

Changes to COVID-19 Surveillance Symptoms

What You Need to Know

Effective today, May 22, Nova Scotia is broadening symptom criteria for when people should be tested for COVID-19. Information for the public has been posted online at 811.novascotia.ca and will be updated on novascotia.ca/coronavirus.

These changes support expanded surveillance and case-finding for COVID-19 in Nova Scotia, particularly as public restrictions are changing in the province. From a clinical and patient care perspective, there are important things to note about what these changes mean for the risk assessment and provision of care for patients.

Directions for Nova Scotians

The public is being asked to call 811 for assessment by a nurse if they have any of the following symptoms:

- **Fever (i.e. chills, sweats)**
- **Cough or worsening of a previous cough**
- **Sore throat**
- **Headache**
- **Nasal congestion/runny nose**
- **Shortness of breath**

- **Red, purple or blueish lesions, on the feet, toes or fingers without clear cause.**
- **Muscle aches**
- **Sneezing**
- **Hoarse voice**
- **Diarrhea**
- **Unusual fatigue**
- **Loss of sense of smell or taste**

People will be referred to a Primary Assessment Centre for testing. From there the person will follow guidelines around self-isolating while waiting for test results and further direction from Public Health.

Note: Underlined symptoms in the list above are the same symptoms included in our current COVID Risk Assessment.

What has changed for healthcare providers in the Primary Assessment Centres (PACs)?

There will now be two streams of patients seen:

- Surveillance swabbing criteria: Patients with the new surveillance swabbing criteria who do not meet the risk assessment 2 of 6 symptoms will only be swabbed in the PAC and then sent home on self-isolation until notified by Public Health of their test results.
- COVID-19 Risk Assessment Criteria: Patients who meet the risk assessment 2 of 6 symptoms will have an assessment. The documentation has been streamlined:
- Removal of the medical history risk factors
- Simplification of the red flags

What does the expanded surveillance swabbing criteria mean for healthcare providers outside of the PACs?

There is no change outside the PAC. This surveillance swabbing criteria applies only to PACs and not to patients presenting for other NSHA services (e.g., emergency departments, inpatient care, peri-operative care, or ambulatory care). These patients will be managed based on the current COVID-19 Risk Assessment Form that requires 2 of 6 criteria.

Has the COVID-19 Risk Assessment Form changed?

Yes, shortness of breath has been added to the symptoms in the Risk Assessment Criteria. Outside of the PAC, patients who present for services within NSHA must continue to be assessed at the initial point of care using the COVID-19 Risk Assessment Form.

How does this impact Infection Prevention and Control Guidelines in relation to PPE?

Use of personal protective equipment (PPE) should follow the current risk assessment. Additional precautions will continue to be applied for patients with symptoms of infection based on risk assessment (i.e., 2 of 6 bolded symptoms).