

Daily Designated Family Support and Visitor Screening Questionnaire in Acute Care

We require you to answer the questions below to assist in determining whether your visit today will keep the environment safe. You must perform hand hygiene as directed by your medical team. The questionnaire only relates to **new** symptoms or a **worsening** of symptoms related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still visit.

1.	Do you have any of the following symptoms that have developed in the last 10 days AND are new or worsening: <ul style="list-style-type: none"> • Fever • cough • shortness of breath • difficulty breathing • sore throat • runny nose • Or experiencing vomiting and/or diarrhea In the last 48 hours 	Yes	No
2.	Have you tested positive for COVID-19 in the last 10 days or are awaiting COVID-19 test results due to symptoms?	Yes	No
3.	Have you been instructed to self-isolate* in the last 14 days?	Yes	No
4.	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
5.	Have you had close contact* (face-to-face contact within 2 metres/6 feet) in the last 14 days with someone who is ill** or is experiencing one or more symptoms listed in question #1?	Yes	No
6.	Have you been in close contact* in the last 14 days with someone who is being investigated*** or confirmed to be a case of COVID-19?	Yes	No
7.	Are you associated with a setting or facility that has an outbreak and been instructed to get tested or self-isolate?	Yes	No

If you answer “YES” to:

- **Question 1 or 2** you are not able to visit at this time **unless** you are an essential designated family support for a pediatric patient or dependent adult (where no other support is available) and have been granted permission by the care area.
- **Questions 3-7** you are not be able to visit at this time **unless** you have no symptoms and are an essential designated family support for a pediatric patient, maternity patient or dependent adult (where there is no other support available). The care area must be aware of your need for self-isolation before entering.
- **ANY question** you should complete the self-assessment tool at ahs.ca/covid to determine your need for COVID-19 testing.

If you answer “NO” to all of the above, you can proceed with your visit. If you develop any of the above symptoms, please discuss with a healthcare provider and be screened again.

Note:

1. If you have any other symptoms which are new or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better.
2. Additional screening may be required in the care area.

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 metres) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing mask and face/eye protection for 15 mins or more.

** 'ill' means someone with COVID-19 symptoms on the list above.

*** 'Investigated' means anyone who is awaiting testing due to symptoms, has been a close contact of a person with COVID-19 symptoms or associated with an outbreak area where they have been advised to be tested and/or to self-isolate.