ISC INDIGENOUS SERVICES CANADA

Client Demographic Information * Indicates required information.			
*Client's Name:	(Last , First , Middle Initial)		*DOB: DD-MMM-YYYY
*Community Name:		Band Number:	
*OHIP Number:		*Gender: ☐ Male ☐ Female ☐ Other_____	
Past Medical History:			

The following questions are guidelines to screen for COVID-19 and are based on the provincial case definition as of April 7, 2020. Visit www.ontario.ca/coronavirus for current case definition. This tool is for use at health centres without treatment and public offices. Nursing stations and health centres with treatment should use the 'Triage Tool' and 'Advise Log with COVID-19 Screen.' Nurses must adhere to routine and contact and droplet precaution for all clinical examinations and use appropriate PPE based on point of care risk assessment when screening patients. Respirators should be used during aerosol-generating medical procedures (AGPM)[1] (Obtaining a nasopharyngeal/throat swab for COVID-19 testing is not an AGMP and contact and droplet precautions is recommended).

Questions to Ask Patients	
Section 1: Are you feeling any of the following symptoms? Circle the symptoms	
Fever (over 38 degrees Celsius)	☐ Yes ☐ No
New cough or exacerbation of chronic cough?	☐ Yes ☐ No
Muscle aches, fatigue, headache, sore throat, runny nose or diarrhea? If yes, indicate date of onset: _____	☐ Yes ☐ No
Section 2: AND had any of the following:	
Travel to an impacted area in the last 14 days, including outside of the community? If yes, where:_____ Date of Return: _____	☐ Yes ☐ No
In close contact with someone who is confirmed with/or being investigated for COVID-19 If yes, where: _____ Exposure date(s): _____ Details: _____	☐ Yes ☐ No
Are you in close contact with someone who is sick with respiratory symptoms (e.g. fever, cough, or difficulty breathing) who recently travelled to an impacted area? If yes, date of exposure: _____ Type of exposure: _____	☐ Yes ☐ No
If client screened "yes" in section 1 <u>and</u> 2, treat as **probable case** – see next page for management	
Section 3: Testing for COVID-19	
Have you been tested for COVID-19? If yes, when: _____, where:_____	☐ Yes ☐ No
Do you have a laboratory result confirming you have COVID-19? (if yes, If yes, when: _____, instructions given:_____ If client screened "yes," treat as **confirmed case** – see next page for management	☐ Yes ☐ No
Reporting	
Is the client a probable or confirmed case as per screening above? If yes, this case must be reported to the CD nurse and local public health unit	☐ Yes ☐ No
Notes: Nurse's Signature:_____ Date (DD/MMM/YYYY): _____	

[1] Aerosol-generating medical procedures includes: intubation, CPR, open airway suctioning, nebulized medications, sputum induction, non-invasive positive pressure ventilation (CPAP/BIPAP), high-flow oxygen therapy.

Managing Asymptomatic Patients (NOTE: Testing of asymptomatic patients is not indicated)	
Risk	**Management**
• No travel to impacted area **AND** no close contact with probable or confirmed case or person with acute respiratory illness who has been to an impacted area	• Counsel patient on protecting themselves from COVID-19 exposure o Patient can continue to receive routine healthcare
• Travelled to an impacted area • Impacted areas are listed on the daily WHO situation reports • Travel outside of the community to an area with confirmed COVID-19 cases and community transmission should also be considered	• Quarantine is mandatory for 14 days for travelers returning from outside of Canada • If travelled outside of community, self-monitoring for symptoms, **and** as per community established protocols • If symptoms develop, manage as a probable case: o Patient can continue to receive routine healthcare – recommend patient call health facility to be screened for symptoms coming to clinic
• Close contact with confirmed case	• Advise client to self-isolate for 14 days since last exposure • If symptoms develop, manage as probable case: o Patient can continue to receive routine healthcare – recommend patient call health facility to be screened for symptoms before coming to clinic
• Close contact with probable case **OR** person with acute respiratory illness who has been to an impacted area	• Self-isolate for 14 days since last exposure • If symptoms develop, manage as probable case: o Patient can continue to receive routine healthcare – recommend patient call health facility to be screened for symptoms before coming to clinic
Managing Symptomatic Patients	
Risk	**Management**
• No travel to impacted area, **AND** no close contact with probable or confirmed case or person with acute respiratory illness who has been to an impacted area.	• Report to CD nurse all clients being tested for COVID-19 • Testing may be indicated - consult with MD/NP if needed • If your clinic does not offer testing, refer to local hospital or assessment centre to arrange for testing – call ahead • Advise client to self-isolate until 24 hours symptom-free and at least 14 days since last known exposure o Patient can continue to receive routine healthcare – perform point of care risk assessment based patient's symptoms
• Travelled to an impacted area **OR** close contact with confirmed or probable case or person with acute respiratory illness who has been to an impacted area	• **Probable case -** report to CD nurse immediately • Testing may be indicated - consult with MD/NP if needed • If your clinic does not offer testing, refer to local hospital or assessment centre to arrange for testing – call ahead • Advise probable case to self-isolate until 24 hours symptom-free and at least 14 days since last known exposure o Patient can continue to receive routine healthcare – perform point of care risk assessment based patient's symptoms
• Positive COVID-19 result	• **Confirmed case -** report to CD nurse immediately • FNIHB-OR CD Unit or local Public Health Unit will follow-up with all confirmed cases in collaboration with CHN o Patient can continue to receive routine healthcare- perform point of care risk assessment based patient's symptoms