

**Visitors to Long Term Care or Designated Supportive Living
Designated Essential Visitor Screening **UPDATED APRIL 3rd, 2020****

- **Residents of this site are at extreme risk if exposed to COVID-19.**
- Effective immediately, Sites must implement a **“No Visitor Policy”**.
- Exceptions:
 - For residents at end of life
 - Sites may in rare situations make an exception and allow one **Essential Visitor** where the resident’s care needs cannot be met without their assistance.
- 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.
- No visiting pets.

All visitors must:

- Be expected by the site by prearranging visits with the facility manager.
- Submit to a temperature check for fever (over 38 degrees Celsius; over 37 degrees Celsius for older adults).
- Complete a standard screening questionnaire to assess health risk, sign in and out.
- Upon approval for entry, wear a mask provided by the site.
- Be escorted by site staff to the Resident’s room and remain in the Resident’s room. Visitation with other residents is not permitted.

SCREENING – TO DETERMINE IF DESIGNATED ESSENTIAL VISITORS MAY ENTER TODAY

| 1. Do you have any of the below symptoms: | | CIRCLE ONE | |
|---|---|------------|----|
| | • Fever (over 38° Celsius under age 70; over 37° Celsius over age 70) | 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 _____

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| Current as of April 3, 2020 |
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