

COVID-19 Active Screening Tool: New Clients, Staff and Visitors

Name: _____ Phone #: _____

Employer/Agency (if applicable): _____

Visit Details (e.g. who they are visiting): _____

Entry Date: _____ Entry Time: _____

Question 1: Do you have <u>any</u> of the following signs or symptoms?	YES	NO
<ul style="list-style-type: none"> ○ Cough (new or worsening) ○ Shortness of breath/difficulty breathing (new or worsening) ○ Sore throat ○ Difficulty swallowing ○ Decreased sense of taste or smell ○ Chills ○ Headache that's unusual or long-lasting ○ Muscle aches or extreme tiredness that is unusual/unexplained ○ Nausea/vomiting/diarrhea/abdominal pain (not related to other known causes or conditions) ○ Pink eye ○ Runny nose/nasal congestion (not related to seasonal allergies or other known causes or conditions) ○ If 70 years of age or older, ask about the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions. <p>NOTE: <i>Symptoms in young children may also be non-specific (for example, lethargy, poor feeding).</i></p>		

<p>Question 2: Have you travelled outside of Canada in the past 14 days?</p> <p><i>*This question does NOT need to be asked during twice daily monitoring of existing residents.</i></p>	YES	NO
<p>Question 3: Have you been in close contact* with someone who is sick** or has confirmed COVID-19, without wearing appropriate personal protective equipment (PPE) in the past 14 days?</p> <p>*Close contact: being two metres away in the same room, workplace or area or living in the same home</p> <p>**Sick: refer to list of symptoms in question 1</p> <p>***Appropriate PPE: goggles, gloves, gown, and medical mask (or N95 respirator for aerosol generating medical procedures)</p>	YES	NO
<p>Question 4: Do you have a fever? (Temperature: _____)</p> <p><i>The screener is to take the person's temperature and record it in the space provided. Check 'yes' if the temperature is 37.8C (100F) or higher.</i></p>	YES	NO

Exit Information:

Do you have a fever? (Y/N) _____ Temperature _____

Have you had any new/worsening symptoms develop during your shift/visit at this facility? (Y/N) _____

If you answered yes (Y), please indicate your symptom(s).

Exit Date: _____ Exit Time: _____

Updated: July 9, 2020