

## COVID-19 Recovery

### Public Health and Infection Prevention and Control Key Principles

### Screening Scripts for Community-based Home Visits and Outreach

Updated: 28 May 2020

#### **FOR APPOINTMENTS REMINDERS AND PATIENT PHONE CALLS**

*Note: Before calling, please confirm with the identified staff whether this client is on the essential condition/appointment list.*

- *If the call goes to voicemail, the clinician/staff will leave a message advising the client to callback prior to their next planned visit.*
- *If the client does not call back, conduct screening at point of visit.*

Hello, my name is (your name). I am calling to confirm your appointment with (Dr/Clinicians/Staffs name) on (Date and time of appointment). As part of our preliminary screening for COVID-19, we have a few questions we will need you to answer:

**(NOTE TO CLERICAL STAFF:** please reference the tables below and follow the appropriate the process outlined).

**In the last 14 days, have you:**

|  | No | Yes |
|--|----|-----|
| Returned from travel outside of Canada?                                  |    |     |
| Been in close contact with anyone diagnosed with lab confirmed COVID-19? |    |     |
| Lived or worked in a setting that is part of a COVID-19 outbreak?        |    |     |
| Been advised to self-isolate or quarantine at home by public health?     |    |     |

**Do you have new onset of any of the following symptoms:**

|                                   | No | Yes |
|-----------------------------------|----|-----|
| Fever                             |    |     |
| Cough: new or worse than usual    |    |     |
| Shortness of breath               |    |     |
| Diarrhea                          |    |     |
| Nausea and/or vomiting            |    |     |
| Headache                          |    |     |
| Runny nose/nasal congestion       |    |     |
| Sore throat or painful swallowing |    |     |
| Loss of sense of smell            |    |     |
| Loss of appetite                  |    |     |
| Chills                            |    |     |
| Muscle aches                      |    |     |
| Fatigue                           |    |     |

### If NO – Proceed as follows

Thank you for this information. Based on your answers, it does not appear you have any COVID-19 risk factors or symptoms.

Next, we would like to confirm that you will be attending your appointment on (date and time of appointment)?

*If cancelling/rebooking - reschedule as appropriate or offer teleconsult/virtual consult, if applicable.*

*If attending appointment in person:*

**Please note that VCH is taking the necessary precautions to provide the best possible care in a safe environment for our patients, residents, visitors, staff and medical staff.**

At the beginning of the home/outreach visit, you will be asked these questions again.

**If you do develop any fever, cough, shortness of breath or influenza-like symptoms;** please follow the recommendations from the self-assessment tool (<https://bc.thrive.health/>) or the recommendations outlined by 8-1-1 or your primary care provider.

**If there are any changes to your health** prior to the home/outreach visit please notify us at (provide appropriate phone number).

### If YES to any of the question– Proceed as follows

Thank you for this information. Based on your answers, I will need to talk with “the name of the person you booked with” (could be SW/Counselling/MD/NP, etc.), and check whether we can provide you an appointment by phone or virtual health or if the person you booked with would like you to come in person on another day. I will phone you back shortly.

**[NOTE TO CLERICAL STAFF:** Consult with the staff about the visit, confer with both client and staff about what type of visit would be appropriate.

- If virtual health/telephone visit, call the patient to arrange an appointment.
- If in person appointment is required, call the patient and schedule the appointment in 14+ days or earlier if staff dictates the visit as essential]

*Call patient back to arrange appointment.*

**For those patients requiring in-person appointments:**

I have spoken with the staff and they would like you to come in person. Can we book an appointment on (date and time of appointment\*)?

We are required to give you some additional instructions prior to the home/outreach visit:

- If you are able to, please visit a testing centre [near you](#) and get tested prior to appointment.
- At the beginning of the home/outreach visit, you will be asked these screening questions again.

If there are any worsening changes to your health prior to home/outreach visit, please notify us at (provide appropriate phone number).

For any patients that call back to alert of **health changes** - please complete the preliminary screening questions again and follow the recommendations based on the new results.