

COVID-19 Visitor Policy

Policy:

Riverdale Terrace has a responsibility to ensure residents receive visitors safely to help protect against the risk of COVID-19. This policy balances mitigating measures to protect the health and safety of residents, staff, and visitors, with the physical, mental, emotional, and spiritual needs of residents for their quality of life and in consideration of the mental health and emotional well-being of residents and their loved ones. All visitors must comply with the requirements set out in this policy.

On June 10, 2022, the Chief Medical Officer of Health (CMOH) released a memorandum to the Retirement Homes Regulatory Authority (RHRA) directing retirement homes to implement the policies, procedures and preventative measures in the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes and Retirement Homes, and Congregate Living Settings for Public Health Units to reduce the risk of COVID-19 among residents. While the title of this document has been amended to COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings (MOH's COVID-19 Guidance for PHUs: LTCH/RH/CLS), it continues to be enforceable based on the CMOH memorandum to RHRA. As stated in the memorandum, it constitutes guidance, advice, or recommendations given to retirement homes by the CMOH, which the licensee of a retirement home shall ensure are followed in the retirement home in accordance with clause 27(5) (0.a) of O. Reg. 166/11 under the Retirement Homes Act, 2010.

Where noted in this policy, "up to date", as it relates to COVID-19 vaccination, means a person has received all recommended COVID-19 vaccine doses, including any booster dose(s) when eligible.

Requirements for Home Visits

Riverdale Terrace is responsible for ensuring that residents receive visitors safely by implementing visiting procedures that help to protect against the risk of COVID-19.

Riverdale Terrace will implement and ensure ongoing compliance with the IPAC measures set out in the [MSAA COVID-19 Guidance Document for Retirement Homes in Ontario](#). Riverdale Terrace will also ensure that all staff, students, volunteers, visitors, and residents abide by the health and safety practices in [MOH's COVID-19 Guidance for PHUs: LTCH/RH/CLS](#) and this guidance.

Riverdale Terrace will facilitate visits for residents and must not unreasonably deny visitors.

Note: Riverdale Terrace is required to adhere to any directions from the local PHU. This may include direction to take additional measures to restrict access and duration of visits during an outbreak, or when the PHU deems it necessary.

Riverdale Terrace must maintain the following minimum requirements:

- A. Procedures for visits, including, but not limited to, IPAC and any setting-specific policies.
- B. Communication of clear visiting procedures with residents, families, visitors, and staff, including sharing an information package with visitors with:
 - This guidance, the CMOH memo to RHRA and the MOH's COVID-19 Guidance for PHUs: LTCH/RH/CLS (e.g., a digital link, or a copy upon request);
 - Details regarding IPAC and masking; and

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- Information about how to escalate concerns about homes to the RHRA via the RHRA email address and/or phone number.
- C. A process for complaints about the administration of visiting procedures and a timely process for resolving complaints.
- D. Protocols to maintain best practices for IPAC measures prior to, during and after visits.

Types of Visitors and Access to Homes

There are three categories of visitor:

1. **Essential Visitors:** are persons performing essential support services (e.g., food delivery, inspectors, maintenance, or health care services (e.g., phlebotomy) or a person visiting a very ill or palliative resident).

Essential Caregivers (i.e., family members, a privately hired caregiver, paid companions, and translators) who provide care to a resident, including supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision making. Essential Caregivers must be designated by the resident or if the resident is unable to do so, the resident's substitute decision maker.

External Care Providers (ECPs) are employees, staff or contractors of Home and Community Care Support Services (HCCSS) (formerly Local Health Integration Networks (LHINs)) and provide services to residents. They are also considered Essential Visitors to retirement homes and must comply with applicable requirements under MOH's COVID-19 Guidance for PHUs: LTCH/RH/CLS and this guidance.

Important Note: *Essential Visitors are the only type of visitor permitted while a resident is isolating under Droplet and Contact Precautions.*

2. **General Visitors:** are individuals who are not Essential Visitors and visit:
 - A. For social reasons (e.g., family members and friends of resident);
 - B. To provide non-essential services (may or may not be hired by the home or the resident and/or their substitute decision-maker); and/or
 - C. As a prospective resident taking a tour of the home.

