

# COVID-19 HEALTH SCREENING TOOL

## Guidelines

To prevent the spread of COVID-19 and to reduce the potential risk of exposure to the workforce, please conduct this questionnaire, daily, at designated entry points, prior to accessing the site. This health screening applies to all trades, suppliers, union reps, employees, etc.

Health Screening is voluntary; however, any person who refuses to answer screening questions will be denied access our work locations – **without exception**. Complying with our safety measures is in the interest of maintaining worker safety and those choosing not to comply will not be permitted to work.

## Screening Setup Station

1. In order to protect the person conducting the screening, each person screening must wear at a minimum gloves, a mask and safety glasses.
2. A barrier (i.e. table, cones, etc.) must be in place to keep a distance between each person being screened and the person screening.
3. The line for people being screened must be a minimum of 2 meters away to ensure privacy between the person being screened and the person conducting the screening.
4. Each person in the line must be a minimum of 2 meters apart from each other.
5. As each person is ready for screening, they are to approach the barrier.

# COVID-19 HEALTH SCREENING TOOL *-CONTINUED*

## Screening Process Questions

Workers should be asked these questions in a manner that respects their privacy. Please devise a process at your location where workers do not easily overhear of co-workers who voluntarily divulge personal medical information.

Each person will be asked 5 questions:

1. Are you currently experiencing any cold or flu-like symptoms? Such as;
  - New onset or worsening of existing cough
  - Fever (38°C or 100.4 F)
  - Shortness of breath or trouble breathing
  - Sore throat
  - Severe fatigue
  - Runny nose
  - Vomiting
2. Have you travelled to any countries outside Canada (including the United States) within the last 14 days?
3. Did you provide care or have close contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat) within the last 14 days?
4. Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?
5. Have you or anybody in your home had contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19?

**If the answer is YES to ANY of the above questions, please notify your supervisor and go home.**

## IMPORTANT

Disinfect pens before sharing them between people. Have visitors file their own documents to avoid sharing paper. Consider asking these questions verbally to avoid sharing pens and documents. This must be done in a private area where their responses will not be overheard by co-workers.

This questionnaire is based on the BC Centre for Disease Control's COVID-19 Self-Assessment Tool and WorkSafeBC Guidance.

# COVID-19 HEALTH SCREENING TOOL -CONTINUED

DATE		WORKER NAME	
EMPLOYER		CONTACT PHONE#	

1	<p><b>Are you experiencing any of the following:</b></p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• New onset or worsening of cough or other symptoms</li> <li>• Sneezing/Running Nose</li> <li>• Sore throat</li> <li>• Difficulty breathing</li> <li>• Severe Fatigue</li> <li>• Vomiting</li> </ul>	<input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>YES</b>
2	<p><b>Have you travelled to any countries outside Canada (including the United States) within the last 14 days?</b></p>	<input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>YES</b>
3	<p><b>Did you provide care or have close contact with a person with COVID-19 (probable or confirmed) while they were ill (cough, fever, sneezing, or sore throat) within the last 14 days?</b></p>	<input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>YES</b>
4	<p><b>Did you have close contact with a person who travelled outside of Canada in the last 14 days who has become ill (cough, fever, sneezing, or sore throat)?</b></p>	<input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>YES</b>
5	<p><b>Have you or anybody in your home had contact with someone who is being tested for COVID-19 or who has been diagnosed with COVID-19?</b></p>	<input type="checkbox"/> <b>NO</b>	<input type="checkbox"/> <b>YES</b>