

Appendix D – Visitor Screening

SAMPLE COVID-19 ACTIVE SCREENING TOOL – VISITORS

This tool may be used for all visitors: Essential Visitors (Support Workers and Essential Caregivers), General Visitors and Personal Care Service Providers.

Active screening once at the beginning of visit is required, however, first responders must be permitted entry without screening in emergency situations.

Please have the visitor answer the following questions:

1.	Do you have any of the following new or worsening signs or symptoms? Symptoms should not be chronic or related to other known causes or conditions.		
	Fever and/or chills <i>Temperature of 37.8^o Celsius/100^o Fahrenheit or higher</i>	Yes	No
	Cough or barking cough (croup) <i>Continuous, more than usual, making a whistling noise when breathing, not related to other known causes or conditions (e.g., COPD, post-infectious reactive airways)</i>	Yes	No
	Shortness of breath <i>Out of breath, unable to breathe deeply, not related to other known causes or conditions (e.g., asthma)</i>	Yes	No
	Decrease or loss of taste or smell <i>Not related to other known causes or conditions (e.g., allergies, neurological disorders)</i>	Yes	No
	Sore throat <i>Not related to other known causes or conditions (e.g., seasonal allergies, acid reflux)</i>	Yes	No
	Difficulty swallowing <i>Painful swallowing, not related to other known causes or conditions</i>	Yes	No
	Runny or stuffy/congested nose <i>Not related to other known causes or conditions (e.g., seasonal allergies, being outside in cold weather)</i>	Yes	No
	Pink eye <i>Conjunctivitis, not related to other known causes or conditions (e.g., reoccurring styes)</i>	Yes	No
	Headache <i>Unusual, long-lasting, not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines)</i>	Yes	No
	Digestive issues like nausea/vomiting, diarrhea, stomach pain <i>Not related to other known causes or conditions (e.g., irritable bowel syndrome, anxiety in children, menstrual cramps)</i>	Yes	No
	Muscle aches/joint pain <i>Unusual, long-lasting, not related to other known causes or conditions (e.g., a sudden injury, fibromyalgia)</i>	Yes	No
	Extreme tiredness <i>Unusual, fatigue, lack of energy, not related to other known causes or conditions (e.g., depression, insomnia, thyroid dysfunction)</i>	Yes	No
Falling down often <i>For older people</i>	Yes	No	
2.	Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?	Yes	No

3.	In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?	Yes	No
4.	In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If you already went for a test and got a negative result, select “No”.	Yes	No
5.	In the last 14 days, have you or anyone you live with travelled outside of Canada? If you or anyone you live with are exempted from federal quarantine as per Group Exemptions, Quarantine Requirements under the Quarantine Act, select “No”	Yes	No
6.	Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?	Yes	No
7.	Is your Rapid Antigen test negative for Covid-19?	Yes	No

Screening Passed (P):

If the individual answers **NO to all questions**, they have passed the screening and can enter the home*.

They must use hand sanitizer and need to wear a mask to enter the home and should be told to self-monitor for symptoms while in the home and report any symptoms immediately. Additional PPE may be required based on the resident interaction per this policy.

*A Safety Review must also be completed as applicable: (See “ COVID-19 SAFETY REVIEW – VISITORS”)

1. For Essential Visitors:

- ***If the residence is declared in outbreak, prior to visiting any resident for the first time:***
Verbal attestation of having receiving PPE training
- ***For homes not in outbreak, prior to visiting any resident for the first time, and at least once every month thereafter:***
Verbal attestation of having read/re-read and watched/re-watched the required materials as applicable

2. For General Visitors & Personal Care Service Providers:

- ***Prior to visiting any resident for the first time, and at least once every month thereafter:***
Verbal attestation of having read/re-read and watched/re-watched the required materials as applicable

Screening Failed (F):

A. If the individual answers **YES to ANY question**, they have not passed the screening and should not be permitted entry. They should be told to go or stay at home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.

B. If the individual answers **YES to question 6 and/or question 7**, they must be advised to stay home until the sick individual gets a negative COVID-19 test result, is cleared by their local PHU, or is diagnosed with another illness.

C. Exceptions to not passing screening:

- First responders – must be permitted entry without screening in emergency situations
- Visitors for imminently palliative residents – must be screened prior to entry, but if they fail screening, they must be permitted entry but the residence will ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff
- Entry to be assessed on a case-by-case basis which includes the assurance that resident care can be maintained if entry is refused. This assessment must be conducted in conjunction with the Director of Wellness in our Home.

Please refer to [May 5, 2021 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#). Refer to the Ministry of Health [COVID-19 Reference Document for Symptoms](#) (September 21, 2020) in adapting your screening tool and keeping it up to date with the latest signs/symptoms.