Screening Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(yyyy/mm/dd) (hhhh)*

## Screening to be completed each time patient presents to C5, as well as prior to scheduled C-sections/inductions by phone.

Date of Scheduled Procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(yyyy/mm/dd) (hhhh)*

## Section 1: Community Prevalence

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Date if applicable** |
| Returned from travel outside of province or Resided in [high prevalence area](https://kingstonhsc.ca/file/4980/download?token=08HdrNb5)#?Area or Postal Code\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

## #[Prevalence Tool](https://kingstonhsc.ca/file/4980/download?token=08HdrNb5). High prevalence is defined as “HIGH” or > 0.75

## Section 2: Patient Risk Factors: *In the last 14 days, has the patient*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** |  |
| Returned from travel outside of Canada or in contact with a sick traveller? |  |  |  |
| Tested COVID-19 Positive or currently awaiting COVID-19 test results due to having symptoms? |  |  |  |
| Been in close contact with someone suspected or confirmed COVID-19? |  |  |  |
| Lived or worked in a setting that is part of a COVID-19 outbreak? |  |  |  |

Patients who answer “Yes” to Section 2 should have flag “CONTACT and DROPLET Precautions -COVID QUARANTINE” entered in PCS

## Section 3: Patient Symptoms:

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Obstetric-specific symptoms** | **Yes** | **No** |
| Cough |  |  | Fever (temperature 37.8 Celsius or more)1 |  |  |
| Sore throat or difficulty swallowing |  |  |  |  |  |
| Shortness of breath |  |  |  |  |  |
| Runny nose/nasal congestion  |  |  |  |  |  |
| Nausea/Diarrhea |  |  |  |  |  |
| Changes in sense of smell/taste |  |  |  |  |  |

1If patient experiences **only fever** upon presentation, assign category “Yellow” and follow **OBSTETRIC FEVER FLOWCHART**

# Section 4: Patient Risk Category

* Patient answered **NO** to ALL questions, Risk category **GREEN** (see Table 2. PPE requirements). No testing required.
* Patient answered **YES** to section 1 and **NO** to Section 2 and 3, testing recommended

And circle **YELLOW** (see Table 2. PPE requirements)

* Patient answered **YES** to 2 or more sections MRP should be notified and testing recommended (see Table 1.)

# Patient Risk Category

|  |  |  |
| --- | --- | --- |
| **GREEN** | **YELLOW** | **RED** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Screener Name Designation Signature Date Time**

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#

# Utilize OBSTETRIC FEVER FLOWCHART, Table 1, and Table 2 to determine testing and PPE recommendations

**OBSTETRIC FEVER FLOWCHART**

****

#

**Table 1.** *Testing Guidance and Results Interpretation*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **“Yes” to any of Section 1** | **“Yes” to any of Section 2*****COVID QUARANTINE*** | **“Yes” to any of Section 3** | **Testing Recommendation** | **Result from COVID Test (within 72 hours of procedure)** | **Updated Risk Category**  |
|  |  |  | Not Required | Not Applicable | GREEN |
| ✓ |  |  | RecommendedSurveillance swab | Negative | GREEN |
| Unknown | YELLOW |
| Positive | RED |
|  | ✓ |  | RecommendedSurveillance swab | Positive/Unknown | RED |
| Negative | YELLOW |
|  |  | ✓ | RecommendedDiagnostic swab | Positive/Unknown | RED |
| Negative | YELLOW |
| ✓ | ✓ |  | RecommendedSurveillance swab | Positive/Unknown | RED |
| Negative | YELLOW |
| ✓ |  | ✓ | RecommendedDiagnostic swab | Positive/Unknown | RED |
| Negative | GREEN |
| ✓ | ✓ | ✓ | RecommendedDiagnostic swab | Positive/Unknown | RED |
| Negative | YELLOW |
|  | ✓ | ✓ | RecommendedDiagnostic swab | Positive/Unknown | RED |
| Negative | YELLOW |

# Updated Patient Risk Category:

|  |  |  |
| --- | --- | --- |
| **GREEN** | **YELLOW** | **RED** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Event/Procedure** | **GREEN** | **YELLOW** | **RED** |
| **Assessment and Disposition** | *All Staff – Assessment Area** Procedure mask
* Eye protection
* +/- Gown/Gloves

*Patient** Procedure mask
 | *All Staff – Assessment Area** Procedure mask
* Eye protection
* Gown/Gloves

*Patient** Procedure mask
 | *All Staff – TR 11** Procedure mask
* Eye protection
* Gown/Gloves

*Patient** Procedure mask
 |
| **Vaginal Delivery and Epidural** | *All Staff – L&D Room** Procedure mask
* Eye protection
* Gown (waterproof for delivering MD)/Gloves

*Patient** Procedure mask
 | *All Staff – L&D Room** Procedure mask
* Eye protection
* Gown (waterproof for delivering MD)/Gloves

*Patient** Procedure mask
 | *All Staff – LDR 5** Procedure mask
* Eye protection
* Gown (waterproof for delivering MD)/Gloves

*Patient** Procedure mask
 |
| **Caesarean Delivery Connell 5** *Spinal or GA* | *All Staff – OR** Procedure mask
* Eye protection
* Head cover
* Gown/Gloves (sterile for surgical team)

*Patient** Procedure mask

*Support Person (OR)** Procedure mask
* OR attire
 | *All Staff – OR** Procedure mask OR N95\*
* Eye protection
* Head cover +/- disposable cover
* Gown/Gloves (sterile for surgical team)

*Patient* * Procedure mask

*Support Person** OR/Kidd 5 isolation (at discretion)
 | *All Staff – OR 2** Fit-tested N95\*
* Eye protection (shield)
* Head cover and disposable cover
* Gown/Gloves (sterile for surgical team)
* Neck drape (airway team)

*Patient* * Procedure mask

*Support Person** Kidd 5 isolation
 |
| **Caesarean Delivery** **Main OR** *Spinal or GA* | *All Staff – OR** Procedure mask
* Eye protection
* Head cover
* Gown/Gloves (sterile for surgical team)

*Patient** Procedure mask

Support Person* Waiting room
 | *All Staff – OR** Procedure mask OR N95\*
* Eye protection
* Head cover +/- disposable cover
* Gown/Gloves (sterile for surgical team)

*Patient* * Procedure mask

*Support Person** Waiting room/Kidd 5 isolation (at discretion)
 | *All Staff – OR D** Fit-tested N95\*
* Eye protection (shield)
* Head cover and disposable cover
* Gown/Gloves (sterile for surgical team)
* Neck drape (airway team)

*Patient* * Procedure mask

*Support Person** Kidd 5 isolation
 |
| **Environmental Services*****IF intubation required*** | Routine Practices | Wait 45 minutes from extubation for air clearanceNo precautions = regular clean**OR**Contact/Droplet Precautions for COVID-19 Quarantine = Deep Clean | * Procedure mask
* Eye protection
* Gown/Gloves

Deep Clean |
| **Patient flags (PCS)** | None | None**OR**CONTACT and DROPLET PRECAUTIONS-COVID QUARANTINE | CONTACT and DROPLET PRECAUTIONS-COVID-19**OR**CONTACT and DROPLET PRECAUTIONS-QUERY COVID-19  |
| \* As per COVID-19 Directive #5 under section 77.7 of Health Protection and Promotion Act each individual is to perform a point-of-care risk assessment (PCRA) to determine the level of PPE that is appropriate for each patient encounter and cannot be unreasonably denied access to appropriate PPE. |