# APPENDIX A: ACTIVE SCREENING QUESTIONNAIRE

1. **Are you experiencing any of the following symptoms: sore throat, hoarse voice, difficulty swallowing, affected sense of smell or taste, chills, headaches, fatigue, diarrhea, abdominal pain, nausea, vomiting, pink eye, runny nose/sneezing, nasal congestion, new cough, fever, shortness of breath?**

If yes, please delay entering, notify your immediate supervisor AND contact your health care provider, or Telehealth Ontario (1-866-797-0000)

# Have you recently worked in a location that is currently experiencing an outbreak where you’ve been asked to self-isolate while atwork?

If yes, please delay entering and notify your immediate supervisor

# Have you returned from traveling outside Canada in the past 14days?

If yes, you must self-isolate at work (provide the “how to self-isolate while at work” document; see link below) and notify your immediate supervisor.

# Have you been in close contact with a probable or confirmed case ofCOVID-19?

If yes, you must self-isolate at work (provide the “how to self-isolate while at work” document; see link below) and notify your immediate supervisor.

# Have you been in close contact with a person with acute respiratory illness (fever/cough) and in whom laboratory diagnosis of COVID-19 is not available, inconclusive ornegative?

If yes, you must self-isolate at work (provide the “how to self-isolate while at work” document; see link below) and notify your immediate supervisor.

*Should a supported person who resides in the home with others answer “yes” to any of the active screening questions, separate the individual from others. The individual should be encouraged to wear a mask. Staff will use the appropriate level of precautions and follow the steps outlined by public health.*

# Related Documentation:

How to self-isolate while atwork:

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-covid-19-work-self-isolation.pdf?la=en>

Screening Protocol

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Page **1** of **1**

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