

Visitor COVID-19 Active Screening Tool v.4

Based on MCCSS *Resuming Visits in Congregate Living Settings, Visitor's Guidelines: Re-Opening of Congregate Living Settings*, the Ministry of Health & Ontario's Medical Officer of Health Directive #3

This checklist provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

On the same day as a scheduled visit, prior to arriving for the visit, all visitors to a person-served must be screened by Sunbeam staff over the phone. Ask the visitor the following questions, document their answers on this form, and retain for filing.

1. Do you have any of the following symptoms or signs (that are different or worse than your normal health)?

New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	New smell or taste disorder(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nausea/vomiting, diarrhea and/or abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unexplained fatigue/malaise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny nose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nasal congestion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> NO			

If you answered "Yes" to any of the above, go to SCREENING RESULTS. If you answered "No" to all of the above, go to question 2.

2. Have you travelled out of the country or had close contact with anyone that has travelled out of the country in the past 14 days?

Yes – go to SCREENING RESULTS No – go to question 3.

3. Do you have a fever? (fever is considered at 37.8°C/100°F or higher)

Yes – go to SCREENING RESULTS No – go to question 4.

Be advised that staff will take your temperature just prior to your visit, and at the end of your visit.

Temperature	Start of visit temp: Time:	Initials	End of visit temp: Time:	Initials

4. Have you had close contact with anyone with undiagnosed acute respiratory illness or a confirmed or probable case of COVID-19 in the last 14 days?

Yes – go to question 5 No – screening complete

5. Did you wear the recommended PPE according to the type of duties you were performing (ie. goggles, gloves, mask and gown or N95 with aerosol generating medical procedures) when you had close contact with a suspected or confirmed case of COVID-19?

Yes - screening complete No – go to SCREENING RESULTS

SCREENING RESULTS:

_____ If the visitor answered "NO" to questions 1 through 3, the visit may proceed as planned.

_____ If the visitor answered "YES" to any question from 1 through 3, they have not passed screening and the visit will not occur. If they are experiencing symptoms of COVID-19, they can contact their physician or Telehealth Ontario at 1-866-797-0000.

_____ If the visitor answered "YES" to question 4 and "YES" to question 5, the outdoor visit may proceed as planned.

_____ If you answered "YES" to question 4 and "NO" to question 5, they have not passed screening and the visit will not occur.

Screener Name _____
 Name of Screened Visitor _____
 Date and Time of Screening _____
 Person-Served being visited _____

Signature _____
 Visitor Signature * _____

* By signing this screening document, I (as a visitor) attest to the accuracy of my responses as recorded above.

This document must be retained on file once completed.