Febrile Respiratory Illness Screener

Screening Questions to be Asked of Patients as Part of an Active Screening Process

1. Do you have new / worse cough or shortness of breath?

- if 'no', stop here (no further questions)
- if 'yes', continue with next question:

2. Are you feeling feverish, have you had shakes or chills in the last 24 hours?

- if 'no', take temperature; if >38 C, continue with next questions, otherwise stop (no further questions)
- if yes, take temperature and continue with next questions:

Initiate droplet precautions if "yes" to 1 and 2.

3. Is any of the following true?

- Have you lived in or visited China, Taiwan, Hong Kong or Vietnam within the last 30 days?
- Have you had contact in the last 30 days with a sick person who has traveled to these same areas?

Patients with FRI (fever and respiratory symptoms) and answered 'yes' to any of these exposures / conditions may potentially have severe respiratory illness (SRI).

Initiate droplet precautions and notify infection control if "yes" to 1, 2 and 3. Infection control to notify public health.

Additional questions to be asked of all admitted patients:

4. Do you work for a healthcare agency or organization?

5. Are you a resident of a long-term care institution?

Initiate droplet precautions and notify infection control if "yes" to 1, 2 and either 4 or 5. Infection control to notify public health.

Community healthcare providers will note that this document was developed for acute care hospitals. The following actions are recommended in community-based settings when a patient/client answers positively to Questions 1, 2, and 3 above.

- Initiate droplet precautions (see below)
- Isolate the client from other clients and staff
- Place a surgical mask on the client
- If further assessment is required, arrange for the client to be taken to an Emergency Department for evaluation. Call ahead.
- Transportation for medical examination must be by private vehicle or medical transport with the client wearing a surgical mask during transport.
- Contact the local medical officer of health.

Droplet Precautions¹:

The use of surgical masks and eye protection or face shields on the part of healthcare workers when encountering patients who have respiratory infections especially if associated with coughing, sneezing, felt to be transmissible principally by large respiratory droplets particularly when within one metre of such a patient. Also used where appropriate to protect the mucous membranes of the eyes, nose and mouth of the healthcare worker during

procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions (e.g., airway suctioning).

¹ Preventing Respiratory Illnesses, Protecting Patients and Staff. Infection Control and Surveillance Standards for Febrile Respiratory Illness (FRI) in Non-Outbreak Conditions in Acute Care Hospitals, December, 2003

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