

COVID-19 Active Screening Tool/Checklist- Employees

Based on guidance from Public Health, Ministry of Health & Directive #3 from Ontario's Medical Officer of Health.

CLGW Employees working at all sites are to take their temperature prior to their shift and complete the on-line Screening Checklist in Kronos. If employees are having difficulty accessing the online screening checklist remotely, or are having internet connection issues they are required to fill out the paper copy and upload their responses to the online survey once they arrive at the work site. and use the paper copy as verification of completing the screening on their Declaration form. If unable to upload the survey results in Kronos, employees must advise their supervisor.

Employees will be required to complete this on-line Screening Checklist prior to their shift as well as at the end of their shift.

1. Do you have any of the following symptoms or signs? ☐ Yes ☐ No

New or worsening cough
Shortness of breath
Sore throat
Runny nose or sneezing
Nasal congestion
Conjunctivitis/Pink eye
Difficulty swallowing
New smell or taste disorder(s)
Nausea/vomiting, diarrhea, abdominal pain
Unexplained fatigue/malaise
Chills
Headache

2. Have you travelled out of the country or had close contact with anyone that has travelled out of the country in the past 14 days and been advised to quarantine as per federal quarantine requirements

☐ Yes ☐ No

3. Do you have a fever? (take temperature; fever is considered for staff at 37.8°C/100.04°F or higher)

☐ Yes ☐ No

Temperature Fever = 38°C/100.04°F or higher	Start of shift temp: Time:	Initials	
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4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19 and have been advised by a doctor, healthcare provider or public health to self- isolate?

☐ Yes – Contact supervisor/on-call/scheduler ☐ No – go to question 5

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5. 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 and are you following these recommendations and restrictions regularly outside this setting you are seeking to enter?

☐ Yes

☐ No

6. Do you understand that you are expected to properly don your personal protective equipment and wear it at all times at your work site (congregate setting) with the exception of when you are eating and acknowledge that at any time your PPE is removed you must maintain a distance of 2 metres or 6 feet from others?

☐ Yes

☐ No

Please remember that interacting with colleagues outside of work without face coverings and social distancing raises the risks of COVID-19 transmission.

Based on guidance from Public Health, Ministry of Health & Directive #3 from Ontario's Medical Officer of Health.

RESULTS:

_____ If you answered "NO" to questions from 1 through 4, and "YES" to questions 5 and 6, you have passed and able to attend your shift.

_____ If you answered "YES" to any question from 1 through 3, you should seek clinical assessment for COVID-19.

Contact your physician or Telehealth Ontario at 1-866-797-0000, or WDG Public Health 1-800265-7293. Stay home and contact your Supervisor or the On Call Supervisor.

_____ If you answered "NO" to question 5 or 6, Contact your Supervisor for guidance

Name of Screened Individual _____ Signature _____

Date and Time of Screening _____

Shift: _____ Site/Location: _____

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