

Ministry of Health

COVID-19 Patient Screening Guidance Document

V. 3.0, May 17, 2020

This screening tool is based on the latest COVID-19 case definitions and the Coronavirus disease (COVID-2019) situation reports published by the World Health Organization. This document should be used to screen people who are suspected or confirmed of having COVID-19 throughout the health and emergency response system. Ensuring all health and safety providers are following the same screening protocol will help ensure consistency when dealing with suspected or confirmed cases of COVID-19.

COVID-19 Patient Screening Guidance

- This checklist provides basic information only and contains recommendations for COVID-19 screening and should be used with applicable health sector or service specific guidance and training documents. It is not intended to take the place of medical advice, diagnosis, or treatment.
- The screening result is not equivalent to a confirmed diagnosis of COVID-19.
- At a minimum, the following questions should be used to screen individuals for COVID-19 and can be adapted based on need/setting.
- This information is current as of the date effective and may be updated as the situation on COVID-19 continues to evolve according to the evidence, including data received from surveillance testing initiatives
- Once the person has been screened as positive (answered YES to a question),
 additional COVID-19 screening instrument questions may discontinue.
- In the event a hospital emergency department modifies or adds COVID-19 screening questions, they should alert the local paramedics services of any changes.



Date Effective: May 17th 2020

Dispatch question for Long-Term Care or Retirement Home*

Q1: Do you have a concern for a potential COVID-19 infection for the person?

Regular Screening Questions

- Q2: Did the person have close contact with anyone with acute respiratory Illness or travelled outside of Ontario in the past 14 days?
- Q3: Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?
- Q4: Does the person have any of the following symptoms:
 - Fever
 - New onset of cough
 - Worsening chronic cough
 - Shortness of breath
 - Difficulty breathing
 - Sore throat
 - Difficulty swallowing
 - Decrease or loss of sense of taste or smell
 - Chills
 - Headaches
 - Unexplained fatigue/malaise/muscle aches (myalgias)
 - Nausea/vomiting, diarrhea, abdominal pain
 - Pink eye (conjunctivitis)
 - Runny nose/nasal congestion without other known cause
- Q5: If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

^{*} This question is only to be asked to Long-Term Care or Retirement Home staff by Dispatch Centres.



COVID-19 Screening Results

If response to ALL of the screening questions is NO :	COVID Screen Negative
If response to ANY of the screening questions is YES :	COVID Screen Positive

Additional COVID-19 Screening Results [Dispatch Centres only]

COVID Screen Unknown	If response to ALL of the screening questions is UNKNOWN :	
COVID Screen Unknown	If response to ANY of the screening questions is	
	NO and UNKNOWN:	

Revision History

Revision #	Date Effective	Description
1	April 22 nd 2020	o Initial COVID-19 Patient Screening Guidance
2	May 2nd 2020	 Guidance updated to include additional symptoms (i.e. pink eye; loss of taste in addition to loss of smell); Consideration for other known cause for runny nose/sneezing and nasal congestion; Clarification of 'falls' (unexplained or increased number of falls).
3	May 17 th 2020	 Edit to Q4 to indicate that any symptom/sign of COVID-19 should result in a positive screen Edit to Q3 to include any travel outside of Ontario (not only outside of Canada) Edit Q5 to change age from 65 to 70 years old