General Visitors should avoid entering the home for 10 days after COVID-19 symptom onset, if possible. If the visit is essential to the resident's mental/physical well-being, the visitors may come into the home, wearing a mask at all times.

Personal Care Service Providers: a person who is not an Essential Visitor and visits to provide non-essential personal services to residents. Personal Care Services include those outlined under the Health Protection and Promotion Act, such as hair salons and barbershops, manicure and pedicure salons, and aesthetician services that are not being provided for medical or essential reasons.

When providing services, Personal Care Service Providers must:

- Follow required public health and IPAC measures for retirement homes;
- Follow the masking requirements outlined in Section 3.2.3 of the MSAA COVID-19 Guidance Document for Retirement Homes in Ontario; and
- Practice hand hygiene and conduct environmental cleaning after each appointment.

Retirement homes staff, students and volunteers as defined in the *Retirement Homes Act, 20102* are not considered visitors.

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When a resident is isolating and not permitted General Visitors, Riverdale Terrace will provide supports for their physical and mental well-being to mitigate any potential negative effects of isolation. This includes individualized mental and physical stimulation that meet the abilities of the individual.

Local PHUs may require restrictions on visitors in part or all of the residence, depending on the specific situation. Riverdale Terrace and visitors will abide by any restrictions imposed by a PHU, which override any requirements or permissions in this policy if there is a conflict, in accordance with the [Health Protection and Promotion Act](#).

Screening Visitors for COVID-19

Passive screening is required for any individual entering the residence. Passive screening means that those entering the setting review screening questions themselves, and there is no verification or attestation of screening required by staff/visitors (e.g., signage at entrances as a visual reminder not to enter if symptomatic).

Active screening is not required by the residence. Active screening means there is some manner of attestation or confirmation of screening. The confirmation or attestation can be in person or through a pre-arrival online screening submission that is verified by staff/visitors prior to entry.

In addition, the following measures should be adhered to:

- The residence should communicate to staff, students and volunteers that they should follow guidance on return-to-work protocol as captured in the Ministry of Health's [Appendix on Diseases caused by a novel coronavirus, including Coronavirus Disease 2019 \(COVID-19\), Severe Acute Respiratory Syndrome \(SARS\) and Middle East Respiratory Syndrome \(MERS\)](#).
- The residence should post signage that lists the signs and symptoms of COVID-19 for self-monitoring and steps that must be taken if COVID-19 is suspected or confirmed.
- The [Ministry of Health's COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#) remains available to help facilitate the residence's screening process.

When a visitor tests positive for COVID-19 while they are at the residence:

1. They should leave immediately and be directed to self-isolate at their own home until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms) and no fever present.
2. For a total of 10 days after the date of specimen collection or symptom onset, whichever is earlier/applicable, visitors should avoid nonessential visits to anyone who is immunocompromised or at higher risk of illness (e.g., seniors) and avoid non-essential visits to highest-risk settings such as hospitals and long-term care homes. Where visits cannot be avoided (e.g., essential caregiver visits), visitors should wear a medical mask, maintain physical distancing, and notify the setting of their recent illness/positive test. If the individual being visited can also wear a mask, it is recommended they do so.

Personal Protective Equipment Use of Visitors

Visitors must wear PPE as required in MOH's COVID-19 Guidance for PHUs: LTCH/RH/CLS.

Essential Visitors: Essential Visitors who are health care workers, including Home and Community Care Support Services (HCCSS), are responsible for bringing their own PPE to comply with requirements outlined in MOH's COVID-19 Guidance for PHUs: LTCH/RH/CLS. Riverdale Terrace should provide access to PPE to Essential Visitors who are health care workers if they are unable to acquire PPE independently, including to medical (surgical/procedure) masks, eye protection (e.g., face shields or goggles) and any

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additional PPE when providing care to residents who are isolating on Droplet and Contact Precautions. Riverdale Terrace will intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. Essential Visitors must also follow staff reminders and coaching on proper use of PPE.

General Visitors and Personal Care Service Providers: Riverdale Terrace will intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. General Visitors must also follow staff reminders and coaching on proper use of PPE.

