

ACTIVE SCREENING FOR COVID-19

As more information becomes available about COVID-19 the World Health Organization has been updating its case definition which means we need to continuously adapt our surveillance mechanisms. We have been actively screening our Employees, Volunteers, Visitors, Clients and Residents since the beginning of the pandemic as a means to facilitate early recognition and source control to further reduce the spread of COVID-19. It is important to note that active screening is not designed to diagnose or confirm COVID-19, which can only be done by testing.

WHAT ARE THE SYMPTOMS OF COVID-19?

The symptoms of COVID-19 are similar to other illnesses, including the cold and flu. Previously we were screening for more common symptoms (fever, new/worsening cough and shortness of breath), however there have been cases that have displayed some atypical symptoms (i.e. sore throat, runny nose/nasal congestion, difficulty swallowing, decrease/loss of sense of taste or smell, and nausea/vomiting/diarrhea/abdominal pain). In an effort to ensure that we are completely screening for all symptoms we have added these to our active screening tool. Please note that when screening for these symptoms that it should address **any new or worsening symptoms** and should not be related to any existing health issues you may have (i.e. seasonal allergies, asthma, etc.). If in doubt it is always advisable to seek medical advice from;

- The online **Self Assessment Tool**: <https://covid-19.ontario.ca/self-assessment/>
- Your family doctor; or
- Telehealth: **1-866-797-0000**

WHEN IS THE SCREENER TO BE COMPLETED?

All Employees, essential visitors and Residents at Thompson House and Margaret Bahen Hospice are required to be screened twice daily. For Employees, this screening will occur once at the start of your shift and again at the end of the shift.

Community Clients receiving personal support services and Transportation rides will be screened by the PSW prior to the start of each and every shift.

I SCREENED POSITIVE, NOW WHAT?

By expanding the list of symptoms, it will allow us to have a heightened awareness of any physical changes we may be experiencing and we understand that this will result in more positive screens. If you or your Clients/Resident screens positive, please contact your Supervisor immediately to determine what the next steps are. You do not need to continue to the rest of the screener. Your Supervisor will ask a few more questions to determine the appropriate actions should be.

WHERE CAN I LEARN MORE?

Below are some resources provided by the Ministry of Health on Screening Guidance:





- [COVID-19 Screening Tool for Long Term Care Homes-MOH](#)
- [COVID-19 Patient Screening Guidance Document - MOH](#)
- [COVID-19 Reference Document for Symptoms-MOH](#)

SCREENING QUESTIONS – EMPLOYEES AND ESSENTIAL VISITORS

1. Do you or anyone you live with have a fever (>37.8 degrees)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you or anyone you live with have any of the following new or worsening symptoms/signs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ new or worsening cough ▪ shortness of breath ▪ difficulty breathing ▪ sore throat ▪ decrease/loss of sense of taste or smell ▪ runny nose/nasal congestion without other known cause ▪ difficulty swallowing ▪ headache ▪ Chills ▪ diarrhea/abdominal pain/nausea/vomiting unexplained ▪ fatigue/malaise/muscle aches ▪ pink eye (conjunctivitis) <p><i>*each bullet represents one (1) symptom.</i></p>	
3. Have you or anyone you live with travelled outside Ontario in the last 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you or anyone you live with had close contact with anyone with acute respiratory illness or a confirmed probable case of COVID-19?	<input type="checkbox"/> YES - answer #5 <input type="checkbox"/> NO - Screener Complete
5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (i.e. goggles, gloves, mask and gown) when you had close contact with a suspected or confirmed case of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER EMPLOYMENT*	
Do you work for any other healthcare organization? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, is that organization currently in outbreak? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**As per directive #3 Employees working in Long Term Care are not permitted to work in multiple locations*



RESULTS OF SCREENING QUESTIONS

NO TO ALL QUESTIONS 1-4		The person is permitted to enter the facility. They should be reminded to self monitor for symptoms and to re-screen at the end of the shift.
YES TO ANY QUESTION 1-3		The person has screened positive and cannot enter the facility. If it is an Employee, the supervisor should be informed immediately to determine if they should go home and self-isolate. If it is an Essential Visitor, they should be instructed to contact their family doctor or telehealth or their local public health unit to discuss their symptoms and/or exposure. (note that travel inside Ontario isn't a positive screen, however should be flagged to the supervisor)
YES TO 4 and 5		The person has screened negative and is permitted to enter the facility. They should be reminded to self monitor for symptoms and to re-screen at the end of the shift.
YES TO 4 but NO to 5		The person has screened positive and cannot enter the facility. If it is an Employee, the supervisor should be informed immediately to determine if they should go home and self-isolate. If it is an Essential Visitor, they should be instructed to contact their family doctor or telehealth or their local public health unit to discuss their symptoms and/or exposure.

