



COVID-19 OB Patient Assessment Form

Screening Completed:

_____ (yyyy/mm/dd) (hhhh)

Date of Scheduled Procedure:

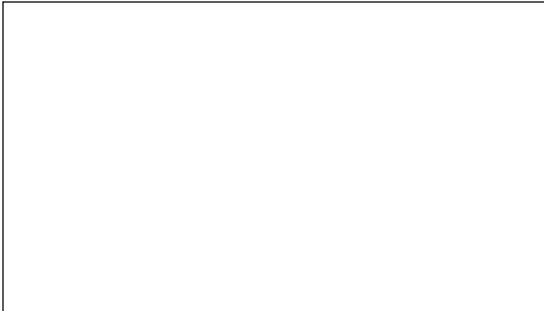
_____ (yyyy/mm/dd) (hhhh)

Section 1: Patient Risk Factors:

Check Applicable Box	Yes	No	
In the last 10 days, have you: Tested COVID-19 Positive or currently awaiting COVID-19 test results due to having symptoms?			
FOR STAFF USE ONLY YES to the above Question – Place patient on Contact and Aerosol Precautions- Notify IPAC and/or add flag; Contact and Aerosol Precautions – COVID <u>or</u> Contact and Aerosol Precautions - Query COVID into PCS Follow RED Risk Category Precautions			
In the last 14 days, have you: Returned from Travel outside of Canada AND are under Federal Quarantine?			
In the last 10 days, have you: Been in close contact with someone suspected or confirmed COVID-19?			
In the last 10 days, have you: Lived, worked or attended a setting that is part of a COVID-19 outbreak?			
FOF STAFF USE ONLY YES to any of the above 3 questions – Place patient on Contact and Aerosol Precautions – Notify IPAC and/or add Contact and Aerosol Precautions – COVID Quarantine flag into PCS			

FOR STAFF USE ONLY:

Check Applicable Box	Yes	No	
In the last 90 days, have you tested Positive for COVID-19?	Approximate Date:		Note: PCR testing NOT required if patient tested positive within the last 90 days, unless they are experiencing NEW symptoms.



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Section 2: Patient Symptoms:

Does the patient have any NEW or UNEXPLAINED symptoms listed below? (onset last 7 days)

Typical Symptoms (check applicable)	Yes	No	<18yrs of age (Additional symptoms to consider)	Yes	No
Fever (temperature 37.8 Celsius or more) and/or chills			Nausea/Vomiting/Diarrhea (not related to known causes or conditions)		
Cough					
Shortness of breath or difficulty breathing					
Changes in sense of smell/taste					
Sore Throat					
Runny Nose/Nasal Congestion					
Unexplained fatigue/malaise/myalgias					

Section 3: Vaccination Status

Check Applicable Box	Yes	No	
Has the patient been Fully Vaccinated ¹ for COVID-19?			¹ Fully Vaccinated -they received their second dose of the COVID-19 vaccine at least 14 days ago. Date of second dose (yyyy/dd/mm)

(yyyy/mm/dd) (hhh)

Screener Name Designation Signature Date Time

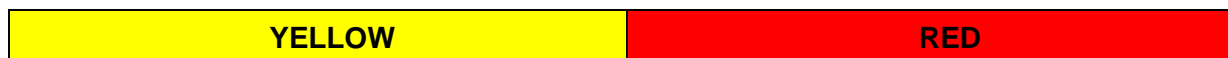


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Table 1. Testing Guidance and Results Interpretation

“Yes” to Section 1	“Yes” to Section 2	Testing Recommendation	COVID Results (within 48 hours of procedure)	Risk Category for PPE and Additional Precautions (Table 2.)
		Surveillance	Positive	RED
			Negative/Unknown	YELLOW
✓		Surveillance	Positive/Unknown	RED
			Negative	YELLOW
	✓	Diagnostic	Positive/Unknown	RED
			Negative	YELLOW
✓	✓	Diagnostic	Positive/Unknown	RED
			Negative	YELLOW

Patient Risk Category (Circle)



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Table 2. PPE Requirements and Additional Precautions Based on Updated Risk Category

Patients should wear a mask if tolerated. Support person is required to wear a mask at all times while in hospital.

Event/Procedure	YELLOW	RED
Intubation Team (i.e. anesthesiologist + lead surgeon)	<ul style="list-style-type: none"> Fit-tested respirator (N95) Eye protection Disposable cover Gown/Gloves 	<ul style="list-style-type: none"> Fit-tested respirator (N95) Eye protection Gown/Gloves Neck Protection (for anesthesiologist)
Surgical Team - other OR Staff/Students	<ul style="list-style-type: none"> Procedure mask Eye protection Head cover +/- disposable cover Gown/Gloves <p>May enter room after Intubation without waiting for air clearance.</p>	<ul style="list-style-type: none"> Fit-tested respirator N95** OR Surgical Mask (after intubation) Eye protection (shield) Head cover and disposable cover Gown/Gloves <p>May enter after intubation without waiting for air clearance and without wearing a respirator. Surgical mask is ok, unless POCRA determines that a respirator (N95) is needed.</p>
Surgical Team for Extubation	<ul style="list-style-type: none"> Procedure mask Eye protection Head cover +/- disposable cover Gown/Gloves <p>May enter room after extubation without waiting for air clearance.</p>	<ul style="list-style-type: none"> Fit-tested respirator (N95) OR Surgical Mask Eye protection (shield) Head cover and disposable cover Gown/Gloves <p>Note: leave room for extubation if wearing a Procedure mask May enter back in without waiting for air clearance time.</p>
Environmental Services	<p>May enter without waiting for air clearance.</p> <p>No precautions = regular clean</p> <p>OR</p> <p>Contact/Aerosol Precautions for COVID-19 Quarantine = Deep Clean</p>	<p>May enter without waiting for air clearance.</p> <ul style="list-style-type: none"> Procedure mask Eye protection Gown/Gloves <p>Deep Clean</p>
Patient flags (PCS)	<p>None</p> <p>OR</p> <p>CONTACT/AEROSOL PRECAUTIONS-COVID QUARANTINE</p>	<p>CONTACT and AEROSOL PRECAUTIONS-COVID-19 OR</p> <p>CONTACT and AEROSOL PRECAUTIONS-QUERY COVID-19</p>