LTC COVID-19 STAFF ASSESSMENT FORM

ALL STAFF AT LONG-TERM CARE (LTC) FACILITIES MUST BE SCREENED AT THE BEGINNING OF EACH SHIFT, BY EITHER A RN OR LPN.

SCREENER NAME: _______________________ DATE: _______________________

EMPLOYEE NAME & ROLE: ____________________________ TEMPERATURE: __________

VISITOR: ______________________________ Name of resident:____________________________

Using a contactless thermometer, take temperature of each staff prior to entering the LTC facility:
(a) If 37.9°C or LESS, proceed to question # 2
(b) If 38.0°C or ABOVE, deny staff entry to the facility and send staff wearing a mask to a COVID-19 testing/assessment site immediately, or as soon as site opens.
   □ Provide list of site locations and hours
   □ Staff to self-isolate at home pending results

2. Since the last time they were screened, has the staff experienced any of the following:
   □ Loss of taste or smell
   □ Loss of appetite
   □ Fatigue, muscle aches, or weakness
   □ Cough
   □ Subjective fever or sweats
   □ Runny nose or congestion
   □ Sore throat
   □ Headache
   □ Nausea or Diarrhea

If YES, deny entry to the facility and send staff wearing a mask to attend a testing/assessment site immediately, or as soon as site opens. Ask if they will go to □ VCH OR □ FHA

Get contact number: ____________________________
   □ Provide list of site locations and hours
   □ Staff to self-isolate at home pending results
   (b) If NO to all symptoms proceed to question # 3

3. Since the last time the staff was screened did they seek COVID-19 testing for any reason:
   (a) If NO, proceed with shift
   (b) If YES, proceed to question # 4

4. Did you test because you had symptoms?
   (a) If NO, proceed with shift
   (b) If YES, deny entry to the facility and direct staff to go home. Their individual symptoms and test results will need to be evaluated prior to starting work.