Exemptions

Exceptions to the masking requirements include any individual (staff, student, volunteer, visitor, or resident) who is being accommodated in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005* or the *Ontario Human Rights Code*. Riverdale Terrace will also have policies for individuals (staff, students, volunteers and Essential Visitors who are health care workers) who have a medical condition that inhibits their ability to wear a mask or are unable to put on or remove their mask without assistance from another person.

Masking for Indoors and Outdoors

- Masks are required for staff, students, volunteers and Essential Visitors who are health care workers, including HCCSS workers based on [a point-of-care risk assessment](#).
- Masks are recommended but not required for staff and Essential Visitors who are not health care workers (e.g., families, friends, and Essential Caregivers who are not health care workers), as well as General Visitors.
- Staff, students, volunteers, and Essential Visitors who are health care workers should consider masking during direct resident care to protect high-risk vulnerable residents, particularly during prolonged direct close care (within 2m for over 15 minutes).

Social Gatherings and Organized Events, Communal Dining and Recreational Services

- Social gatherings, organized events, communal dining and recreational services are permitted **at all times** unless otherwise advised by the local PHU.
- Participants of social gatherings, organized events, communal dining and recreational services in the retirement home are subject to the masking protocols set out in Section 3.2.3 of the MSAA COVID-19 Guidance Document for Retirement Homes in Ontario. Frequent hand hygiene is recommended for staff, students, volunteers, residents and visitors participating in communal activities.
- Residents who are in isolation or experiencing signs and symptoms of COVID-19 must not engage in social gatherings, organized events, communal dining, and recreational services until they are no longer experiencing symptoms and have been cleared from isolation. Homes must offer residents in isolation individualized activities and social stimulation.
- During outbreaks, retirement homes must follow the requirements and information related to group activities, dining, and other social gatherings during an outbreak, as set out in [MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs](#).

Requirements for Social Gatherings, Dining and Recreational Services When the Home is in Outbreak

As per the [MOH's COVID-19 Guidance for PHUs: LTCH/RH/CLS](#):

- Group activities and communal dining should be conducted such that the outbreak unit is cohorted separately from unexposed residents and units. At the discretion of the PHU/OMT,

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group activities and communal dining for cohorts (exposed separated from unexposed) may resume. Wherever possible, continuing group activities for exposed cohorts is recommended to support resident mental health and wellbeing.

- At the discretion of the PHU/OMT, communal dining and group activities may be paused completely in the case of a facility-wide outbreak where transmission is uncontrolled, the rate of increase in cases or severity of illness is significant or unexpected and the benefits of closure of communal activities are deemed to be greater than the harms caused to resident wellbeing. This decision should be revisited as the outbreak progresses.
- At the discretion of Riverdale Terrace, in consultation with the PHU, resumption of day programming may occur during an outbreak. However, all staff and residents who are part of the outbreak should be cohorted so as to be kept separate from participants and staff of day programs.

Requirement for Home Tours

Individuals touring RHs are considered General Visitors and are to follow General Visitor rules (may be subject to restrictions during outbreaks at the advice of the PHU).

Complaints Process

If a visitor has a complaint about the administration of the residence's visiting policies, they will be directed to share their complaint by phone or email with the Executive Director. Concerns may be escalated to the RHRA via the RHRA email or phone number. This process is documented in the Information Package for Visitors.

Accessibility Considerations

The residence is required to meet all applicable laws such as the Accessibility for Ontarians with Disabilities Act, 2005.

Appendix:

Appendix A - Information Package for Visitors

Appendix B - Sample Signage for Visitors

Appendix C – Visitor Screening

Appendix A – Information Package for Visitors

Note Visitor Requirements Identified Herein:

As part of the residence's policy on visits during COVID-19, all residents, families, visitors and staff will be provided with this information package, including education on all required protocols. Visitor restrictions were based on the [Ministry for Seniors and Accessibility COVID-19 Guidance Document for Retirement Homes in Ontario](#) and the [MOH's COVID-19 Guidance for PHUs: LTCH/RH/CLS \(June 2023\)](#).

