

COVID-19 Patient Assessment Tool for Physicians

This tool summarizes provincial guidance. Local approaches may differ. Check with your local Public Health Unit.

Testing for COVID-19 should be based on assessment and clinical judgement, not case definition.

SYMPTOMATIC

ANY of:

- ☐ Fever > 37.8°C
- ☐ Any new or worsening acute respiratory illness symptom
- ☐ Clinical or radiological evidence of pneumonia

Also consider atypical signs or symptoms, particularly in children and the elderly:

- Unexplained tachycardia, including age-specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O2 sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)
- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Falls
- Acute functional decline
- Exacerbation of chronic conditions
- Digestive symptoms, including nausea/vomiting, diarrhea, abdominal pain
- Chills
- Headaches
- Croup

SEVERE symptoms (regardless of exposure)

Send patient to Emergency Department

Self Isolate: Tell patient they must isolate themselves from family immediately.

Remember to phone ED ahead and arrange for safe transfer of patient to minimize contact/spread

MILD symptoms

Test*

- Test in-office if prepared and safely able to do so, **OR**
- Refer to COVID-19 Assessment Centre or Emergency Department for testing

Self Isolate: Tell patient they must assume they have COVID-19 and isolate themselves from family immediately.

Follow referral instructions specific to each COVID-19 Assessment Centre

* Where there are shortages of testing supplies, prioritize the following symptomatic groups for testing:

- Health care workers (regardless of care setting) and staff who work in health facilities
- Residents and staff in Long Term Care facilities, retirement homes and other institutional settings (e.g., mental health institutions and homeless shelters)
- Hospitalized patients admitted with respiratory symptoms (new or exacerbated)
- Members of remote, isolated, rural and/or indigenous communities
- Travelers identified at a port of entry to Canada
- First responders
- Individuals referred for testing by local Public Health Unit

ASYMPTOMATIC

Does the patient have an exposure risk?

YES

NO

NO symptoms + likely exposure**

Testing not recommended

Self Isolate and Self-Monitor for 14 days from exposure risk: Tell patient they must assume they have COVID-19, self-isolate themselves from family immediately and watch for symptoms. If they develop any symptoms, call back for direction.

** see special considerations on page 2

NO symptoms + no likely exposure

Testing not recommended

Provide reassurance and [information about COVID-19](#).

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Special Considerations:

Long-Term Care Homes, Retirement Homes and Hospital In-Patient Units

New admissions or re-admissions:

- ☐ Test asymptomatic new admissions or re-admissions to a long-term care home or retirement within 14 days
- ☐ Test patients before transfer from hospital to long-term care

NOTE: negative test results do not rule out the potential for incubating illness. All new, re-admitted or transferred patients should be isolated for 14 days.

If a resident becomes symptomatic:

- ☐ Test all residents who live in the same room

NOTE: negative test results do not rule out the potential for incubating illness. All close contacts should be isolated for 14 days following contact.

In the event of an outbreak:

- ☐ Test all contacts of a confirmed case (determined in consultation with the local public health unit). This includes:
 - All residents in adjacent rooms
 - All staff working on the unit or care hub
 - All essential visitors to the unit or care hub
 - Any other contacts deemed appropriate for testing

Remote, isolated or Indigenous communities

- ☐ Consider testing contacts of a confirmed case in consultation with the local public health unit

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When to discharge someone from isolation and consider 'resolved'

Note: absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.

Once a case is discharged from isolation, their case status should be updated to 'resolved',

For individuals at home

Both confirmed cases and symptomatic-but-not tested patients

- Discharge from isolation 14 days following symptom onset

For hospitalized patients

- Isolate in hospital until 2 consecutive negative tests, obtained at least 24 hours apart
- If discharged home within 14 days of symptom onset, stay isolated for 14 days from symptom onset
- If discharged to long-term care home or retirement home within 14 days of symptom onset, maintain isolation until receipt of 2 consecutive negative tests, obtained at least 24 hours apart OR until 14 days from symptom onset

