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

ALL STAFF(i) AND VISITORS(ii) 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 Ask: each question in order and record on Daily Entry Screening Record Form to record all staff and visitors entering facility. If using this form to record check (✓) all that apply and retain form for one month.

1) On entry, prior to screening instruct staff / visitor to perform hand hygiene with facility provided alcohol based hand sanitizer. All visitors must don a facility provided new mask covering nose and mouth to wear in common areas. Staff who have received both doses of vaccine at least 14 days ago are not required to wear a mask or eye protection on entry. All other staff must don a new mask on entry to the facility.

2) DATE: ___________________________ Time: ______________
   STAFF NAME: ____________________ ROLE: _______________ VENDOR: _______________
   VISITOR: __________________________ Name of resident: _______________________
   CONTACT PHONE NUMBER (staff and visitors): ______________________________________

3) Using a non-invasive thermometer(i), take temperature:
   a) If 37.9⁰C or LESS, proceed to question # 4
   b) If 38.0 ⁰C or ABOVE, deny staff / visitor entry to the facility AND

   □ STAFF – Send for COVID Testing(ii) -see page 2

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

4) 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 Testing -see p3
   □ No - Proceed to question # 5

   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 # 5

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5) Have you received two doses of a COVID-19 vaccine?
   - Yes – Proceed to question #6
   - No - Proceed to question #10

6) In the last 14 days, to your knowledge, have you been in CLOSE(i)contact with anyone with COVID-19 and/or have you traveled outside of Canada?
   - YES – Proceed to question # 7
   - NO – Proceed to question # 8

7) Was your second dose of vaccine administered at least 14 days prior to your exposure/entry to Canada?
   - YES – Proceed to question # 8
   - NO – Deny entry and send home to complete isolation

8) Have you had a positive COVID-19 test (PCR or rapid antigen) since your last shift / visit?
   - Yes – Proceed to question # 9
   - No – Proceed to shift / visit

9) Have you been cleared to return to normal activities by public health?
   - Yes – Proceed to shift/visit
   - No – Deny entry and send home to complete isolation

(Remaining questions are for staff and visitors who are not vaccinated or who have not received 2 doses of vaccine).

10) In the last 14 days, to your knowledge, have you been in CLOSE (i) contact with anyone with COVID-19 and/or have you traveled outside of Canada?
    - YES – Deny entry and send home to complete isolation
    - NO – Proceed to question #11

11) Have you had a positive COVID-19 test (PCR or rapid antigen) since your last shift / visit?
    - Yes – Proceed to question #12
    - No – Proceed to shift / visit

12) Have you been cleared to return to normal activities by public health?
    - Yes – Proceed to shift/visit
    - No – Deny entry and send home to complete isolation

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