

MUST be completed PRIOR to entering Bethell Hospice

Respiratory Infection Screener

Recommended best practice is to screen prior to each visit where possible.

PART A: SYMPTOMS	Arrival TIME:
1. Do you have a new/worse cough or shortness of breath?	YES _____ NO _____
2. Are you feeling feverish, or have you had shakes or chills in the last 24 hours (>37.8 degrees Celsius)?	YES _____ NO _____
3. Do you have any of the following: sore throat, difficulty swallowing, runny or stuffy nose, loss of taste or smell, headaches, digestive issues, muscle aches or extreme tiredness NOT related to seasonal allergies, neurological disorders or other known causes or conditions you already have?	YES _____ NO _____

If you develop any symptoms while you are onsite, please let your LEAD or a clinical team member know.

PART B: In the Last 10 Days	On Arrival	<i>* Any questions please speak with someone from the clinical or leadership team.*</i>
4. Have you been told that you should currently be quarantining, isolating, or staying at home (by a doctor, health care provider, public health unit or other government authority)?	YES _____ NO _____	
*7. Have you tested positive for COVID 19?	YES _____ NO _____	
*8. Have you had close contact with a confirmed or probable case of someone with COVID-19 or acute respiratory illness?	YES _____ NO _____	

WHAT TO DO:

Part A = YES Part B = NO	<p>If you answered “Yes” to one or more questions in Part A but “No” to all contact questions in Part B, proceed with respiratory precautions and DELAY YOUR VISIT until you are feeling better.</p> <p>YOU CANNOT ENTER BETHELL HOSPICE AT THIS TIME.</p>
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NAME: _____

DATE: _____

SIGNATURE: _____

PHONE NUMBER: _____

Please hand in this Screening Form to the Reception Volunteer, or place in box at entry.

Visitor _____ Volunteer _____ Staff _____ (check one)

Last Update: 05/16/2023

