

Ministry of Health

COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes

Version 4 – May 5, 2021

This tool provides basic information only and contains recommendations for COVID-19 screening for entry into a Long-Term Care Home (LTCH) or Retirement Home (RH). It is not to be used as a clinical assessment tool or intended to take the place of medical advice, diagnosis or treatment. Where the document includes references to legal requirements, it is not to be construed as legal advice.

As per [Directive #3 for Long-Term Care Homes under the Long-term Care Homes Act, 2007](#), anyone wishing to enter must be actively screened prior to being permitted entry into the LTCH or RH. This includes all staff, students, visitors and residents who are re-entering the LTCH's/RH's premises.

In emergency situations, first responders should be permitted entry without screening.

Anyone who does not pass screening should be informed of this result and should not be permitted to enter the LTCH/RH, unless they are:

- A resident returning to their home, who must be admitted on entry but isolated on [Droplet and Contact Precautions](#) and tested for COVID-19 as per the [COVID-19: Provincial Testing Requirements Update](#);
- A staff member with post-vaccination related symptoms may be exempt from exclusion from work where expressly permitted under and in accordance with the [Managing Health Care Workers with Symptoms within 48 Hours of Receiving COVID-19 Vaccine](#) guidance; and
- Visitors for imminently palliative residents must be screened prior to entry. If they fail screening, they must be permitted entry but LTCHs must ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff.

Staff responsible for occupational health at the LTCH/RH must follow up on all staff (i.e., phone calls, further screening, etc.) who have not passed the screening and been advised to self-isolate based on exposure risk or symptoms.

At a minimum, the following questions should be asked to screen individuals for COVID-19 before entry. This tool can be adapted based on need and the specific

setting but must include the minimum screening questions set out below. The screening questions below are not intended to be used to screen admissions/transfers in the absence of other clinical and detailed admission assessments.

Once an individual has passed the screening questions below and is able to enter the home, they should use hand sanitizer and be provided with a mask and the appropriate personal protective equipment (PPE), as required. They also should be advised to self-monitor while in the home and report any symptoms immediately.

Note:

[O. Reg 146/20](#) and [O. Reg 158/20](#) of the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) (ROA) prohibit employees of LTCHs and RHs from working in more than one LTCH, RH or health service provider (within the meaning of the [Connecting Care Act, 2019](#)).

These restrictions do not apply to employees who are fully immunized. As per MLTC's [COVID-19 Guidance Document for Long-Term Care homes in Ontario](#) for LTCHs and the MSAA's [Retirement Home Guidance to Implement Directive #3](#) for RHs, each home is now asked to:

- Collect COVID-19 immunization of their staff; and
- Maintain and update record of their staff who work in more than one LTCH, RH, or health care facility simultaneously.

An individual is considered **fully immunized** against COVID-19 if they have received the total required number of doses of a COVID-19 vaccine approved by Health Canada (e.g., both doses of a two-dose vaccine series, or one dose of a single-dose vaccine series) **and** they received their final dose of the COVID-19 vaccine at least 14 days ago.

All LTCHs and RH are responsible for ensuring compliance with the applicable regulation.

Screening Questions

1. Do you have any of the following new or worsening symptoms? Symptoms should not be chronic or related to other known causes or conditions.

Fever and/or chills Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough or barking cough (croup) Continuous, more than usual, making a whistling noise when breathing, not related to other known causes or conditions (e.g., COPD, post-infectious reactive airways)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath Out of breath, unable to breathe deeply, not related to other known causes or conditions (e.g., asthma)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decreased or loss of taste or smell Not related to other known causes or conditions (e.g., allergies, neurological disorders)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat Not related to other known causes or conditions (e.g., seasonal allergies, acid reflux)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty swallowing Painful swallowing, not related to other known causes or conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny or stuffy/congested nose Not related to other known causes or conditions (e.g., seasonal allergies, being outside in cold weather)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pink eye Conjunctivitis, not related to other known causes or conditions (e.g., reoccurring styes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache Unusual, long-lasting, not related to other known causes or conditions (e.g., tension-type headaches, chronic migraines)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Digestive issues like nausea/vomiting, diarrhea, stomach pain Not related to other known causes or conditions (e.g., irritable bowel syndrome, anxiety in children, menstrual cramps)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Muscle aches/ joint pain Unusual, long-lasting, not related to other known causes or conditions (e.g., a sudden injury, fibromyalgia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extreme tiredness Unusual, fatigue, lack of energy, not related to other known causes or conditions (e.g., depression, insomnia, thyroid disfunction)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Falling down often For older people	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

☐ Yes ☐ No

3. In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?

☐ Yes ☐ No

4. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? If you already went for a test and got a negative result, select “No”

☐ Yes ☐ No

5. In the last 14 days, have you or anyone you live with travelled outside of Canada?

If you or anyone you live with are exempted from federal quarantine as per as per [Group Exemptions, Quarantine Requirements](#) under the *Quarantine Act*, select “No”.

☐ Yes

☐ No

6. Is anyone you live with currently experiencing any new COVID-19 symptoms and/ or waiting for test results after experiencing symptoms?

☐ Yes

☐ No

Results of Screening Questions:

- If the individual answers **NO to all questions**, they have passed and can enter the home. They need to wear a mask to enter the home and should be told to self-monitor for symptoms and be reminded about required re-screening at the end of their day/shift or when they leave the home.
- If the individual answers **YES to ANY question**, they have not passed the screening and should not be permitted entry unless they are a resident.
 - Staff and students: They should inform their manager/immediate supervisor of this result. They should be told to go or stay at home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.
 - Visitors: They should be told to go or stay at home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice, including if they need a COVID-19 test.
 - Residents: They should be placed in a separate room near the entrance to be further assessed by the appropriate LTCH/RH staff.
- If the individual answers **YES to question 6**, they must be advised to stay home until the sick individual gets a negative COVID-19 test result, is cleared by their local public health unit, or is diagnosed with another illness.
- If any of the answers to these screening questions change during the day, the worker should inform their employer of the change, go home to self-isolate immediately, and contact their health care provider or Telehealth Ontario (1-866-

797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.

- Homes are required to maintain a record of the date/time that workers were in the home and their contact information. This information may be requested by public health for contact tracing. These records should be maintained for a period of at least a month.
- Any record created as part of worker screening may only be disclosed as required by law.