

COVID-19 Guidance

Daily Fitness for Work Screening Protocols for all Staff and Physicians at Clinical Sites

Guidelines for Implementation by Zones

Staff may be attending work while experiencing influenza-like-illness (ILI) or other illnesses. This creates risk for staff and patients. To minimize exposure, we will screen for fitness for work at all clinical sites prior to staff reporting to their workplace or unit. This will ensure staff attending work are well and contributing to the safety of all staff and patients.

Principles

Consistent screening protocols and criteria will be set by the Emergency Coordination Centre (ECC). Implementation will be the responsibility of the Zone/Site.

This screening process is required to ensure a safe work and clinical environment. Screening will be done in a manner that treats staff with respect and dignity, providing staff with information so they fully understand the reason for the screening and the impact of attending work when not well.

Information collected through screening must be managed according to privacy requirements, including clarity on collection, use and disclosure.

Staff that refuse to be screened will not be permitted to attend work as scheduled. Assessment will be made as to whether payment for missed shift is appropriate or not, in consultation with the operational manager and Human Resources.

Guidelines for use by all Zones and Sites:

Screening Criteria:

- All staff and physicians at clinical sites will be required to complete screening prior to starting a shift, through the following process:
 - Temperature check for fever over 38 degrees Celsius
 - Completion of standard questionnaire to assess health risk for review by clinician (**See Appendix 1 & 2**). Printable versions of the questionnaire for [AHS](#) and for [Covenant Health](#) are available.
- The collection, use and disclosure of screening information is solely for the purposes of determining fitness for work for the scheduled shift. All privacy requirements will be met.
- All staff and physicians working on the site, regardless of role or patient contact, will be subject to screening to ensure all staff and physicians are not presenting with ILI and increasing the chance of spread of any ILI.
- Contractors/vendors approved to be on site will be subject to the health risk assessment and screening prior to entering the site.
- All staff, physicians and contractors should be prepared to show their AHS issued photo identification, or other identification upon reporting for screening and work.
- Zones/Sites will be responsible for notifying staff about the new screening process, potential waits and any request for staff to arrive early for screening prior to their shift.

Tracking of Information:

- Zones/Sites will establish an appropriate tracking process and mechanism to ensure that information is maintained for an appropriate period of time to address any questions regarding attendance at work (recommend for 14 days).
- Management of information will be in accordance with privacy requirements related to employee health information.

Staffing and Location of Screening Areas:

- Screening will be supported by the following personnel:
 - A clinician or supervisor who is able to provide the appropriate advice to staff that may have questions regarding outcomes of the assessment or next steps.
 - Sites may utilize administrative staff for tracking and processing of screening questionnaires and for initial screening prior to referring to the clinician.
- Location of screening areas will be at the discretion of the Zone/Site, and should consider the following:
 - Limit number of entrances for staff to maximize compliance and resources required to perform screening.
 - Consider the physical space needs to enable screening, tracking, and discussion with clinician on next steps as appropriate.
 - Ensure staff are assessed in a discreet and private manner and have an opportunity to be taken to an adjacent location for further discussion, as appropriate, regarding results and impact on attendance at work.
 - Signage will be required to direct staff where to go for screening and to notify patients that the process is occurring. Zones/Sites will be responsible for posting signage.

When the Screening Indicates Unfit for Work:

- The clinician supporting the screening process will make the determination of fitness for work based on assessment criteria.
- There may be a two-step process, whereby a non-clinician (administrative or other staff) may complete the initial screening and where one or more screening criteria not met, refer to clinician for further review and next steps as required.
- Where an employee, physician or other contractor/vendor is required to leave the workplace and return home, details will be provided on next steps (e.g. self-isolate for 14 days, regular risk assessment, etc.)
- A manager should be available at all screening locations to support when staff are required to leave the workplace and return home.
- Staff must be provided [consistent advice](#) on when and how to return to work across all clinical sites.
- If determined not fit for work, staff will be coded sick leave.
- Processes will be put in place by the zone/site to ensure notification is provided to the manager for staffing purposes as soon as possible.
- Decision to replace the shift will be the manager's responsibility as per normal staffing protocols.
- Costs and premiums related to short-notice shift scheduling will not be a consideration as to whether staffing or not, and will be based on needs of the service area/unit.

Appendix 1: AHS Staff and Physician Screening Questionnaire
Updated March 29, 2020

The information collected in this questionnaire will be used and disclosed information solely for the purposes of determining fitness for work during the COVID-19 pandemic in accordance with AHS' obligations to provide a safe work and clinical environment for AHS staff, contractors and patients. Questions regarding the collection, use and disclosure of information contained on this form may be directed to privacy@ahs.ca or 1-877-476-9874. We require you to fill out the below questionnaire to assist AHS in determining your fitness to work and to provide your consent in having AHS test and record your temperature.

