

AVENUE II COVID-19 PANDEMIC PLANNING MANUAL

TOPIC: Pandemic Planning Protocols	SUBJECT: Client Screening Protocol and Sample of Tool	Code: PPP002
		Date of Issue:
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SUPPORT WORKER RESPONSE TO CLIENT SCREENING FOR COVID-19

During the first shift of the day staff will complete an online or paper 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.

- 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.

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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.
- Nausea, Vomiting and/or diarrhea, Sore throat, Runny or congested nose.

Symptoms below don't apply if you began to experience them only after being vaccinated to COVID-19 in the last 48 hours.

- Muscle aches/joint pain, Extreme tiredness, Headache.

During the last 14 days, I have not

- Been travelling outside of Canada AND been advised to quarantine per federal requirement.

In the last 10 days, I have not

- Been tested positive on a 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.
- Received a COVID Alert exposure notification on my cell phone.
- Been identified as a "close contact" of someone who has COVID-19 (confirmed by a PCR test or antigen test). Does not apply if you have since been cleared by public health.

I confirm

I decline

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ScreenEasy
Client

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 warning message: "Complete this self-assessment before entering the website". There are two input fields: "First name*" and "Last name*", each with a white text box and a red asterisk. At the bottom center, there is a small red asterisk with the text "Required fields".

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.