

**Purpose:** This document provides direction to Fraser Health Operated as well as Fraser Health Affiliated Long-Term Care, Mental Health and Substance Use (MHSU) and Assisted Living providers to screen for COVID-19 like signs and symptoms or exposure risk factors with the goal of decreasing the risk of COVID-19 exposure and spread.

**Scope:** This document is applicable to all Fraser Health Operated and Fraser Health Affiliated Long-Term Care, MHSU, Assisted Living (including overnight respite) providers. This document does not apply to Acute Care facilities, Emergency Departments, or Community clinics and settings.

**References:** [MHO Alert COVID-19 – Updated COVID-19 Testing Guidelines](#); [BCCDC COVID-19 Testing Guidelines for British Columbia](#); [FH COVID-19 Laboratory Testing Guidelines \[KYI\]](#); [BCCDC COVID-19 IPC Guidance for Long Term Care and Assisted Living](#); [BCCDC COVID-19 Self-Monitoring \[Poster\]](#)

### Guiding Principles:

- COVID-19 screening outlined in this document must occur for everyone entering the Care facility
- Persons (all staff, service providers, family members, and respite care residents) cannot enter the facility if they are ill with COVID-19-like symptoms unless by special exemption provided by the Director of Care in consultation with Public Health and IPC if required
  - If the Director of Care allows a symptomatic visitor to enter the facility for compassionate reasons, appropriate IPC measures must be in place prior to the visit. Consult with your IPC specialist is required.
- Staff must assess residents/tenants/clients two times per day for COVID-19-like symptoms.\* If they become ill, they must immediately be isolated under Droplet Precautions (in a single room if possible) and have samples collected for COVID-19.

### Staff Screening:

- All staff should perform self-assessments twice daily for symptoms related to COVID-19 (see full list of symptoms under COVID-19 Testing), and should not work if they are ill or if Public Health has asked them to self-isolate. Staff should be directed to be tested for COVID-19 when presenting with COVID-19-like symptoms. They must report any new respiratory symptoms prior to their return to work to their manager.
  - Staff must take and appropriately record their temperature twice daily to monitor for fever symptoms\*
  - Staff must avoid the use of fever-reducing medications (e.g., acetaminophen, ibuprofen) as much as possible because these medications can mask early symptoms of COVID-19

### COVID-19 Testing:

- COVID-19 testing is recommended and prioritized for all individuals with new respiratory or COVID-19-like symptoms, however mild
  - Symptoms may include fever\*, chills, cough, shortness of breath, sore throat/painful swallowing, runny nose, loss of sense of smell, loss of sense of taste, headache, muscle aches, fatigue, loss of appetite, nausea/vomiting, or diarrhea
- COVID-19 testing is not recommended for individuals without symptoms
- Healthcare providers (includes physicians and nurse practitioners) can order a COVID-19 test for any individual based on their clinical judgment

*\*Fever (>38°C) or a temperature that is above normal for that individual without other known cause. This does not include fevers with a known cause, such as urinary tract infection.*

**Note: THIS FORM MUST REMAIN ON THE TENANT/CLIENT/RESIDENT'S CHART**

Resident name: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_

**Section 1: COVID-19 screening for the Resident/Tenant/Client Intake Process (at the time of bed offer), including residents for Respite-Care:**

1. The Health Care Professional will ask the resident/tenant/client (or the family member/substitute decision maker to corroborate) the following questions during the intake process for a new admission by phone; check all that apply:

COVID-19 Risk Assessment (check all that apply)			
<b>1. Does the resident/tenant/client have new onset of COVID-19 like symptoms?</b>			
<input type="checkbox"/>	Fever	<input type="checkbox"/>	Sore throat or painful swallowing
<input type="checkbox"/>	Cough	<input type="checkbox"/>	Loss of sense of smell
<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Loss of sense of taste
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Loss of appetite
<input type="checkbox"/>	Chills	<input type="checkbox"/>	Runny nose
<input type="checkbox"/>		<input type="checkbox"/>	Muscle aches
<input type="checkbox"/>		<input type="checkbox"/>	Fatigue
<input type="checkbox"/>		<input type="checkbox"/>	Nausea and/or vomiting
<input type="checkbox"/>		<input type="checkbox"/>	Diarrhea
<b>2. Does the resident/tenant/client have a risk factor for COVID-19 exposure? In the last 14 days, has the resident/tenant/client:</b>			
<input type="checkbox"/>	Returned from travel to Quebec, Ontario, or outside of Canada?		
<input type="checkbox"/>	Been in close contact with anyone diagnosed with laboratory-confirmed COVID-19?		
<input type="checkbox"/>	Lived or worked in a setting that is part of a COVID-19 outbreak?		
<input type="checkbox"/>	Been advised to self-isolate or quarantine at home by public health?		
<b>3. In the past 28 days, has the resident/tenant/client had a <u>positive</u> COVID-19 test?<sup>1</sup></b>			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Date Tested: _____			

<sup>1</sup>Refer to the [FH COVID-19 Criteria to Discontinue Additional Precautions in Confirmed COVID-19 Patients](#) for more details

If **NO** to all questions, follow routine protocols.

If **YES** to any of these questions, the Health Care Professional will assist the family member to make arrangements for the resident/tenant/client to have a follow-up COVID-19 assessment with their Health Care Professional.

### Section 2: Resident/Tenant/Client Screening

Active screening will occur for all residents/tenants/clients entering the facility (includes new admissions, returning from an acute admission and returning from an outing). Follow the LTC/AL/CV Algorithm for Admissions COVID-19.

