



## B. STAFF/ASSESSOR SCREENING PROTOCOL

### PRIOR TO WORK

It is mandatory that each on-site staff member and all visiting Assessors complete the Covid screening questionnaire and other healthy safety requirements as required, prior to the start of each and every work day.

If either parties **answer yes** to any of the following questions, **they will be asked to go home immediately**, complete the provincial public health assessment tool and advised that they must follow-up with facility management prior to returning to the workplace.

- Have they been exposed to a confirmed or probable case of COVID-19 in the past 14 days?
- Have they had a positive COVID-19 test within the last month and/or awaiting the results of a COVID-19 test?
- Anyone in their household have new or worse cough and shortness of breath?
- Have or had symptoms of a fever (> 37.8°C)?
- Have had the shakes, chills, severe headache, runny nose, nausea, diarrhea or vomiting in the last 24 hours?
- Have traveled outside of Canada to any other locations in the past 14 days?

**Note:** If symptoms are deemed to be not related to COVID 19 the staff member must be symptom free for 24 hours before returning to the workplace.

- The staff temperature will be taken. Only a Pass or Fail will be recorded
- The staff and/or designate must document the staff member's COVID-19 screen was completed and if they passed or failed it.
- Following screening, the document will be stored onsite in the COVID-19 Binder



|                          |  |
|--------------------------|--|
| <b>DATE OF SCREENING</b> |  |
|--------------------------|--|

**CONDUCTED PRIOR TO ATTENDANCE DAILY**

**Questions to be asked of each participant prior to entering treatment area**

1. Have you been exposed to a confirmed or probable case of COVID-19 in the past 14 days?
2. Have had a positive COVID-19 test within the last month and/or awaiting the results of a COVID-19 test
3. Do you or anyone in your household have new or worse cough and shortness of breath?
4. Do you or anyone in your household have symptoms of a fever (> 37.8°C)?
5. Do you have shakes, chills, severe headache, runny nose, nausea, diarrhea or vomiting in the last 24 hours?
6. In the past 14 days have you traveled outside of Canada to any other locations?

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|--|---|
| <b>Temperature Screen (must not be &gt;37.8°C) please indicate</b> | <input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> |
|--|---|

| #  | Name | Time In | Screening Q Results |      | Temp Results |      | Time Out |
|----|------|---------|---------------------|------|--------------|------|----------|
|    |      |         | Pass                | Fail | Pass         | Fail |          |
| 1  |      |         |                     |      |              |      |          |
| 2  |      |         |                     |      |              |      |          |
| 3  |      |         |                     |      |              |      |          |
| 4  |      |         |                     |      |              |      |          |
| 5  |      |         |                     |      |              |      |          |
| 6  |      |         |                     |      |              |      |          |
| 7  |      |         |                     |      |              |      |          |
| 8  |      |         |                     |      |              |      |          |
| 9  |      |         |                     |      |              |      |          |
| 10 |      |         |                     |      |              |      |          |
| 11 |      |         |                     |      |              |      |          |
| 12 |      |         |                     |      |              |      |          |
| 13 |      |         |                     |      |              |      |          |
| 14 |      |         |                     |      |              |      |          |
| 15 |      |         |                     |      |              |      |          |
| 16 |      |         |                     |      |              |      |          |
| 17 |      |         |                     |      |              |      |          |
| 18 |      |         |                     |      |              |      |          |
| 19 |      |         |                     |      |              |      |          |



|    |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|
| 20 |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |