Appendix 2A

SARS (Severe Acute Respiratory Syndrome) SCREENING TOOL for HEALTHCARE WORKERS

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
Severe 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

   NO □ YES □

SECTION C: Record the temperature.
Temperature º F (Is the temperature above 100.4º ?)

   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:

Section 2-Clinical Guidance