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PROTOCOL FOR COMPLETION OF VISITOR SCREENING FOR COVID-19 and VISITS WHEN THERE IS NOT AN OUTBREAK

Please note – All visitors must be approved by Management 48 hours in advance, unless an emergency. On-call does not have authority to approve visitors. Emergency services are not required to screen prior to entry. Outdoor visiting is still encouraged where possible however indoor visits can occur if deemed appropriate by the Manager.

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.

Visitor log – a record of all visitors to the home.

Outbreak:

Visitors are allowed if the home is not experiencing an outbreak.

- The Government of Ontario has defined an outbreak in a congregate living setting as "1 laboratory confirmed case of COVID-19 in a resident or staff." The outbreak is declared by the Medical Officer of Health, and will not be declared over until there are no new cases of the virus in residents or staff after 14 days.
- Also the MCCSS document Resuming Visits in Congregate Living Settings prohibits visits in any settings where symptomatic staff or residents are awaiting results.
- In the event of an outbreak at the location all visits will 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 that allows for a minimum of 2 meters (6 feet) physical distance between the person, visitor(s) and employee at all times.
- The outdoor space must be accessible to the visitor without entering the person's home.
- The space must have seating available (arranged 2 meters or 6 feet apart) and provide shade to support a comfortable and safe visit.
- Furniture must be wipeable, fully cleaned and disinfected **before** and **after** each use.

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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.
- The area must be able to be cleaned **before** and **after** the visit using cleaning and disinfectants according to protocols.

Restrictions:

- All Visitors are prohibited from using the washroom other than to perform hand hygiene as per ministry directives. Should use of the washroom be unavoidable, staff will clean and disinfect after use.
- Only gifts with hard surfaces and in original packaging that can be disinfected are permissible (families will discuss with the manager prior to the visit the permissibility of gifts/packages that they intend to bring)

Residential Locations:

Screening:

- At each main entrance to a home, a clip board with pen and blank copies of Visitor Screening for COVID-19 and Essential Visitor Screening for COVID-19 will be available.
- Completed questionnaires are to be kept at the location.
- Staff must screen the visitor using the appropriate screening tool, print name, sign and date. It is
 preferred that the form be completed outside of the home if possible. Employees will wear mask,
 gloves and face shields to conduct the screening. As per directives a mask is to be worn by staff at
 all times.

Essential Visitors

- Screening:
 - If the Essential Visitor has answered YES to any questions in part A or have a temperature above 37.8, they are not to have contact or visit the client. They can contact a Manager or Director at the Avenue II office during regular business hours (345-9933) or On-Call after hours (626-4825). Further direction will be provided.
 - If the Essential Visitors has answered YES to questions in Part B, call a Manager/Director or On-Call for further direction. Answering yes may not preclude entry provided adequate controls are in place regarding exposure.

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- If the Essential Visitors has answered No to questions in Part C or Part D, call a Manager/Director or On-Call for further direction. Answering No may not preclude entry provided adequate controls are in place regarding exposure.
- Essential Visitors who pass the screening must:
 - o perform hand hygiene before the visit and when needed.
 - wear gloves and a surgical mask (if the visitor does not have the correct mask use one from the bag marked Essential Visitor Masks)
 - staff are to ensure that they are aware of on how to put on and take off gloves and mask.
 - maintain social distancing where possible.
 - o complete the exit screening upon leaving the premises.

Visitors

- Shall perform hand hygiene prior to screening and be wearing a mask.
- Pass active screening, performed by staff. Active screening of all potential visitors shall include a temperature check.
 - o If the Visitor has answered YES to any questions in part A and B or have a temperature above 37.8, they are not to have contact or visit the client.
 - o If the Visitor does not agree to any part of Part C the visit is prohibited.
 - o If the Visitor answers NO to Part D the visit must occur outdoors.
- Shall wear a face covering and must bring their own face covering for outdoor visits.
 - Will be provided with and wear a surgical mask for indoor visits.
- Maintain social distancing and no physical contact with the client.
- Be responsible for any visitor that attends under the age of 18.
- Complete the exit portion of the screening tool upon leaving.