Compliance with Policy

All visitors should review the Information Package for Visitors prior to their visit and comply with visiting procedures. Public health measures, as well as all applicable laws, must be practiced at all times regardless of **whether or not an individual has received a COVID-19 vaccine and/or is up to date with COVID-19 vaccines**. The residence will not unreasonably deny visitors, however failure to comply with the residence's visiting policies may result in the discontinuation of visit(s) when risk of harm from continual non-compliance is considered too high. Refusal of entry will be assessed on a case-by-case basis by management/ Designate.

Limiting Movement in the Residence/Screening

All visitors have a crucial role to play in reducing risk of infection for the safety of residents and staff by adhering to requirements outlined in this policy, including screening. Passive screening is required for any visitor entering the retirement home.

- General visitors who test positive for COVID-19 and/or have symptoms compatible with COVID-19 should avoid non-essential visits to anyone who is immunocompromised or at higher risk of illness (e.g., senior) as well as highest risk settings such as hospitals and long-term care homes for 10 days following symptom onset and/or positive test date (whichever is earlier/applicable).
- Where visits cannot be avoided (e.g., essential caregiver visits), visitors should wear a medical mask, maintain physical distancing, and should notify the setting of their recent illness/positive test. If the individual being visited can also wear a mask, it is recommended they do so.
- General visitors should postpone non-essential visits to client(s) who are symptomatic and/or self-isolating, or when the residence is in outbreak.

The local public health unit (PHU) may advise further restrictions on visitors in part or all of the residence depending on the specific situation. Visitors must abide by any restrictions imposed by a PHU, which override any requirements or permissions in this policy if there is a conflict.

Complaints Process

Should a visitor have a complaint about the administration of the residence's visiting policy, they may contact [e.g., the General Manager by phone at XXX-XXX-XXXX or email X] and the complaint will be responded to in a timely manner. If your concern is not resolved to your satisfaction with the residence's management, visitors may contact the Retirement Homes Regulatory Authority (RHRA) by email (info@rhra.ca) and/or phone (1-855-275-7472).

Respiratory Etiquette

It is important to help reduce the spread of illnesses by using proper respiratory etiquette. This means that instead of covering your mouth with your hands when coughing or sneezing, use your sleeve or a tissue. This reduces the number of germs on your hands, though it is still important to wash your hands after coughing or sneezing.

Respiratory etiquette should be practiced by all visitors during all visits on the residence property to reduce the risk of COVID-19 transmission.

Following these steps is important:



COVER YOUR COUGH

Stop the spread of **germs** that can make you and others sick!

Public Health Ontario

Santé publique Ontario

Read more about this [here](#)
(Source: Public Health Ontario)



Cover your mouth and nose with a tissue when you cough or sneeze.
Put your used tissue in the waste basket.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.



You may be asked to put on a facemask to protect others.



Wash hands often with soap and warm water for 15 seconds.

If soap and water are not available, use an alcohol-based hand rub.



For more information contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca/en/health-topics/infection-prevention-control/clinical-office-practice.

This is an excerpt from Infection Prevention and Control for Clinical Office Practice



