

All staff are required to complete the COVID-19 Staff Screening Form prior to or at the beginning of each shift. If you begin experiencing any of the symptoms listed below during your shift, notify your manager, leave the facility and call EARL (or follow the absence reporting process for your area), and seek testing at an assessment centre.

Specific to LTC/AL: Active screening is required as per the guidance in the [BCCDC Outbreak Management Protocol for Acute Care, Long-Term Care and Seniors' Assisted Living Settings](#). A second screening is required approximately halfway through each shift during an outbreak or when on enhanced monitoring.

COVID-19 Risk Assessment		
1. Are you experiencing any new or worsening symptoms?		
<ul style="list-style-type: none"> Fever Cough Difficulty breathing Headache Chills 	<ul style="list-style-type: none"> Sore throat Loss of sense of smell Loss of sense of taste Loss of appetite Body aches 	<ul style="list-style-type: none"> Extreme fatigue or tiredness Nausea Vomiting Diarrhea
2. Have you been swabbed due to experiencing COVID-19 symptoms and have a pending result?		
3. In the last 14 days, have you been advised to self-isolate or quarantine at home by Public Health or by the Canada Border Services Agency?		

If you answered **YES** to any of the symptoms in question #1, you must not enter the facility; call EARL (or follow the absence reporting process for your area) and seek testing at an assessment centre.

If you answered **YES** to question #2, you must not enter the facility; call EARL (or follow the absence reporting process for your area) and self-isolate until the result is confirmed negative and your symptoms resolve.

If you answered **YES** in question #3, continue following directions provided by Public Health or Canada Border Services Agency and speak with your manager before returning to work.

I have reviewed the above symptom list and confirm that I do not have any new or worsening symptoms. I am aware that I must follow all current BC Provincial Health Officer orders.



fraserhealth.ca/COVID19

Site			Start-of-shift screening			Mid-shift Screening (if required)		
Name (please print)	Area	Date (dd/mm/yyyy)	Time (0000)	Temp.* <38.0°C	Initials	Time (0000)	Temp.* <38.0°C	Initials