Manager Responsibility:

- Determine the date, time and duration of the visit considering the operational needs of the home.
- Confirm number of Visitors attending is not more than 2. Pets may accompany with permission of the manager for outside visits only and are not permitted inside the home.
- Determine the location of visit.
 - o indoors or outdoors.
 - Shade is available if needed.
 - o The ability to access the outdoor space without entering the home.
 - Indoor space allows for adequate spacing and privacy.
- Consider seating capacity (2 meters/6 feet apart),
- Ensure proper furniture is available for the visit.
- Assess and determine the level of supervision needed by staff.

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- o If it is likely that the client and/or visitor may not follow the requirements of the visit staff must remain in the area of the visit in order to ensure there is no breach of the requirements.
- Is additional staffing needed in order for the visit to occur.
- If the client and/or visitor are able to follow the requirements the staff may observe from a
 distance and regularly check on the group during the visit. This could include the staff
 leaving the visit area and checking from a window or door from time to time.

Staff Responsibility for Visitors at Client Locations:

- Set up the space with social distancing of 2 meters in place.
- Disinfect the space **before** and **after** the visit.
- Prior to any interaction with the client and visitor staff must complete the active screening with the visitor and document answers using the appropriate Visitor COVID-19 screening tool.
 - o Employees will wear mask, gloves and face shields to conduct the screening.
- Complete the Visitor Log in the home.
- Contact the Manager/On-call, if needed, 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 (no touching, hugging, maintain social distance).
 - Wear a mask if tolerated.
 - Proceed to and return from the designated area for the visit.
- Maintain contact with the visitors and client as directed by the Manager.
 - When supervising or checking in on the client and visitor, at minimum verbal contact must be made to ensure the visit is going as per plans.
 - During the visit staff need to use judgement on the level of supervision required if the situation warrants it to ensure the visit requirements are followed by all parties.
 - Monitor the visit to ensure the requirements and safety measures are being followed and record any concerns with respect to failure to follow the visitation guidelines which will result in the termination of the visit. Record observations on the space provided on the COVID-19 Screening tool.
 - If safety measures are not being followed, the employee will contact the Manager or On-call for direction on terminating the visit.
- Staff will wear mask and if needed other PPE during the visit.
- Staff are not responsible for visitors under 18.
- Visitors may not exceed 2 including visitors under 18.

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Main Office Location (122 S. Cumberland Street):

- Upon entrance into the main office, visitors are to complete the Office Visitor Screening for COVID-19 questionnaire, print name, sign and date.
- If they have answered YES to any of these questions, they are to immediately step outside and call to speak with someone from management for further direction.
- Completed forms are to be deposited into the box located at the front entrance.

