

AVENUE II COVID-19 PANDEMIC PLANNING MANUAL

TOPIC: Pandemic Planning Protocols	SUBJECT: Client Screening Protocol and Sample of Tool	Code: PPP002
		Date of Issue:
		Revised: June 2023
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If client is experiencing or appears to be experiencing the following symptoms:

- **Severe difficulty breathing**
- **Severe chest pain**
- **Confusion**
- **Loss of consciousness**

Call 911 immediately for medical attention and transport to Emergency.

If a client is not experiencing or exhibiting severe symptoms but appears to be unwell with possible signs of COVID-19, complete the Client Screening for COVID-19.

- If upon completion of the screening tool "I decline" is selected, contact a Manager or Director during office hours (345-9933) or an On-Call Supervisor after hours (626-4825) to share information and receive further direction.
- Follow directions and continue to provide regular updates to the Manager or Director or On-Call Supervisor.
- Supported Independent Living and 24 hour residential locations require client screening once per day at the start of the first shift of the day. If symptoms develop during the shift, staff or clients must screen again and immediately notify a Manager or On-Call. Temperature checks are only required if Covid-19 symptoms develop.

Manual of Administration

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Avenue II - client

Complete this self-assessment before entering the workplace

First name*

Last name*

*mandatory fields

Date: _____ , I am **NOT EXPERIENCING**

And not related to known causes or existing conditions

- Fever and/or chills, Cough or barking cough.
- Shortness of breath, Decrease or loss of smell or taste.

I am not experiencing two or more of the following (symptoms of Muscle aches/joint pain, Extreme tiredness, Headache don't apply if you began to experience them only after being vaccinated to COVID-19 in the last 48 hours.

- Extreme fatigue, Muscle aches or joint pain, Nausea, Vomiting and/or diarrhea.
- Sore throat, Runny or congested nose, Headache.

Other symptoms that may be associated with COVID-19 and should be monitored, include: Abdominal pain, pink eye

I have not

- been told that I should be quarantining, isolating or staying at home by a health practitioner, public health unit, federal border agent or government authority.

In the last 10 days, I have not

- Tested positive on a PCR, rapid antigen test or home-based self-testing kit.
- Been living with someone with symptoms associated with COVID-19 and/or tested positive for COVID-19 (Day services/Community Participation only)

If you select "I decline" do not enter. Please contact a Manager or Director during office hours.

Please circle one:

I Confirm
 I Decline

Signature: _____

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Safety is our priority, we have partnered with ScreenEasy to ease the daily COVID-19 screening

How to use ScreenEasy?

1

[CLICK ON THIS LINK TO ACCESS THE COVID-19 SCREENING ONLINE QUESTIONNAIRE](#)

OR SCAN THE QR CODE BELOW with the camera of your phone



2

Enter your First and Last name.

A screenshot of a web form for name entry. At the top center is the Avenue II logo. Below it is a red instruction: 'Complete this self-assessment before entering the workplace'. There are two input fields: 'First name*' and 'Last name*'. At the bottom center, there is a small, faint link: 'Responsible Party'.

3

You're all set! Complete the screening everyday before entering on the site.



ScreenEasy respects your privacy. Information is only shared with Avenue II.