

| You MUST answer the following questions BEFORE Reporting to Work  |          |   |  |  |  |
|---|----------|---|--|--|--|
| Answer Questions 1-6 Below:   |          | Instructions if "YES"   |  |  |  |
| <ul> <li>Answer Questions 1-6 Below:</li> <li>1. I have a FEVER (temperature of ≥ 37.8 degrees Celsius) or any of the following SYMPTOMS that are not related to other known conditions I have?</li> <li>Chills</li> <li>Dry cough or barking cough (croup)</li> <li>Shortness of breath or difficulty breathing</li> <li>Decrease or loss of sense of taste or smell</li> <li>Runny or stuffy/congested nose</li> <li>Muscle aches/joint pain</li> <li>Extreme fatigue/tiredness</li> <li>Sore throat</li> </ul> | If Yes → | <b>DO NOT ENTER THE WORKPLACE</b><br>Notify your Manager and the <b>Absence Reporting line x7425</b> if this is |  |  |  |





## **COVID-19 Screening for KHSC Employees & Physicians**

| If NO, please proceed to Question 2 below  |          | DO NOT ENTER THE WORKPLACE   |
|--|----------|--|
|  |          | Notify your Manager and the <b>Absence Reporting line x7425</b> if this is   |
| 2. In the last 10 days I have:   | If Yes → | the usual protocol for you.  |
| <ul> <li>2. In the last 10 days I have:</li> <li>Had a high risk**contact with a confirmed case of COVID-19 and I am not fully vaccinated?</li> <li>Had a high risk** contact with someone who is experiencing new COVID-19 symptoms who has not received a negative test result and I am not fully vaccinated?</li> </ul> | IT Yes   | <ul> <li>Ine usual protocol for you.</li> <li>Notify Occupational Health, Safety &amp; Wellness (OHSW) – KGH site x4389 (open 0700-1600); HDH site x2265 (open 0800-1600).</li> <li><u>If you are not fully vaccinated</u> and are a high risk or household contact of a positive COVID-19 case, you are required to self-quarantine and speak with OHSW.</li> <li><u>If you are not fully vaccinated</u>, your symptomatic close contact or household contact must either have a negative COVID-19 swab, or their symptoms must be determined by their treating health care practitioner to be unrelated to COVID-19 before you can return to the workplace.</li> <li><i>Note</i>- For those not fully vaccinated, you may be permitted to RTW on work isolation depending on the situation, your COVID-19 vaccination status, and/or whether you are CRITICAL to staffing.</li> <li><i>Note</i>- OHS will assess workplace exposures between staff and COVID-19 positive patients or staff and COVID-19 positive staff to determine if the staff member meets the criteria for high risk exposure and needs to be off work and tested</li> <li>**high risk, as defined by OHS or Public Health, or as having provided care, having had similar close physical contact, or having had close, prolonged contact (i.e. within 6 feet for &gt; 10-15 minutes) without appropriate PPE. *fully vaccinated means you've been vaccinated for</li> </ul> |
|  |          | at least 14 days with your <u>second</u> Covid-19 vaccine.   |





## **COVID-19 Screening for KHSC Employees & Physicians**

| If NO, please proceed to Question 3 below   |          | DO NOT ENTER THE WORKPLACE and SELF-QUARANTINE   |
|---|----------|--|
| 3. In the last 10 days I have had a positive<br>COVID-19 laboratory confirmed test, OR<br>positive rapid antigen test and I've not yet<br>been cleared with a negative lab based (PCR)<br>test. | If Yes → | Notify your Manager, and phone the <b>Absence Reporting line</b> x7425<br>if this is the usual protocol for you. <b>Contact OHSW.</b> KGH site x4389<br>(open 0700-1600); HDH site x2265 (open 0800-1600).<br>Those who have had a positive test using a rapid antigen test or<br>home based self-test are required to first have the result confirmed<br>with a laboratory (PCR) test prior to being able to return to work.<br>OHSW can schedule you in for a lab based (PCR) test.  |
| If NO, please proceed to Question 4 below   |          | DO NOT ENTER THE WORKPLACE   |
| 4. I am subject to a quarantine period due to travel outside of Canada?   | If Yes → | Notify your Manager, and phone the <b>Absence Reporting line x7425</b><br>if this is the usual protocol for you. Self-quarantine for the required<br>period and monitor for symptoms.<br><u>Note-</u> where a healthcare worker has not been fully vaccinated for at<br>least 14 days, but is symptom-free AND deemed critical and therefore<br>necessary to be physically present in the workplace, an adjudication<br>process will be followed to determine whether it is safe for you to be<br>at work.<br>Should you develop any new symptoms of acute illness while off work<br>on quarantine promptly report to OHSW; OHSW will assess and direct<br>you for COVID-19 swabbing if testing is advised |
| If NO, please proceed to Question 5 below   |          |  |
| 5. I am NOT compliant with KHSC Mandatory<br>Vaccination Policy which requires all staff to   | If Yes   | DO NOT ENTER THE WORKPLACE   |





## **COVID-19 Screening for KHSC Employees & Physicians**

| be vaccinated with 2 COVID-19 doses <u>unless</u><br>they have a KHSC approved exemption or are<br>awaiting their 2 <sup>nd</sup> COVID-19 vaccine, in which<br>case a negative weekly COVID-19 rapid<br>antigen test must be done.  |        | All KHSC staff and physicians must be fully vaccinated (vaccinated x<br>14 days with the second dose) <u>unless</u> they have either an approved<br>medical or approved Human Rights exemption, or have been<br>vaccinated with their first dose of the vaccine and are awaiting their<br>scheduled second dose. For any of these staff, they MUST conduct a<br>weekly COVID-19 swab test and submit the result to:<br><u>https://antigentestsubmission.kingstonhsc.ca</u> OR<br><u>Sean.Bradley@kingstonHSC.ca</u> . Where a weekly test has not been<br>done, the staff member is not permitted to enter the workplace. |
|--|--------|---|
| <ol> <li>If any of the following apply to you, please<br/>SCAN STOP; you may work but are<br/>required to be on <u>Work Isolation</u>:</li> </ol>  | If Yes | Stay on work isolation for 10 days after your last exposure to the  |
| <ul> <li>You are fully vaccinated and are a high risk contact of a positive COVID-19 case; OR</li> <li>You are a fully vaccinated household contact of someone experiencing new COVID-19 symptoms who has not yet had a COVID-19 test; OR</li> <li>Occupational Health has instructed you to be on work isolation</li> </ul> |        | <ul> <li>COVID-19 risk or confirmed positive case; (unless Occupational Health has informed you otherwise)</li> <li>Obtain the Work Isolation document at screening which gives you instructions for work isolation.</li> </ul>   |

