

Client Name			
Address			
Postal Code / City		B.R.N.	

## Infection Prevention and Control (IPAC) COVID-19 Respiratory Infection Screener

Recommended best practice Skip the assessment if patient confirms they have tested positive, and follow the rest of the outlined actions.

- Screen clients prior to each visit where possible. If phone screening is not possible due to client limitations, conduct screening upon arrival at the client's home from a safe distance of a minimum 2 metres.
- Care providers who would like further confirmation or clarity, may ask more questions upon arrival at the home from a safe distance.
- Ask clients to wear a mask or face covering (where tolerated) for source control during the appointment. If they do not have their own mask, one should be provided.
- Ask about any other person (s) who will be in the home during the appointment and where appropriate, screen those persons too.

The COVID-19 Respiratory Infection Screener consists of 4 questions

SCREENING QUESTIONS - RESPIRATORY	ACTION BY LHIN EMPLOYEE	
<b>Symptoms /Travel / Contact</b>	<b>Linking IPAC Respiratory Infection Screener Results with CHRIS Codes</b>	
<p>1. Have you or anyone in your household had <b>close contact*</b> with anyone with acute respiratory illness or <b>travelled outside of Ontario</b> in the past 14 days?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><b>COVID Screen Positive:</b> If response to <b>ANY</b> of the screening questions is <b>YES</b>.</p> <p><b>Note:</b> A COVID Screen Positive result <b>is not</b> equivalent to a confirmed diagnosis of COVID-19</p>	
<p>2. Do you or anyone in your household have a <b>confirmed case</b> of COVID-19 (or test results pending+) or had <b>close contact* with a confirmed case</b> of COVID-19 not yet resolved (or test results pending+) without wearing appropriate PPE?</p> <p><b>NOTES:</b> If a case of COVID-19 was confirmed but has since been resolved (client is asymptomatic or has tested negative), answer 'NO</p> <p>If the close contact was greater than 14 days ago and the client is asymptomatic or has tested negative, answer "NO"</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>+ Use clinical judgment in cases where swabbing is done to confirm absence of disease (e.g., swabbing for pending LTC admissions or admission for treatment, such as oncology clinics or dialysis)</p> <p>*<b>Close Contact</b> - Living in the same house and/or within touching distance (within 6 feet, 2 meters), with a person with suspected, probable, or confirmed case of COVID-19. Examples include kissing or hugging, sharing eating or drinking utensils, carpooling, close conversation, sharing a healthcare waiting area, performing a physical examination (relevant to health care providers), and any other direct contact with respiratory secretions of a person with coronavirus.</p>	<p><b>C19Caution</b></p> <p>To be selected for clients who have responded <b>YES</b> to at least one of the screening questions.</p>	<p><b>COVID-19</b></p> <p>To be selected for clients who have been <b>tested and confirmed positive</b> test result for COVID-19. These clients have a confirmed medical diagnosis of COVID-19.</p>
	<b>ACTION STEPS</b>	
	<p><b>PPE Precautions:</b> Use Droplet &amp; Contact Precautions [+ Airborne for any aerosol-generating procedures]</p> <ul style="list-style-type: none"> <li>▪ Record Risk Code in CHRIS</li> <li>▪ Alert SPOs through CHRIS</li> <li>▪ Order approved supplies for clients</li> <li>▪ Delay CC HV &amp; Home &amp; Community Care non-essential services x 15 days, then repeat IPAC Risk Assessment; OR</li> <li>▪ Perform virtual home visit if services are not essential.</li> <li>▪ Advise or link client as appropriate, following the Positive Screener Result Scenarios below</li> <li>▪ Repeat Screener / Update Risk Codes as instructed</li> <li>▪ <a href="#">Novel Coronavirus Communication and Staff Resources</a></li> </ul>	
<p>3. Do you have any of the following symptoms: [MILD]</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Fever (.37.8 degrees Celsius or more)</p> <p><input type="checkbox"/> New onset of cough</p> <p><input type="checkbox"/> Worsening chronic cough (continuous or more than usual)</p> <p><input type="checkbox"/> Shortness of breath (dyspnea, out of breath)</p> <p><input type="checkbox"/> Difficulty breathing (unable to breathe deeply, wheeze)</p> <p><input type="checkbox"/> Sore throat (painful swallowing)</p> <p><input type="checkbox"/> Difficulty swallowing</p> <p><input type="checkbox"/> Decrease or loss of sense of taste or smell</p> <p><input type="checkbox"/> Chills</p> <p><input type="checkbox"/> Headaches</p> <p><input type="checkbox"/> Unexplained fatigue / Malaise / Muscle ache (myalgias)</p> <p><input type="checkbox"/> Nausea / Vomiting/Diarrhea/ Abdominal pain (persistent and ongoing)</p> <p><u>Less common and may need further evaluation from a physician</u></p> <p><input type="checkbox"/> Pink eye (conjunctivitis)</p> <p><input type="checkbox"/> Runny nose / Nasal congestion without other known cause</p> <p><input type="checkbox"/> Croup in children</p>	<p><b>Positive Screener Result Scenarios</b></p> <p><b>Moderate to Severe Symptoms</b></p> <p><input type="checkbox"/> Severe (struggling for each breath, speaking in single words)</p> <p><input type="checkbox"/> Moderate difficulty breathing</p> <p><input type="checkbox"/> Severe chest pain (constant tightness / crushing sensation)</p> <p><input type="checkbox"/> Feeling confused / unsure where they are</p> <p><input type="checkbox"/> Losing consciousness</p>	<ul style="list-style-type: none"> <li>▪ Facilitate transfer to ER. If <b>calling 911</b>, inform the call attendant that the client has symptoms of COVID-19</li> <li>▪ Follow the process as per TC LHIN COVID19 <a href="#">Positive Screen Algorithm</a></li> </ul>
	<p><b>Mild Symptoms, AND</b></p> <ul style="list-style-type: none"> <li>▪ <b>travel history to an affected area (including inside Canada OR</b></li> <li>▪ <b>Lived in or Worked in a facility known to be experiencing an outbreak of COVID19 (eg. LTC, prison, hospital, etc.)</b></li> </ul> <p>When assessing for the MILD symptoms evaluate if they are <b>new, worsening, or different from an individual's baseline health status (usual state)</b>. They should not be chronic or related to other known causes or conditions</p> <p>Atypical signs should be based on an assessment by a Health Care Provider, and should not be explained by other known causes or conditions</p>	<ul style="list-style-type: none"> <li>▪ Instruct patient to self-isolate for 14 days from start of symptoms, and</li> <li>▪ Use <a href="#">MOH COVID Self-Assessment</a> and/or go to an Assessment Centre to get tested</li> <li>▪ <b>If symptoms worsen</b>, call Primary Care Provider or Telehealth Ontario at 1-866-797-0000.</li> <li>▪ Follow the process, as per TC LHIN COVID19 <a href="#">Positive Screen Algorithm</a></li> </ul>

