Screening, Testing, Managing Inpatient, Hospital based outpatient priority population and Other Risk Groups**

TRAVEL (HOT ZONE) + SYMPTOMS:

- ANY Travel within 21 days outside of Canada that is listed as Hot Zone (#2)
AND
- ANY symptoms in question #3

Action:

- Follow instructions called **HOT ZONE First Steps for Ambulatory Areas** (located on the Wave under Infection Control Hot Zones).

Staff Name: _____

Date: _____

