

Manual of Administration

TOPIC: Pandemic Planning Protocols	SUBJECT: Visitor Screening Protocol and Sample of Tool	Code: PPP004
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PROTOCOL FOR COMPLETION OF VISITOR SCREENING FOR COVID-19 and VISITS WHEN THERE IS NOT AN OUTBREAK

Please note –Emergency services are not required to screen prior to entry. Visiting may occur indoor or outdoor.

Definitions :

Staff – An employee of Avenue II entering a work site.

Visitor – Anyone who is not employed by Avenue II including family, friend or neighbour.

- **Essential Visitor** – People performing essential support services, health care services, maintenance/repair person, a person visiting a very ill or palliative client. In the event of an outbreak the Manager will permit Essential Visitors on a case by case basis.

Outbreak:

Visitors are allowed if the home is not experiencing an outbreak. In the event of an outbreak at the location all visits may be prohibited.

Outdoor Space:

- A dedicated outdoor area has been identified at the residential support location where visitors can meet with the person receiving services as appropriate.
- The space must have seating available and provide shade to support a comfortable and safe visit.

Indoor Space:

- A dedicated indoor space has been identified at the residence where the client is able to visit with people important to them with privacy where possible, while not interfering with the other roommate of the home.

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Residential Locations:

Screening:

- Ask Visitors if they would pass current COVID-19 screening prior to visiting.
- Record who is visiting in the daily log.

Essential Visitors

- Essential Visitors must:
 - Indicate they would pass COVID-19 screening.
 - perform hand hygiene before the visit and when needed.
 - wear gloves and a medical mask if appropriate.
 - maintain social distancing where appropriate.

Visitors

- Visitors must
 - Indicate they would pass COVID-19 screening.
 - Maintain social distancing during the visit where appropriate.
 - perform hand hygiene before the visit and when needed.
 - Physical contact is permitted.
 - Be responsible for any visitor that attends under the age of 18.

Staff Responsibility for Visitors at Client Locations:

- Set up the space with social distancing of 2 meters in place when required.
- Disinfect the space **before** and **after** the visit.
- Prior to any interaction with the client and visitor, staff must ensure the visitor passes current COVID-19 screening.
- Document in the daily logs.
- In needed, contact the Manager/On-call for direction.
- Assist the client receiving the visit to:
 - Be prepared for the visit as per their needs.
 - Understand as best as possible the restrictions that may be applicable.
 - Proceed to and return from the designated area for the visit.
- Staff are not responsible for visitors under 18.

Main Office Location (122 S. Cumberland Street):

- Upon entrance into the main office, visitors are to complete the online Office Visitor Screening for COVID-19 questionnaire.
- If you select "I decline" to any of the questions do not enter. Please contact a Manager or Director during office hours at 345-9933.

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Avenue II – Residential Visitor or Essential Visitor
Complete this self-assessment before entering the workplace

First name*

Last name*

*mandatory fields

Date: _____ , I am **NOT EXPERIENCING**

And not related to known causes or existing conditions

- Fever and/or chills, Cough or barking cough.
- Shortness of breath, Decrease or loss of smell or taste.

I am not experiencing two or more of the following symptoms of muscle aches/joint pain, extreme tiredness, headache don't apply if you began to experience them only after being vaccinated to COVID-19 in the last 48 hours.

- Extreme fatigue, Muscle aches or joint pain, Nausea, Vomiting and/or diarrhea.
- Sore throat, Runny or congested nose, Headache.

Other symptoms that may be associated with COVID-19 and should be monitored, include: Abdominal pain, pink eye

I have not

- been told that I should be quarantining, isolating or staying at home by a health practitioner, public health unit, federal border agent or government authority.

In the last 10 days, I have not

- Tested positive on a PCR, rapid antigen test or home-based self-testing kit.
- Been living with someone with symptoms associated with COVID-19 and/or tested positive for COVID-19.

If you select "I decline" do not enter. Please contact a Manager or Director during office hours.

Please circle one:

Confirm
 Decline

Signature: _____

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ScreenEasy

Residential Visitor or Essential Visitor

Safety is our priority, we have partnered with ScreenEasy to ease the daily COVID-19 screening

How to use ScreenEasy?

1

[CLICK ON THIS LINK TO ACCESS THE COVID-19 SCREENING ONLINE QUESTIONNAIRE](#)

OR SCAN THE QR CODE BELOW with the camera of your phone



2

Enter your First and Last name.


Complete this self-assessment before entering the installation
 First name*
 Last name*
*Required field

3

You're all set! Complete the screening everyday before entering on the site.



ScreenEasy respects your privacy. Information is only shared with Avenue II.