**COVID-19 Respiratory Infection Screener**

**Recommended best practice** is to screen patients prior to each visit where possible.

The COVID-19 Respiratory Infection Screener consists of 5 questions

**PART A: Symptoms**

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| --- | --- |
| 1. Do you or anyone in your household have new/worse cough or shortness of breath?
 | Yes \_\_\_\_  No \_\_\_\_ |
| 1. Are you feeling feverish, or have you had shakes or chills in the last 24 hours (>38 degrees Celsius)?
 | Yes \_\_\_\_ No \_\_\_\_ |

**PART B: Travel/Contact**

|  |  |
| --- | --- |
| 1. Have you traveled in the last 14 days to Iran or Hubei province, China (including Wuhan) OR anywhere in China, Hong Kong, Italy, Japan, Singapore, South Korea, France, Germany or Spain?
 | Yes \_\_\_\_  No \_\_\_\_ |
| 1. Have had close contact with a confirmed or probable case of someone with **novel coronavirus** (COVID-19)?
 | Yes \_\_\_\_  No \_\_\_\_ |
| 1. Have you hadclose contact with a person with acute respiratory illness who has been to Iran or Hubei province, China (including Wuhan) OR anywhere in China, Hong Kong, Italy, Japan, Singapore, South Korea, France, Germany or Spain within 14 days prior to their illness onset?
 | Yes \_\_\_\_  No \_\_\_\_ |

**Positive Screener Result Scenarios:**

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| --- | --- |
| Part A = **Yes**Part B = **No** | If answered **‘Yes’ to one or both** questions in Part A but **‘No’ to all travel/contact** questions in part B, proceed with respiratory illness precautions.  |
| Part A = **No**Part B = **Yes** | If answered **‘No’ to both** of thequestions in Part A but **‘Yes’ to one of the travel/contact** questions in part B, notify the LHIN COVID-19 Response Team.  |
| Part A = **Yes**Part B = **Yes** | If answered **‘Yes’ to one or both** questions in Part A and **‘Yes’ to one of the travel/contact** questions in part B, notify the LHIN COVID-19 Response Team.  |