

# COVID-19 POLICY

## VISITOR ATTESTATION & SELF-SCREENING

### DEFINITIONS

<b>Fever</b>	A body temperature above 37.2°C
<b>Symptoms</b>	Unexpected onset
<b>Essential Visitor – Support Worker</b>	Someone who is brought in to meet gaps in service
<b>Essential Visitor – Caregiver</b>	Someone who provides direct care
<b>Personal Care Service Provider</b>	Someone who provides non-essential service or care
<b>General Visitor</b>	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/High Alert status, **only essential visitors are permitted at the Club**. 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 to the nurse on duty 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 been in a facility that is in outbreak status within the last 14 days
6. I have not practiced physical distancing

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Visiting: \_\_\_\_\_

Time in: \_\_\_\_\_

Date: \_\_\_\_\_

Temp: \_\_\_\_\_ °C

Signature: \_\_\_\_\_

Time out: \_\_\_\_\_

