

AVENUE II COVID-19 PANDEMIC PLANNING MANUAL

TOPIC: Pandemic Planning Protocols	SUBJECT: Staff Screening Protocol and Sample of Tool	Code: PPP003
		Date of Issue: April 17, 2020
		Revised: June 29, 2021
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PROTOCOL FOR COMPLETION OF STAFF SCREENING FOR COVID-19

Residential Locations:

- At each main entrance to a workplace (house, apartment or residential office), a clip board with pen and blank copies of Staff Screening for COVID-19 will be posted.
- Workers are to complete the questionnaire, print name, sign and date. It is preferred that the form be completed outside of the home if possible.
- If the worker has answered YES to any of these questions, they are to leave the workplace and immediately contact a Manager or Director at the Avenue II office during regular business hours (345-9933) or On-Call after hours (626-4825). Further direction will be provided.
- Completed questionnaires with all NO responses are to be faxed to the Avenue II office (343-6090).

At a 24-hour location the worker being relieved will ensure their co-worker has completed the Staff Screening form and is able to work before leaving. If the worker who has just arrived is unable to work, the current worker will need to remain at that location until a replacement is found.

Where the Work Location Does Not Permit a Clip Board to be Posted for Workers:

- Support workers will be supplied with blank copies of Staff Screening for COVID-19 to be completed prior to arrival at the work location.
- If all answers are NO, the support worker will proceed to their work location.
- Completed questionnaires can be texted /emailed to their manager or dropped off within 48 hours at the main office through the mail slot.
- If the worker has answered YES to any of these questions, they are to immediately contact a Manager or Director at the Avenue II office during regular business hours or On-Call after hours. Further direction will be provided.

Main Office Location (122 S. Cumberland Street):

- Upon entrance into the main office, workers are to complete the Staff Screening for COVID-19 questionnaire, print name, sign and date.
- If the worker has answered YES to any of these questions, they are to immediately step outside and call to speak with someone from management for further direction.
- Completed forms are to be deposited into the box located at the front entrance.

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STAFF 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	Start of Shift	End of Shift	Excursion Time:	Excursion Time:
What is your temperature? <i>If 37.8 degrees Celsius or higher immediately call a manager or oncall.</i>				
Please check all that apply. Do you have 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) <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>Painful 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 recurring 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"/> 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? <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"/> Yes <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"/> 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)? <small>This can be because of an outbreak, contact tracing, or after testing positive on a rapid antigen test.</small>				<input type="radio"/> Yes <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"/> Yes <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"/> 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? Are you following these recommendations and restrictions regularly outside this setting you are seeking to enter?				<input type="radio"/> Yes <input type="radio"/> No
Do you understand that you are expected to properly don your personal protective equipment and wear it at all times in this setting with the exception of when you are eating?				<input type="radio"/> Yes <input type="radio"/> No
Do you acknowledge that at any time your PPE is removed you must maintain a distance of 2 meters or 6 feet from others?				<input type="radio"/> Yes <input type="radio"/> No
Please remember that interacting with colleagues outside of work without face coverings and social distancing raises the risks of COVID-19 transmission.				
If you have checked off any symptoms in Part A or answered Yes to any of the questions in Part B, or No to any questions in Part C, do not enter the workplace. Please contact a <u>Manager</u> or Director during office hours at 345-9933 or an On-Call Supervisor after office hours at 626-4825 prior to commencing or continuing your shift. Contact Telehealth Ontario at 1-866-797-0000 or the Thunder Bay District Health Unit at 625-5900 and ask to speak to a public health nurse in the Infections Disease program.				