

Shepherd Village Inc.	Policy No.: J-75
Section: INFECTION PREVENTION AND CONTROL	Page No.: 1 of 5
Subject: COVID-19/ Respiratory Screening	Approved By: Assistant Director of Care Manager, IPAC
Reviewed date: May 9, 2023	Effective date: July 11, 2023

STANDARD:

The purpose of screening is to provide another preventive layer to identify those who may be infectious, and to reduce the potential entry and spread of COVID-19 and other respiratory microorganisms within the home.

Types of screening

Active screening means there is some form of attestation or confirmation of screening. This can be achieved through pre-arrival submission of online screening or in-person.

Passive screening means that those entering the setting review screening questions themselves, and there is no screening verification (for example, signage at entrances as a visual reminder not to enter if symptomatic).

Screening requirements:

1. All individuals entering the Home will review screening questions posted on the Shepherd Village Website and at the entry point of the home before entry.
2. All individuals entering the home must monitor their health at home for COVID-19 symptoms and are not permitted to enter the home if they are feeling ill or would otherwise fail self-screening
3. Signage with screening questions is posted at entrances and throughout the home, the signage lists the signs and symptoms of COVID-19, for self-monitoring and steps that must be taken if COVID-19 is suspected or confirmed in any individual
4. Palliative/ End of life: individuals visiting for these purposes if they fail to screen, they will be permitted entry but must ensure that they wear a full Droplet Contact Personal Protective Equipment and maintain physical distance from other residents and staff while visiting.

Screening recommendations for unvaccinated/ more Cautious

1. We continue to recommend self-asymptomatic screening for unvaccinated individuals highly.
2. Rapid test kits are available, and a designated testing space is available for unvaccinated individuals or anyone needing to exercise extra measures of asymptomatic screening beyond



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passive screening.

PROCEDURE OF ENTRY:

1. To allow for passive screening, signage at the entrance prompts all staff, essential and general visitors to self-assess and self-identify if they have any signs and symptoms of COVID-19.
2. The signage reminds those entering the Home to perform hand hygiene as they enter the Home, follow respiratory etiquette while in the Home and don a mask as per universal masking protocol.
3. The entrance should have the following items available to staff and visitors:
 - Alcohol Based Hand Rub (70-90% alcohol concentration)
 - Surgical/Procedure Masks
 - No touch waste receptacles
 - Disinfectant solution or wipes
4. Once the passive screening has been completed, the staff or visitor enters the home
5. The sign-in/out sheets of all staff and visitors (indicating full name and contact information and whom they are visiting) will be kept by the Home for look-back and potential contact tracing if required and other operational factors.
6. **Passed Screening:** If an individual answers all the screening questions with a “No” (this includes working/visiting other Long-Term Care Homes), he/she can enter the Home. See Appendix A, PASSIVE SCREENING POSTER
7. **Failed Screening:** If an individual answers any of the screening questions with a “Yes” (this includes working/visiting other Long-Term Care Homes



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for staff and general visitors **but not essential visitors**), they must stay home and call their supervisor if sick


8. The IPAC Manager will follow up with any positive staff for COVID-19.

OUTCOME:

Appendix A: PASSIVE SCREENING POSTER



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COVID-19 Screening Poster


Screen yourself for COVID-19 and other respiratory viruses using this questionnaire. If you answer YES to any of the questions, follow guidance provided.


September 12, 2022


1. Do you have any of these new or worsening symptoms*? Yes

A) One or more: No



Fever > 37.8°C and/or chills



Cough



Trouble breathing



Decrease or loss of taste/smell


B) Two or more:



Sore throat


Headache




Feeling very tired


Runny nose/
nasal congestion


Muscle aches/
joint pain



Nausea/vomiting/
diarrhea

2. Have you tested positive for COVID-19 in the last 10 days and have symptom(s)? Yes

 **If "YES" to Q.1 or 2 Stay home & self-isolate**
+
 **Follow extra measures****


3. Do you have only one symptom from 1(B) OR any of the following new or worsening symptoms?* Yes

• Abdominal pain
• Pink eye
• Decreased or no appetite
No

 **If "YES" Stay home until your symptom is improving for 24 hours (48 hours for nausea/vomiting/diarrhea) and you do not have any new symptoms**


4. Have you been told that you should be quarantining, isolating, or staying at home? (e.g. by a doctor, federal border agent, public health)? Yes

No

 **If "YES" Stay home + Follow instructions you were given**


5. Have you been told you are a close contact of someone who has symptoms OR someone who tested positive for COVID-19? Yes

No

 **If "YES" Follow extra measures** + If symptoms* develop, self-isolate right away**

*If the symptom is from a known health condition that gives you the symptom, select "No". If the symptom is new, different or getting worse, select "Yes". If there is mild tiredness, sore muscles or joints within 48 hours after a COVID-19 or flu vaccine, select "No".

** Following extra measures means: Wearing a well-fitted mask in all public settings, avoiding activities where you need to take off your mask and not visiting people or settings at higher risk.

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ADDITIONAL REFERENCES:

1. Directive #3 for Long-Term Care Homes under the Long-Term Care Homes Act, 2007
2. [COVID-19 covid 19 Guidance Document for Long-Term Care Homes in Ontario,](#)
3. Public Health Ontario “Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes” June 2022

