



Scripts

The purpose of scripts is to help guide the community health nurse (CHN) and contracted worker's conversations during the screening and testing process. It will help to develop appropriate and natural responses to questions asked.

Factors that Shape Healthcare Encounters/Conversations

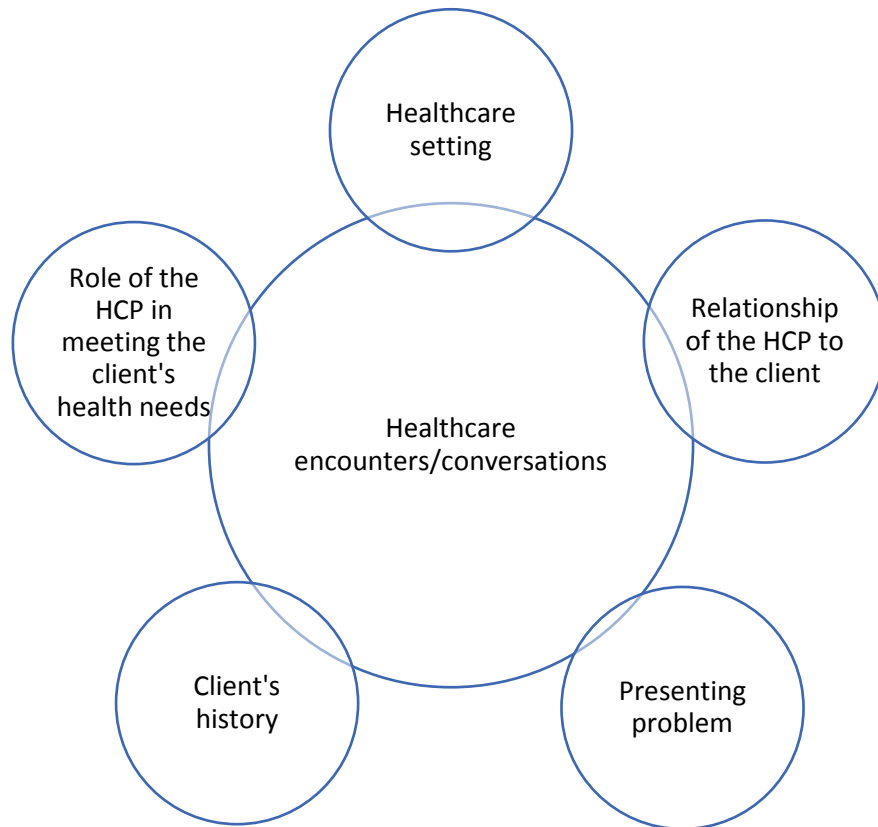


Figure 6. The factors that shape healthcare conversations include the: (1) healthcare setting, (2) relationship the healthcare provider or contracted worker has with the client, (3) client's presenting problem, (4) client's past medical history, and (5) role the healthcare provider or contracted worker has in meeting the client's health needs.



