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

On entry, prior to screening instruct staff / visitor to perform hand hygiene with facility provided alcohol based hand sanitizer. All staff and visitors must don a facility provided new mask covering nose and mouth.

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.

ALL staff who are NOT FULLY vaccinated (i.e. 2nd dose of vaccine not received, or was received less than 7 days ago) are ALSO required by Provincial Health Order to have a Rapid Antigen Test³ Prior to Each Shift.

Procedure:
Follow each step in order and record on Daily Entry Screening Record Form for all staff and visitors entering facility. If using this form to record, check (✓) all that apply and retain form for one month.

DATE: _____________________________ Time: _______________

STAFF NAME: _____________________ ROLE: _______________ VENDOR: _______________

VISITOR: __________________________ Name of resident: __________________________

CONTACT PHONE NUMBER (staff and visitors): __________________________

1) Using a non-invasive thermometer(i), take temperature:
   a) If 37.9⁰C or LESS, proceed to question # 2
   b) If 38.0⁰C or ABOVE, deny staff / visitor entry to the facility AND

   □ STAFF – Deny Entry to facility and send for COVID Testing(iii) - see page 3
   □ VISITOR- inform visitor to contact health care provider / call 811 to determine need for testing

2) 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

   □ No to all symptoms – Proceed to # 3
   □ Yes to any symptoms:
     VISITOR– Deny Entry to Facility and advise to contact health care provider / call 811 to determine need for testing
     STAFF – Further Assessment: Are symptoms new? Have baseline symptoms worsened or changed in anyway?

    □ Yes - Deny Entry to Facility and Send for COVID Testing(iii) - see p3
3) Are you fully vaccinated? i.e. have you received both doses of COVID-19 vaccine with 2nd dose at least 7 days ago or more
   □ Yes – Proceed to #4
   □ No - Proceed to #8

4) In the last 14 days, to your knowledge, have you been in CLOSE contact with anyone with COVID-19 and/or have you traveled outside of Canada?
   □ YES – Proceed to # 5
   □ NO – Proceed to # 6

5) Was your second dose of vaccine administered at least 14 days prior to your exposure/entry to Canada?
   □ YES – Proceed to # 6
   □ NO – Deny entry and send home to complete isolation

6) Have you had a positive COVID-19 test (PCR or rapid antigen) since your last shift / visit?
   □ Yes – Proceed to # 7
   □ No – Proceed to # 8

7) 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 FULLY vaccinated)

8) In the last 14 days, to your knowledge, have you been in CLOSE 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 #9

9) Have you had a positive COVID-19 test (PCR or Rapid Antigen) since your last shift / visit?
   □ Yes – Proceed to #10
   □ No – Proceed # 11

10) Have you been cleared to return to normal activities by public health?
    □ Yes – Staff Proceed to #11
         – Visitors proceed with visit.
    □ No – Deny entry and send home to complete isolation

11) Perform Rapid Antigen Test
    Is your Rapid Antigen Test negative?
    □ Yes – Proceed with Shift
    □ No – Deny Entry to Facility and Send for COVID Testing – see p3
    □ Declines Rapid Antigen Test – Deny Entry and inform Manager Immediately (Note: if test is indeterminate it must be repeated).
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. Rapid Antigen Testing:

All staff not fully vaccinated are required by PHO to undergo Rapid Antigen Testing prior to commencing their shift.

Any staff member with a positive Rapid Antigen Test Result must be asked to leave the facility and undergo a confirmation PCR Test.

After receiving a positive test result from a Rapid Antigen Test staff members must not return to a facility until 10 days have passed from the time of the positive rapid test result unless an earlier return is approved by the medical health officer or the staff member has a subsequent confirmatory negative PCR test.

III. 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.

Screen 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

IV. iii. Additional Resources

Screener Training video link: [https://youtu.be/IUtZOihMeNl](https://youtu.be/IUtZOihMeNl)