

AVENUE II COVID-19 PANDEMIC PLANNING MANUAL

TOPIC: Pandemic Planning Protocols	SUBJECT: Client Screening Protocol and Sample of Tool	Code: PPP002
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		Revised: June 29, 2021
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SUPPORT WORKER RESPONSE TO CLIENT OR NON-VERBAL CLIENT SCREENING FOR COVID-19

During the first shift of the day staff will complete a verbal or non-verbal client screening tool.

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 or Non-Verbal Client Screening for COVID-19 as appropriate.

Part A or Part B:

- If upon completion of the screening tool there are Yes responses, 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.

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CLIENT SCREENING FOR COVID-19 FOR RESIDENTIAL LOCATIONS

Do you have severe difficulty breathing or severe chest pain or feel confused or lost consciousness? If yes, call 911 or go to your emergency department.

Part A What is your temperature? <i>If 37.8 degrees Celsius or higher immediately call a manager or <u>oncall</u>.</i>	First Shift	Second Shift	Excursion Time:	Excursion Time:
Please check all that apply. Does the client <u>indicate</u> or does it appear the client is experiencing any of the following <u>NEW or WORSENING</u> symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.				
Chills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cough or barking cough (croup) <small>Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have).</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath <small>Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have).</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat <small>Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have.</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty swallowing <small>Partial swallowing (not related to other known causes or conditions you already have).</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runny or stuffy/ congested nose <small>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have.</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease or loss of smell or taste <small>Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have.</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pink eye <small>Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have).</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headache <small>Unusual, long-lasting (not related to getting a COVID-19 vaccine in the last 48 hours, tension-type headaches, chronic migraines, or other known causes or conditions you already have).</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digestive issues like nausea/vomiting, diarrhea, stomach pain <small>Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have.</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme tiredness <small>Unusual, fatigue, lack of energy (not related to getting a COVID-19 vaccine in the last 48 hours, depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have).</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falling down often <small>For older people</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part B				
In the last 14 days, have you travelled outside of Canada?	<input type="radio"/> <u>Yes</u> <input type="radio"/> No			
Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms? <small>If the person got a COVID-19 vaccine in the last 48 hours and is experiencing a mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."</small>	<input type="radio"/> <u>Yes</u> <input type="radio"/> No			
In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?	<input type="radio"/> <u>Yes</u> <input type="radio"/> No			
Has a doctor, health care provider, or public health unit told you that you should currently be isolating (staying at home)? <small>This can be because of an outbreak, contact tracing, or after testing positive on a rapid antigen test.</small>	<input type="radio"/> <u>Yes</u> <input type="radio"/> No			
In the last 14 days, have you received a COVID Alert exposure notification on your cell phone? <small>If you already went for a test and got a negative result, select "No."</small>	<input type="radio"/> <u>Yes</u> <input type="radio"/> No			
In the last 14 days, have you been diagnosed with COVID-19 by a lab test or are you waiting for results of a lab test for COVID-19?	<input type="radio"/> <u>Yes</u> <input type="radio"/> No			
Part C				
Are you aware of the recommendations and restrictions in this community regarding gathering size, hand and respiratory hygiene, and the use of face coverings and masks?	<input type="radio"/> <u>Yes</u> <input type="radio"/> No			
a. Are you following these recommendations and restrictions regularly outside this setting you are seeking to enter?	<input type="radio"/> <u>Yes</u> <input type="radio"/> No			

If any symptoms have been checked off in Part A or client answered Yes to any of the questions in Part B or No to any of the questions in Part C, please contact a Manager or Director during office hours at 345-9933 or an On-Call Supervisor after office hours at 626-4825 for further direction.

Staff Name	Signature	Date