Time:	

### **COVID-19 INITIAL SCREENING AND ASSESSMENT (NURSE)**

Date:	<del></del>	Name of Inmate:	
DOB:		HSN:	
Date of Symptom Onset: _			
Is this a new admission?	☐ Yes ☐ No	If not, what unit?	

#### **SECTION 1:**

HISTORY	YES	NO
In the past 14 days have you had close contact with someone who is confirmed as having COVID-19?		
In the past 14 days have you returned from travel.		
Been in contact with confirmed COVD-19 case regardless of travel history?		
Attended a large gathering ( <u>&gt;25</u> people)		

### **SECTION 2:**

PRESENTING SYMPTOMS	YES	NO
Fever (NOTE: Offenders ≥ 65 years may not present with fever)		
Cough (new or changes to existing)		
Severe difficulty breathing (e.g., struggling for each breath, speaking)		

## **SECTION 3:**

Are you experiencing any of the following:	YES	NO
Sore throat		
Joint pain		
Muscles aches		
Severe exhaustion/weakness		
Severe Chest Pain		
Feeling Confused or loss of consciousness		

# **SECTION 4:**

ASSESSMENT	
Temperature	°C
SPO2	%
Pulse	/min
BP	mmHg
Respirations	/min

If suspected to be COVID-19, please place offender on Contact and Droplet Precautions immediately and refer to the "Offender COVID-19 Decision-Making Tool".

Close contact is defined in the context of a person the offender:

- lived with; or
- was intimate with; or
- was a caregiver for; or
- was in the same indoor environment with a positive COVID-19 case for a prolonged period but did not meet the definition of close contact (e.g. family, classroom, waiting room, etc.).

Additional Nursing I	Notes:			
ONTACT TRACKING	G (ADDO or delegate)			
1 Complete co	ntact tracing for offend	or placement/s	Lin last 14 days	
			urrent unit in last 14 days	
z. Complete to	intact tracing for offend	lers moved on c	arrent and milast 14 days	
urse Signature:				
Pr	rint Name		Signature	