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers and other personal items.

We understand that people may have seasonal or environmental allergies. Related symptoms to these scenarios would not preclude them from work. The following questions are meant to capture new symptoms, or a worsening of long-standing symptoms.

Printed Name: _____ Signature: _____ Date: _____

Risk Assessment: Screening Questions

1	Do you have any of the symptoms below?	Please Circle	
	• Fever (greater than 38 degrees Celsius)	Yes	No
	• New onset of (or exacerbation of chronic) cough	Yes	No
	• Shortness of breath	Yes	No
	• Difficulty breathing	Yes	No
	• Sore throat	Yes	No
	• Runny nose	Yes	No
2	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
3	Do you live with or have had close contact* (within 2 meters/6 feet) with a person with an influenza-like illness (ILI) who had travelled outside of Canada in the 14 days before their illness started, while: 1) not wearing recommended PPE at work and/or 2) not practicing social distancing as appropriate to the setting?	Yes	No
4	Do you live with or have had close contact* (within 2 meters/6 feet) with a person with an influenza-like illness (ILI) who had close contact with a lab-confirmed COVID-19 case, while: 1) not wearing recommended PPE and/or 2) not practicing social distancing as appropriate to the setting?	Yes	No
5	Have you had close contact* (within 2 meters/6 feet) with a confirmed or probable case of COVID-19, while: 1) not wearing recommended PPE and/or 2) not practicing social distancing?	Yes	No

***Close contact** is an individuals that provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment (PPE), **OR** lived with or otherwise had close prolonged contact (within two metres/six feet) with a person while the case was ill, **OR** had direct contact with infectious body fluids of a person (e.g. was coughed or sneezed on) while not wearing recommended PPE.

***PPE** is not expected to apply in the home setting.

If you answer "YES" to any of the above, you will not be permitted to attend work at this time.

If you answer "NO" to all of the above, you can proceed to your unit.

Please share your completed questionnaire with the clinician at the screening station.

Appendix 2: Covenant Health Staff and Physician Screening Questionnaire
Updated March 29, 2020

The information collected in this questionnaire will be used and disclosed information solely for the purposes of determining fitness for work during the COVID-19 pandemic in accordance with Covenant Health's obligations to provide a safe work and clinical environment for Covenant Health staff, contractors and patients. Questions regarding the collection, use and disclosure of information contained on this form may be directed to privacy@covenanthealth.ca or 1-866-254-8181.

We require you to fill out the below questionnaire to assist Covenant Health in determining your fitness to work and to provide your consent in having Covenant Health test and record your temperature.

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers and other personal items.

We understand that people may have seasonal or environmental allergies. Related symptoms to these scenarios would not preclude them from work. The following questions are meant to capture new symptoms, or a worsening of long-standing symptoms.

Printed Name: _____ Signature: _____ Date: _____

Risk Assessment: Screening Questions

1	Do you have any of the symptoms below?	Please Circle	
	• Fever (greater than 38 degrees Celsius)	Yes	No
	• New onset of (or exacerbation of chronic) cough	Yes	No
	• Shortness of breath	Yes	No
	• Difficulty breathing	Yes	No
	• Sore throat	Yes	No
	• Runny nose	Yes	No
2	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
3	Do you live with or have had close contact* (within 2 meters/6 feet) with a person with an influenza-like illness (ILI) who had travelled outside of Canada in the 14 days before their illness started, while: 3) not wearing recommended PPE at work and/or 4) not practicing social distancing as appropriate to the setting?	Yes	No
4	Do you live with or have had close contact* (within 2 meters/6 feet) with a person with an influenza-like illness (ILI) who had close contact with a lab-confirmed COVID-19 case, while: 3) not wearing recommended PPE and/or 4) not practicing social distancing as appropriate to the setting?	Yes	No
5	Have you had close contact* (within 2 meters/6 feet) with a confirmed or probable case of COVID-19, while: 3) not wearing recommended PPE and/or 4) not practicing social distancing?	Yes	No

***Close contact** is an individuals that provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment (PPE), **OR** lived with or otherwise had close prolonged contact (within two metres/six feet) with a person while the case was ill, **OR** had direct contact with infectious body fluids of a person (e.g. was coughed or sneezed on) while not wearing recommended PPE.

***PPE** is not expected to apply in the home setting.

If you answer "YES" to any of the above, you will not be permitted to attend work at this time.

If you answer "NO" to all of the above, you can proceed to your unit.

Please share your completed questionnaire with the clinician at the screening station