

ESSENTIAL VISITOR CHECKLIST

To be completed by a Community Living Toronto (CLTO) staff person who is scheduling an appointment with someone deemed to be essential visitor. Essential visitors include:

- those performing essential support services (e.g. food delivery, family or volunteers providing care)
- those performing essential healthcare services required to maintain good health (e.g. phlebotomy testing, foot care, PSWs)
- contractors and maintenance staff (e.g. third-party contractors and CLTO maintenance staff for fire safety systems, HVAC systems, repairs, elevators/lifts)
- or a person visiting a very ill or palliative resident.

Name of Essential Visitor _____

Name of Contractor/Business _____

Reason for Visit _____ (e.g., maintenance, health/personal care)

Location within the home that will need to be accessed

Scheduled Date _____ Scheduled Time _____

Items to be completed prior to visit by the essential visitor:

- Schedule date of visit with maintenance/service or healthcare provider
- Confirm date of visit with residential supervisor
- Confirm that essential visitor has received, reviewed and agreed to the Guidelines for Essential Visitors
- Provide a contact phone number that the essential visitor can use to call the home once they arrive on the day of the visit to complete Active Screening, and/or to cancel or reschedule the appointment if necessary.
- Pre-screen the essential visitor using the questionnaire below. Note that if pre-screen is not possible for larger businesses sending a technician screening will also occur on the day of the visit prior to the individual being granted permission to enter the home.

- Ask the essential visitor to call the home upon their arrival of the day of the visit. A staff person will conduct Active Screening, over the phone prior to permitting entry to the home. If Active Screening is not passed, the visitor must be asked to delay their visit with the exception of urgent essential visits.

SCREENING QUESTIONNAIRE

Pre-Screening*/Active Screening Questions	Yes	No
<p>1. Do you have any of the following new or worsening symptoms or signs?</p> <p><input type="checkbox"/> New or worsening cough</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Sore throat</p> <p><input type="checkbox"/> Runny nose, or nasal congestion (in absence of underlying reason for these symptoms such as seasonal allergies and postnasal drip)</p> <p><input type="checkbox"/> Hoarse voice</p> <p><input type="checkbox"/> Difficulty swallowing</p> <p><input type="checkbox"/> New smell or taste disorder(s)</p> <p><input type="checkbox"/> Nausea/vomiting, diarrhea, abdominal pain</p> <p><input type="checkbox"/> Unexplained fatigue/malaise</p> <p><input type="checkbox"/> Chills</p> <p><input type="checkbox"/> Headache</p>		
2. Have you traveled outside of Ontario or had close contact with anyone that has travelled outside of Canada in the past 14 days?		
3. Do you have a fever (temperature of 37.8 °C or greater)?		
4. Have you recently (within the last 14 days) been in a location that is currently experiencing an outbreak where you have been asked to self-isolate?		
5. Have you been in close contact with a probable or confirmed case of COVID-19?		
6. Have you been in close contact with a person with acute respiratory illness (fever/cough) and in whom laboratory diagnosis of COVID-19 is not available, inconclusive, or negative?		

*Pre-Screening is not required for CLTO staff