

Ministry of Health

COVID-19 Patient Screening Guidance Document

This screening tool is based on the latest COVID-19 case definitions and the Coronavirus disease (COVID-2019) situation reports published by the World Health Organization.

This document should be used to screen people who are suspected or confirmed of having COVID-19 throughout the health and emergency response system. Ensuring all health and safety providers are following the same screening protocol will help ensure consistency when dealing with suspected or confirmed cases of COVID-19.

COVID-19 Patient Screening Guidance

- This checklist provides basic information only and contains recommendations for COVID-19 screening and should be used with applicable health sector or service specific guidance and training documents. It is not intended to take the place of medical advice, diagnosis, or treatment.
- The screening result is not equivalent to a confirmed diagnosis of COVID-19.
- At a minimum, the following questions should be used to screen individuals for COVID-19 and can be adapted based on need/setting.
- This information is current as of the date effective and may be updated as the situation on COVID-19 continues to evolve.
- Once the person has been screened as positive (answered YES to a question), additional COVID-19 screening instrument questions may discontinue.
- **In the event a hospital emergency department modifies or adds COVID-19 screening questions**, they should alert the local paramedics services of any changes.

Date Effective: April 22nd 2020

Dispatch question for Long-Term Care or Retirement Home*

Q1: Do you have a concern for a potential COVID-19 infection for the person?

* This question is only to be asked to Long-Term Care or Retirement Home staff by Dispatch Centres.

Regular Screening Questions

Q2: Is the person presenting with fever, new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing?

Q3: Did the person have close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?

Q4: Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

Q5: Does the person have two (2) or more of the following symptoms: sore throat, runny nose/sneezing, nasal congestion, hoarse voice, difficulty swallowing, decrease or loss of sense of smell, chills, headaches, unexplained fatigue/malaise, diarrhea, abdominal pain, or nausea/vomiting?

Q6: If the person is over 65 years of age, are they experiencing any of the following: delirium, falls, acute functional decline, or worsening of chronic conditions?

COVID-19 Screening Results

If response to ALL of the screening questions is NO :	COVID Screen Negative
If response to ANY of the screening questions is YES :	COVID Screen Positive

Additional COVID-19 Screening Results [Dispatch Centres only]

If response to ALL of the screening questions is UNKNOWN :	COVID Screen Unknown
If response to ANY of the screening questions is NO and UNKNOWN :	COVID Screen Unknown

Revision History

Revision #	Date Effective	Description
1	April 22 nd 2020	o Initial COVID-19 Patient Screening Guidance