

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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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.
 - Supported Independent Living locations require staff and 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.
 - 24 hour residential locations will require staff and client screening at the beginning of each shift. If symptoms develop during the shift for staff, visitors or clients, the screening should be performed again and immediately notify a Manager or On-Call. Temperature checks are only required if Covid-19 symptoms develop.
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[Complete this self-assessment before entering the workplace](#)

First name*

Last name*

*mandatory fields

Tuesday, 25 January 2022, 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
 - Nausea, Vomiting and/or diarrhea, Sore throat, Runny or congested nose.
- Date:** _____

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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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 the online questionnaire's name entry section. At the top center is the Avenue II logo. Below it is a red warning message: "Complete this self assessment before entering the workplace". There are two input fields: "First name*" and "Last name*", both with asterisks indicating they are required. Below the fields is a small "Required fields" label.

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.