

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 1.8 (May 22, 2020)

1. Did the person have close contact with anyone with acute respiratory illness or travelled outside of Ontario in the past 14 days?
2. Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?
3. Does the person have any of the following symptoms: fever, new onset of cough, worsening chronic cough, shortness of breath, difficulty breathing, sore throat, difficulty swallowing, decrease or loss of sense of taste or smell, chills, headaches, unexplained fatigue/malaise/muscle aches (myalgias), nausea/vomiting, diarrhea, abdominal pain, pink eye (conjunctivitis), runny nose/ nasal congestion without other known cause?
4. If the person is 70 years of age or older, 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 \(COVID-19\)](#).