

Appendix 1: Sample screening tool for COVID-19 for use in health and care settings (winter 2021 to 2022)

Screening questions should be carried out prior to arrival for example by telephone, at a care area or as soon as possible on arrival

Question	Yes	No
<p>1. Do you have any of the following symptoms:</p> <ul style="list-style-type: none"> • high temperature or fever? • new, continuous cough? • loss or alteration to taste or smell? <p>If yes, apply TBPs or if treatment can be deferred, reschedule providing this is not detrimental to patient care/treatment plan.</p>		
<p>2. Have you or any member of your household/family had a confirmed diagnosis of COVID-19 in the last 10 days?</p> <p>If yes, apply TBPs or if treatment can be deferred, reschedule providing this is not detrimental to patient care/treatment plan.</p>		
<p>3. Are you or any member of your household/family waiting for a COVID-19/SARS-CoV-2 PCR test result?</p> <p>If yes, apply TBPs or if treatment can be deferred, reschedule providing this is not detrimental to patient care/treatment plan.</p>		
<p>4. Have you travelled internationally in the last 10 days to a country that is on the government red list?</p> <p>If yes, apply TBPs or if treatment can be deferred, reschedule providing this is not detrimental to patient care/treatment plan.</p>		
<p>5. Have you or any member of your household/family been advised to isolate by any NHS organisation in the last 10 days?</p> <p>If yes, apply TBPs or if treatment can be deferred, reschedule providing this is not detrimental to patient care/treatment plan.</p>		