

# COVID-19 Recovery

## Public Health and Infection Prevention and Control

### Screening Scripts for Community Based Residential/Inpatient Facilities

Updated: 2 June 2020

#### **FOR PRE-SCREENING CLIENTS**

*Note: Please confirm with the identified physician/staff whether this patient is on the essential condition/appointment list.*

Hello, my name is (your name), at (Residential/Inpatient Facility name). As part of our preliminary screening for COVID-19, we have a few questions we will need you to answer:

**(NOTE TO 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**

**a) In person pre-screening**

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

Please remove gloves if you are wearing any and perform hand hygiene.

**b) Phone-call pre-screening**

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 clients, residents, visitors, staff and medical staff.**

When you arrive to the residential/inpatient facility, you will be asked these questions again.

If you have a mask at home, it is optional to wear it to your appointment. You will be asked to sanitize your hands when you enter the building and when you come to the inpatient facility.

For facilities and programs that normally allow guest or visitors, there is no reason to limit asymptomatic guests or visitors due to COVID-19 concerns.

**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 coming into the Inpatient Facility, please notify us at (provide appropriate phone number).

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

**a) In person pre-screening**

Please remove gloves if you are wearing any and perform hand hygiene.  
If you are not already wearing a mask please put one on now.

**[NOTE TO GREETERS:** please provide masks to only those with COVID-19-like symptoms. Patients with cloth or homemade masks should be given a new mask; if unsure provide patient with surgical/procedure mask.]

Provide the patient with the [“COVID-19 Recovery Infection Prevention and Control Info Sheet for Patients Clients Visitors”](#).

**b) Phone-call pre-screening**

Thank you for this information. Based on your answers, I will need talk with your physician and check whether we can provide you an appointment by phone or virtual health or if the doctor would like you to come in person on another day. I will phone you back shortly.

[**NOTE TO CLERICAL STAFF:** Confer with the physician and ask if the client should come in person. If the physician suggests a virtual health/telephone visit, call the client to arrange an appointment. If the physician indicates an in person appointment is required, call the client and schedule the appointment in 14+ days or earlier if the physician dictates the visit as essential]

*Call client back to arrange appointment.*

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

I have spoken with the physician 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 your visit:

- If you are able to, please visit a collection centre near you and get tested prior to appointment.
- If you have a face mask, please wear it when you come in. **If not, please alert the greeter at the facility entry point and they will provide you with a surgical/procedure mask.**
- If you are wearing gloves, you will be asked to remove them and perform hand hygiene. **Please do not wear gloves into the facility.**
- Upon check-in, you will be asked these screening questions again. If still have COVID-19- like symptoms, you will be placed directly in an examination room.

For facilities and programs that normally allow guest or visitors, there is no reason to limit asymptomatic guests or visitors due to COVID-19 concerns.

**If there are any changes to your health** prior to coming into the facility, please notify us at (provide appropriate phone number).

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