- 2. The Health Care Professional will ask the resident/tenant/client (or the family member/substitute decision-maker to corroborate) the following screening questions at the time of entering the facility; check all that apply:**

COVID-19 Risk Assessment (check all that apply)					
<b>1. Does the resident/tenant/client have new onset of COVID-19 like symptoms?</b>					
<input type="checkbox"/>	Fever	<input type="checkbox"/>	Sore throat or painful swallowing	<input type="checkbox"/>	Muscle aches
<input type="checkbox"/>	Cough	<input type="checkbox"/>	Loss of sense of smell	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Loss of sense of taste	<input type="checkbox"/>	Nausea and/or vomiting
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Loss of appetite	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Chills	<input type="checkbox"/>	Runny nose		
<b>2. Does the resident/tenant/client have a risk factor for COVID-19 exposure? In the last 14 days, has the resident/tenant/client:</b>					
<input type="checkbox"/>	Returned from travel to Quebec, Ontario, or outside of Canada?				
<input type="checkbox"/>	Been in close contact with anyone diagnosed with laboratory-confirmed COVID-19?				
<input type="checkbox"/>	Lived or worked in a setting that is part of a COVID-19 outbreak?				
<input type="checkbox"/>	Been advised to self-isolate or quarantine at home by public health?				
<b>3. In the past 28 days, has the resident/tenant/client had a <u>positive</u> COVID-19 test?<sup>1</sup></b>					
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		
Date Tested:					

<sup>1</sup>Refer to the [FH COVID-19 Criteria to Discontinue Additional Precautions in Confirmed COVID-19 Patients](#) for more details

If **NO** to all questions, follow routine protocols.

If **YES** to any of these questions, isolate the resident/tenant/client in a private room immediately on Droplet Precautions and arrange for a Health Care Professional to conduct a more in-depth COVID-19 assessment.

- 3. The Health Care Professional must don personal protective equipment for Droplet Precautions (gown, procedure mask, protective eyewear/face shield and gloves) and assess the resident/tenant/client in a private area for history, a respiratory examination, exposure risk and possible COVID-19 specimen collection.**

### Section 3: Visitor and Family Screening

Please follow the most current Fraser Health visitor guidelines for the care setting.

Actively screen visitors for COVID-19-like symptoms at the entrance to the facility each time they visit; symptomatic visitors will not be allowed entry. If the Director of Care allows a symptomatic visitor to enter the facility for compassionate reasons, appropriate IPC measures must be in place prior to the visit.

- 4. A Receptionist/or designate will ask family members or visitors the following questions immediately upon entry to the facility:**

COVID-19 Risk Assessment (check all that apply)					
<b>1. Does the visitor have new onset of COVID-19 like symptoms?</b>					
<input type="checkbox"/>	Fever	<input type="checkbox"/>	Sore throat or painful swallowing	<input type="checkbox"/>	Muscle aches
<input type="checkbox"/>	Cough	<input type="checkbox"/>	Loss of sense of smell	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Loss of sense of taste	<input type="checkbox"/>	Nausea and/or vomiting
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Loss of appetite	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Chills	<input type="checkbox"/>	Runny nose		
<b>2. Does the visitor have a risk factor for COVID-19 exposure? In the last 14 days, has the visitor:</b>					
<input type="checkbox"/>	Returned from travel outside of Canada?				
<input type="checkbox"/>	Been in close contact with anyone diagnosed with laboratory-confirmed COVID-19?				
<input type="checkbox"/>	Lived or worked in a setting that is part of a COVID-19 outbreak?				
<input type="checkbox"/>	Been advised to self-isolate or quarantine at home by public health?				
<b>3. In the past 28 days, has the visitor had a <u>positive</u> COVID-19 test?<sup>1</sup></b>					
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		
Date Tested:					

<sup>1</sup>Refer to the [FH COVID-19 Criteria to Discontinue Additional Precautions in Confirmed COVID-19 Patients](#) for more details

If **NO** to all questions, follow routine visit protocols.

If **YES** to any of these questions, ask the family member or visitor to resume visits when their symptoms resolve; they can call HealthLinkBC at [8-1-1](tel:8-1-1) for further questions or concerns.

**Section 4: Regular Assessment of Residents/Tenants/Clients**

5. At a minimum of two times per day, the resident/tenant/client will be assessed for COVID-19-like symptoms; check all that apply:

COVID-19 Risk Assessment (check all that apply)					
<b>1. Does the resident/tenant/client have new onset of COVID-19 like symptoms?</b>					
<input type="checkbox"/>	Fever	<input type="checkbox"/>	Sore throat or painful swallowing	<input type="checkbox"/>	Muscle aches
<input type="checkbox"/>	Cough	<input type="checkbox"/>	Loss of sense of smell	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Loss of sense of taste	<input type="checkbox"/>	Nausea and/or vomiting
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Loss of appetite	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Chills	<input type="checkbox"/>	Runny nose		

If **NO** to all questions, follow routine practices.

If **YES** to any of the questions, inform the nurse; they will:

- Isolate the resident/tenant/client in a single room (if possible) and place on Droplet Precautions
  - If a single room is not available, refer to the isolation requirements for admissions and transfers in the [LTC/AL COVID-19 Resource Toolkit](#)
- The Health Care Professional must don personal protective equipment for Droplet Precautions (gown, procedure mask, protective eyewear/face shield and gloves) and assess the resident/tenant/client in a private area for history, a respiratory examination, exposure risk and possible COVID-19 specimen collection.
  - Collect a NP swab and specify Influenza and COVID-19 testing