

# Severe Acute Respiratory Syndrome (SARS) SCREENING TOOL For Ontario Healthcare Settings

The screening tool must be completed by  
all persons entering this facility.

<b>SECTION A:</b>			Quarantine applies, notify Public Health
1. Have you had contact with a person with SARS in the last 10 days while not wearing protection against SARS? <b>OR</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes →	
2. Within the last 10 days have you been in a health care facility while it was closed due to SARS? <b>OR</b>			
3. Have you been to a potential SARS exposure site (see <a href="http://www.health.gov.on.ca">www.health.gov.on.ca</a> ) during the exposure period? <b>OR</b>			
4. Are you under quarantine, or have you been contacted by Public Health and put on home-isolation?			
<b>SECTION B:</b>			
Have you been to [INSERT AFFECTED AREAS (see <a href="http://www.health.gov.on.ca">www.health.gov.on.ca</a> )] in the last 10 days?			
<input type="checkbox"/> No		<input type="checkbox"/> Yes	
<b>SECTION C: Are you experiencing <u>any</u> of the following symptoms?</b>			
<ul style="list-style-type: none"> <li>• Unexplained myalgia (muscle aches) <b>OR</b></li> <li>• Unexplained malaise (severe tiredness or unwell) <b>OR</b></li> <li>• Severe headache (worse than usual) <b>OR</b></li> <li>• Cough (onset within 7 days) <b>OR</b></li> <li>• Shortness of Breath (worse than what is normal for you) <b>OR</b></li> <li>• Feeling feverish, had shakes or chills in the last 24 hours</li> </ul>			
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>SECTION D: Record the temperature if answer to C is yes.</b>			
Temperature	°C	(Is the temperature above 38°C?)	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> -Response is NO to all Sections A through C <b>PASS</b> -If only Section B is Yes → Provide education materials about SARS			
<hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> -If <b>only A</b> is Yes → Quarantine and notify Public Health <b>FAIL</b> -If <b>A or B</b> is Yes <b>AND C or D</b> is Yes → Emergency Department or SARS Clinic (Call ahead) -If <b>A and B</b> are No <b>AND C and D</b> are both Yes → Clinical Evaluation (droplet precautions) -If only C is Yes → Home for up to 72 hours with self-isolation and twice daily temperature monitoring; Follow up with Family Doctor, Occupational Health or TeleHealth Ontario (1 866 797 0000) <b>Or</b> clinical evaluation and clinical discretion			
<b>I declare that to the best of my knowledge the information that I have provided for the purpose of completing the SARS Screening Tool is true.</b>			
<b>Interviewee:</b>	<b>Signature:</b>	<b>Date:</b>	