

Designated Family/Support Person and Visitor Screening Questionnaire for Continuing Care facilities

Complete the questionnaire below to assist in determining your fitness to visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, volunteers, contractors, patients and families.

As per Chief Medical Officer of Health [Order 29-2020](#) and AHS Visitor Policy, Designated Family/Support Persons and Visitors must complete a temperature check and questionnaire prior to entering a hospice, long term care, designated supportive living or congregate living facility.

All visitors must:

- Be expected by the site by prearranging visits with the facility manager.
 - Sign in and out. Document arrival and exit times (if entering the building).
 - Complete hand hygiene (wash for 30 sec and/or use hand sanitizer) and wear a mask provided by the site.
 - Remain in assigned visitation space (resident's room, shared space or outdoor space). Maintain physical distance from other visitors and residents.
- If an individual answers **YES** to any of the questions, they **must not** be allowed to enter.
 - Individuals with **fever, cough, shortness of breath, runny nose, or sore throat**, are required to isolate for 10 days as per [CMOH Order 05-2020](#) unless they receive a negative COVID-19 test and are feeling better. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended; information on isolation requirements can be found [here](#).

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.

SCREENING – TO DETERMINE IF DESIGNATED FAMILY/SUPPORT PERSON AND VISITOR MAY ENTER TODAY¹

1.	Do you have any new onset (or worsening) of any of the following symptoms: fever, cough, shortness of breath/difficulty breathing, runny nose, sore throat , chills, painful swallowing, nasal congestion, feeling unwell/fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, loss of sense of smell or taste, muscle/joint aches, headache, and/or conjunctivitis (commonly known as pink eye)?	YES	NO
2.	Have you, travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact with a confirmed case of COVID-19 in the last 14 days? <i>Close contact is defined as face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.</i>	YES	NO
4.	Have you had close contact with an individual who has any one of the first 5 symptoms on this list: fever, cough, shortness of breath, runny nose or sore throat AND who is a close contact of a confirmed case of COVID-19 in the last 14 days?	YES	NO
Have you assessed your personal risk of unknown exposure based on the last two weeks of activities (low, medium, high)? Assess your personal risk of unknown exposure based on your last two weeks of activity <i>(refer to Risk of Unknown Exposure Checklist form-21704)</i>			
Ensure you understand Safe Visiting Practices and related site policies <i>(refer to CMOH Order 29-2020 Appendix A)</i>			

¹ Operators are **not required** to store the completed COVID-19 screening documents from any person who enters. Operators are **required** to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks but not longer than 8 weeks.

Printed Name: _____ Signature: _____ Date: _____