

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 required to complete the online COVID-19 Screening in Kronos. If employees are having difficulty accessing the online screening remotely, or are having internet connection issues, they are required to fill out a paper copy and upload their responses to the online survey once they arrive at the worksite and use the paper copy as verification of completing the screening. If unable to upload the survey results in Kronos, employees must notify 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 one or more of the following symptoms or signs, that are new or worsening? Yes No

Fever and/or chills	Cough or barking cough (croup)
Shortness of breath	Decrease or loss of smell or taste
Muscle aches/joint pain	Fatigue
Sore throat	Runny or stuffy/congested nose
Headache	Nausea, vomiting and/or diarrhea

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. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19 and been advised by a doctor, healthcare provider or public health to self-isolate?

Yes No

4. 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 have been following these recommendations and restrictions outside this setting you are seeking to enter?

Yes No

5. 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

Effective March 2020	Revised January 2022	Owner: Manager, Operations/Compliance	Form # SA33e	Page 1 of 2
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RAPID ANTIGEN TEST – Congregate Living Settings

At this time, all employees, students and volunteers working in a congregate living setting are required to undergo Rapid Antigen Testing twice per seven-day period.

Please answer the following questions:

1. I understand that all employees working (or could be working) in a CLGW residence are required to a Rapid Antigen Test twice per seven-day period. Yes No
2. What was the result of your most recent Rapid Antigen Test?

Result of Rapid Antigen Test	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Invalid and unable to retest	<input type="checkbox"/> Not Applicable to my Role
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3. The date of my most recent Rapid Antigen Test was: _____
 dd / mm / yyyy

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

RESULTS:

- If you answered "NO" to questions from 1 through 3, yes to questions 4 and 5, and if your Rapid Antigen Test(s) are negative, and meet the requirement, you have passed your screening. Come to work as usual.
- If you answered "YES" to any questions from 1 through 3, stay home and contact your Supervisor and Scheduling that you will be missing your shift. Take a Rapid Antigen Test immediately, and report your results to your Supervisor for next steps.
- If you tested positive on your Rapid Antigen Test, stay home and contact your Supervisor and Scheduling.
- If you answered "NO" to questions 4 or 5, contact your Supervisor for guidance.

Name of screened individual: _____ Signature: _____

Date and Time of Screening: _____

Shift: _____ Site/Location: _____