**COVID-19/ARI/ILI Screening and Signs and Symptoms Assessment**

**1. Assess for any typical or atypical signs/symptoms of COVID-19/ARI/ILI?**

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| --- | --- | --- |
| **Typical Signs/Symptoms of COVID-19/ARI (Acute Respiratory Illness)/ILI (Influenza Like Illness) include:** | **No** | **Yes** |
| Fever/Chills of unknown etiology |  |  |
| New/worsening cough  |  |  |
| New/worsening shortness of breath and/or difficulty breathing |  |  |
| Radiographic evidence of pneumonia |  |  |
| New olfactory disorder(anosmia) or taste disorder (ageusia)  |  |  |
| **OR Two or More of:**  |  |  |
| New/unexplained runny nose/sneezing and/or congestion |  |  |
| Headache |  |  |
| New/Unexplained Extreme Fatigue/Lethargy/Malaise |  |  |
| Sore throat/difficulty swallowing  |  |  |
| New/unexplained myalgias /muscle aches/joint pain  |  |  |
| Nausea, vomiting, diarrhea, abdominal pain (particularly in children) |  |  |
| **Atypical/Other Signs/Symptoms**  |  |  |
| Delirium (altered mental status)  |  |  |
| Pink eye/Conjunctivitis |  |  |
| Acute functional decline |  |  |
| Unexplained or increased number of falls |  |  |
| Exacerbation of chronic conditions ie COPD, Diabetes |  |  |
| Decreased or lack of appetite |  |  |

 **For Guidance for Health care providers on Child/Youth with COVID-19:**

 <https://ohwestcovid19.ca/guidance-for-health-care-providers-on-child-youth-with-covid-19/>

 **Assess any risk factors/exposures as outlined below:**

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| --- | --- | --- |
| **Risk Factors/Exposures** | **No** | **Yes** |
| 1. In the last 14 days, travelled outside of Canada or lives with someone who has travelled **and is** currently required to be in quarantine as per the federal quarantine requirements? <https://travel.gc.ca/travel-covid/travel->
 |  |   |
| 1. Been told by a doctor, healthcare provider, or public health unit to self isolate (stay at home)? *This can be because of an outbreak or contact tracing*
 |  |  |
| 1. In the last 10 days, been identified as a “close contact” of someone who has COVID-19?
 |  |  |
| 1. In the last 10 days, have you received a COVID alert exposure notification on your cell phone? *If already tested and negative the answer is no*
 |  |  |
| 1. In the last 10 days, tested positive for COVID-19 (rapid antigen, home based self test or PCR test) or had symptoms of COVID-19 and awaiting test results? *If negative on a lab based PCR test, select no*
 |  |  |
| 1. Any household members (those you live with) experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?
 |  |  |
| 1. In the last 10 days, has someone in the household (those you live with) been identified as a “close contact” of someone who currently has COVID-19 AND been advised by a doctor, healthcare provider or public health unit to self isolate?
 |  |  |

Non Patient Guidance

* If a non patient answers no to all questions from 1 to 8, they have passes and can enter if they are “fully vaccinated”
* If a non patient answer yes to any questions from 1 to 8, they have not passed the screening and should not be permitted entry.
* If a non patient answers yes to question 7, they must be advised to stay home, along with the rest of the household, until the sick individual gets a negative COVID-19 test results, and is cleared by their local public health unit.
* If a non patient answers yes to question 2 because a member of their household (someone they live with) has recently travelled outside of Canada and have been instructed quarantine, the should not be permitted entry until the traveler has completed their required quarantine including the testing.

Patient Guidance

* If a patient answers yes to question 1 (that includes typical signs and symptoms) - they must be placed in a droplet contact precautions in a private room and tested for COVID-19 and the full respiratory viral panel
* If a patient answers yes to question 1 (that includes only atypical signs and symptoms)- they must be placed in droplet contact precautions (private room or bedspaced) and be tested for COVID-19
* If a patients answers yes to question 1 and there is not the ability to move them out of a waiting room, separate the patient from other patients in the waiting room.
* Those patients who are asymptomatic and answer yes to questions 2 to 8 can be managed:

Inpatient:

* In Droplet/Contact precautions within the bed space with twice daily monitoring and documentation of signs and symptoms of COVID-19/ARI/ILI as per all inpatient requirements.
* If the patient manifests any signs and symptoms as outlined above, move patient to a private room, in droplet/contact precautions and test for COVID-19/ respiratory virus panel

Outpatient:

* Outpatients will be screened by screeners and their program and managed according to the nature and criticality of their care.

Staff Guidance

1. If a staff answers yes to question 1 (for typical signs and symptoms)
	* Do not come into work
	* Notify GRH Occupational Health and Safety (OH&S) ext. 1919
	* Book a PCR test (226-806-5690)
		+ Negative: come to work if symptoms resolving
		+ Positive
			- Rapid antigen test on day 6 and day 7 post symptom onset
			- May return to work provided symptoms improving and negative RAT on day 6 and 7 (in consultation with occupational health)
2. If a staff answers yes to question 1 (for only atypical signs and symptoms)
	* Come into work and monitor for signs and symptoms.
	* Notify Occupational Health and Safety (ext. 1919)
3. If a staff answers yes to question 2
	* Follow provincial and federal requirements for self-isolation
	* Notify department if required to self isolate
4. If a staff answers yes to question 3 and/or 4 and/or 5 and or 6
	* Do not come in to work
	* Contact OH&S at ext. 1919 for direction
5. If a staff answers yes to question 7
	* Contact GRH Occupational Health and Safety (OH&S) at ext. 1919
	* Book a PCR test (226-806-5690)
		+ Negative: come to work if symptoms resolving
		+ Positive
			- Rapid antigen test on day 6 and day 7 post symptom onset
			- May return to work provided symptoms improving and negative RAT on day 6 and 7 (in consultation with occupational health)
6. If a staff answers yes to question 8
	* Come into work and monitor for signs and symptoms