

COVID-19 Client Screening Guidance Document

This screening tool is based on the latest COVID-19 case definitions and the Coronavirus disease (COVID-2019) situation reports and information resources published by the governments of Newfoundland and Labrador and Canada.

This document should be used to screen clients in order to provide guidance on what actions the Registered Massage Therapist (RMT) and the client should take. Ensuring all RMTs are following the same screening protocol will help ensure consistency and safety.

COVID-19 Patient Screening Guidance

- This checklist provides basic information only and contains recommendations for COVID-19 screening and should be used with applicable health sector or service specific guidance and training documents. It is not intended to take the place of medical advice, diagnosis, or treatment.
- The screening result is not confirming a diagnosis of COVID-19.
- At a minimum, the following questions should be used to screen individuals before they arrive at your clinic space
- This information is current and may be updated as the situation on COVID-19 continues to evolve.
- Once the person has been screened as positive (answered YES to a question), additional COVID-19 screening instrument questions may be discontinued.

Screening Questions for RMTs

Q1: Is the person presenting with fever, new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing?

Q2: Did the person have close contact with anyone with acute respiratory illness?

Q3: Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?

**Q4: Does the person have two (2) or more of the following symptoms:
sore throat, runny nose/sneezing, nasal congestion,
hoarse voice, difficulty swallowing, decrease or loss of sense of smell, chills, headaches, unexplained
fatigue/malaise, diarrhea, abdominal pain, or nausea/vomiting?**

**Q5: If the person is over 65 years of age, are they experiencing any of the following: delirium, falls,
acute functional decline, or worsening of chronic conditions?**

Q6: Did the person travel outside of Canada in the past 14 days?

COVID-19 Screening Results

If response to ALL of the screening questions is NO :	<i>Treat client with all necessary precautions</i>
If response to ANY of the screening questions is YES :	Refuse treatment and guide client to call 811 immediately
If response to ANY of the screening questions is UNKNOWN :	Refuse treatment