

Purpose

Fraser Health is taking the necessary precautions to provide the best care in a safe environment for our patients, residents, visitors, staff and medical staff. This document is intended to provide safe direction for all Fraser Health entry points into the health care system to determine visitors' risk for COVID-19 infection. These directions may be updated as required with renewed direction from the Ministry of Health. The screening document pertains to COVID-19-like signs and symptoms or exposure risk factors to reduce the risk of COVID-19 exposure and spread.

Scope

This document is applicable to all entry points of Fraser Health care facilities, including emergency departments and inpatient units, acute care outpatient clinics and programs, community settings including long-term care, assisted living, mental health and substance use, community clinics, physician offices, shelters, and day programs.

Visitors

Visitors can include a single pre-approved visitor per patient/client within a facility (except in the case of palliative/end-of-life care) following the [Ministry of Health COVID-19 Infection Prevention and Control \[Policy Communique\]](#). Visits include compassionate care; visits paramount to the patient's/client's physical care and mental well-being, including feeding, mobility, personal care, pediatric care, labour and delivery, communication, emotional, spiritual, and decision-making assistance; visits required to move belongings in or out of a room; and third-party visitors providing essential services to the facility (e.g. non-Fraser Health healthcare providers, personal services, correctional services, facility contractors). For more details, refer to the [Ministry of Health COVID-19 Infection Prevention and Control \[Policy Communique\]](#).

Visitors to Long-Term Care and Assisted Living Facilities

Follow the current guidance for visitation in the [Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living](#) and the Fraser Health [Visitation Table: Long-Term Care and Assisted Living](#).

Guidelines

- All visitors must check in with the site or unit screener to be screened for signs and symptoms of COVID-19 and provided a [medical mask](#). Visitor information must be recorded for contact tracing purposes. Facilities may choose **one of the three options** below:
 - Have visitors complete the [COVID-19 Visitor and Family Screening Form](#), which is reviewed by the site screener prior to entry, and stored for at least 28 days;
 - Have the site or unit screener ask each visitor the [COVID-19 Risk Assessment](#) questions. The screener completes the [COVID-19 Visitor Log](#) prior to entry. Visitor logs must be kept for at least 28 days; or
 - Have visitors complete a self-screen survey using the [COVID-19 BC Self-Assessment Tool](#) and provide proof of completion. The screener records the visitor information in the [COVID-19 Visitor Log](#) prior to entry. Visitor logs must be kept for at least 28 days.
- Visitors with signs or symptoms of COVID-19, who are COVID-19 positive, as well as those in self-isolation or quarantine in accordance with public health directives, shall not be permitted to visit. A pre-approved exemption may be made for visitors in end-of-life circumstances.
- Inpatient and LTC/AL visitors must be pre-approved prior to visiting and scheduled in advance. Current visitor lists should be provided to screeners on a daily basis.

- Visitors are required to wear a medical grade mask in adherence to the [Ministry of Health policy](#)
 - For details on proper mask use and exemptions to the mask use policy, refer to the [Mask Use in Health Care Facilities and Settings during the COVID-19 Pandemic \[Guidelines\]](#)
- Staff should instruct visitors when to perform hand hygiene, respiratory etiquette and safe physical distancing
- Visitors must go directly to the patient/client/resident they are visiting and exit the facility immediately after their visit
- Staff must instruct visitors how to put on and remove any required personal protective equipment (PPE) when visiting or caring for patients/clients/residents who are on additional precautions (e.g. Contact or Droplet Precautions)
- If visitors are expected after hours when site screeners are not at facility entrances, sites must implement a screening process for visitors upon arrival to the unit/department

References

[Ministry of Health COVID-19 Infection Prevention and Control \[Policy Communique\];](#)

[Ministry of Health Mask Use in Health Care Facilities during the COVID-19 Pandemic \[Policy Communique\];](#)

[Ministry of Health - Overview of Visitors in Long-Term Care and Seniors' Assisted Living;](#)

[BCCDC COVID-19 Testing Guidelines for British Columbia;](#)

[Mask Use in Health Care Facilities and Settings during the COVID-19 Pandemic \[Guidelines\];](#)

[Family Presence Policy – Guidelines for Essential Visits in Acute Care;](#)

[COVID-19 Exemption to Quarantine Act for Compassionate Reasons \[Guidance\]](#)

Visitor Screening

Please follow the most current Fraser Health visitor guidelines for the care setting. Actively screen each visitor for COVID-19-like symptoms at the entrance to the facility, each time they visit.

1. The site or unit screener will notify/ask the visitor:

- That Fraser Health is taking the necessary precautions to provide the best possible care in a safe environment for our patients, clients, residents, visitors, staff and medical staff
- To sanitize their hands first
- To put on a medical mask
- To keep two meters distance between others when possible

2. As part of the screening process, the visitor will be asked the following questions (either verbally or in writing) and follow the appropriate process below:

COVID-19 Risk Assessment (check all that apply)		
1. Does the visitor have new onset of COVID-19 like symptoms?		
<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	
2. Does the visitor have a risk factor for COVID-19 exposure? In the last 14 days, has the visitor:		
<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"/> 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		
3. Does the visitor have a COVID-19 test pending?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Date Tested:		

If **NO** to all the symptom and exposure questions, follow the visitor guidelines outlined on page 1.

If **YES** to any of these questions, the visitor will not be permitted to visit. If a visitor displays any signs or symptoms of illness, encourage them to contact their family physician or health care provider, attend an assessment centre for testing, or call HealthLinkBC at 8-1-1 for further directions.

If a symptomatic and/or COVID-19 laboratory-confirmed visitor is approved to enter the facility by Infection Prevention and Control (IPC) or the Medical Health Officer for compassionate/end-of-life reasons, appropriate Infection Prevention and Control measures must be in place prior to the visit.

All visitors are required to complete the COVID-19 Visitor and Family Screening Form prior to entering the facility.

Visitor Information

Full Name: _____ Date: _____
Last First

Phone number: _____ Time in: _____

Reason for entry: Visit with patient/client/resident Contractor/vendor Interpreter
 Other: _____

Name of patient/client/resident visiting: _____ Unit or room #: _____
(if applicable) Last First

COVID-19 Risk Assessment (check all that apply)		
1. Does the visitor have new onset of COVID-19 like symptoms?		
<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
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2. Does the visitor have a risk factor for COVID-19 exposure? In the last 14 days, has the visitor:		
<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"/> 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		
3. Does the visitor have a COVID-19 test pending?		
<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Date Tested: _____		

I certify that the above information is true and accurate.

Signature: _____

