

Visitor COVID-19 Active Screening Tool v.5

Based on Public Health, MCCSS, the Ministry of Health & Ontario's Medical Officer of Health Directive #3 Dec 5, 2020
 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

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

Yes – go to SCREENING RESULTS No

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
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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

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 No – go to SCREENING RESULTS

6. A. Are you aware of the recommendations and restrictions in this community regarding gathering size, hand and respiratory hygiene, and the use of face coverings and masks?

Yes No – go to SCREENING RESULTS

B. Are you following these recommendations and restrictions regularly outside the setting you are seeking to enter?

Yes No – go to SCREENING RESULTS

SCREENING RESULTS:

- _____ If the visitor answered "NO" to questions 1 through 3, and "YES" to questions 6A and 6B, 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 visit may proceed as planned.
- _____ If the visitor answered "YES" to question 4 and "NO" to question 5, they have not passed screening & the visit will not occur.
- _____ If the visitor answered "NO" to question 6A, direct them to Ontario's COVID-19 website <https://www.ontario.ca/page/covid-19-response-framework-keeping-ontario-safe-and-open#levels>
- _____ If the visitor answered "NO" to question 6B, they have not passed screening & the visit will not occur x 48 hours.

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

** 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.*