



Correctional Service  
Canada

Service correctionnel  
Canada

PROTECTED **B** ONCE COMPLETED

## FOR INMATES

<b>INMATES COVID-19 BRIEF SCREENING for use by Operations</b>  To be completed: <ul style="list-style-type: none"> <li>For all new WOC and inmates returning to federal custody</li> <li>For inmates returning from an outside hospital outside of Health Services business hours</li> </ul>		<b>SEND FORM TO HEALTH CARE</b>	
		FPS Number (if possible):	
		Family name:	
		Given name(s):	
Region:	Institution:	Date Completed:	

<b>1. In terms of how you are feeling today:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you feel like you have a fever?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you experiencing any respiratory symptoms (such as cough, shortness of breath, runny nose, sneezing, nasal congestion, sore throat, difficulty swallowing)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you experiencing any strange symptoms (such as chills, muscle aches, diarrhea, headache, loss of taste or smell)?
<b>2. In the past 14 days:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had <b>close</b> contact* with someone who has been tested for COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been in <b>close</b> contact* with a symptomatic person?
<input type="checkbox"/> <b>'Yes' to any of the above:</b> <ul style="list-style-type: none"> <li>Begin medical isolation</li> <li>Provide mask</li> <li>Notify Health Services of 'yes' response</li> <li>Health Services Screening to follow</li> </ul>	<input type="checkbox"/> <b>'No' to all of the above:</b> <ul style="list-style-type: none"> <li>Begin medical isolation, unless inmate is returning from outside hospital (refer to <i>the Patient Journey: Algorithm for return from hospitalization</i>)</li> <li>Provide mask</li> <li>Health Services Screening to follow</li> </ul>

\*Close contact is defined as:

- Shared a close, confined space for 2 hours
- Close, face-to-face interaction for 15 minutes within 2m distance (may be cumulative)
- Household contacts (living or sleeping in the same home)

**Note:** If appropriate PPE was worn the individual is not a close contact

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