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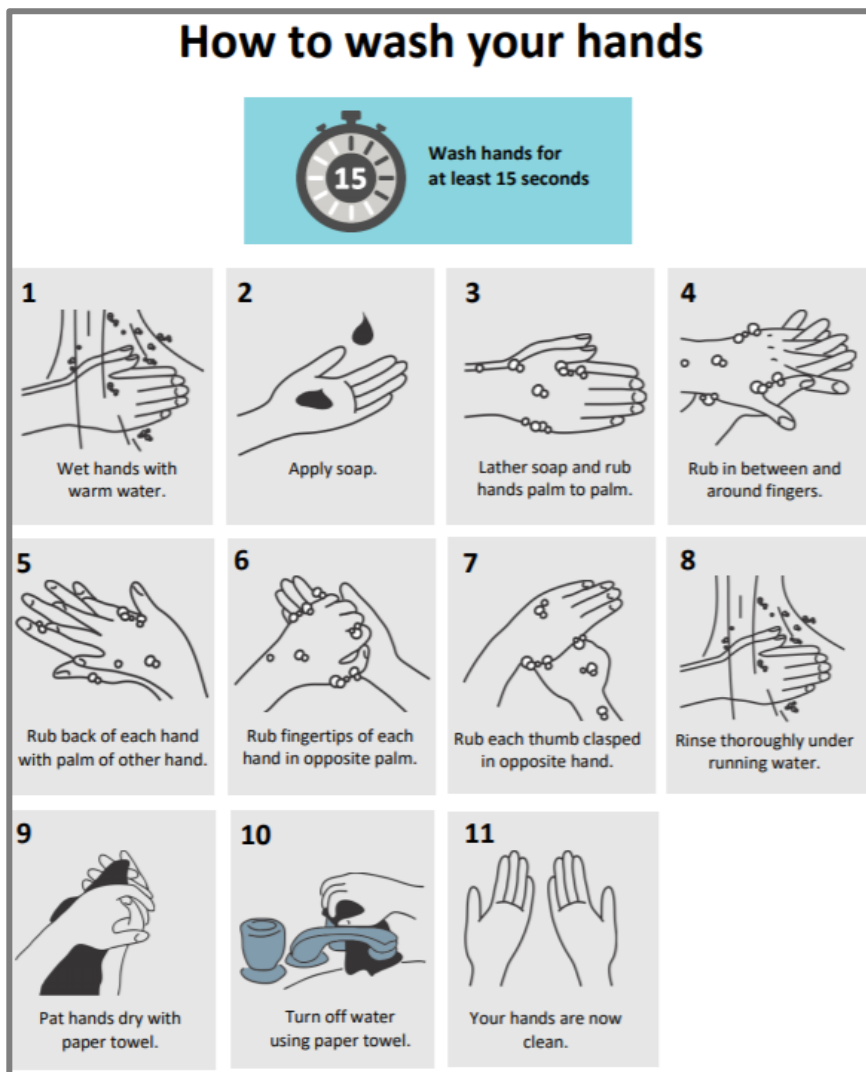
Hand Hygiene

Hand hygiene is a general term referring to any action of hand cleaning and is a fundamental component of infection prevention and control. Touching your eyes, nose or mouth without cleaning your hands, or sneezing or coughing into your hands may provide an opportunity for germs to get into your body. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs to others.

- **Handwashing** with soap and running water, as opposed to using hand sanitizer, must be done when hands are visibly soiled. Hand hygiene with soap and water – done correctly – removes organisms.
- **Hand sanitizers** with 70-90% alcohol may be used when your hands are not visibly dirty. Hand hygiene with alcohol-based hand sanitizer – correctly applied – kills organisms in seconds.

It is recommended that all visitors perform hand hygiene prior to beginning each visit with a resident and at any time their hands become soiled during the visit. Wash or sanitize your hands at the end of the visit as well.

Follow these steps:



Video: [How to Hand Wash](#)

Read more about hand hygiene [here](#) (Source: Public Health Ontario)

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Infection Prevention and Control (IPAC) Practices

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to residents, staff and visitors.

All visitors **must** follow the residence's infection and prevention control protocols (IPAC), including proper use of masks when applicable.

IPAC practices include:

1. Hand hygiene program
2. Screening and surveillance of infections
3. Environmental cleaning procedures that reflect best infection control practices
4. Use of personal protective equipment
5. Outbreak detection and management
6. Additional precautions specified to prevent the spread of infection
7. Ongoing education on infection control
8. Vaccination program

[Include information on site specific practices]

Read more about best practices for infection prevention and control [here](#) (Source: Public Health Ontario)

Use of Personal Protective Equipment (PPE)

Using, applying, and removing PPE correctly is critical to reducing the risk of transmission of COVID-19.

Essential Visitors:

- Masks are **required** for Essential Visitors who are health care workers, including Home and Community Care Support Services (HCCSS) workers, based on a point-of-care risk assessment (i.e., for determining if masking is needed before every resident interaction based on risk to the worker).
- Essential Visitors who are health care workers should **consider** masking during direct resident care to protect high-risk vulnerable residents, particularly during prolonged direct close care (within 2m for over 15 minutes).
- Essential Visitors who are health care workers, including Home and Community Care Support Services (HCCSS), are responsible for bringing their own PPE to comply with requirements for Essential Visitors as outlined in MOH's COVID-19 Guidance: LTCH/RH/CLS for PHUs.
- The residence may provide access to PPE to Essential Visitors if they are unable to acquire PPE independently, including to medical (surgical/procedure) masks, eye protection (e.g., face shields or



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goggles) and any additional PPE when providing care to residents who are isolating on Droplet and Contact Precautions.