For health care workers

Presentation	COVID-19 Test Result	When to return to work	If critical for operations (as agreed to by all parties)
SYMPTOMATIC	POSITIVE	Return to work after receipt of 2 consecutive negative tests, obtained at least 24 hours apart.	Return to work 24 hours after symptoms resolve under work self-isolation* .
SYMPTOMATIC	NOT TESTED	Return to work 14 days after symptom onset	Return to work 24 hours after symptoms resolve under work self-isolation* .
SYMPTOMATIC	NEGATIVE	Return to work 24 hours after symptom resolution If self-isolating due to a COVID-19 exposure, return to work should be under work self-isolation* until 14 days after date of exposure.	
ASYMPTOMATIC	POSITIVE	Return to work 14 days after positive specimen collection date.	If still asymptomatic 72 hours after specimen collection, return to work under work self-isolation*

***Work self-isolation** means:

- Only working in a single location
- Wearing appropriate PPE while working
- Maintaining isolation outside of work

This should continue for 14 days from symptom onset or until the receipt of 2 consecutive negative tests, obtained 24 hours apart.

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Terminology and directions to use with patients

Self Monitor

Continue your normal activities within the current public health recommendations and avoid public spaces where possible. Watch for symptoms (cough, fever, shortness of breath).

Why? You aren't sure if you were exposed. If you do develop symptoms, you need to self-isolate immediately.

Who? Members of the public and all health care workers, as you may be exposed unknowingly.

Example: Members of Parliament who worked with Justin Trudeau should self-monitor.

Self-Isolate (if exposed)

This is also known as self-quarantine or quarantine. Stay home and away from others for the duration of the incubation period (14 days).

Why? You have been exposed to a case. You need to stay away from others to limit spread in case you develop symptoms.

Who?

- Anyone who travelled outside of Canada in last 14 days.
- Anyone exposed to a confirmed case of COVID-19.
- Anyone with close contact with a person with acute respiratory illness who has recently travelled.

Example: Justin Trudeau was self-isolating because he was exposed to his wife Sophie, who is a confirmed case.

Self-Isolate (if sick)

Stay home and away from all others until 14 days after your symptoms started. If you're sick for longer than 14 days, call back for direction.

Why? You have active symptoms. You need to stay away from others to avoid spread.

Who?

- People with mild symptoms (cough, fever or shortness of breath) who have not been tested.
- Confirmed COVID-19 cases with mild or moderate symptoms that can be managed at home.

Example: Sophie Gregoire-Trudeau was in self-isolation because she was diagnosed with COVID-19.

Cleaning your office

Office: A full disinfection of the office is needed daily and high-touch surfaces (such as doorknobs) should be wiped down at least twice per day using a hospital-grade disinfectant.

Cover less-used equipment that cannot be relocated so it is not contaminated.

Use keyboard covers or a wipeable keyboard.

Examination Room: Disinfect any surfaces in direct contact with patient and within 2 metres (6 feet) of the patient such as exam table, blood pressure cuff, stethoscope, thermometer, armrests of the chair.

A low level, hospital grade disinfectant is enough to inactivate COVID-19. Give the disinfectant enough contact time before bringing in the next patient (check the label for contact time – typically 3-5 minutes).

See also:

British Columbia CDC
COVID-19 instructions for
[Environmental Cleaning and Disinfectants for Physicians' Offices](#)

This includes a table with suggested frequencies for disinfection of various areas.

SOURCES:

1. Ontario Ministry of Health [COVID-19 Guidance: Primary Care Providers in a Community Setting](#) (March 20, 2020)
2. Ontario Ministry of Health [COVID-19 self-assessment tool](#)
3. Ontario Ministry of Health COVID-19 Quick Reference Public Health Guidance on Testing and Clearance (March 25, 2020)
4. Ontario Ministry of Health [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#) (April 10, 2020)
5. Ontario Ministry of Health [COVID-19 Provincial Testing Guidance update](#) (April 8, 2020)
6. Coomes et al. [Five Things to Know About Quarantine](#). CMAJ 2020 March 30;192:E338. doi: 10.1503/cmaj.200393