

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

ALL STAFF AND VISITORS TO LONG-TERM CARE (LTC) FACILITIES MUST BE SCREENED BY A TRAINED SCREENER AT FACILITY ENTRANCE. **Note: Any staff / student whose last shift at the facility was equal to or greater than 14 days ago must undergo enhanced screening – see p 2**

Procedure: Check (✓) all that apply

- 1) On entry and prior to screening, instruct staff / visitor to perform hand hygiene with facility provided Alcohol Based hand sanitizer and don a facility provided new mask covering nose and mouth

SCREENER NAME: _____ **DATE:** _____

EMPLOYEE NAME & ROLE: _____ **TEMPERATURE:** _____

VISITOR: _____ **Name of Resident:** _____

- 2) Using a contactless thermometer, take temperature and record above:
 - a) If 37.9°C or LESS, proceed to question # 3
 - b) If 38.0°C or ABOVE, deny staff / visitor entry to the facility
 - i) STAFF – send for COVID Testing – see guidance p2
 - ii) VISITOR- inform visitor to contact health care provider / call 811 to determine need for testing

- 3) **ASK** staff / visitor “Have you experienced any of the following since the last time you were screened?”

- | | |
|---|---|
| <input type="checkbox"/> Fever or sweats | <input type="checkbox"/> Loss of taste or smell |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Runny nose or congestion |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Loss of appetite / nausea | <input type="checkbox"/> Sore throat / painful swallowing |
| <input type="checkbox"/> Fatigue, muscle aches, or weakness | <input type="checkbox"/> No Symptoms |

- a) If **YES**, to **ANY** deny entry to the facility
 - i) **STAFF** – send for COVID Testing – see guidance p2
 - ii) **VISITOR**– advise to contact health care provider / call 811 to determine need for testing
- b) If **NO** to all symptoms proceed to question # 4

- 4) Since the last time the staff / visitor was screened did they seek COVID-19 testing for any reason:

- a) **STAFF**
 - YES** – proceed to question #5
 - NO** - proceed with shift
- b) **VISITOR** - proceed to question #6

- 5) **STAFF ONLY**

Did you test because you had symptoms?

- If **YES**-deny entry to the facility and direct staff to go home. Individual symptoms and test results will need to be evaluated prior to starting work
- If **NO**- proceed with shift

Resident Visitors Only

- 6) Have you travelled outside of Canada - including the United States within the last 14 days?
- If **YES**- deny entry to facility
 - If **NO** proceed to #7
- 7) Have you been in close contact with someone who has COVID-19 OR who has COVID- 19 like symptoms within the last 14 days?
- If **YES**- deny entry to facility
 - If **NO**- proceed to #8
- 8) Have you been told to self-isolate in accordance with Public Health directives?
- If **YES**-proceed to #9
 - If **NO** - allow visit
- 9) Have you completed a minimum of 14 days isolation period?
- If **YES** - Allow visit
 - If **NO** - Deny entry to facility

Testing Guidance:

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. Confirm staff contact number _____
- Inform Facility Manager

Additional Resources

Screener Training Video

<https://www.youtube.com/watch?v=WreWRhiTIZc&feature=youtu.be>

Enhanced Screening Forms – must be completed 72 hours in advance and submitted to Public Health

Staff <http://www.vch.ca/Documents/LTCF-COVID-19-Enhanced-Staff-Screening-Questionnaire.pdf>

Students <http://www.vch.ca/Documents/LTC-COVID-19-Enhanced-Student-Screening-Questionnaire.pdf>