



## COVID-19 Staff Screening Tool

Please complete this self-screening assessment within 24 hours before each of your care visit.

Date of self-screening: \_\_\_\_\_ Time: \_\_\_\_\_

Date of shift: \_\_\_\_\_ Shift Start: \_\_\_\_\_

Client's coded initials/location: \_\_\_\_\_

### Do you have ANY of the following symptoms?

- fever
- new onset of cough
- shortness of breath
- loss of sense of smell and/or taste
- No

### Are you experiencing New Onset of ANY of the following symptoms?

- runny nose
- sore throat
- other respiratory symptoms, please specify:
- headache
- muscle ache/fatigue
- loss of appetite
- diarrhea
- nausea and/or vomiting
- No

It is safe to proceed to your care visit if you do not experience any of the above symptoms.

### Gentle Reminders:

- ✓ Wear the appropriate PPE provided to reduce potential transmission of any infection.
- ✓ If experiencing any of the above symptoms, write down the onset date after each symptom, follow AllCare Nursing's reporting process, and make arrangements to get tested as soon as possible. Please self-isolate until a negative test result is obtained.
- ✓ If with symptoms of nausea, vomiting and/or diarrhea and is tested negative, staff should be off work up to 48 hours after the last episode of symptom is experienced.
- ✓ Follow the normal process of reporting in the event you cannot attend your scheduled shift. Please be considerate in ensuring you inform of your absence as soon as possible or within 24 to 48 hours prior to the schedule so coverage will be instated and our commitment to client care and safety will not be compromised.

*Your dedication to client care and safety is truly appreciated!*