



NOVEL CORONAVIRUS (2019-nCoV) SCREENING TOOL

IPHIS CASE ID:

IPHIS CLIENT ID:

REPORTING SOURCE

Name:	Report Date (y/m/d):	Time:
Agency:	Phone #:	
Fax #:	Cell #:	

CLIENT INFORMATION

Last Name:	First Name:	Gender:
DOB (y/m/d):	Phone #:	Cell #:
Address:	City:	Postal Code:
Name of Parent/Guardian (if applicable):		
Occupation:	Place of Employment:	
FAMILY PHYSICIAN:	Phone #:	Fax #:

COMPLETE THE FOLLOWING SCREENING QUESTIONS:

CLIENT PRESENTS WITH nCoV DEFINING FEATURES

YES NO Fever > 38°C **AND**

YES NO New onset of or exacerbation of chronic cough or difficulty breathing **AND**

YES NO Evidence of severe illness progression
i.e. Acute Respiratory Distress Syndrome (ARDS) or severe influenza-like illness and life threatening complications such as encephalitis, myocarditis, or other severe and life threatening complications.

TRAVEL HISTORY

YES NO Travel to Wuhan, China in the 14 days before symptom onset.

YES NO Close contact * with a confirmed or probable case of 2019-nCoV

YES NO Close contact * with a person with acute respiratory illness who has been in Wuhan, China 14 days prior to their illness onset.

SYMPTOM ONSET DATE (y/m/d):

* A close contact is defined as a person who provided care for the patient, including Health Care Workers, family members or other caregivers, or who had other similar close physical contact **OR** who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

If you answered **NO** to the Travel History questions above, initiate Contact & Droplet Precautions (in addition to Routine Practices).

If you answered **YES** to any Travel History questions above, initiate Airborne (if available) and Contact Precautions; admit to single patient room with negative pressure (AIIR). If not available, place in private room with the door closed and contact the Renfrew County and District Health Unit at 613-735-8654 Ext. 555; for after-hours call 613-735-9926.

Testing for 2019-nCoV PUIs requires prior approval by PHO Laboratory before submission and ideally after a physician has seen the patient. For approval, contact PHO Laboratory's Customer Service Centre at 416-235-6556/1-877-604-4567 or the After-Hours Emergency Duty Officer at 416-605-3113.



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FOR HEALTH UNIT USE ONLY

NOTES (Response/Assessment/Intervention/Plan)		INVESTIGATOR:
DATE		TIME
		iPHIS Case/Incident #:
		Notes taken by: Notes:
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Personal information on this form is collected under the authority of the Health Protection and Promotion Act R.S.O. 1990, c. H.7.