

# COVID-19 Active Screening Tool/Checklist – Essential Visitors

This checklist provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment.

**SCREENING IS TO BE COMPLETED AT THE BEGINNING OF THE VISIT AS WELL AS AT THE END OF THE VISIT.**

Staff are to greet everyone wishing to enter the building with a friendly, calm and re-assuring manner and conduct the following Screening Checklist while the visitor remains outside (6 feet away). **Staff must wear a face shield while conducting the screening, asking the questions and taking the temperature of the visitor.** When the visitor is leaving, take their temperature and ask them if there have been any changes to the answers to their questions in their entrance screening and record at end of form.

“As you know, COVID-19 continues to evolve quickly. Given this, we are conducting active screening for potential risks of COVID-19 with everyone entering the building to ensure everyone’s safety and wellbeing.”

**1. Do you have any of the following symptoms or signs?**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| New or worsening cough                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conjunctivitis/Pink eye                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose or sneezing                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nasal congestion                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty swallowing                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New smell or taste disorder(s)            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea/vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained fatigue/malaise               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**2. Have you travelled out of the country or had close contact with anyone that has travelled out of the country in the past 14 days?**

- Yes  No

**3. Do you have a fever? (take temperature; fever is considered 37.8°C/100.04F or higher)**

- Yes  No

<b>Temperature</b> Fever = 37.8°C/100.04F or higher	<b>Entrance to building temp:</b> <b>Time:</b>	<b>Initials</b>	
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**4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?**

- Yes – go to question 5  No – screening complete

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5. Did you wear the recommended PPE according to the type of duties you were performing (i.e. goggles, gloves, mask and gown for direct care staff) when you had close contact with a suspected or confirmed case of COVID-19?

Yes

No

**RESULTS:**

If you answered “NO” to questions from 1 through 4, you have passed and able to enter the building.

If you answered “YES” to any question from 1 through 3, you should seek clinical assessment for COVID-19. Contact your physician or Telehealth Ontario at 1-866-797-0000, or WDG Public Health 1-800265- 7293. Stay home and contact your Supervisor or the On Call Supervisor.

If you answered “YES” to question 4 and “YES” to question 5, you have passed, and able to enter the building.

If you answered “YES” to question 4 and “NO” to question 5, you cannot come into the building. Contact the site Supervisor.

“You are cleared to enter the building. Please use the hand sanitizer and don appropriate PPE’s (mask and gloves) before proceeding. Thank you for your patience and enjoy the rest of your day.”

Name: \_\_\_\_\_ Company Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Purpose for visit: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Entry Screening: \_\_\_\_\_

**Exit visit screening**

Has there been any changes to your answers to the questions in your entrance screening?

Yes

No

<b>Temperature</b> Fever = 37.8°C/100.04F or higher	<b>Exit from building temp:</b> <b>Time:</b>	<b>Initials</b>	
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Time of Exit Screening: \_\_\_\_\_