

**ACTIVE COVID-19 SCREENING TOOL FOR CLIENTS**

The following document is a reference for caregivers to use the morning a client is to attend the day program.

<b>Symptoms (new onset, worsening, or unusual):</b>	<b>Upon Arrival</b>	<b>Midday</b>
1. Fever? • <i>Above 37.5 degrees Celsius is a fever.</i>	Temp:	Temp:
2. Any of the symptoms listed below? (Symptoms should not be chronic or related to other known cause or conditions).	<b>Yes or No</b>	<b>Yes or No</b>
• New or worsening cough or barking cough?	<b>Yes or No</b>	<b>Yes or No</b>
• New or worsening shortness of breath?	<b>Yes or No</b>	<b>Yes or No</b>
• Sore throat?	<b>Yes or No</b>	<b>Yes or No</b>
• Runny nose? (outside of seasonal allergies, chronic sinusitis)	<b>Yes or No</b>	<b>Yes or No</b>
• Nasal congestion?	<b>Yes or No</b>	<b>Yes or No</b>
• Difficulty swallowing?	<b>Yes or No</b>	<b>Yes or No</b>
• Decreased or loss of smell or taste which is new?	<b>Yes or No</b>	<b>Yes or No</b>
• Nausea, vomiting, or abdominal pain?	<b>Yes or No</b>	<b>Yes or No</b>
• New or worsening diarrhea?	<b>Yes or No</b>	<b>Yes or No</b>
• Unexplained malaise, fatigue, or lethargy?	<b>Yes or No</b>	<b>Yes or No</b>
• Chills?	<b>Yes or No</b>	<b>Yes or No</b>
• New or unusual headache?	<b>Yes or No</b>	<b>Yes or No</b>
• Conjunctivitis (pink eye/red eyes outside of seasonal allergies)?	<b>Yes or No</b>	<b>Yes or No</b>
• Suspected delirium?	<b>Yes or No</b>	<b>Yes or No</b>
• Unexplained/increased # of falls?	<b>Yes or No</b>	<b>Yes or No</b>
• Acute functional decline?	<b>Yes or No</b>	<b>Yes or No</b>
• Worsening of chronic condition(s)?	<b>Yes or No</b>	<b>Yes or No</b>
3. In the last 14 days, has travelled outside of Canada and been advised to quarantine(as per federal quarantine requirements)?		<b>Yes or No</b>
4. Has been told by physician, health care provider, or public health unit to be <b>currently</b> isolating (staying at home)?		<b>Yes or No</b>
5. In the last 10 days has received a COVID alert exposure notification (on cell phone)?		<b>Yes or No</b>
6. In the last 10 days has tested positive on a rapid antigen test or a home based self-testing kit?		<b>Yes or No</b>
7. In the last 14 days someone in the household has travelled outside of Canada and been advised to quarantine (as per federal quarantine requirements)?		<b>Yes or No</b>
8. In the last 10 days someone in the household has been identified as a “close contact” of someone who currently has COVID-19 <b>AND</b> advised by a physician, healthcare provider or public health unit to self-isolate.		<b>Yes or No</b>
9. Anyone in the household currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?		<b>Yes or No</b>

**Criteria to Enter the Adult Day Program:**

1. If the person answers “**no**” to **questions 1 and 2 and has no fever**, the person has **passed** and **may enter** the program with a reminder to be screened midday.
2. If the person answers “**yes**” to **any questions**, the person **has not passed** and **cannot enter** the program. The individual must return home and self-isolate immediately. Caregivers of clients should contact their primary care provider, public health, or Telehealth to discuss symptoms and need for testing.