

# COVID-19 SCREENING PROTOCOL



## PURPOSE:

As provinces re-open, we seek to value people by remaining diligent in screening for coronavirus risks at Christian Horizons locations.

## PROCESS:

**Ongoing monitoring:** People are to monitor whether they are becoming sick:

- Anyone coming to a Christian Horizons location should monitor for COVID-19 symptoms in advance and report any new or developing symptoms immediately when on site.
- People who use Christian Horizons' services will continue to be supported and to screen for COVID-19 symptoms twice daily using the **Daily Symptom Monitoring Check**.<sup>1</sup> Visit [covid19.chconnect.org](https://covid19.chconnect.org) "Educate and Equip" tab for resources to help explain COVID-19 and its symptoms with people with intellectual disabilities.

**Active screening:** Employees, people who use Christian Horizons services, and visitors<sup>2</sup> will undergo active screening when entering any Christian Horizons support location. If an employee or person who uses services is the only one at the location (e.g., a SIL setting with no previous employee on shift), they will need to complete the screening themselves. Otherwise, and for visitors, this screening is to be carried out by a Christian Horizons employee.

**On Exit:** Upon finishing their shift, employees will need to disinfect their eye protection if used, exit screening is no longer required.

***Emergency first responders should be permitted entry without screening.***

STEP	ACTION	RESPONSIBLE
1	Everyone should self-check for symptoms before entering Christian Horizons locations (see <b>COVID-19 Symptom Self-Check Poster</b> and <b>COVID-19 Visiting Guide for Families &amp; Friends</b> ).	Everyone
2	At an entry point screening station, people will be screened by a designated employee upon arrival. <i>If the employee or person who uses services is alone, they are to complete the screening themselves.</i> Record results on the <b>Screening Tracking Sheet</b> .	Active screening employee
3	If the person being screened does not pass the screening questions, <b>OR</b> the person refuses to answer any of the questions, they must leave the premises and/or follow the instructions at the end of the screening questions. <i>People who use services are to be assisted to follow the relevant <b>Guidance on COVID-19 Exposure flowcharts</b>.</i>	
4	Any employee or visitor who begins to experience symptoms of COVID-19 (see <b>COVID-19 Symptom Check Poster</b> ) must immediately notify the location supervisor and leave the location. See <b>Employee Exposure Flowcharts</b> for next steps for employees. People who use services who display symptoms of COVID-19 are to be assisted to follow relevant <b>Guidance on COVID-19 Exposure Flowcharts</b> .	Everyone

<sup>1</sup> Daily Symptom Monitoring increase from two to four times daily for people supported where there are suspected or confirmed cases of COVID-19. See exposure guidance flowcharts at [covid19.chconnect.org](https://covid19.chconnect.org).

<sup>2</sup> See the **COVID-19 Visiting Guide for Locations** for further information on types of visitors and planning of visits.

## Additional Considerations

1. Limit points of entry to help facilitate screening.
2. For entry point screening, consider if there are natural physical barriers (e.g., glass/screened door) that active screening employees can conduct screening behind.
3. Maintain physical distancing while active screening is taking place. Mark off appropriate spacing at the entrance so this can be maintained.
4. Upon arriving at the location, everyone must use alcohol-based hand sanitizer made available at the entry point screening location.
5. Employees and visitors may be required to wear commercial masks, refer to the PPE FAQ for more details.
6. Before visitors are admitted entry to a support location or begin an outdoor visit, a designated active screening employee will conduct the entry point screening.
7. Eye protection will be made available to everyone accessing our services as well as all staff who have direct contact with people accessing our services. The use of eye protection in Ontario and Saskatchewan as a universal PPE measure is optional.
8. If an employee enters a work location and an active screener is not available, the employee will complete the screening questions independently.

## SCREENING QUESTIONS FOR ALL CHRISTIAN HORIZONS LOCATIONS

(Questions as required by Public Health and Government Ministries)

**If someone presents with extreme shortness of breath, chest pain, confusion, loss of consciousness or other medical emergencies stop screening and call 911.**

### Screening employee to ask:

**Question 1:** Do any of the signs, symptoms or restrictions on the COVID-19 Symptom Self-Check Poster apply to you?

**Answering “no” to Question 1 will clear the person to enter the location. If the person being screened answers “yes” see below (Pg. 4) for actions that must be taken. (If in a direct support location, the additional screening questions below will need to be asked).**

**Question 2:** Based on the Interim Covid-19 Vaccine Policy are you eligible to enter this location?

**Answering “yes” to Question 2 will clear the person to enter the location. If the person Answers “no” they may not enter until meeting the requirements.**

## ADDITIONAL SCREENING QUESTIONS FOR DIRECT SUPPORT LOCATIONS

### **For everyone entering the direct support location:**

**Question 3:** Are you aware of the recommendations and restrictions in this community regarding gathering size, hand and respiratory hygiene, and the use of face coverings and masks?

- a. Are you following these recommendations and restrictions regularly outside the setting you are seeking to enter?

### **For employees entering the direct support location:**

**Question 4:** Do you understand that you are expected to properly don your PPE and wear it at all times in this setting with the exception of outlined situations as per Christian Horizons guidelines?

**Question 5:** Do you acknowledge that at any time your PPE is removed (under the defined parameters) you must maintain a distance of 2 metres or 6 feet from others?”

**If the person being screened answers “no” to Questions 3-5, the following action must be taken:**

- The program manager will be notified. A reminder about the policies in place by Public Health and Christian Horizons to ensure the safety and wellness for employees and people supported. Note: it is important that we use PPE appropriately in each circumstance to reduce the risk of spreading infectious agents included Covid-19.

**If answering “Yes” to Question 1 the following actions must be taken:**

- a.) The employee or visitor seeking entry must not enter the location (or outdoor visiting area).
- b.) A person using services must self-isolate in an identified quarantine zone. The employee providing supports must follow steps in the *Step 2 Guide for Supporting Someone Suspected to Have COVID-19*.
- c.) The location supervisor must be notified immediately and their directions followed (*refer to exposure flowcharts at [covid19.chconnect.org](https://www.chconnect.org/covid19) and known local public health guidance*).
- d.) Unless otherwise indicated, the person who did not pass the screening should contact their primary care provider, Telehealth Ontario (1-866-797-0000), or HealthLine 811 in Saskatchewan to determine whether they require testing. *Employees should be sure to notify healthcare professionals that they work in essential services supporting vulnerable people in a congregate care setting.*

# SCREENING TRACKING SHEET

See COVID-19 Screening Protocol and exposure guidance flowcharts on [covid19.chconnect.org](https://covid19.chconnect.org) for further information.



Location Name \_\_\_\_\_

Street Address \_\_\_\_\_

DATE	TIME	NAME OF PERSON BEING SCREENED <i>(answering the questions)</i>	SCREENING RESULT <i>(check the box that applies)</i>		SIGNATURE OF PERSON COMPLETING THE SCREENING <i>(asking the questions)</i> A. I have asked all screening questions and recorded these results truthfully.	ON EXIT
			PASS / DID NOT PASS			DISINFECT EYE PROTECTION IF USED
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>
			PASS <input type="checkbox"/>	DID NOT PASS <input type="checkbox"/>		<input type="checkbox"/>

# Vaccine Certificate and Personal Identification Verification for Contractors



Location Name \_\_\_\_\_

Street Address \_\_\_\_\_

Screening Tracking Sheet	Date	Name	Company	Fully Vaccinated?	If Yes		If no	Initials (Person signing in Contractor)
					Vaccine Receipt Verified?	Personal Identification Checked?	RAPID Test Result	
COMPLETE <input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	
COMPLETE <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	