

## COVID-19 Active Screening: Patient/Designated Support Person/Social Visitor Access to Facilities

### 1. Do you have...

#### ONE SYMPTOM (CATEGORY A)?

- FEVER/CHILLS/SWEATS
- LOSS OF TASTE/SMELL
- COUGH
- SORE THROAT
- DIFFICULTY BREATHING
- VOMITING/DIARRHEA
- RUNNY NOSE/SNEEZING

OR

#### TWO OR MORE SYMPTOMS (CATEGORY B)?

- MUSCLE ACHES
- LOSS OF APPETITE
- HEADACHE
- UNEXPLAINED SKIN RASH
- FATIGUE

### 2. Have you had close contact with a confirmed case of COVID-19 in the last 7 days under the following circumstances:

- Exposed to a household contact with COVID-19?
- Live in a group home setting such as Special Care Home or Nursing Home, with an active COVID-19 outbreak?
- Discharged from a nursing unit with an active COVID-19 outbreak?

### 3. Have you tested positive for COVID-19 within the past 10 days?

If patient/DSP answers yes to any of the questions, they fail screening (but are not asked to leave) and are managed as per the COVID-19 Access Control - Regional Guidance Document for Screeners and/or the IPC Guidance Compassionate Exemption for Asymptomatic Close Contact of COVID-19 or COVID-19 Positive Designated Support Person - All Phases document.

If a social visitor answers yes to any of the questions, they fail screening and are not permitted to visit.