

COVID-19 INFORMATION

COVID-19 VISITOR SCREENING TOOL¹

Overview

If an individual answers **YES** to any of the questions, they **must not** be allowed to enter.

* Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days per [CMOH Order 05-2020](#) **OR** receive a negative COVID-19 test and feel better.

Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and follow information on [isolation requirements](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions

1.	Do you have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
		YES	NO
	• <i>Fever*</i>	YES	NO
	• <i>Cough*</i>	YES	NO
	• <i>Shortness of breath / difficulty breathing*</i>	YES	NO
	• <i>Runny nose*</i>	YES	NO
	• <i>Sore throat*</i>	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Nasal congestion	YES	NO
	• Feeling unwell / fatigued	YES	NO
	• Nausea / vomiting / diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Have you travelled outside Canada in the last 14 days?	YES	NO
3.	Have you had close contact ² with a case ³ of COVID-19 in the last 14 days?	YES	NO

Ensure you understand *Safe Visiting Practices* and related site policies (refer to [CMOH Order 27-2020 Appendix B](#))

Assess your personal risk of unknown exposure based on your last two weeks of activity

¹ Operators are **not required** to store the completed COVID-19 screening documents from any person who enters. Operators are **required** to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks but not longer than 8 weeks.

² **Face-to-face contact within 2 metres.** A worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

³ COVID cases include those with a positive lab test in the past 10 days, or someone with symptoms who was in close contact with a lab-confirmed COVID case in the 14 days before symptoms started.

COVID-19 INFORMATION

COVID-19 STAFF SCREENING TOOL⁴

Overview

If an individual answers **YES** to any of the questions, they **must not** be allowed to enter.

*Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days per [CMOH Order 05-2020](#) **OR** receive a negative COVID-19 test and feel better.

Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and follow information on [isolation requirements](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions

1.	Do you have any new onset (or worsening) of any of the following symptoms:	CIRCLE ONE	
		YES	NO
	• <i>Fever*</i>	YES	NO
	• <i>Cough*</i>	YES	NO
	• <i>Shortness of breath / difficulty breathing*</i>	YES	NO
	• <i>Runny nose*</i>	YES	NO
	• <i>Sore throat*</i>	YES	NO
	• Chills	YES	NO
	• Painful swallowing	YES	NO
	• Nasal congestion	YES	NO
	• Feeling unwell / fatigued	YES	NO
	• Nausea / vomiting / diarrhea	YES	NO
	• Unexplained loss of appetite	YES	NO
	• Loss of sense of taste or smell	YES	NO
	• Muscle/ joint aches	YES	NO
	• Headache	YES	NO
	• Conjunctivitis (commonly known as pink eye)	YES	NO
2.	Have you travelled outside Canada in the last 14 days?	YES	NO
3.	Have you had close contact ⁵ with a case ⁶ of COVID-19 in the last 14 days?	YES	NO

Assess your personal risk of unknown exposure based on your last two weeks of activity

⁴ Operators are **not required** to store the completed COVID-19 screening documents from any person who enters. Operators are **required** to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks but not longer than 8 weeks.

⁵ **Face-to-face contact within 2 metres.** A worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

⁶ COVID cases include those with a positive lab test in the past 10 days, or someone with symptoms who was in close contact with a lab-confirmed COVID case in the 14 days before symptoms started.

COVID-19 INFORMATION

COVID-19 RESIDENT SCREENING TOOL⁷

Overview

If an resident answers **YES** to any of the questions, the individual must immediately be given a **procedure/surgical mask, quarantined/isolated** in their room and should be asked to consent for testing for COVID-19.

* Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days per [CMOH Order 05-2020](#) **OR** receive a negative COVID-19 test and feel better.

Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and follow information on [isolation requirements](#).

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions

		CIRCLE ONE	
1.	Do you have any new onset (or worsening) of any of the following symptoms: <ul style="list-style-type: none">• <i>Fever*</i>• <i>Cough*</i>• <i>Shortness of breath / difficulty breathing*</i>• <i>Runny nose*</i>• <i>Sore throat*</i>	YES	NO
2.	Have you travelled outside Canada in the last 14 days?	YES	NO
3.	Have you had close contact ⁸ with a case ⁹ of COVID-19 in the last 14 days?	YES	NO

⁷ Operators are **not required** to store the completed COVID-19 screening documents from any person who enters. Operators are **required** to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks but not longer than 8 weeks.

⁸ **Face-to-face contact within 2 metres.** A worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

⁹ COVID cases include those with a positive lab test in the past 10 days, or someone with symptoms who was in close contact with a lab-confirmed COVID case in the 14 days before symptoms started.