

Emergency Health Services

COVID-19 Screening Tool for Paramedics

The below screening tool is based on the latest COVID-19 case definitions and the [Coronavirus disease \(COVID-2019\) situation reports](#) published by the World Health Organization.

COVID-19 Screening Tool – Version 1.7 (May 8, 2020)

1. Is the person presenting with fever, new onset of cough, worsening chronic cough, shortness of breath or difficulty breathing?
2. Did the person have close contact with anyone with acute respiratory illness or travelled outside of Canada in the past 14 days?
3. Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?
4. Does the person have two (2) or more of the following symptoms*: sore throat, hoarse voice, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise, diarrhea, abdominal pain, nausea/vomiting, Pink eye (conjunctivitis), runny nose/sneezing without other known cause, or nasal congestion without other known cause?
5. If the person is over 65 years of age, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?

- *If **YES** to **ANY** Question – patient screened **POSITIVE***
- *If **NO** to **ALL** Questions – patient screened **NEGATIVE***

If patient screens **POSITIVE**, document and continue use of routine and additional precautions outlined in the latest [Training Bulletin No. 120 – Novel Coronavirus \(COVID-19\)](#).