

<h1 style="text-align: center;">Health PEI</h1> <p style="text-align: center;">One Island Health System</p> <p style="text-align: center;">Inpatient Screening Tool for Suspected or Confirmed Covid-19</p> <p style="text-align: center;">Updated May 27, 2022</p>		<p style="text-align: center;">Patient Label</p>	
<p style="text-align: center;">Screening Questions & Precautions Required</p> <p>To be completed by the Most Responsible Healthcare Provider in collaboration with the Health Care Team.</p> <p><i>The highlighted Yes or No boxes are the questions which have been updated and changed.</i></p>			
<p>1. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>		<p>Is the patient fully vaccinated?</p> <p>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.</p>	
<p>2. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>		<p>Has the patient had COVID in the past 90 days and has recovered?</p> <p>COVID illness is defined as:</p> <ul style="list-style-type: none"> • A positive ID Now/PCR test at a testing site or • A positive home rapid antigen test or • Symptoms of COVID with close contact to a person with a positive COVID test <p>No Isolation Required</p>	
<p>COVID -19 positive patients</p>		<p><i>If the answer is "Yes" to any of the below questions , continue precautions until the longest isolation period is completed.</i></p>	
<p>3. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>		<p>Is the patient currently 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 by the most responsible provider.</p> <p>Duration of isolation: See In patient Isolation table</p>	
<p>Close contact (household or non-household)</p>			
<p>4. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>		<p>Is the patient deemed a household close contact of a person currently positive with COVID-19?</p> <p>If Yes: 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: 96 hours from the date the patient was potentially exposed. If patient remains asymptomatic, precautions may be discontinued. Monitor for symptoms and re-isolate and test if symptoms develop.</p>	
<p>Symptomatic patients who have not had COVID in the last 90 days</p>			
<p>5. <input type="checkbox"/> Yes or <input type="checkbox"/> No</p>		<p>Is the patient symptomatic with COVID-19 symptoms (without an alternative explanation), <u>has not</u> had COVID in the last 90 days and has 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>	

Symptomatic patients who <u>have had</u> COVID in the last 90 days	
6. <input type="checkbox"/> Yes or <input type="checkbox"/> No	<p>Is the patient symptomatic with COVID-19 symptoms (without an alternative explanation) and <u>has had</u> COVID in the last 90 days ?</p> <p>If Yes: Droplet-Contact precautions. If AGMP, use Airborne-contact precautions. Precautions may be discontinued when symptoms resolved in consultation with the Most Responsible Physician (MRP).</p> <p>Accommodation: Private Room.</p>
Swabs requested by an out of Province facility	
7. <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>

This screening tool and precautions are subject to change on short notice. NOTE: If a private room is not available, consult Infection Prevention & Control.	
Printed Name:	Signature:
Date:	