

Severe Acute Respiratory Syndrome (SARS) SCREENING TOOL For All Ontario Healthcare Settings

This screening tool is to be used by all Ontario healthcare settings.
It must be completed by all persons entering this facility.

SECTION A:		
1. Have you had unprotected contact with a person with SARS in the last 10 days? OR	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Quarantine applies, notify Public Health
2. In the last ten days have you been to a health care facility that is closed due to SARS? OR		
3. Are you under quarantine, or have you been contacted by public health and put on home-isolation?		

SECTION B:		
Have you been to China, Hong Kong, Vietnam, Singapore or Taiwan in the last 10 days?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

SECTION C: Are you experiencing <u>any</u> of the following symptoms?		
<ul style="list-style-type: none"> • Myalgia (muscle aches) OR • Malaise (severe tiredness or unwell) OR • Severe headache (worse than usual) OR • Cough (onset within 7 days) OR • Shortness of Breath (worse than what is normal for you) OR • Feeling feverish, had shakes, or chills in the last 24 hours 	<input type="checkbox"/> No	<input type="checkbox"/> Yes

SECTION D: Record the temperature if answer to C is yes.		
Temperature	°C	(Is the temperature above 38°C?) <input type="checkbox"/> No <input type="checkbox"/> Yes

<input type="checkbox"/>	-Response is NO to all Sections A through C
PASS	-If only Section B is Yes → Provide education materials about SARS

<input type="checkbox"/>	-If only A is Yes → Quarantine and notify Public Health
FAIL	-If A or B is Yes AND C or D is Yes → Emergency Department or SARS Clinic (Call ahead)
	-If A and B are No AND C and D are both Yes → Clinical Evaluation (droplet precautions)
	-If only C is Yes → Home for up to 72 hours, Self-isolation, monitor temperature twice daily; Follow up with Family Doctor, Occupational Health or TeleHealth Ontario (1 866 797 0000)

I declare that to the best of my knowledge the information that I have provided for the purpose of completing the SARS Screening Tool is true.

Interviewee:	Signature:	Date:
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