

COVID-19 Screening Tool for PCWC

This tool, in adherence with NS Work Safe for Life and NS Public Health Guidelines, provides basic information only and contains the Process for COVID-19 screening to allow entry into the Pictou County Wellness Centre and to ensure a safe and secure environment for staff and patrons. It is not to be used as a clinical assessment tool or intended to take the place of medical advice, diagnosis and/or treatment.

In **Phase 1**, of the Pictou County Wellness Centre's (PCWC), "Return to Business Strategy", the PCWC will IMMEDIATELY implement active screening and signage for anyone entering the facility (i.e. staff and patrons).

Screening will be two tiered in **Phase 1**:

1. **Employee Screening:** (at staff entrance)
 - Will occur upon arrival of shift and include symptom screening and temperature checks.
2. **Patron Screening:** (at Bell Arena entrance)
 - Will occur upon arrival for use of the facility for rentals and/or events and will include symptom screening and temperature checks. Coaches should provide a list of their players upon approaching the screening station for contact tracing purposes.
 - Patron's will be required to complete a screening form (enclosed) prior to the start of their program and submit this form to their coach. Coaches and or organizers will be responsible for reviewing the screening form and ensuring no one that answers yes to questions 2,3 & 4 are permitted to participate in their program or enter the PCWC. Anyone that answers yes to any of the questions in #1 are to be monitored.
 - Coaches will be responsible for handing in screening forms for each participant upon or before arrival on the first day of their program.
 - Patrons will be screened daily for temperature (A fever is a temperature of 37.8 °C or greater) and or change of symptoms.

At a minimum, the enclosed screening form must be used to screen individuals for COVID-19 before they are permitted entry into the facility. This tool may be adapted based on changes to public health protocols and guidelines.

Anyone who does not pass screening, should be told so and will not be permitted entry to the building. Staff/patrons will be advised to self isolate for 14 days. Staff responsible for occupational health at the PCWC must follow up on all staff/patrons (i.e., phone calls, further screening, etc.) who have not passed the screening and be advised to self-isolate based on exposure risk or symptoms.

Once an individual has passed the screening questions and is able to enter the facility, they should use hand sanitizer provided by the facility. Hand sanitizer can be found in multiple locations throughout the facility and should be used frequently. Individuals will be provided with a mask and the appropriate personal protective equipment (PPE), as / if required/recommended.

In emergency situations, emergency first responders should be permitted entry without screening.

Results of Screening Questions:

- If the individual answers **NO to all questions from 1 through 4 and they do not have a fever**, they have passed and can enter the facility.
- If the individual answers **YES to any question from 1 through 3**, they have not passed and **cannot** enter the facility. They should go home to self-isolate immediately. Staff should contact their manager / immediate supervisor. Staff should be told to contact 811 or their primary care provider to discuss their symptoms and / or exposure and seek advice on testing.
- If the individual answers **YES to question 4 and YES to question 5, and they do not have a fever**, they have passed and can enter the facility. They need to wear a mask to enter the facility and should be told to self-monitor for symptoms.
- If the individual answers **YES to question 4 and NO to question 5**, they have not passed screening and **cannot** enter the facility. They should go home to self-isolate immediately. Staff should contact their manager / immediate supervisor. Staff should be told to contact 811 or their primary care provider to discuss their symptoms and / or exposure and seek advice on testing.

Pictou County Wellness Centre – Covid-19 Screening Form

To Be Completed Prior to Entering the PCWC

1. Do you have any of the following **new or worsening** symptoms or signs?

- | | | |
|---|------------------------------|-----------------------------|
| New or worsening cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose, sneezing or nasal congestion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hoarse voice | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of sense of smell or taste | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea/vomiting, diarrhea, abdominal pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unexplained fatigue/malaise | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chills and/or sweats | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unusual fatigue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Red, purplish or bluesish lesions on feet, toes or fingers without cause. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you travelled outside of the province/Canada or had close contact with anyone that has travelled outside of Canada in the past 14 days?

- Yes No

3. Do you have a fever?

- Yes No

4. Have you had close contact with anyone with respiratory illness or a confirmed or probable case of COVID-19?

- Yes – go to question 5 No – screening complete

5. Did you wear the required and/or recommended PPE according to the type of duties you were performing (e.g., goggles, gloves, mask and gown or N95 with aerosol generating medical procedures (AGMPs)) when you had close contact with a suspected or confirmed case of COVID-19?

- Yes No

Name: _____ of Participant Age: _____

Signature: _____ Parents Signature (if under 18)