Effective Communication

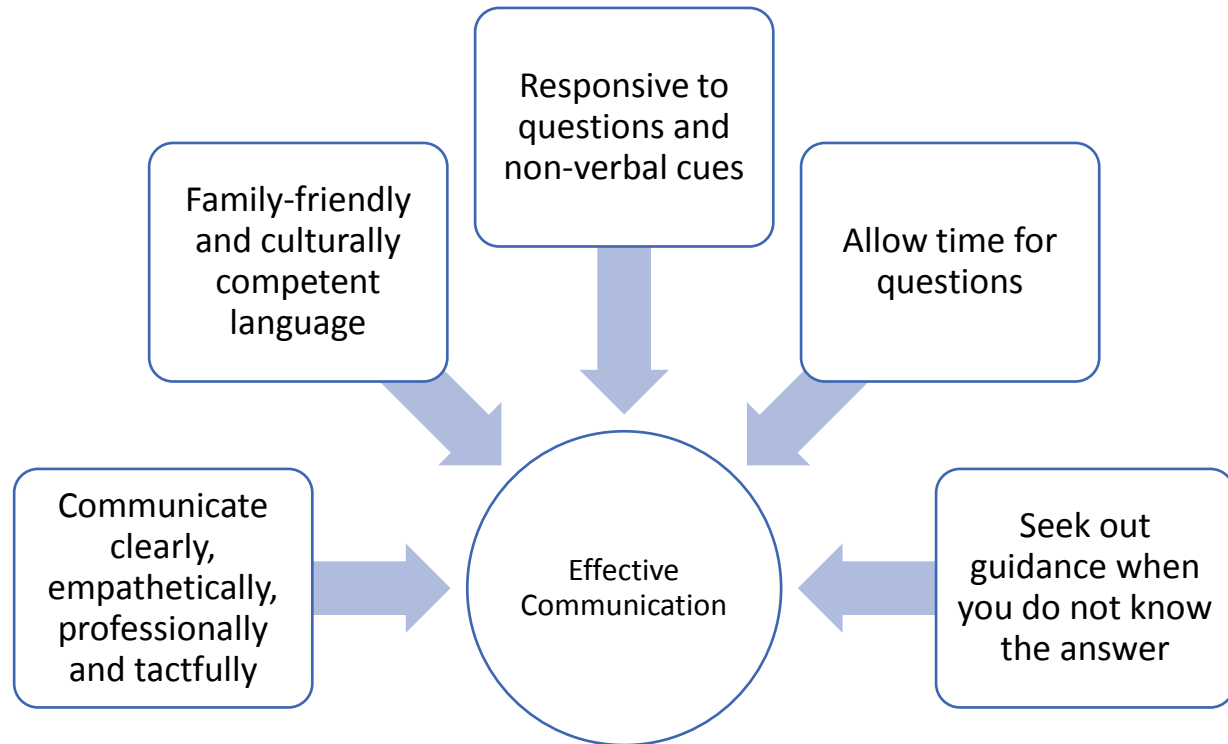


Figure 7. Some considerations for effective communication are that community health nurses and contracted workers should: (1) communicate in a manner that is clear, sensitive, professional and tactful, (2) use family-friendly and culturally competent language, (3) try to be responsive to the client's questions and non-verbal cues, (4) allow time for clients to ask questions and provide their perspectives on the problem, and (5) seek out guidance when the question is out of scope or when you do not know the answer.



Script for Screening

1. Meeting the client (Entrance area/registration)

Hi, my name is (your name), I'm apart of the COVID-19 screening and testing team. We are providing screening and/or testing to those who meet the criteria. Here is a screening form that you will be required to fill out. Please take a seat and ensure that there is a 2 metre distance between yourself and others. Once you are done please bring this back to us at the screening station.

Action(s):

- 1) Provide the screening form to the client
- 2) Direct the client to the designated waiting area

COVID-19 Screening and Testing Form

NOTICE TO SUBJECT OF HEALTH INFORMATION
As required by Section 42 of the Access to Information Act, the individual(s) identifying themselves, themselves and their information being disclosed to you by our agency or being disclosed to you under the authority of the Access to Information Act. The health information being provided to an individual who is responsible for providing emergency services and care to the individual who is the subject of the information as per the 30(1)(C). This information can only be used for the purpose of providing health services (including emergency services) for the individual who is the subject of the information.

Date: _____

Completed By: _____

Client Information:

Client's Surname:	Date of Birth:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O
Given Names:	Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Client Address:		
Phone Numbers:		
Client DIAND #:	AB Health #:	

All travellers returning to Alberta from outside Canada in the last 14 days:
 • ALL travellers who returned to Alberta from outside Canada in the last 14 days **MUST self-isolate** immediately for 14 days after the date of return and monitor for **symptoms**.
 If you have symptoms:
 • Anyone who has symptoms including fever, cough, shortness of breath, difficulty breathing, sore throat, runny nose or nasal congestion. **MUST self-isolate** for 14 days.