- Homes must intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. Essential Visitors must also follow staff reminders and coaching on proper use of PPE.

General Visitors, Personal Care Service Providers & Essential Visitors Who Are NOT Health Care Workers:

- Masks are recommended but not required for Essential Visitors who are not health care workers (e.g., families, friends, and Essential Caregivers who are not health care workers), as well as General Visitors
- Homes must intervene and reinforce appropriate uses of PPE if improper practices are alleged or observed. General Visitors must also follow staff reminders and coaching on proper use of PPE.

Public Health Ontario:

[Recommended Steps: Putting on Personal Protective Equipment \(PPE\)](#)

Videos:

[Putting on Full Personal Protective Equipment](#)

[Taking off Full Personal Protective Equipment](#)

[Taking off Mask and Eye Protection](#)


HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →




Clean your hands before touching the mask



Inspect the mask for damage or if dirty




Adjust the mask to your face without leaving gaps on the sides



Cover your mouth, nose, and chin



Avoid touching the mask



Clean your hands before removing the mask




Remove the mask by the straps behind the ears or head




Pull the mask away from your face




Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it



Remove the mask by the straps when taking it out of the bag




Wash the mask in soap or detergent, preferably with hot water, at least once a day



Clean your hands after removing the mask

Don'ts →



Do not use a mask that looks damaged



Do not wear a loose mask




Do not wear the mask under the nose




Do not remove the mask where there are people within 1 metre



Do not use a mask that is difficult to breathe through




Do not wear a dirty or wet mask



Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 2 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.



World Health Organization

Source: World Health Organization ([Non-Medical Fabric Mask](#)) *Poster modified to 2 metres

HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →

-  Wash your hands before touching the mask
-  Inspect the mask for tears or holes
-  Find the top side, where the metal piece or stiff edge is
-  Ensure the colored-side faces outwards
-  Place the metal piece or stiff edge over your nose
-  Cover your mouth, nose, and chin
-  Adjust the mask to your face without leaving gaps on the sides
-  Avoid touching the mask
-  Remove the mask from behind the ears or head
-  Keep the mask away from you and surfaces while removing it
-  Discard the mask immediately after use preferably into a closed bin
-  Wash your hands after discarding the mask

Don'ts →

-  Do not Use a ripped or damp mask
-  Do not wear the mask only over mouth or nose
-  Do not wear a loose mask
-  Do not touch the front of the mask
-  Do not remove the mask to talk to someone or do other things that would require touching the mask
-  Do not leave your used mask within the reach of others
-  Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 2 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.




Source: World Health Organization ([Medical Mask](#)) *Poster modified to 2 metres

Appendix B – Sample Signage for Visitors

Visits with Your Loved Ones During COVID-19

Expectations for Visits

Staying connected with others and the outdoors is important for everyone’s well-being. To ensure the safety of residents and the whole retirement home community, all visitors must adhere to restrictions as per Ontario’s Chief Medical Officer of Health MOH’s COVID-19 Guidance for PHUs: LTCH/RH/CLS and the [MSAA COVID-19 Guidance Document for Retirement Homes in Ontario](#).

The residence has established visiting procedures to meet the health and safety needs of residents, staff, and visitors. Please refer to the RHRA and other guidance measures for more information on the latest policies related to visiting procedures.

The following requirements must be met for visits to happen, as applicable:

- Visitors should pass the passive screening process every time they visit and may not be permitted entry, unless an exception applies per the residence’s policy
- Visitors should comply with the retirement home’s infection and prevention control protocols (IPAC) which includes:
 - Visitors are recommended to wash/sanitize hands before and after each visit
 - Visitors have the option to wear PPE, if required by the residence.

Essential Visitors are the only type of visitor permitted while a resident is isolating under Droplet and Contact Precautions. General Visitors should avoid entering the home for 10 days after COVID-19 symptom onset, if possible. If the visit is essential to the resident’s mental/physical well-being, the visitors may come into the home, wearing a mask at all times.

