

# MARCH 31, 2020

## 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 4 questions:

1. Are you experiencing or have you experienced in the past 10 days any of the following:
  - New onset or worsening of existing cough
  - Fever (38°C or 100.4 F)
  - Shortness of breath or trouble breathing
  - Sore throat
  - Severe fatigue
  - New onset or worsening of existing sneezing
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 someone who has symptoms of COVID-19 (cough, fever, sneezing, difficulty breathing, or sore throat) within the last 14 days?
4. Have you had close 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 or have you experienced in the past 10 days 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>• New onset or worsening of existing sneezing</li> <li>• Sore throat</li> <li>• Difficulty breathing</li> <li>• Severe Fatigue</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 someone who has symptoms of COVID-19 (cough, fever, sneezing, difficulty breathing, 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 provide care or have close 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> |