

VISITOR SCREENING

Name of Visitor _____

Date and time of visit: _____

Telephone #: _____

Resident's Name: _____

L TC facilities must screen every individual each and every time they are wishing to enter the facility. (A visitor is any person who is not an employee or resident/client of the facility and includes vendors and contractors.)

Each potential visitor should be screened by asking the following questions:

- 1. Do you currently have signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath or sore throat?**
- 2. In the last 14 days, have you had contact with any of the following:**
 - a) someone with a confirmed or presumptive diagnosis of COVID-19,**
OR
 - b) someone under investigation for COVID-19,**
OR
 - c) someone with respiratory illness,**
OR
 - d) someone who has been asked to quarantine themselves?**
- 3. Do you reside in a community where community-based spread of COVID-19 is occurring?**

If a visitor answers "yes" to any of the above questions, or appears to be suffering from respiratory illness (coughing, shortness of breath, fever), the visitor should be instructed to defer their visit and return when they will not pose a risk to the safety of the residents/clients in the facility. This means the facility should restrict (prohibit) this visitor from entering the facility.

As the facility screens each visitor, the facility should record the full name and telephone of every visitor, the date and time of the visit, and the name or room number of the resident/client with whom they are visiting. At the conclusion of the visit, visitors should be required to sign out of the facility and exit through a designated exit.
