

CATHOLIC SOCIAL SERVICES

SAFE VISITING PRACTICE FOR EDMONTON & NORTH CENTRAL PDD HOMES

(Updates according to CMOH Order 29-2020 – July 16/20)

DESIGNATED FAMILY / SUPPORT PERSON AND VISITOR SCREENING			
DATE		NAME:	
1.	Do you have any of the below symptoms:		
	• Fever (38.0°C or higher)	YES	NO
	• Any new or worsening symptoms:		
	o Cough	YES	NO
	o Shortness of Breath/Difficulty breathing	YES	NO
	o Sore throat	YES	NO
	o Chills	YES	NO
	o Painful Swallowing	YES	NO
	o Runny nose / Nasal Congestion	YES	NO
	o Headache	YES	NO
	o Muscle/Joint Ache	YES	NO
	o Feeling Unwell /Fatigue/Severe Exhaustion	YES	NO
	o Nausea/Vomiting/Diarrhea/	YES	NO
	o Unexplained Loss of Appetite	YES	NO
	o Loss of Sense of Smell or Taste	YES	NO
	o Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Have you travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close unprotected * contact (face-to-face contact within 2 metres/6 feet) with someone who has travelled outside of Canada in the last 14 days and who is ill**?	YES	NO
4	Have you had close unprotected * contact (face-to-face contact within 2 metres/6 feet) in the last 14 days with someone who is ill**?	YES	NO
5.	Have you had close unprotected * contact (face-to-face contact within 2 metres/6 feet) in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19?	YES	NO
6.	Have you assessed your risk of unknown exposure based on your last two weeks of activity (refer to Risk Assessment Table).	YES	NO
7.	Do you understand Safe Visiting Practices and related site policies.	YES	NO
<p>If any visitor/vendor answers YES to any of the screening questions, they will not be permitted to enter the site. Individuals must be directed to self-isolate and complete the AHS online assessment tool to arrange for testing</p> <p>If any individual answers NO to screening questions 6-7, they will work with the CSS Staff to understand their responsibilities before being permitted to enter the site.</p>			

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