Resident Daily Screening Questionnaire

This screener is be completed as a self-check by all residents for signs of COVID-19. For any resident unable to complete a self-check, staff must complete the questionnaire for any resident who has routine interface with staff (e.g. personal care) at least once daily. Documentation of screening must be kept in the resident chart.

In addition, any resident leaving the site must be screened at re-entry. Screening must include temperature check using a non-invasive infrared or similar device.

Please complete the following COVID-19 Resident Questionnaire:

1. Do you/Does the resident have any of the following symptoms:  
   CIRCLE ONE
   - Fever (37.8 degrees Celsius or higher) YES NO
   - Any new or worsening respiratory symptoms: YES NO
     - Cough YES NO
     - Shortness of Breath / Difficulty Breathing YES NO
     - Runny Nose or sneezing YES NO
     - Nasal congestion/Stuffy Nose YES NO
     - Hoarse voice YES NO
     - Sore throat/Painful Swallowing YES NO
     - Difficulty swallowing YES NO
   - Any new symptoms including but not limited to: YES NO
     - Chills
     - Muscle/Joint Aches
     - Nausea / Vomiting / Diarrhea / Unexplained Loss of Appetite YES NO
     - Feeling unwell / Fatigued / Severe Exhaustion YES NO
     - Headache YES NO
     - Loss of Sense of Smell or Taste YES NO
     - Conjunctivitis (commonly known as pink eye) YES NO
     - Altered Mental Status

2. Have you travelled outside of Canada in the last 14 days OR have you had close contact with anyone showing symptoms who has travelled outside of Canada in the last 14 days? YES NO

3. Have you had close contact (face to face contact within 2 metres/6 feet) with someone who is ill with cough and/or fever in the last 14 days without the use of appropriate PPE? YES NO

4. Have you had close contact (face to face contact within 2 metres/6 feet) in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19 without the use of appropriate PPE? YES NO

If a resident answers YES to any of the screening questions, the individual must immediately be given a procedure/surgical mask, isolated in their room, or an available isolation room and should be asked to consent to testing for COVID-19. Note: If you have a fever, cough, shortness of breath, runny nose or sore throat, you are legally required to isolate for at least 10 days from the start of your symptoms or until they resolve, whichever is longer.

Completed By: ___________________________ Date: __________

Current as of June 5, 2020 and CMOH Order 23-2020
ECC Approved: 06/05/2020 1138h
Operators must be aware of, and follow, any applicable privacy legislation (e.g., Freedom of Information and Protection of Privacy Act, Health Information Act, Personal Information Protection Act, etc.), should they document/retain the Health Assessment Screening completed with residents and staff (or others).