Visitors to LTC/SL/AL/Group Homes

Designated Essential Visitor Screening **UPDATED MARCH 25, 2020**

Information collected through screening must be managed according to privacy requirements, including clarity on collection, use and disclosure. Please be advised the filled forms contain confidential information; site managers are to retain the completed forms in a secured location.

1. For essential visitors that pass the screen, retain the form in a secure location for 21 days and then shred.
2. For essential visitors that DO NOT pass the screen retain the form in a secure location for 6 months and then shred.

- **Residents of this site are at extreme risk if exposed to COVID-19.**
- Effective immediately, visitors to all congregate living sites are restricted to one essential visitor for compassionate car purposes only (i.e. imminently dying or enduring a critical illness).
- No social visits are permitted. No visiting pets.
- An essential visitor, designated by the Resident or guardian (or other alternate decision maker), may be a family member, friend or paid caregiver over 18 years of age. Visits from children are restricted.

  Note:
- Operators are expected to:
  - support each Resident, or guardian/alternate decision-maker, to ensure an essential visitor is designated.
  - ensure only the designated essential or exempted visitor is allowed into the site at any time.
  - ensure that the screening is conducted on every visit with temperature checks completed using a non-invasive infrared or similar device (no oral thermometers).
  - track arrival and departure times of designated essential visitors.

SCREENING – TO DETERMINE IF DESIGNATED ESSENTIAL VISITORS MAY ENTER TODAY

1.	Do you have any of the below symptoms:	**CIRCLE ONE**	
	• Fever (temperature must be below 38 degrees Celsius)	**YES**	**NO**
	• Cough	**YES**	**NO**
	• Shortness of Breath / Difficulty Breathing	**YES**	**NO**
	• Sore throat	**YES**	**NO**
	• Runny Nose / Nasal Congestion	**YES**	**NO**
	• Feeling unwell / Fatigued	**YES**	**NO**
	• Nausea / Vomiting / Diarrhea	**YES**	**NO**
	• Muscle Aches	**YES**	**NO**
	• Headache	**YES**	**NO**
	• Conjunctivitis	**YES**	**NO**
2.	Are you immunocompromised?	**YES**	**NO**
3.	Have you travelled outside of Canada in the last 14 days?	**YES**	**NO**
4.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever?	**YES**	**NO**
5.	Have you been in contact in the last 14 days with someone that is being investigated or confirmed to be a case of COVID-19?	**YES**	**NO**
6.	Have you had laboratory exposure while working with specimens known to contain COVID-19?	**YES**	**NO**
7.	Are you on self-isolation for COVID-19?	**YES**	**NO**
8.	Are you being tested for COVID-19?	**YES**	**NO**
9.	Have you tested positive for COVID-19?	**YES**	**NO**

If you have answered "**Yes**" to any of the above questions, please **DO NOT** enter at this time.
If you have answered "**No**" to all the above questions, please sign in and out and practice hand hygiene (wash hands for 30 seconds, and or use hand sanitizer) before and after your visit.
Our goal is to minimize the risk of infection to our residents and staff, thank you for your understanding and cooperation.

Name _____ Signature _____

Date _____

Current as of March 25, 2020