Is the client experiencing any of the following: YES NO

Severe difficulty breathing (e.g., struggling for each breath, speaking in single words)		
Severe chest pain		
Having a very hard time waking up		
Feeling confused		
Loss of consciousness		

IF YES to any of the above call 911 or local ambulance for patient transport to emergent care

Does the client have any of the following: YES NO

General Weakness		
Headache		
Sore Throat		
Runny nose		
Nasal congestion		
Sneezing		
Cough		
Diarrhea		
Excessive sweating		
Fever * (2 or more temperature readings)	Temp: _____	
Fastidious (Cough temperature not taken)		
Shortness of breath/Difficulty breathing	* If you record respiratory rate RR: _____	
Pain (Muscle, chest, abdominal, joint etc)	** If you perform pain assessment:	
Pain Location:	Pain Quality:	Pain Intensity (0-10): _____
		Radiating: _____ When did it start? _____

Other symptoms (Specify): _____

2. Screening (Screening area)

*Hi, my name is (your name), I'm apart of the COVID-19 screening and testing team. Before we get started, I would like to confirm some information with you (please refer to Action (1)). Based on the screening...you will need to...(self-isolate **AND/OR** review the resources **OR** be tested) (please refer to Action (2),(3),(4), (5)).*

Action(s):

- 1) Confirm the client's information
- 2) Review the screening form
- 3) Follow the algorithm in the CDC case management powerpoint
- 4) Review resources and provide client teaching
- 5) Direct the client to the designated waiting area for testing

COVID-19 Case Management and Contact Follow Up

For Nurses

For videoconference assistance call 1-888-999-3356

Canada

KNOW THE FACTS

ABOUT CORONAVIRUS DISEASE (COVID-19)

COVID-19 is an illness caused by a coronavirus. Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

Symptoms of human coronaviruses may be very mild or more serious, such as:

- FEVER
- COUGH
- DIFFICULTY BREATHING

Symptoms may take up to 14 days to appear after exposure to the virus.

Coronaviruses are most commonly spread from an infected person through:

- respiratory droplets when you cough or sneeze
- close personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your eyes, nose or mouth before washing your hands.

These viruses are not known to spread through ventilation systems or through water.

The best way to prevent the spread of infections is to:

- wash your hands often with soap and water for at least 20 seconds;
- avoid touching your eyes, nose or mouth, especially with unwashed hands;
- avoid close contact with people who are sick;
- rough and sneeze into your sleeve and not your hands; and
- stay home if you are sick to avoid spreading illness to others.

For more information on coronavirus:
 1-877-942-4377
 Canada (coronavirus)
 (fr): info.spc@canada.ca

Canada



3. Testing (Testing area)

Hi, my name is (your name), I'm apart of the COVID-19 screening and testing team. Based on the screening...you will need to... be tested based on your... (please refer to the CDC powerpoint on case management and contact follow-up and specimen collection for COVID-19).

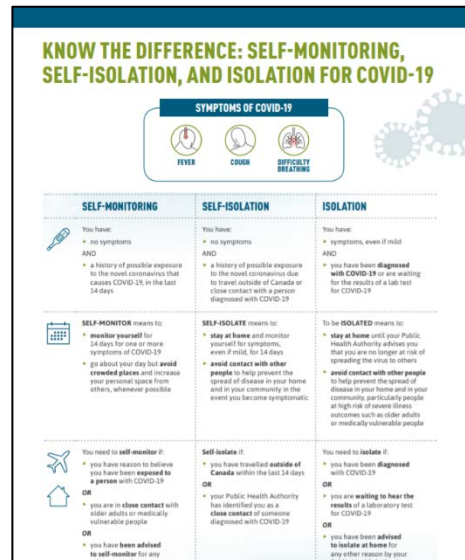
- Action(s):
- 1) Confirm the client's information
 - 2) Review the screening form
 - 3) Review resources and provide client teaching
 - 3) Perform testing as per ISC-Specimen collection for COVID-19 Powerpoint



4. Post-testing (Testing area)

*Thank you so much for coming, remember to... (reiterate the key messages from the client resources), please wash your hands (soap and water **OR** hand sanitizer) and exit through the... (direct to only one designated exit).*

- Action(s):
- 1) Outline three key messages from the client resources
 - 2) Direct the client to wash his/her hands
 - 3) Direct the client to exit through the one set of doors



Reference: Alberta Health Services. (n.d.). *Early hearing detection and intervention (EHDI) program: Scripts for postpartum hearing screens*. Retrieved from <https://insite.albertahealthservices.ca/Main/assets/tms/ehdi/tms-ehdi-screener-script-postpartum.pdf#search=screening%20script>

Current as of 2020-04-03

***Please note that this is a living document and changes occur on a daily and weekly basis**