

# SARS (Severe Acute Respiratory Syndrome) SCREENING TOOL for HEALTHCARE WORKERS Appendix 2A

STAFF

Principal Work Site/Department: \_\_\_\_\_

## SECTION A:

1. Have you had contact with/cared for a person with SARS in the last 10 days while not wearing protection against SARS? **OR**
2. Within the last 10 days have you been in a health care facility where transmission of SARS has been documented? **OR**

**NO**

**YES**

## SECTION B: Are you experiencing any of the following symptoms?

Unexplained myalgia (muscle aches) **OR**

Unexplained malaise (severe tiredness or unwell feeling) **OR**

**NO**

**YES**

Sever headache (worse than usual) **OR**

Cough (onset within 7 days) **OR**

Shortness of breath (worse than what is normal for you) **OR**

Feeling feverish, had shakes or chills in the last 24 hours

## SECTION C: Record the temperature.

Temperature      ° F

(Is the temperature above 100.4° ?)

**NO**

**YES**

**PASS** Response is NO to Sections A and B and temperature is normal

**FAIL**

If **only A** is **Yes** → Notify Public Health for evaluation

If **A** is **Yes AND B or C** is **Yes** → Emergency Department (or SARS Clinic)- Call ahead.

If **A** is **NO AND B AND C** are both **Yes** → Clinical Evaluation (droplet precautions)

If only **B or C** is **Yes** → Home for up to 72 hours with self-isolation and twice daily temperature monitoring; contact LHD; follow up with private provider, employee health, or designated evaluation center , if appropriate.

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.

Name: (Print)

Signature:

Date: