

# COVID-19 Designated Family/Support Person and Visitor Screening Tool<sup>1</sup>

## Overview

If an individual answers **YES** to any of the questions, they **must not** be allowed to enter.

\*Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per [CMOH Order 05-2020](#) unless they receive a negative COVID-19 test and are feeling better. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended; information on isolation requirements can be found [here](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

## Screening Questions

1. Do you have any <b>new onset (or worsening)</b> of any of the following symptoms:		CIRCLE ONE	
<ul style="list-style-type: none"><li>• <i>Fever</i>*</li><li>• <i>Cough</i>*</li><li>• <i>Shortness of breath / difficulty breathing</i>*</li><li>• <i>Runny nose</i>*</li><li>• <i>Sore throat</i>*</li><li>• Chills</li><li>• Painful swallowing</li><li>• Nasal congestion</li><li>• Feeling unwell / fatigued</li><li>• Nausea / vomiting / diarrhea</li><li>• Unexplained loss of appetite</li><li>• Loss of sense of taste or smell</li><li>• Muscle / joint aches</li><li>• Headache</li><li>• Conjunctivitis (commonly known as pink eye)</li></ul>		YES	NO
2. Have you travelled outside of Canada in the last 14 days?		YES	NO
3. Have you had close contact <sup>2</sup> with a confirmed case of COVID-19 in the last 14 days?		YES	NO
4. Have you had close contact with an individual who has any one of the first 5 symptoms on this list (‘) fever, cough, shortness of breath, runny nose or sore throat <b>AND</b> who is a close contact of a confirmed case of COVID-19 in the last 14 days?		YES	NO
<p>Ensure you understand <i>Safe Visiting Practices</i> and related site policies (refer to <a href="#">CMOH Order 29-2020 Appendix A</a>)</p>			
<p>Assess your personal risk of unknown exposure based on your last two weeks of activity (refer to Risk of Unknown Exposure)</p>			

<sup>1</sup> Operators are **not required** to store the completed COVID-19 screening documents from any person who enters. Operators are **required** to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks but not longer than 8 weeks.

<sup>2</sup> **Face-to-face contact within 2 metres.** A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

## COVID-19 Staff Screening Tool <sup>3</sup>

### Overview

If an individual answers **YES** to any of the questions, they **must not** be allowed to enter.

\*Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per [CMOH Order 05-2020](#) unless they receive a negative COVID-19 test and are feeling better. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended; information on isolation requirements can be found [here](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

### Screening Questions

	<b>CIRCLE ONE</b>	
1. Do you have any <b>new onset (or worsening)</b> of any of the following symptoms:	YES	NO
• Fever*	YES	NO
• Cough*	YES	NO
• Shortness of breath / difficulty breathing*	YES	NO
• Runny nose*	YES	NO
• Sore throat*	YES	NO
• Chills	YES	NO
• Painful swallowing	YES	NO
• Nasal congestion	YES	NO
• Feeling unwell / fatigued	YES	NO
• Nausea / vomiting / diarrhea	YES	NO
• Unexplained loss of appetite	YES	NO
• Loss of sense of taste or smell	YES	NO
• Muscle / joint aches	YES	NO
• Headache	YES	NO
• Conjunctivitis (commonly known as pink eye)	YES	NO
2. Have you travelled outside of Canada in the last 14 days?	YES	NO
3. Have you had close contact <sup>4</sup> with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4. Have you had close contact with an individual who has any one of the first 5 symptoms on this list ( ) fever, cough, shortness of breath, runny nose or sore throat <b>AND</b> who is a close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO
Assess your personal risk of unknown exposure based on your last two weeks of activity (refer to Risk of Unknown Exposure)		

<sup>3</sup> Operators are **not required** to store the completed COVID-19 screening documents from any person who enters. Operators are **required** to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks but not longer than 8 weeks.

<sup>4</sup> **Face-to-face contact within 2 metres.** A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

## COVID-19 Resident Screening Tool<sup>5</sup>

If a resident answers **YES** to any of the screening questions, the individual must immediately be given a **procedure/surgical mask, quarantined/isolated** in their room and should be asked to consent to testing for COVID-19.

\*Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per [CMOH Order 05-2020](#) unless they receive a negative COVID-19 test and are feeling better. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended; information on isolation requirements can be found [here](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

### Screening Questions

	Do you have any <b>new onset (or worsening)</b> of any of the following symptoms:	<b>CIRCLE ONE</b>	
	• Fever*	YES	NO
	• Cough*	YES	NO
	• Shortness of breath / difficulty breathing*	YES	NO
	• Runny nose*	YES	NO
	• Sore throat*	YES	NO
	• Chills	YES	NO
	• Painful/difficulty swallowing	YES	NO
	• Hoarse voice	YES	NO
	• Nasal congestion / stuffy nose	YES	NO
	• Feeling unwell / fatigue / severe exhaustion	YES	NO
	• Nausea / vomiting / diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle / Joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (commonly known as pink eye)	YES	NO
	• Sneezing	YES	NO
	• Altered Mental Status	YES	NO
2.	Have you travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact <sup>6</sup> with a confirmed case of COVID-19 in the last 14 days?	YES	NO
4.	Have you had close contact with an individual who has any one of the first 5 symptoms on this list ( ) fever, cough, shortness of breath, runny nose or sore throat <b>AND</b> who is a close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO
Assess your personal risk of unknown exposure based on your last two weeks of activity (refer to Risk of Unknown Exposure)			

(Note that the list of symptoms for residents is expanded as residents may experience milder initial symptoms or be unable to report certain symptoms.)

<sup>5</sup> Operators are **not required** to store the completed COVID-19 screening documents from any person who enters. Operators are **required** to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks but not longer than 8 weeks.

<sup>6</sup> **Face-to-face contact within 2 metres.** A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.