AVENUE II COVID-19 PANDEMIC PLANNING MANUAL

TOPIC:	SUBJECT:	Code: PPP002
Pandemic Planning Protocols	Client Screening Protocol and	
	Sample of Tool	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.

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Avenue II - client			
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.



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?

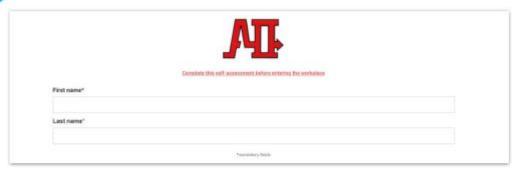
1

CLICK ON THIS LINK TO ACCESS THE COVID-19 SCREENING ONLINE QUESTIONNAIRE

OR SCANTHE QR CODE BELOW with the camera of your phone



2 Enter your First and Last name.



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

