

LONG-TERM CARE COVID-19 STAFF AND VISITOR SCREENING FORM

ALL STAFF⁽ⁱ⁾ AND VISITORS⁽ⁱ⁾ TO LONG-TERM CARE (LTC) FACILITIES MUST BE SCREENED BY A TRAINED SCREENER AT FACILITY ENTRANCE

Note: In addition to Facility Entry Screening, **Enhanced Screening** is required for any new staff or students as well as facility staff whose last shift was equal to or greater than 14 days ago.

Procedure: Check (✓) all that apply

- 1) On entry, prior to screening instruct staff / visitor to perform hand hygiene with facility provided Alcohol Based hand sanitizer and don a facility provided new mask covering nose and mouth.

SCREENER NAME: _____ **DATE:** _____

STAFF NAME: _____ **ROLE:** _____ **VENDOR:** _____

VISITOR: _____ **Name of resident:** _____

CONTACT PHONE NUMBER (staff and visitors): _____

- 2) Using a non-invasive thermometer⁽ⁱ⁾, take temperature and record. **TEMPERATURE:** _____

a) If 37.9°C or LESS, proceed to question # 3

b) If 38.0 °C or ABOVE, deny staff / visitor entry to the facility **AND**

STAFF –Send for COVID Testing⁽ⁱⁱⁱ⁾ -see p2

VISITOR- inform visitor to contact health care provider / call 811 to determine need for testing

- 3) ASK staff / visitor “Have you experienced any of the following since the last time you were screened? (If the person has any of these symptoms at baseline or as part of an underlying condition e.g. asthma, COPD, migraine, further assessment is required before proceeding)

• Fever or sweats or chills

• Diarrhea

• Cough / worsening chronic cough

• Shortness of breath / difficulty breathing

• Loss of appetite / nausea/ vomiting

• Loss of taste or smell

• Fatigue, muscle aches, or weakness

• Runny nose or congestion

• Headache

• Sore throat / painful swallowing

Yes to any symptoms:

STAFF – Further Assessment: Are symptoms new? Have baseline symptoms worsened or changed in any way?

Yes - Deny Entry to Facility and Send for COVID Testingⁱⁱ -see p2

No - Proceed to question # 4

VISITOR– Deny Entry to Facility and advise to contact health care provider / call 811 to determine need for testing

NO to all symptoms – Proceed to question # 4

4. Have you travelled outside of Canada - including the United States within the last 14 days?
 - YES** – Deny entry to facility
 - NO** – Proceed to next question #5

5. Have you been in CLOSE⁽ⁱ⁾ contact with someone with COVID-19 within the last 14 days and / or have you been advised to self-isolate by public health?
 - YES** – Deny entry to facility and advise to return home and complete 14 days isolation period
 - NO** – go to # 6

6. Have you had a COVID -19 test for any reason since your last shift / visit?
 - Yes** – go to # 7
 - No** – Proceed to shift / visit

7. Was the COVID test negative?
 - Yes** – proceed with shift
 - No** – Deny Entry to facility and advise to return home to await further instruction from Public Health (**NOTE:** if Public Health has already cleared, entry may be permitted).

i. Definitions:

Close contact: someone who you have interacted with in an enclosed environment for more than fifteen minutes while not wearing appropriate PPE or practicing physical distancing e.g. contact within own household / socialising with friends / family.

Non-Invasive thermometer e.g. contactless or temporal thermometer. If touching skin is required to obtain an accurate result the thermometer must be disinfected between staff / visitors. Oral thermometers must **NOT** be used.

Staff: Facility employed staff and regular contracted staff such as kitchen services, administration, housekeeping, cleaning services, and other essential staff

Visitors: Resident visitors, essential visitors, non-facility professionals such as plumbers, electricians.

ii. Testing: Staff requiring testing must continue to wear a mask and go to a COVID-19 testing site immediately or as soon as site opens.

Screener to:

- Provide list of site locations and hours
- Instruct staff to self-isolate at home pending results
- Confirm location of COVID testing site VCH OR FHA.
- Inform Facility Manager

iii. Additional Resources

Screener Training video link: <https://youtu.be/IUtZOIhMeNI>

[Enhanced Screening Questionnaire](#)