

# COVID-19 Client Screening Guidance Checklist

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. Once completed, this form should be filed in the client's file.

## COVID-19 Patient Screening Questions

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Question	Yes/No
<b>Q1: Is the person presenting with fever (or signs of a fever, including chills, sweats, muscle aches, light headedness), new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing?</b>	
<b>Q2: Did the person have close contact with anyone with acute respiratory illness?</b>	
<b>Q3: Does the person have a confirmed case of COVID-19 or had close contact in the last 14 days with a confirmed active case of COVID-19 without the use of full PPE?</b>	
<b>Q4: Does the person have two (2) or more of the following symptoms: sore throat, runny nose/sneezing, nasal congestion, difficulty swallowing, decrease or loss of sense of smell, headaches, unexplained fatigue/malaise, diarrhea, abdominal pain, or nausea/vomiting or Small red or purple spots on your hands and/or feet?</b>	
<b>Q5: If the person is over 60 years of age, are they experiencing any of the following: delirium, falls, acute functional decline, or worsening of chronic conditions?</b>	
<b>Q6: Have you travelled outside of the province or been in close contact with an individual who travelled in the last 14 days?</b>	

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Therapist: \_\_\_\_\_

## COVID-19 Screening Results

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

Notes:

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