



**COVID – 19 Screening Tool  
Outpatient/Same Day Surgery/Direct Admission**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**INITIAL ALL APPLICABLE BOXES**

- In-person Screen     Telephone Screen

Part A	Symptom assessment. Ask patient if they have <b>ANY</b> of the following symptoms:	YES	NO
<input type="checkbox"/> Sudden onset of NEW cough or CHANGE to existing cough? <input type="checkbox"/> Fever of 38°C or greater on arrival or by patient history? <small>Note: over age 65 and under age 5, fever may not be present</small> <input type="checkbox"/> Sore throat? <input type="checkbox"/> NEW onset shortness of breath and/or difficulty breathing? <input type="checkbox"/> Pediatric – sudden onset of any of the following: <input type="checkbox"/> Runny nose, cough, sneezing? <input type="checkbox"/> GI symptoms (under the age of 5)?	<b>Exclude symptoms related to an underlying medical condition (e.g. SOB related to ascites)</b>  Describe _____  <b>ANY “yes” answers = “YES”</b>  <b>ALL “no” answers = “NO”</b>	<input type="checkbox"/>	<input type="checkbox"/>

Part B	Within the past 14 days has the patient had <b>ANY</b> of the following:	YES	NO
<input type="checkbox"/> Travel outside of Saskatchewan? Where: _____ <input type="checkbox"/> Close (within 2 metres) or prolonged contact with confirmed or probable case of COVID-19 without proper PPE? <input type="checkbox"/> Attended a mass gathering over 10? <input type="checkbox"/> Instructed to self-isolate? Why if other than above: _____ <input type="checkbox"/> Unable to provide history (altered LOC or communication barrier)?	<b>ANY “yes” answers = “YES”</b>  <b>ALL “no” answers = “NO”</b>	<input type="checkbox"/>	<input type="checkbox"/>

	Part A	Part B	Action	ID
	<b>Patient Answers</b>	NO	NO	Proceed with procedure.
NO		YES	Does not fit COVID-19 screening criteria  Postpone procedure – instruct they “self-isolate” and “self-monitor” at home for 14 days from return of travel or date of close contact. Encourage they call 8-1-1 or visit the Government of Saskatchewan COVID-19 website for information and complete the Self-Assessment if they become symptomatic. If unable to postpone procedure – follow department process.	
YES		NO	Postpone procedure. Instruct they “self-isolate”.	
YES		YES	<b>Fits COVID-19 screening criteria</b>  If patient has <u>not</u> had a COVID-19 swab, inform them the Off Site Testing Centre will contact them for an appointment and fax form to local Testing Centre. <input type="checkbox"/> Form faxed to local Testing Centre If unable to postpone procedure – follow department process.	

**COVID-19 nasopharyngeal swab:**     N/A     Not sent     Sent on (Date): \_\_\_\_\_

Signature/Designation: \_\_\_\_\_

**FAX TO RECEIVING UNIT OR OPERATING ROOM WITH CONSENT IF PATIENT FOR SURGERY**