

Health PEI

One Island Health System

Inpatient Screening Tool for Suspected or Confirmed Covid-19

Updated September 2021

Patient Label

Screening Questions & Precautions Required

To be completed by the Most Responsible Healthcare Provider in collaboration with the Health Care Team. Refer to Health PEI Covid-19 Testing Criteria for guidance on testing.

If more than one question is answered yes, continue precautions until the longest isolation period is completed. Rotational workers follow their vaccine status for isolation precautions (ie if they are unvaccinated, they follow isolation precautions for patients who are unvaccinated).

1. <input type="checkbox"/> Yes or <input type="checkbox"/> No	Is the patient unvaccinated? Has not received any doses of vaccine or is <21 days from receiving their first dose of a two dose COVID-19 vaccine series.
2. <input type="checkbox"/> Yes or <input type="checkbox"/> No	Is the patient partially vaccinated? Partially vaccinated is one dose of a two-dose COVID-19 vaccine series plus 21 days
3. <input type="checkbox"/> Yes or <input type="checkbox"/> No	Is the patient fully vaccinated? Fully vaccinated is a person who is ≥ 14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series.
Unvaccinated Patients	
4. <input type="checkbox"/> Yes or <input type="checkbox"/> No	Has the unvaccinated patient traveled outside of PEI in the last 8 days? If Yes: Droplet-contact precautions (if AGMP, use Airborne-contact) for 8 days from the date the patient returned to PEI. On day 8, test for COVID, if negative then precautions may be discontinued. Accommodation: Private Room. Treat as positive for duration of 8 day self-isolation.
Partially Vaccinated Patients	
5. <input type="checkbox"/> Yes or <input type="checkbox"/> No	Has the partially vaccinated patient traveled outside of PEI ? If Yes: Droplet-contact precautions (if AGMP, use Airborne-contact) for 8 days from the date the patient returned to PEI. On day 8, test for COVID, if negative then precautions may be discontinued. Accommodation: Private Room. Treat as positive for duration of 8 day self-isolation.
Fully Vaccinated Patients	
6. <input type="checkbox"/> Yes or <input type="checkbox"/> No	Has the fully vaccinated patient traveled outside of Canada and is required to self-isolate? If Yes: Droplet-contact precautions (if AGMP, use Airborne-contact) for 8 days from the date the patient returned to PEI. On day 8, test for COVID, if negative then precautions may be discontinued. Accommodation: Private Room. Treat as positive for duration of 14 day self-isolation.
7. <input type="checkbox"/> Yes or <input type="checkbox"/> No	Has the fully vaccinated patient traveled outside of Canada and has NOT been granted exemption to Federal self-isolation requirements? If Yes: Droplet-contact precautions (if AGMP, use Airborne-contact) for 14 days from the date the patient returned to Canada, with at least 8 days of isolation on PEI. Test as per current testing guidelines. Accommodation: Private Room. Treat as positive for duration of 14 day self-isolation.

<p align="center">Patients who are COVID -19 positive</p>	
<p>8. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<p>Is the patient COVID-19 positive?</p> <p>If YES: Droplet-contact precautions. If AGMP, use Airborne-contact.</p> <p>Accommodation: Private Room. Can be cohorted with other known positives. Consult infection control for options</p> <p>Isolate until deemed recovered. A case is deemed recovered if it has been 10-20 days since symptoms began or positive test, as long as the patient feels well. (Immunocompromised or hospitalized cases may require 20 days of isolation, please consult CPHO.)</p>
<p align="center">Patients who have been exposed to COVID-19</p>	
<p>9. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<p>Is the patient self-isolating due to a potential exposure to COVID-19?</p> <p><u>If Yes :For unvaccinated or partially vaccinated patients:</u> Droplet-contact precautions. If AGMP, use Airborne/Contact precautions.</p> <p>Accommodation: Private Room. Observe patient for symptoms of COVID-19</p> <p>Duration of precautions: 14 days from the date the patient was potentially exposed, even if COVID-19 swab is negative.</p> <p><u>If Yes: For fully vaccinated patients who are household close contacts:</u> Droplet-contact precautions. If AGMP, use Airborne/Contact precautions.</p> <p>Accommodation: Private Room. Observe patient for symptoms of COVID-19</p> <p>Duration of precautions: 7 days from the date the patient was potentially exposed and until two negative test results are received.</p> <p><u>If Yes: For fully vaccinated patients:</u> if asymptomatic (immune competent and NOT living in a Long Term Care Facility or Community Care Facility) monitor for symptoms and test as per current testing guidelines. If symptoms develop, isolate immediately with Droplet/Contact precautions, if AGMP, use Airborne/Contact precautions.</p>
<p align="center">Patients with household member self-isolating or work isolating</p>	
<p>10. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<p>Does the patient have a household member on self-isolation/work isolation?</p> <p>If Yes, and the household member is <u>symptomatic</u>, then Droplet-contact precautions (if AGMP, use Airborne/Contact) for 14 days from the date the patient was last in contact with household member, even if COVID-19 swab is negative.</p> <p>If Yes and the household member on self-isolation/work isolation is <u>asymptomatic</u>, no precautions required.</p>
<p align="center">Household member being swabbed with no risk factors</p>	
<p>11. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>	<p>Does the patient have a household member who has been swabbed for COVID-19 with no other risk factors?</p> <p>If Yes: Droplet-contact precautions (if AGMP, use Airborne/Contact) until the household member’s COVID-19 swab results are negative.</p>

Symptomatic patient with no travel or exposure risk factors	
12. <input type="checkbox"/> Yes or <input type="checkbox"/> No	<p>Does the patient have COVID-19 symptoms (without an alternative explanation) and a pending COVID-19 swab?</p> <p>If Yes: Droplet-Contact precautions. If AGMP, use Airborne-contact precautions. Precautions may be discontinued if COVID swab negative and patient deemed no longer infectious by Most Responsible Physician (MRP).</p> <p>Accommodation: Private Room.</p>
Swabs requested by an out of Province facility	
13. <input type="checkbox"/> Yes or <input type="checkbox"/> No	<p>Is the patient going to be transferred to another facility and covid-19 screening swabs have been requested prior to transfer?</p> <p>No precautions required.</p>
Patient with verification they have completed their isolation period	
14. <input type="checkbox"/> Yes or <input type="checkbox"/> No	<p>Does the patient have verification they have completed their self-isolation and are asymptomatic?</p> <p>No precautions are required.</p>

This screening tool and precautions are subject to change on short notice. NOTE: If a private room is not available, consult the Infection Prevention & Control Professional on-call.

Printed Name:

Signature:

Date: