



COVID-19 STAFF SCREENER & ACTIONS

FOR FRONTLINE STAFF & PROGRAM MANAGEMENT SEPT. 23, 2020

ALL STAFF ARE TO SELF-SCREEN TWICE DAILY AND MONITOR FOR SYMPTOMS THROUGHOUT THE DAY.ⁱ

Attendant Outreach Staff are to call the COVID-19 voice-mail box at extension 190 and follow the instructions provided for confirmation.

Supportive Housing Staff are to sign the Staff Screening Record at the start and end of their shift.
All other staff are to follow the directions they have been given regarding recording results.

1	Are you currently experiencing any of these common symptoms?		3	Are you currently experiencing any of these Atypical signs and symptoms?		
		Fever of 37.8 or more			Chills	
		A new or worsening cough, shortness of breath (examples – barking cough, whistling noise when breathing)			Headache that is new and unusual or long-lasting (not related to known causes such as migraines or tension headaches).	
	2	Shortness of breath (worse than usual if you are chronically short of breath)			Pink eye (Conjunctivitis) that is not related to other causes such as recurrent styes.	
		<ul style="list-style-type: none"> Not related to another chronic condition 			Fatigue, lethargy, or malaise (general feeling of being unwell, lack of energy or tiredness that is unusual or unexplained)	
	Are you experiencing these other symptoms?				<ul style="list-style-type: none"> Not related to other known causes such as depression, insomnia, thyroid or anemia 	
		Sore throat (painful or difficulty swallowing) not related to known cause such as post nasal drip or reflux			Myalgias (muscle aches and pain) that are unexplained, unusual, or long lasting (not related to known conditions such as fibromyalgia)	
		Runny nose not related to known causes such as coming inside from the cold or a chronic sinusitis		4	Atypical signs. These require the assessment of a health care professional.	
		Nasal congestion not related to another known cause such as seasonal allergies				New or unusual worsening of chronic conditions such as COPD; asthma, or emphysema
		Loss of sense of taste or smell not related to allergies or other known causes				Fast heart rate (Tachycardia)
	Nausea or vomiting not related to known conditions		<ul style="list-style-type: none"> Not related to other known causes or conditions such as atrial fibrillation 			
	Diarrhea not related to other known conditions		Delirium (an acute change in mental status and inattention)			
	Abdominal pain that is persistent or ongoing and not related other conditions such as menstrual cramps or reflux disease		Unexplained or increased falls			
			Acute functional decline (unable to function as usual)			
5	**	Have you travelled or had close contact with anyone who has travelled outside of Canada in the last 14 days? (Close contact is within two meters in the same room, workspace or area; or living in the same home).				
6		Have you had close contact with anyone who is currently sick with COVID-19 symptoms such as a cough, fever, or difficulty breathing?				
7		Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g. goggles, gloves, mask and gown (or N95 mask with aerosol-generating medical procedures (AGMPS) when you had close contact with a suspected or confirmed case of COVID-19?				
8		Have you maintained physical distancing; mask wearing and hand hygiene in the staff office or break areas?				

ACTIONS

1. If you answer **NO to all questions from 1 through 5** - you have passed and can proceed with your work day. You should self-monitor for symptoms and repeat this screener at the end of your shift (or workday if you are AO).
2. If you answered **YES to any question from 1 through 5** - You have ***not passed*** and cannot proceed with your shift (or work day if you are AO).
 - You should call management (or scheduling if after hours). Respond to any management requests. You will not be able to come to work until you have been tested and your symptoms have been gone for at least 48 hours. Make immediate arrangements to be tested at an Assessment Centre – tell them that you are a Health Care Worker. Advise Management of any change in your status.
3. If you answered **YES to question 6; YES to question 7 and YES to question 8** - you can proceed with your work day. You should self-monitor for symptoms and repeat the screener at the end of your shift (or work day if you are AO).
4. If you answered **YES to question 6 and NO to question 7 or NO to question 8**. You have ***not passed*** and cannot proceed with your shift (or work day if you are AO).
 - You should call management (or scheduling if after hours). Respond to any management requests. You will not be able to come to work until you have been tested and your symptoms have been gone for at least 48 hours. Make immediate arrangements to be tested at an Assessment Centre – tell them that you are a Health Care Worker. Advise Management of any change in your status

*****Alert: You can check the Centre for Disease Control website for COVID-19 travel advisories.***

ⁱ Information resources: <https://files.ontario.ca/mof-framework-reopening-province-stage-3-en-2020-07-13-v2.pdf>; <https://covid-19.ontario.ca/self-assessment/r3>; <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-canada>

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf