



## 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/OR**

YES  NO  Cough (***new onset or exacerbation of chronic cough***) **OR**

YES  NO  Difficulty Breathing

**AND** any of the following

#### TRAVEL HISTORY

YES  NO  Travel to mainland China in the 14 days before symptom onset **OR**

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

YES  NO  Close contact \* with a person with acute respiratory illness who has been to mainland 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.

**Mandatory data accompanying testing requests:** In order to expedite testing, as of February 10, 2020 PHO Laboratory pre-approval for COVID-19 testing is **no longer** required, provided **that the following mandatory information is included on PHO Laboratory requisition:** This mandatory information can be included in the specific PHO [COVID-19 Test Requisition](#)



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### FOR HEALTH UNIT USE ONLY

<b>NOTES (Response/Assessment/Intervention/Plan)</b>			<b>INVESTIGATOR:</b>
			<b>iPHIS Client #:</b>
<b>DATE</b>	<b>TIME</b>		<b>iPHIS Case/Incident #:</b>
		Notes taken by: Notes:	
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