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4. If the patient is **70 years of age and older**, are they experiencing any of the following symptoms:  
 [Atypical Symptoms]

No     Yes

Delirium (altered state of consciousness)  
 Unexplained or increased number of falls  
 Acute functional decline  
 Worsening of chronic conditions

**Asymptomatic AND**

- Close contact with a possible case of COVID-19 not yet resolved without wearing appropriate PPE; OR
- Travel History to an Affected Area inside Canada; OR
- Lived in or Worked in a Facility Known to be Experiencing an Outbreak of COVID-19 (e.g. LTC Home, prison, hospital)

**Asymptomatic AND Traveled Outside Canada**

Anyone who has travelled outside of Canada is required to self-isolate for 14 days upon their arrival back in Canada. For more information please visit the [Government of Canada's](#) website for travel advice and the [Ministry of Health website](#) dedicated to coronavirus

PPE Guidelines	Hand Hygiene	Gloves	Gown	Surgical Mask	Goggles	Fit-tested N95
Contact Precautions	✓	✓	✓			
Droplet & Contact Precautions	✓	✓	✓	✓	✓	
Airborne Precautions	✓					✓

**NOTE:** If the client does not have a positive screen, request them to notify LHIN immediately if they or a household member subsequently develop these symptoms before the LHIN or service provider visits.

**Additional Comments:**

Employee Name: \_\_\_\_\_ Team: \_\_\_\_\_ Phone/Ext: \_\_\_\_\_  
 Date: \_\_\_\_\_

**For Child and Family Home and Community Care Clients ONLY**

Screen for the atypical signs as below.

<p><b>Atypical signs should be based on an assessment by a Health Care Provider, should not be explained by other known causes or conditions and can include:</b></p> <p><input type="checkbox"/> New or unusual exacerbation of chronic conditions (e.g. chronic lung diseases such as asthma, emphysema, or chronic obstructive pulmonary disorder)  <input type="checkbox"/> Tachycardia (fast heart rate) including age specific tachycardia for children  <input type="checkbox"/> Low blood pressure for age  <input type="checkbox"/> Hypoxia (i.e. oxygen saturation less than 92%)  <input type="checkbox"/> Difficulty feeding in infants  <input type="checkbox"/> Multisystem inflammatory vasculitis in children and adolescents (MIS_C) less than 19 years old          Presentation may include persistent fever for 3 days or more; rash or bilateral conjunctivitis, hypotension or shock, features of myocardial dysfunction (pericarditis, valvulitis, or coronary abnormalities), acute gastrointestinal symptoms (nausea, diarrhea, vomiting, and abdominal pain)</p>	<ul style="list-style-type: none"> <li>Use PPE Precautions.</li> <li>Instruct client to <b>self-isolate for 14 days</b>, use the MOH COVID Self-Assessment, and/or <b>go to an assessment centre</b> to be tested.</li> <li><b>If symptoms worsen</b>, call Primary Care Provider or Telehealth 1-866-797-0000.</li> <li>Follow the process as per TC LHIN COVID19 <a href="#">Positive Screen Algorithm</a></li> </ul>
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