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| RESIDENTIAL VISITOR/ ESSENTIAL VISITOR SCREENING | | | | |
|--|---|--------------------------|-------------|---------|
| Staff are to wear gloves, face shield and | mask to screen the visitor. Call Manager or On-Call | for direction if nee | ded. | |
| Name of Visitor: | Location of visit: | | | |
| | Arrival time: | | _ | |
| Client visited: | — Departure time: | | _ | |
| Part A - A temperature of 37.8 Celsius or | | Start of Visit | End o | f Visit |
| | sius or above immediately call a manager or oncall | | | |
| The visit must not occur. Please check all that apply Do you have a | any of the following NEW or WORSENING symptoms of | r signs? Symptoms | should not | he |
| chronic or related to other known causes or | conditions. | | 21102121101 | |
| RESPOND TO THESE SYMPTOM QUESTI | IONS ONLY IF YOU ARE A VISITOR 18 YEARS OLD | OR OLDER | | |
| Chills | | | | |
| Cough or barking cough (croup) Continuous, more than usual, making a whistling noise w | then breathing (not related to asthma, post-infectious reactive airways, | COPD, or other known | | |
| causes or conditions you already have. | | | | |
| Shortness of breath | dhma or other known causes or conditions you already have). | | | , |
| Decrease or loss of smell or taste | unma or other known causes or conditions you already have j. | | _ | |
| Not related to seasonal allergies, neurological disorders, | or other known causes or conditions you already have. | | (|) |
| Muscle aches/joint pain | vaccine in the last 43 hours, a sudden injury, fibromyalgia, or other | known course or | | |
| conditions you already have) | vaccino in ero isse 4s noure, a success rigary, not original, or other | CHOWN CALORES OF | | |
| Extreme tiredness | T vaccine in the last 45 hours, depression, insomnia, thyroid dysfunction, or other | | | |
| conditions you already have) | | | | |
| | IONS ONLY IF YOU ARE A VISITOR <u>17 YEARS OLD</u> | OR YOUNGER | | |
| Chills Cough or barking cough (croup) | | | | |
| Continuous, more than usual, making a whistling noise w | then breathing (not related to asthma, post-infectious reactive airways, | COPD, or other known | _ ا | . |
| causes or conditions you already have) | | | 0 | |
| Shortness of breath Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have) | | | 0 | |
| Decrease or loss of taste or smell | | | _ | |
| Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have Nausea, vomiting, and/or diarrhea | | | 0 | |
| Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have | | | 0 | |
| Part B- Any yes prohibits a visit | +:11011 | - 6- 41 | | |
| quarantine requirements)? | tside of Canada and been told to quarantine (per th | e rederai | O Yes | O No |
| | blic health unit told you that you should currently b | e isolating | - · | |
| (staying at home)? This can be because of an our | toreak or contact tracing. | - | O Yes | O No |
| In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID-19? If public health has advised you that you do not need to self-isolate [e.g., you are fully immunized" or have tested positive for COVID-19 in the last 90. | | | | O No |
| days and since been cleared), select "No | | COVID-19 III ENG IASK 90 | O Yes | 0.10 |
| In the last 10 days, have you received a COVID If you have already gone for a test and got a negative re- | Alert exposure notification on your cell phone? | | O Yes | O No |
| If you are fully immunized or have tested positive for CO' | VID-19 in the last 90 days and since been cleared, select "No." | | 0 163 | 0110 |
| In the last 10 days, have you tested posit If you have since tested negative on a lab-based PCR te | ive on a rapid antigen test or home-based self-testi | ng kit? | O Yes | O No |
| Is anyone you live with currently experies | | | | |
| and/or waiting for test results after exper | iencing symptoms? | | ~ v | O NI- |
| If the individual experiencing symptoms received a COVI joint pain that only began after vaccination, select "No." | D-19 vaccination in the last 48 hours and is experiencing mild fatigue, | muscle aches, and/or | O Yes | ○ No |
| | VID-19 in the last 90 days and since been cleared, select "No." | | | |
| Part C - staff are to confirm with the visite | | | O Yes | |
| | that failure to follow the protocols will end the visit and prohibit future visits. | | | O No |
| Agree to maintain a social distance of 2 met | | | O Yes | O No |
| Essential Visitors may breach social distance | ing to perform a required task | | O Yes | O No |
| | Agree to perform hand hygiene before donning PPE and prior to leaving. Have read How to Safely Wear and Take Off a Cloth Face Covering. (Applies to all masks) | | | O No |
| Visitors agree to wear a medical mask at all times during the visit? | | | O Yes | O No |
| Are you aware of the recommendations and restrictions in this community regarding gathering size, hand and | | | O Yes | O No |
| respiratory hygiene, and the use of face coverings and masks? a. Are you following these recommendations and restrictions regularly outside this setting you are seeking to enter? | | | O Vac | O No |
| Part D- Are you fully vaccinated against (| | seeking to enter? | O Yes | O No |
| Fully vaccinated means it has been 14 days or more since your final dose of either a two-dose or a one-dose vaccine series | | | O Yes | O No |
| Note any concerns or issues during the visit | : | | | |
| Staff Name | Cinantura | _ | | Date |
| olan Name | Signature | | | Date |