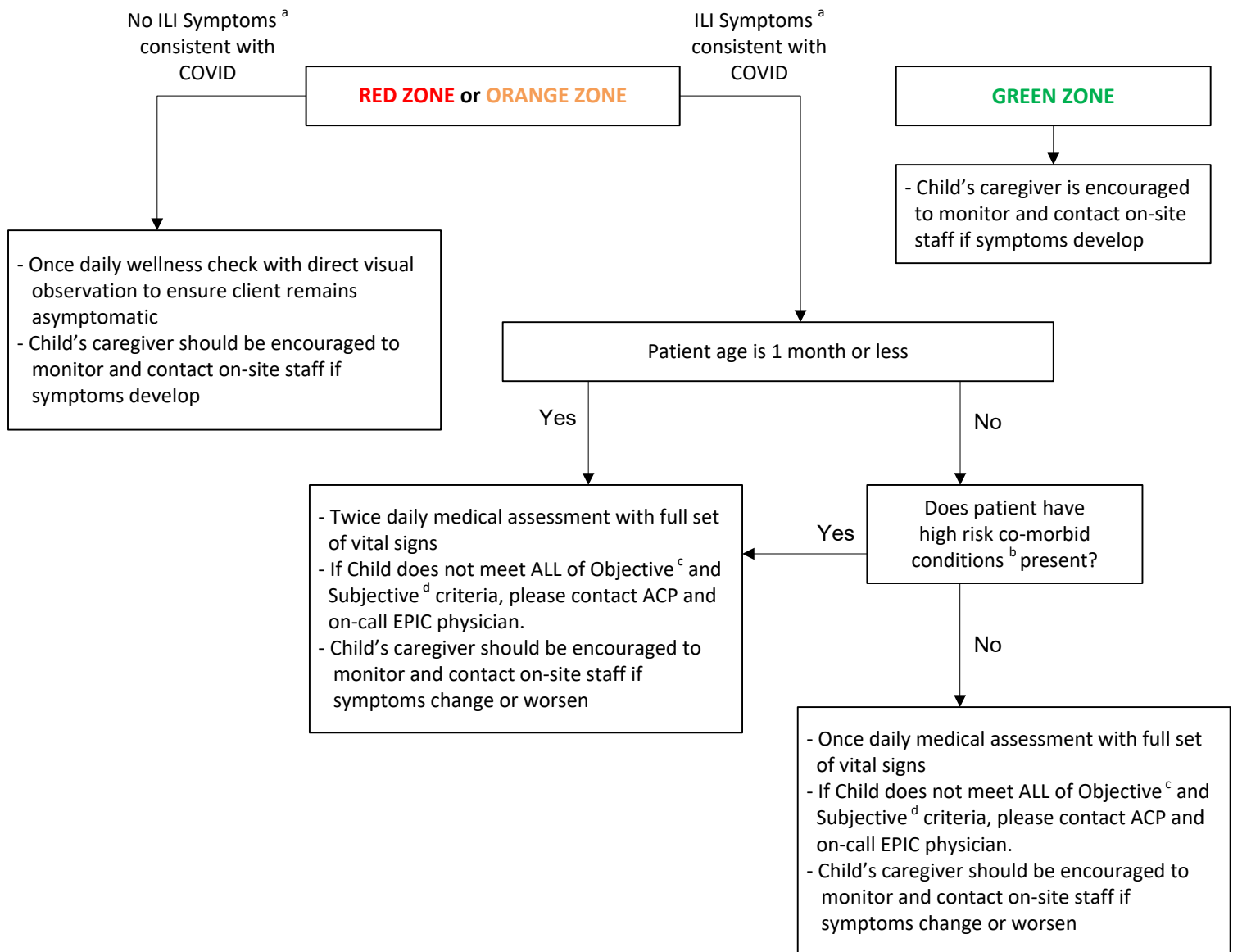


Shared Health Emergency Response Services
 Alternate Accommodation Daily Medical Screening Algorithm
 Pediatric (ages 16 and under)



RED ZONE

Clients located in the RED ZONE are identified as:

- Confirmed to be COVID 19 positive

ORANGE ZONE

Clients in the ORANGE ZONE are identified as:

- Symptomatic close contact – TEST: negative
- Symptomatic not a close contact – TEST: negative
- Symptomatic individual regardless of contact status – TEST: pending or not tested or deemed Recovered by Public Health
- Asymptomatic close contact

GREEN ZONE

Clients located in the GREEN ZONE are identified as:

- Asymptomatic non-close contacts

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a. Influenza Like Illness (ILI) consistent with COVID-19 includes new onset of:

- fever > 38° C or subjective fever/chills
- cough
- sore throat/hoarse voice
- shortness of breath (all non-traumatic etiologies)/breathing difficulties
- hypoxemia/hypoxia (all non-traumatic etiologies)
- loss of taste or smell
- vomiting or diarrhea
- abdominal pain
- runny nose
- muscle aches
- fatigue
- headache
- poor feeding and evidence of dehydration (if an infant)
- clinical features of multisystem inflammatory syndrome (MIS-C) or features of Kawasaki Disease which could include a three day history of fever and any of the following:
 - non-traumatic shock
 - unexplained bradycardia
 - non-purulent conjunctivitis
 - swollen hands or feet
 - skin rash of unknown cause
 - lower abdominal pain (primarily in the right lower quadrant)

b. High Risk co-morbid conditions include:

- Immunocompromised patients (eg. Cancer or transplant patients)
- Chronic pulmonary disease (eg. Asthma, cystic fibrosis)
- Chronic heart disease (eg. Cardiomyopathy, congenital heart disease)
- Neurodegenerative disorders (eg. Muscular dystrophy, cerebral palsy, spina bifida)
- Chronic renal failure
- Autoimmune disorders (eg. Lupus, rheumatoid arthritis)
- Endocrine disorders (eg. Diabetes, adrenal insufficiency)
- Metabolic disorders

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c.

Objective Criteria (MUST HAVE ALL) :

Age	Heart Rate	Respiratory Rate
0 to < 3 months	110-160	35-55
3 to < 6 months	120-160	30-50
6 to <12 months	110-150	30-50
1 to < 4 years	85-140	20-45
4 to < 10 years	70-115	17-27
≥ 10 years	60-100	13-22

Age	Systolic BP
0 to 28 days	> 60
29 days to < 12 months	> 70
1 to ≤ 10 years	> 70 + (age in years x 2)
> 10 years	> 90

d.

Subjective Criteria (MUST HAVE ALL):

- Child is alert and appropriately responsive to environment
- No respiratory accessory muscle use at rest
- Extremities are warm and capillary refill is less than 2 seconds
- Individual appears subjectively well to health care provider
- No additional concerns are expressed by health care provider or child's caregiver



Chief Medical Officer



Associate Medical Director