

Risk of Unknown Exposure Checklist

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|---|--|--|--|
| Last Name <i>(Legal)</i> | | First Name <i>(Legal)</i> | |
| Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First | | DOB <i>(dd-Mon-yyyy)</i> | |
| PHN | ULI <input type="checkbox"/> Same as PHN | MRN | |
| Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Non-binary/Prefer not to disclose (X) | |

- Use this checklist, in collaboration with a point of care risk assessment to determine the quarantine/isolation requirements.
- A person's risk of unknown exposure to COVID-19 varies based upon their risk tolerance and activities.
- Determination regarding Risk of Unknown Exposure should be made in discussions with the client, alternate decision maker *(if applicable)*, family and operator *(See Table 9 of CMOH Order 32-2020)*.
- Decisions about safety precautions requirements upon admission will be risk-based and clearly communicated to all impacted persons.

| Low Risk | Medium Risk | High Risk |
|---|--|---|
| <p>To be considered at low risk of unknown exposure, ALL of the following conditions must be met:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lives in an area of low COVID-19 exposure <i>(refer to Risk designation of region)</i> <input type="checkbox"/> Transferred from a hospital or setting with no outbreak or cases under investigation <input type="checkbox"/> Part of a small cohort <i>(15 or less)</i> who consistently practice physical distancing and use masks when cannot maintain distance <input type="checkbox"/> Not had guests at home in the past 14 days <input type="checkbox"/> Takes essential outings only <input type="checkbox"/> Uses own vehicle <i>(not public transit)</i> <input type="checkbox"/> Consistently maintains 2 meters of distance from those outside household in all activities <input type="checkbox"/> Mask worn when cannot maintain physical distancing <input type="checkbox"/> Consistent hand hygiene <input type="checkbox"/> No interprovincial travel within the last 14 days | <ul style="list-style-type: none"> <input type="checkbox"/> Did not meet ALL of the criteria under low risk. AND Did not meet ANY of the criteria under high risk. <p><i>There will be many variations that arise between the extremes of high and low risk of unknown exposure.</i></p> <p><i>Individuals must use their best judgment to determine risk of unknown exposure where neither low nor high is appropriate.</i></p> | <p>To be considered at high risk of unknown exposure, ANY one or more of the following may be met:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lives in an area of high COVID-19 exposure <i>(refer to Risk designation of region)</i> <input type="checkbox"/> Transferred from a hospital or other setting with an outbreak or cases under investigation anywhere in the setting <input type="checkbox"/> Visited a location with a declared COVID-19 outbreak in last 14 days <input type="checkbox"/> Part of a large cohort <i>(more than 15)</i> <input type="checkbox"/> Cohort inconsistently practices physical distancing and use of masks when cannot maintain distance <input type="checkbox"/> Had guests in home in last. 14 days <input type="checkbox"/> Outings where contact with others outside household is likely <input type="checkbox"/> Use of public transit or carpooling where distancing is not consistently maintained and masking is not consistently used <input type="checkbox"/> Does not maintain physical distancing and does not wear a mask <input type="checkbox"/> Infrequent or inconsistent hand hygiene <input type="checkbox"/> Interprovincial travel within the past 14 days |

Safety Precaution Recommended as per [CMOH Order 32-2020](#)

- Low Risk** - Twice daily symptom checks for 14 days
- Medium Risk** - Continuous use of mask for 14 days while out of resident room
- High Risk** - Quarantine for 14 days
- No Low, Medium or High Risk determination** *(existing patient who has not participated in facility outings)* - Once daily symptom checks

Rational For Safety Precaution Decision

Comments

Completed By

Date *(dd-Mon-yyyy)*

Risk of Unknown Exposure Checklist

Low Risk of Unknown Exposure

- If the Client answers **YES** to all of the questions above under **LOW RISK**, they are considered **low risk of unknown exposure**.
- If the Client answers **NO** to one or more of the questions under **LOW RISK**, but does not meet the criteria for high risk of unknown exposure, classify them as **medium risk of unknown exposure** (*using your best judgement*).

Medium Risk of Unknown Exposure

- There will be many variations that arise between the extremes of high and low risk of unknown exposure.
- Individuals must use their best judgement to determine risk of unknown exposure where neither low nor high is appropriate.

High Risk of Unknown Exposure

- If Client answers **YES** to one or more of the questions under **HIGH RISK**, they **are** considered **high risk of unknown exposure**.

Clinical considerations

- Only one of the criteria need to be met to be considered high risk.
- All of the criteria under low risk must be met to be considered low risk.
- If the health care setting is an outbreak site or has cases under investigation, residents (*new or existing*) must quarantine for 14 days unless exempted by a zone Medical Officer of Health.
 - o Operators can determine which settings are on outbreak by reviewing the Outbreak locations by Zone or by contacting the facility directly.
 - o Many health settings (*including hospitals*) do not use the terminology 'under investigation' therefore only outbreaks should be considered in that circumstance.
 - o For settings that do consider the terminology 'under investigation' including licensed supportive living, long term care and hospices, please follow up directly with the sending site to determine if they are under investigation.
- If the health care setting is not an outbreak site or does not have cases under investigation, residents are not required to quarantine/isolate unless they meet the criteria to do so based on the resident health assessment screening (*Form 21703 or Form 21625*).
- Determination of risk of unknown exposure to COVID-19 should be made in discussion between operators, residents (*or alternate decision makers where applicable*) and family.
 - o Dispute resolution methods should follow existing [Patient Concerns](#) process (1-855-550-2555).
- Discussion should consider where the resident was while off site, the activity engaged in, who they were with and whether all public health guidance was followed (*wearing a mask, maintaining physical distancing, proper hand hygiene, safe transportation, etc.*).