

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: September 3, 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	First Shift	Second Shift	Excursion Time:	Excursion Time:
What is your temperature? <i>If 37.8 degrees Celsius or higher immediately call a manager or on call</i>				
Please check all that apply. Does the client indicate, or does it appear the client is experiencing any of the following NEW or WORSENING 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) 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).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease or loss of smell or taste Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muscle aches/joint pain Unusual, long-lasting (not related to getting a COVID-19 vaccine in the last 48 hours, a sudden injury, fibromyalgia, or other known causes or conditions you already have)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme tiredness 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)	<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 and been told to quarantine (per the federal quarantine requirements)?	<input type="radio"/> Yes <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)? This can be because of an outbreak or contact tracing.	<input type="radio"/> Yes <input type="radio"/> No			
In the last 10 days, have you been identified as a "close contact" of someone who currently has COVID-19? If public health has advised you that you do not need to self-isolate (e.g., you are fully immunized* or have tested positive for COVID-19 in the last 90 days and since been cleared), select "No"	<input type="radio"/> Yes <input type="radio"/> No			
In the last 10 days, have you received a COVID Alert exposure notification on your cell phone? If you have already gone for a test and got a negative result, select "No." If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."	<input type="radio"/> Yes <input type="radio"/> No			
In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit? If you have since tested negative on a lab-based PCR test, select "No."	<input type="radio"/> Yes <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? If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No." If you are fully immunized or have tested positive for COVID-19 in the last 90 days and since been cleared, select "No."	<input type="radio"/> Yes <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"/> Yes <input type="radio"/> No			
a. Are you following these recommendations and restrictions regularly outside this setting you are seeking to enter?	<input type="radio"/> Yes <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