

COVID-19 Self-Assessment at Home Screening Document

This screening tool is based on the tool developed by the Province of Ontario for screening workers/employees.

This document should be used to screen employees and contractors prior to entering the workplace. Ensuring the health and safety of all staff will ensure that ongoing operations can be maintained.

COVID-19 Screening Guidance

This document provides basic information only and should be used with applicable health sector information. It is not intended to take the place of medical advice, or treatment.

The information is current as of the date effective and may be updated as the situation on COVID-19 continues to evolve.

Should an employee or contractor/visitor have any questions or concerns about this form, contact with their supervisor or Town contact is recommended. Where an employee or contractor/visitor has concerns regarding their health, they should speak with their primary healthcare provider.

Collection, Use, and Disclosure of Information

Where appropriate, the Town may collect, use and disclose screening information from employees, contractors and visitors in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), where it is deemed necessary to ensure the Town is maintaining its lawful duty to ensure a healthy and safe workplace.

Screening Results

If all responses to these screening questions are “no”: **COVID screen is negative.** The individual may proceed to their workplace.

If any response to these screening questions is “yes”: **COVID screen is positive.** Once an individual has been screened as positive additional COVID-19 screening questions may discontinue.

If any responses to these screening questions are “unknown”: **COVID screen is unknown.**

COVID negative screens: The individual may proceed to the workplace to report for their shift.

COVID positive or unknown screens: The individual should not report to work and must contact their Supervisor.

If you have questions or concerns, please contact your supervisor by phone.

Use these questions to complete a mental self-screen at home prior to reporting to work.

| QUESTION | YES | NO |
|--|-----|----|
| <p>1. Do you have any <u>one</u> of the following symptoms which are new, worsening and not related to seasonal allergies or pre-existing medical conditions?</p> <ul style="list-style-type: none"> • Fever or chills • Cough or barking cough • Shortness of breath • Decrease in or loss of taste or smell | | |
| <p>2. Do you have any <u>two or more</u> of the following symptoms which are new, worsening and not related to seasonal allergies or pre-existing medical conditions?</p> <ul style="list-style-type: none"> • Runny nose or nasal congestion • Headache • Extreme fatigue • Sore throat • Muscle aches or joint pain • Gastrointestinal symptoms (eg. vomiting or diarrhea) | | |
| <p>3. If you had symptoms, has it been <u>less than 5 days</u> (if fully vaccinated) or 10 days (if not fully vaccinated or immunocompromised) since symptom onset? <i>(IF YOU HAVE NOT HAD SYMPTOMS, SELECT "NO")</i></p> | | |
| <p>4. If you had symptoms, has symptom improvement been occurring for less than 24 hours? This includes any one symptom from question 1 or 2. <i>(IF YOU HAVE NOT HAD SYMPTOMS, SELECT "NO")</i></p> | | |
| <p>5. In the last 5 days (if fully vaccinated) or 10 days (if not fully vaccinated or immunocompromised) have you tested positive on a PCR, rapid antigen, or other home-based COVID-19 test?</p> | | |
| <p>6. Do any of the following apply?</p> <ul style="list-style-type: none"> • You live with someone who is currently isolating because of a positive COVID-19 test • You live with someone who is currently isolating because of COVID-19 symptoms • You live with someone who is waiting for COVID-19 test results • For those not fully vaccinated or immunocompromised: Someone you don't live with but have been in close contact* with tested positive for COVID-19? <p><small>*A close contact is anyone you were less than 2m away from for at least 15 minutes, or multiple shorter lengths of time, without PPE in the 48hrs prior to symptoms beginning or positive test result, whichever came first</small></p> | | |
| <p>7. In the last 5 days (if fully vaccinated) or 10 days (if not fully vaccinated or immunocompromised) have you received a COVID Alert exposure notification on your mobile device? <i>(IF YOU DO NOT USE THE COVID ALERT APP, SELECT "NO")</i></p> | | |
| <p>8. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine (as per federal quarantine requirements)?</p> | | |

Where in doubt please confirm screening results using the provincial online screening tool:

<https://covid-19.ontario.ca/screening/worker/>

If all responses are “no” please proceed to your workplace. Thank you for your cooperation.