As per Directive #3 for Long-Term Care Homes under the Long-term Care Homes Act, 2007, anyone wishing to enter must be actively screened prior to being permitted entry into the LTCH or RH regardless of their COVID-19 immunization status. This includes all staff, students, visitors, and residents who are re-entering the LTCH’s/RH’s premises.

In emergency situations, first responders should be permitted entry without screening.

Anyone who does not pass screening should be informed of this result and should not be permitted to enter the LTCH/RH. They should be advised that they should self-isolate, ideally at home, and call their health care provider or Telehealth Ontario (1-866-797-0000) to get advice or an assessment, including if they need a COVID-19 test. Exceptions to this include:

- A resident returning to their home, who must be admitted on entry but isolated on Droplet and Contact Precautions and tested for COVID-19 as per the COVID-19: Provincial Testing Requirements Update; and
- Visitors for imminently palliative residents must be screened prior to entry. If they fail screening, they must be permitted entry but LTCHs must ensure that they wear a medical (surgical/procedural) mask and maintain physical distance from other residents and staff.

Staff responsible for occupational health at the LTCH/RH must follow up on all staff (i.e., phone calls, further screening, etc.) who have not passed the screening and been advised to self-isolate based on exposure risk or symptoms.
At a minimum, the following questions should be asked to screen individuals for COVID-19 before entry. This tool can be adapted based on need and the specific setting but must include the minimum screening questions set out below. The screening questions below are not intended to be used to screen admissions/transfers in the absence of other clinical and detailed admission assessments.

Once an individual has passed the screening questions below and is able to enter the home, they should use hand sanitizer and be provided with a mask and the appropriate personal protective equipment (PPE), as required. They also should be advised to self-monitor while in the home and report any symptoms immediately.

**Note:**

O. Reg 146/20 and O. Reg 158/20 of the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* (ROA) prohibit employees of LTCHs and RHs from working in more than one LTCH, RH or health service provider (within the meaning of the *Connecting Care Act, 2019*).

These restrictions do not apply to employees who are fully immunized. As per MLTC’s *COVID-19 Guidance Document for Long-Term Care homes in Ontario* for LTCHs and the MSAA’s *Retirement Home Guidance to Implement Directive #3* for RHs, each home is now asked to:

- Collect COVID-19 immunization of their staff; and
- Maintain and update record of their staff who work in more than one LTCH, RH, or health care facility simultaneously.

An individual is considered **fully immunized** against COVID-19 if they have received their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series **and** they received their final dose of the COVID-19 vaccine at least 14 days ago.

All LTCHs and RH are responsible for ensuring compliance with the applicable regulation.
Required Screening Questions

1. Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.

For individuals who are 18 years of age and older:

<table>
<thead>
<tr>
<th>Do you have one or more of the following symptoms?</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever and/or chills</td>
<td>Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher</td>
<td></td>
</tr>
<tr>
<td>Cough or barking cough (croup)</td>
<td>Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Not related to asthma or other known causes or conditions you already have</td>
<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td>Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have</td>
<td></td>
</tr>
<tr>
<td>Difficulty swallowing</td>
<td>Painful swallowing not related to other known causes or conditions you already have</td>
<td></td>
</tr>
<tr>
<td>Decrease or loss of smell or taste</td>
<td>Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have</td>
<td></td>
</tr>
<tr>
<td>Pink eye</td>
<td>Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)</td>
<td></td>
</tr>
<tr>
<td>Runny or stuffy/congested nose</td>
<td>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</td>
<td></td>
</tr>
<tr>
<td>Symptom</td>
<td>Description</td>
<td>Note</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Headache</td>
<td>Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)</td>
<td><strong>If you received a COVID-19 vaccine in the last 48 hours and are experiencing a mild headache that only began after vaccination, select “No.”</strong></td>
</tr>
<tr>
<td>Digestive issues like nausea/vomiting, diarrhea, stomach pain</td>
<td>Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have</td>
<td></td>
</tr>
<tr>
<td>Muscle aches/joint pain</td>
<td>Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)</td>
<td><strong>If you received a COVID-19 vaccine in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select “No.”</strong></td>
</tr>
<tr>
<td>Fatigue</td>
<td>Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)</td>
<td><strong>If you received a COVID-19 vaccine in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select “No.”</strong></td>
</tr>
<tr>
<td>Falling down often</td>
<td>For older people</td>
<td></td>
</tr>
</tbody>
</table>
For individuals who are under 18 years of age:

| Do you have one or more of the following symptoms? | □ Yes  
☐ No |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fever and/or chills</strong></td>
<td>Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher</td>
</tr>
<tr>
<td><strong>Cough or barking cough (croup)</strong></td>
<td>Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions you already have)</td>
</tr>
<tr>
<td><strong>Shortness of breath</strong></td>
<td>Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)</td>
</tr>
<tr>
<td><strong>Decrease or loss of smell or taste</strong></td>
<td>Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have</td>
</tr>
<tr>
<td><strong>Sore throat or difficulty swallowing</strong></td>
<td>Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions you already have)</td>
</tr>
<tr>
<td><strong>Runny or stuffy/congested nose</strong></td>
<td>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</td>
</tr>
</tbody>
</table>
| **Headache**                                      | 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 vaccine in the last 48 hours and are experiencing a mild 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 |
**Extreme tiredness or muscle aches**

Unusual fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions you already have)

If you received a COVID-19 vaccine in the last 48 hours and are experiencing mild fatigue or muscle aches/joint pain that only began after vaccination, select “No.”

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2. Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)?

   This can be because of an outbreak or contact tracing.

   □ Yes   □ No

3. In the last 10 days, have you tested positive on a rapid antigen test or a home-based self-testing kit?

   If you have since tested negative on a lab-based PCR test, select “No.”

   □ Yes   □ No

4. In the last 14 days, have you been identified as a “close contact” of someone who currently has COVID-19?

   If you are fully immunized and have not been advised to self-isolate by public health, select “No.”

   □ Yes   □ No

5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?

   If you are fully immunized and/or have already gone for a test and got a negative result, select “No.”

   □ Yes   □ No
6. **In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?**

   If you are not fully immunized and you live with someone who travelled outside of Canada, see Note¹ below.

   □ Yes □ No

7. **Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?**

   If you are fully immunized, select “No”.

   If the individual experiencing symptoms received a COVID-19 vaccine in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select “No”.

   □ Yes □ No

**Results of Screening Questions:**

- If the individual answers **NO to all questions**, they have passed and can enter the home. They need to wear a mask to enter the home and should be told to self-monitor for symptoms.
  - In addition to following all the home’s regular control measures, if the individual is a worker (e.g., staff) has and received a COVID-19 vaccine in the last 48 hours and has mild headache, fatigue, muscle ache and/or joint pain that only began after immunization, and no other symptoms, the worker must wear a medical mask for their entire shift at work even if not otherwise required to do so. Their mask may only be removed to consume food or drink and must remain at least two metres away from others when their mask has been removed. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave work immediately to self-isolate and seek COVID-19 testing.

- If the individual answers **YES to ANY question**, they have not passed the screening and should not be permitted entry unless they are a resident.
  - Staff and students: They should inform their manager/immediate supervisor of this result. They should be told to go or stay at home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.
o Visitors: They should be told to go or stay at home to self-isolate immediately and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice, including if they need a COVID-19 test.

o Residents: They should be placed in a separate room near the entrance to be further assessed by the appropriate LTCH/RH staff.

- If the individual answers **YES to question 7**, they must be advised to stay home until the sick individual gets a negative COVID-19 test result, is cleared by their local public health unit, or is diagnosed with another illness.

- If any of the answers to these screening questions change during the day, the worker should inform their employer of the change, go home to self-isolate immediately, and contact their health care provider or Telehealth Ontario (1-866-797-0000) to get medical advice or an assessment, including if they need a COVID-19 test.

- Homes are required to maintain a record of the date/time that workers were in the home and their contact information. This information may be requested by public health for contact tracing. These records should be maintained for a period of at least 30 days.

- Any record created as part of worker screening may only be disclosed as required by law.

**Note:**

1. Effective July 5, 2021, fully vaccinated Canadians may be exempt from post-travel COVID-19 quarantine restrictions. For those workers who are not fully vaccinated AND either 1) live with an individual who has recently traveled outside of Canada OR 2) live with an individual who is self-isolating due to a high-risk exposure: These workers are permitted to attend work but they are required to stay home except for essential reasons for the duration of the contact’s isolation period. Essential reasons include: attending school/child care/work and essential errands such as, obtaining groceries, attending medical appointments or picking up prescriptions.