Appendix C – Visitor Screening

SAMPLE COVID-19 PASSIVE SCREENING TOOL – VISITORS

This tool may be used as a passive screening tool for visitors to self-assess their symptoms.

1. In the last 10 days, have you experienced any of these symptoms? Choose any/all that are new, worsening, and not related to other known causes or conditions that you already have.

Answer "No" if all of these apply:

- Since your symptoms began, you tested negative for COVID-19 on one PCR test or rapid molecular test or two rapid antigen tests taken 24 to 48 hours apart; **and**
- You do not have a fever; **and**
- Your symptoms have been improving for 24 hours (48 hours if you have nausea, vomiting, and/or diarrhea).

SYMPTOMS:

- **Fever and/or chills** - *Temperature of 37.80 Celsius/1000 Fahrenheit or higher*
- **Cough or barking cough (croup)** - *Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have.*
- **Shortness of breath** - *Not related to asthma or other known causes or conditions you already have.*
- **Decrease or loss of smell or taste** - *Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have.*
- **Muscle aches/joint pain** - *Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have) If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."*
- **Sore throat** - *Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)*
- **Runny or stuffy/congested nose** - *Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have.*
- **Headache** - *New, unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have). If you received a COVID-19 and/or flu vaccination in the last 48 hours and are experiencing a headache that only began after vaccination, select "No."*
- **Nausea, vomiting and/or diarrhea** - *Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have*

2. Have you been told that you should currently be quarantining, isolating, staying at home, or not attending a highest risk setting (e.g., LTCH or RH)?

Could include being told by a doctor, health care provider, public health unit, federal border agent, or other government authority. Please note: there are federal requirements (<https://travel.gc.ca/travel-covid>) for individuals who travelled outside of Canada, even if exempt from quarantine.

3. In the last 10 days (regardless of whether you are currently self-isolating or not), have you tested positive including on a rapid antigen test or a home-based self-testing kit?

If you have since tested negative on a lab-based PCR test, answer "No."

4. In the last 10 days (regardless of whether you are currently self-isolating or not), have you been identified as a "close contact" of someone (regardless of whether you live with them or not) who has tested positive for COVID-19 or have symptoms consistent with COVID-19?

Results of Screening Questions:

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If you answered **NO** to **ALL** questions from 1 through 4, you may enter the home. You must wear a mask to enter when applicable and self-monitor for symptoms.

If you answered **YES** to **ANY** question from 1 through 4, please see detailed instructions below.

- **If you answered YES to question 1 or 2:** you must not enter the home. You should stay home (self-isolate) until you do not have a fever and your symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting, and/or diarrhea). If COVID-19 testing is available, you should get tested, and seek treatment, if eligible. If you test positive for COVID-19, you should not enter the RH for at least 10 days after developing symptoms (or date of specimen collection, whichever is earlier/applicable) AND provided you have no fever and other symptoms have been improving for at least 24 hours (or 48 hours if vomiting/diarrhea). General visitors are recommended to postpone non-essential visits to the RH for 10 days after developing symptoms, regardless of the results of their COVID-19 test results, to reduce the risk of introduction of any respiratory pathogens into highest risk settings.
 - General visitors who test positive for COVID-19 and/or have symptoms compatible with COVID-19 should avoid non-essential visits to anyone who is immunocompromised or at higher risk of illness (e.g., senior) as well as highest risk settings such as hospitals and long-term care homes for 10 days following symptom onset and/or positive test date (whichever is earlier/applicable).
 - Where visits cannot be avoided (e.g., essential caregiver visits), visitors should wear a medical mask, maintain physical distancing, and should notify the setting of their recent illness/positive test. If the individual being visited can also wear a mask, it is recommended they do so.
 - General visitors should postpone non-essential visits to client(s) who are symptomatic and/or self-isolating, or when the residence is in outbreak.

Please refer to the [Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes](#). Refer to the Ministry of Health's [Appendix on Diseases caused by a novel coronavirus, including Coronavirus Disease 2019 \(COVID-19\), Severe Acute Respiratory Syndrome \(SARS\) and Middle East Respiratory Syndrome \(MERS\)](#) in adapting your screening tool and keeping it up to date with the latest signs/symptoms.