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

ALL STAFF AND VISITORS TO LONG-TERM CARE (LTC) FACILITIES MUST BE SCREENED BY A TRAINED SCREENER AT FACILITY ENTRANCE. Note: Any staff / student whose last shift at the facility was equal to or greater than 14 days ago must undergo enhanced screening – see p 2

Procedure: Check (v) all that apply

1) On entry and 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: _______________________

EMPLOYEE NAME & ROLE: ___________________________ TEMPERATURE: __________

VISITOR: ___________________________ Name of Resident: ___________________________

2) Using a contactless thermometer, take temperature and record above:
   a) If 37.9⁰C or LESS, proceed to question # 3
   b) If 38.0⁰C or ABOVE, deny staff / visitor entry to the facility
      i) STAFF – send for COVID Testing – see guidance p2
      ii) 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?”
   □ Fever or sweats  □ Loss of taste or smell
   □ Diarrhea  □ Runny nose or congestion
   □ Cough  □ Headache
   □ Loss of appetite / nausea  □ Sore throat / painful swallowing
   □ Fatigue, muscle aches, or weakness  □ No Symptoms

   a) If YES, to ANY deny entry to the facility
      i) STAFF – send for COVID Testing – see guidance p2
      ii) VISITOR- advise to contact health care provider / call 811 to determine need for testing
   b) If NO to all symptoms proceed to question # 4

4) Since the last time the staff / visitor was screened did they seek COVID-19 testing for any reason:
   a) STAFF
      □ YES – proceed to question #5
      □ NO - proceed with shift
   b) VISITOR - proceed to question #6

5) STAFF ONLY
   Did you test because you had symptoms?
   □ If YES-deny entry to the facility and direct staff to go home. Individual symptoms and test results will need to be evaluated prior to starting work
   □ If NO- proceed with shift
Resident Visitors Only

6) Have you travelled outside of Canada - including the United States within the last 14 days?
   □ If YES- deny entry to facility
   □ If NO proceed to #7

7) Have you been in close contact with someone who has COVID-19 OR who has COVID-19 like symptoms within the last 14 days?
   □ If YES- deny entry to facility
   □ If NO- proceed to #8

8) Have you been told to self-isolate in accordance with Public Health directives?
   □ If YES-proceed to #9
   □ If NO - allow visit

9) Have you completed a minimum of 14 days isolation period?
   □ If YES - Allow visit
   □ If NO - Deny entry to facility

Testing Guidance:
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. Confirm staff contact number ________
   □ Inform Facility Manager

Additional Resources
Screener Training Video
https://youtu.be/LEAd-8Ad0nU

Enhanced Screening Forms – must be completed 72 hours in advance and submitted to Public Health