

COVID-19 INFORMATION

COVID-19 RESIDENT SCREENING TOOL

For all licensed supportive living, long-term care and hospices.

Overview

If a resident answers **YES** to any of the questions, the individual must immediately be given a **procedure/surgical mask, quarantined/isolated** in their room and should be asked to consent to testing for COVID-19. Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and follow information on [isolation requirements](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions^{3,4}

1.	Do you have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
		YES	NO
	• Fever	YES	NO
	• Cough	YES	NO
	• Shortness of breath / difficulty breathing	YES	NO
	• Runny nose	YES	NO
	• Sore throat	YES	NO
	• Chills	YES	NO
	• Painful/difficulty swallowing	YES	NO
	• Hoarse voice	YES	NO
	• Nasal congestion/stuffy nose	YES	NO
	• Feeling unwell / fatigued/ severe exhaustion	YES	NO
	• Nausea / vomiting / diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (commonly known as pink eye)	YES	NO
	• Sneezing	YES	NO
	• Altered Mental Status	YES	NO
2.	Have you travelled outside Canada in the last 14 days?	YES	NO
3.	Have you had close contact ¹ with a confirmed or probable ² case of COVID-19 in the last 14 days? NOTE: Individuals who previously tested positive for COVID-19 in the 90 days before being exposed to another case of COVID-19 are not required to quarantine.	YES	NO

¹ **Face-to-face contact within 2 metres.** A health care worker in an occupational setting wearing recommended personal protective equipment is not considered a close contact.

² A person (with NO laboratory testing done) with clinical illness who in the last 14 days had close contact with a lab-confirmed COVID-19 case while the confirmed case was infectious OR A person (with laboratory testing done) with clinical illness who meets the COVID-19 exposure criteria AND in whom laboratory diagnosis of COVID-19 is inconclusive.

³ Operators are **not required** to store the completed COVID-19 screening document from any person who enters. However, operators are **required** to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks for anyone who enters the facility

⁴ Note that the list of symptoms for residents is expanded as residents may experience milder initial symptoms or be unable to report certain symptoms.