



COVID-19 Assessment Form

Client Demographic Information * Indicates required information.	
*Client's Name: <small>(Last, First, Middle Initial)</small>	*DOB: DD-MMM-YYYY
*Community Name:	Band Number:
*OHIP Number:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undifferentiated
Past Medical History:	

The following questions are guidelines to screen for COVID-19 and are based on the provincial case definition as of March 15, 2020. Please check www.ontario.ca/coronavirus for current case definition. Nurses must adhere to routine and contact and droplet precaution for all clinical examinations and use appropriate PPE based on point of care risk assessment when screening patients. Respirators should be used during aerosol-generating medical procedures¹ (THIS DOES NOT INCLUDE OBTAINING A NASOPHARYNGEAL/THROAT SWAB FOR COVID-19 TESTING).

Questions to Ask Patients	
Section 1: Are you feeling any of the following symptoms? Circle the symptoms	
• Fever, new cough or difficulty breathing (or any combination)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Muscle aches, fatigue, headache, sore throat, runny nose or diarrhea? If yes, indicate date of onset: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 2: AND had any of the following:	
• Travel outside of Canada in the last 14 days? If yes, where: _____ Date of Return: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• In close contact with someone who is confirmed with/or being investigated for COVID-19 If yes, where: _____ Exposure date(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Details: _____	
• Are you in close contact with someone who is sick with respiratory symptoms (e.g. fever, cough, or difficulty breathing) who recently travelled outside of Canada? If yes, date of exposure: _____ Type of exposure: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case Definition	
Does the patient meet case definition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	
Nurse's Signature: _____	Date (DD/MMM/YYYY): _____

¹ Aerosol-generating medical procedures includes: intubation, CPR, open airway suctioning, bronchoscopy, sputum induction, non-invasive positive pressure ventilation (CPAP/BIPAP), high-flow oxygen therapy.



Managing Asymptomatic Patients	
(NOTE: testing of asymptomatic patients is not indicated)	
Risk	Management
<ul style="list-style-type: none"> No travel to impacted area AND no close contact with probable or confirmed case or person with acute respiratory illness who has been to an impacted area 	<ul style="list-style-type: none"> Counsel patient on protecting themselves from COVID-19 exposure <ul style="list-style-type: none"> Patient can continue to receive routine healthcare
<ul style="list-style-type: none"> Travelled to an impacted area 	<ul style="list-style-type: none"> Voluntary self-isolation is recommended for the 14 days from travelers returning from outside of Canada. Otherwise, self-monitoring for symptoms If symptoms develop, manage as a probable case: <ul style="list-style-type: none"> Patient can continue to receive routine healthcare – recommend patient call health facility to be screened for symptoms before coming to clinic
<ul style="list-style-type: none"> Close contact with confirmed case 	<ul style="list-style-type: none"> Self-isolate for 14 days since last exposure If symptoms develop, manage as probable case: <ul style="list-style-type: none"> Patient can continue to receive routine healthcare – recommend patient call health facility to be screened for symptoms before coming to clinic
<ul style="list-style-type: none"> Close contact with probable case OR person with acute respiratory illness who has been to an impacted area 	<ul style="list-style-type: none"> Self-isolate for 14 days since last exposure If symptoms develop, manage as probable case: <ul style="list-style-type: none"> Patient can continue to receive routine healthcare – recommend patient call health facility to be screened for symptoms before coming to clinic
Managing Symptomatic Patients	
Risk	Management
<ul style="list-style-type: none"> No travel to impacted area, AND no close contact with probable or confirmed case or person with acute respiratory illness who has been to an impacted area. 	<ul style="list-style-type: none"> Counsel patient on protecting themselves from COVID-19 exposure <ul style="list-style-type: none"> Patient can continue to receive routine healthcare – recommended applying relevant precautions according to patient’s symptoms
<ul style="list-style-type: none"> Travelled to an impacted area OR close contact with confirmed or probable case or person with acute respiratory illness who has been to an impacted area 	<ul style="list-style-type: none"> Probable case Testing is indicated, subject to local availability Advise patient to self-isolate If your clinic does not offer testing, refer to local hospital or assessment centre to arrange for testing If probable case cannot receive testing, self-isolate until 24 hours symptom-free and at least 14 days since last known exposure <ul style="list-style-type: none"> Patient can continue to receive routine healthcare – apply relevant precautions
<ul style="list-style-type: none"> As above AND positive COVID-19 result 	<ul style="list-style-type: none"> Confirmed case FNIHB-OR CD Unit or local Public Health Unit will follow-up with all confirmed cases in collaboration with CHN <ul style="list-style-type: none"> Patient can continue to receive routine healthcare- apply relevant precautions

Adapted from Sudbury Public Health Unit Updated Patient Management March 16, 2020