

COVID-19 – Acute Infectious Illness Screening Tool – Mar 18, 2020

1: Do you have a new onset of fever*, new cough or difficulty breathing (or a combination of these symptoms)? Y N

SYMPTOMS

2: Do you have muscle aches, fatigue, headache, sore throat, runny nose or diarrhea? *Symptoms in young children may also be non-specific (for example, lethargy, poor feeding).* Y N

**NOTE: Some people, such as the very young, elderly, and those who are immunocompromised, may not develop a fever*

3a: Have you traveled outside of Canada within the last 14 days? Y N

EXPOSURE

3b: Does someone you are in close contact with have COVID-19 (for example, someone in your household or workplace)? Y N

3c: Are you in close contact with a person who is sick with respiratory symptoms (for example, fever, cough or difficulty breathing) who recently travelled outside of Canada? Y N

SYMPTOMS	EXPOSURE	PRECAUTIONS
Answer “no” to all symptom questions	Answer “no” to all exposure questions	Routine Practice
Answer “no” to all symptom questions	Answer “yes” to question 3a or 3b or 3c	Routine Practice Monitor for signs and symptoms
Answer “yes” to any symptom question	Answer “no” to all exposure questions	Droplet/Contact Precautions
Answer “yes” question 1 or 2	Answer “yes” to question 3a or 3b or 3c	1) Initiate Droplet/Contact precautions 2) Notify your local Public Health Unit for guidance regarding next steps.

Healthcare Workers –

Preliminary screening not involving direct contact

If able to maintain spatial distance of at least 2 m or separation by physical barrier:

- No PPE required.

Otherwise, Droplet and Contact precautions including:

- Surgical/procedure mask
- Isolation gown
- Gloves
- Eye protection (goggles or face shield)

Patients Suspected of or confirmed to have COVID-19

- Maintain spatial distance of at least 2 m or separation by physical barrier.
- Provide surgical/procedure mask if tolerated.