

## Continuing Care Home Resident Screening Tool

This tool is to be used when exposure to a close contact with a \*\*communicable disease is suspected or confirmed.

Symptom checks are to be completed as clinically indicated.

Indicate "YES" to present or worsening symptom(s) by placing check marks ✓ in daily boxes for D (*day*) and/or E (*evening*). Leave box blank to indicate "NO" to question. Initials for D/E indicate that all resident screening questions have been asked. Record more details of symptoms in Progress Notes, and report changes in symptoms or close contact status to RN or LPN.

If the resident answered "YES" to any of the questions below, resident must be provided with a procedure mask, isolate in their room and follow [outbreak prevention control & management guidelines](#).

Last Name ( <i>Legal</i> )		First Name ( <i>Legal</i> )	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB ( <i>dd-Mon-yyyy</i> )	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/prefer not to disclose (X) <input type="checkbox"/> Unknown	

Date of Last Known *Close Contact ( <i>dd-Mon-yyyy</i> ):												Suspected communicable disease:																						
Month	Year		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Fever ( <i>37.8°C or higher</i> )	D																																	
	E																																	
Cough	D																																	
	E																																	
Shortness of Breath	D																																	
	E																																	
Runny Nose	D																																	
	E																																	
Sore Throat	D																																	
	E																																	
New rash	D																																	
	E																																	
Feeling Unwell/Fatigued	D																																	
	E																																	
Nausea/Vomiting/Diarrhea	D																																	
	E																																	
Loss of Sense of Smell or Taste	D																																	
	E																																	
Initials (Day)																																		
Initials (Evening)																																		

\*Close Contact - means any person suspected to have been exposed to an infected person or a contaminated environment to a sufficient degree to have had the opportunity to become infected or colonized with an organism.

\*\*E.G. COVID-19, Influenza, Norovirus, RSV, etc.