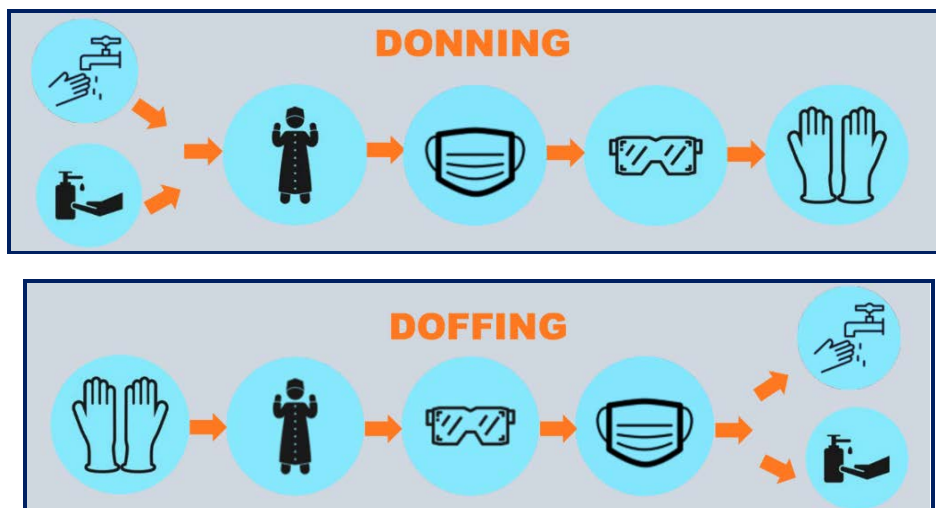
SCREENING QUESTIONS – CLIENTS AND RESIDENTS

1. Do you or anyone you live with have a fever (>37.8 degrees)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you or anyone you live with have any of the following new or worsening symptoms/signs?*	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ new or worsening cough ▪ shortness of breath ▪ difficulty breathing ▪ sore throat ▪ decrease/loss of sense of taste or smell ▪ runny nose/nasal congestion without other known cause ▪ difficulty swallowing ▪ headache ▪ Chills ▪ diarrhea/abdominal pain/nausea/vomiting ▪ unexplained fatigue/malaise/muscle aches ▪ pink eye (conjunctivitis) 	
<i>*each bullet represents one (1) symptom.</i>	
3. Have you or anyone you live with travelled outside Ontario in the last 14 days?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you or anyone you live with had close contact with anyone with acute respiratory illness or a confirmed probable case of COVID-19?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. If you are over age 70 are you experiencing any of the following:	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> ▪ Delirium ▪ Unexplained or increased number of falls ▪ Acute functional decline ▪ Worsening of chronic conditions 	

RESULTS OF SCREENING QUESTIONS

IF THE RESPONSE IS NO TO ALL QUESTIONS:		The COVID-19 Screener is Negative. Continue with visit/care and implement routine practices (i.e. mask, eye protection and hand hygiene).
IF THE RESPONSE TO ANY QUESTIONS IS YES:		The COVID-19 Screener is Positive. Contact your Supervisor immediately for Further IPAC Instructions.

IMPLEMENT DROPLET/CONTACT PRECAUTIONS FOR COVID-19 POSITIVE CLIENTS/RESIDENTS



CHANGE LOG		
Version	Changes	Date
V01	Initial release of document	May 01, 2020
V02	<ol style="list-style-type: none"> 1. Added to symptoms for both screeners: <ul style="list-style-type: none"> ▪ pink eye (conjunctivitis) 2. Added context to symptoms for 'without other known cause' to both screeners: <ul style="list-style-type: none"> ▪ Runny nose/sneezing ▪ Nasal Congestion 3. Added to clarify that each bullet point is equivalent to one (1) symptom to both screeners. 4. Added Clarification of Falls on Client/Resident Screener to read 'unexplained or increased number of' 	May 04, 2020
V03	Added New or Worsening to Question 2 on each screener; Employee and Essential Visitors and Client and Resident for further clarity on symptoms.	May 11, 2020
V04	<ol style="list-style-type: none"> 1. Removed the following symptoms from both screeners: <ul style="list-style-type: none"> ▪ Sneezing ▪ Hoarse Voice 2. Combined symptoms runny nose and nasal congestion on both screeners to read: <ul style="list-style-type: none"> ▪ 'runny nose/nasal congestion without other known cause' 3. Added to symptoms 'unexplained fatigue/malaise' for both screeners: <ul style="list-style-type: none"> ▪ Muscle aches 4. Reworded for clarity 'new smell or taste disorder' to: <ul style="list-style-type: none"> ▪ 'Decrease/loss of sense of taste or smell' 5. Added travel boundaries to read 'outside Ontario' and indicated that all travel outside Ontario is now a positive screen on both screeners. 6. Changed age on question 5 on Client/Resident Screener from 65 to 70 	May 20, 2020