

To: Executive Directors, Administrative Directors, Nurse Managers and Nursing Staff
From: Brenda Kinney, VP and Chief Nursing Officer
cc: Margaret Melanson, VP Quality and Patient-Centred Care
Jean Daigle, VP Community
Jacqueline Gordon, Regional Director of Nursing Practice
Date: Jan. 27, 2022
Re: **Updated COVID-19 Screening Forms for Hospital to Hospital Transfers**

The screening forms for hospital to hospital transfer, correctional centre to hospital transfer, and symptom monitoring have been updated to reflect recent changes to the COVID-19 Active Screening Questions.

As a result, the following forms have been updated to align with these changes:

- [HHN-1067 Covid-19 Screening Form for Hospital to Hospital Transfers](#)
- [HHN-1072 Covid-19 Screening Form for Correctional Center to Hospital Transfers](#)
- [HHN-1080 Covid-19 Symptom Monitoring Adult Flowsheet](#)

All Horizon areas symptom screening criteria are now the same. As a result, **Form HHN-1067** will replace the following:

- 1038 COVID-19 Screening Form for Hospital to Hospital Transfers - Moncton Area
- 30384 COVID-19 Screening Form for Hospital to Hospital Transfers - Miramichi Area
- 35953 COVID-19 Screening Form for Hospital to Hospital Transfers - Saint John Area
- 300000457 COVID-19 Screening Form for Hospital to Hospital Transfers - Fredericton URV Area

As previously communicated, the Regional Infectious Diseases/Infection Prevention and Control Committee (ID-IPC Committee) recommended ongoing monitoring of **all admitted patients twice daily (every 12 hours)** to assess **changes in health status** related to COVID-19.

(continued on next page)

If YES to **one of the following symptoms:**

- Fever / signs of fever (Chills, feeling cold, shivers, etc.)
- Loss of taste
- Loss of smell

Or YES to **two of the following symptoms:**

- New cough or a cough that is getting Worse
- Shortness of breath
- Sore throat
- Runny nose / nasal congestion
- Headache
- Diarrhea
- Loss of appetite
- New onset of myalgia (muscle pain)
- New onset of fatigue
- Purple markings on fingers or toes (of children)

Notify Infection Prevention and Control

- ✓ Obtain an order to collect a nasopharyngeal swab for COVID-19 (as per Directive: [DIR-IPC-40041](#))
- ✓ Document a focused assessment

Print and post this memo for those without access to email