

**Purpose:** This document provides direction to Fraser Health Owned and 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 Owned and Operated and Fraser Health Affiliated Long-Term Care, MHSU, and Assisted Living (including overnight respite) providers. This document does not apply to acute care facilities, emergency departments, or community clinics and settings.

**References:** [BCCDC COVID-19 Testing Guidelines for British Columbia](#); [BCCDC COVID-19 IPC Guidance for Long Term Care and Assisted Living](#); [LTC/AL COVID-19 Resource Toolkit](#); [Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#); [Visitors \[COVID-19 Screening Process\]](#); [COVID-19 Staff Screening \[Guidelines\]](#); [COVID-19 Unit Department Staff Screening with Temperature Monitoring \[Form\]](#)

### Guiding Principles:

- COVID-19 screening outlined in this document must occur for everyone entering the Care facility, including visitors as per the [Visitors \[COVID-19 Screening Process\]](#)
- Persons (all staff, service providers, family members, respite care residents, and visitors) 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 Infection Prevention and Control (IPC) measures must be in place prior to the visit. Consult with your IPC specialist.
- Staff must assess residents/tenants/clients once 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:

- Please refer to the [COVID-19 Staff Screening \[Guidelines\]](#) for details pertaining to staff screening

### COVID-19 Testing:

- Guidelines for COVID-19 testing in BC are periodically reviewed and updated based on COVID-19 epidemiology, new clinical information, public health measures in place, testing and contact tracing capacity, and our evolving understanding of test performance in clinical settings
- Refer to the [BCCDC COVID-19 Testing Guidelines for British Columbia](#) for current recommendations for testing
- Testing guidance is not meant to replace clinician assessment, and providers should continue using their clinical judgement in determining whether a COVID-19 test is required

**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:**

- 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	<input type="checkbox"/> Body aches
<input type="checkbox"/> Cough	<input type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Nausea
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Loss of sense of taste	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Headache	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Chills	<input type="checkbox"/> Extreme fatigue or tiredness	<input type="checkbox"/> No
<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 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 recently discharged from an acute care unit that has been on a COVID-19 outbreak?		
<input type="checkbox"/> Been advised to self-isolate or quarantine at home by public health?		
<input type="checkbox"/> No		
<b>3. In the past 20 days, has the resident/tenant/client had a <u>positive</u> COVID-19 test?</b>		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Date Tested: _____		

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	<input type="checkbox"/> Body aches	
<input type="checkbox"/> Cough	<input type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Nausea	
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Loss of sense of taste	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Headache	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Diarrhea	
<input type="checkbox"/> Chills	<input type="checkbox"/> Extreme fatigue or tiredness	<input type="checkbox"/> No	
<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 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 recently discharged from an acute care unit that has been on a COVID-19 outbreak?			
<input type="checkbox"/> Been advised to self-isolate or quarantine at home by public health?			
<input type="checkbox"/> No			
<b>3. In the past 20 days, has the resident/tenant/client had a <u>positive</u> COVID-19 test?</b>			
<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Date Tested:			

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: Regular Assessment of Residents/Tenants/Clients

4. Once per day, the resident/tenant/client will be assessed for COVID-19-like symptoms. If the site is on outbreak or enhancement monitoring, assess the resident/tenant/client twice per day 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	<input type="checkbox"/>	Body aches
<input type="checkbox"/>	Cough	<input type="checkbox"/>	Loss of sense of smell	<input type="checkbox"/>	Nausea
<input type="checkbox"/>	Difficulty breathing	<input type="checkbox"/>	Loss of sense of taste	<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Loss of appetite	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Chills	<input type="checkbox"/>	Extreme fatigue or tiredness	<input type="checkbox"/>	No

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