

COVID-19 POLICY

VISITOR ATTESTATION & SELF-SCREENING

DEFINITIONS

Fever	A body temperature above 37.2°C
Symptoms	Unexpected onset
Essential Visitor – Support Worker	Someone who is brought in to meet gaps in service
Essential Visitor – Caregiver	Someone who provides direct care
Personal Care Service Provider	Someone who provides non-essential service or care
General Visitor	A non-essential visitor

POLICY

If a Member **is not** self-isolating or symptomatic, they may have a maximum of two (2) caregivers, or two (2) general visitors, or one (1) personal care service provider visiting at a time.

If a Member **is** self-isolating or symptomatic, or if the Club is in outbreak, they may have a maximum of one (1) caregiver visiting at a time. The frequency and duration of the visit will be determined by the Nurse/Director of Member Relations, and dependent on staffing levels among other factors and protocols.

Visitors must verbally attest that they have, within the past month:

Read:

- This visitor policy
- Public Health Ontario's document entitled [Recommended Steps: Putting on PPE](#)

Watched:

- Public Health Ontario's video entitled [Putting on Full PPE](#)
- Public Health Ontario's video entitled [Taking off Full PPE](#)
- Public Health Ontario's video entitled [How to Hand Wash](#)

No one may visit a Member of the Club if they answer "YES" to any of the following questions:

1. I have any of the following symptoms:
 - a. Fever
 - b. New or worsening cough
 - c. Shortness of breath
 - d. Sore throat
 - e. Difficulty swallowing
 - f. New smell or taste disorder
 - g. Nausea/vomiting, diarrhea, abdominal pain
 - h. Runny nose or nasal congestion without underlying reason
 - i. Unexplained fatigue/malaise/myalgias
 - j. Delirium
 - k. Unexplained or increased number of falls
 - l. Acute functional decline
 - m. Exacerbation of chronic conditions
 - n. Chills
 - o. Headaches
 - p. Croup
 - q. Pink eye
2. I have travelled outside of Canada within the last 14 days
3. I have had close, unprotected contact with a possible COVID-19 case
4. I have had close, unprotected contact with a person with acute respiratory illness or has been outside of Canada within the last 14 days
5. I have not practiced physical distancing

Name: _____

Phone: _____

Visiting: _____

Time in: _____

Date: _____

Temp: _____ °C

Signature: _____

Time out: _____