

# COVID-19 HEALTH SCREENING REQUIREMENT



# STOP

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce, please conduct this questionnaire:

- 1. Are you currently experiencing any respiratory or cold or flu-like symptoms\*?**
- 2. Have you been in close contact\*\* with anyone who is experiencing respiratory or cold or flu-like symptoms\*?**

If the answer is **YES** for questions 1 or 2, the person must notify their supervisor and providing that there are no immediate medical needs, the person will be directed to go home. The person will be required to self-isolate for 14 days and consult with a health care professional.

- 3. Have you Tested Positive or been in close contact\*\* with anyone who has tested positive for COVID-19 within the last 14 days?**

If the answer is **YES** to question 3, the person must notify their supervisor and providing that there are no immediate medical needs, the person will be directed to go home, self-isolate and consult with a health care professional. In any case where a person answers **YES** to Question 3, the work site / location supervisor must notify the EllisDon Health Line @ healthline@ellisdon.com.

- 4. Have you travelled or been in close contact\*\* with anyone who has travelled anywhere outside of Canada in the last 14 days?**

If the answer is **YES** to question 4, the person must notify their supervisor and, providing that there are no immediate medical needs, the person will be directed to go home and self-isolate for 14 days after your return to Canada or close contact with someone who has travelled.

***\*Respiratory, cold or flu-like symptoms including:***

- 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***

\*\*A close contact is defined as a person who provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment OR who lived with or otherwise had close prolonged contact (within 2 meters) with the person while they were symptomatic and not isolating OR had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

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