

COVID-19 Screening for KHSC Staff

Please carefully read the screening questions. **SCAN STOP** if you answer **YES** to any question or **SCAN PROCEED** if all your responses are **NO**.

1. I have a **FEVER** (temperature of $\geq 37.8^{\circ}\text{C}$), **OR** any of the following **SYMPTOMS** not related to other known conditions or COVID-19 vaccination in the past 48 hours:
 - runny or stuffy/congested nose, sore throat, chills, cough, shortness of breath or difficulty breathing, decrease or loss of sense of taste or smell, muscle aches/joint pain, extreme fatigue/tiredness, gastrointestinal symptoms (nausea/vomiting/diarrhea)
2. In the last 10 days I have:
 - Had **household contact with a confirmed case of COVID-19 AND** not been cleared to return to work by OHS; **OR**
 - **Had high risk contact* with someone who has tested positive for COVID-19, OR**
 - **Had 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**
3. In the last 10 days I have had a **positive lab confirmed (PCR) COVID-19 test, OR positive rapid antigen test AND** I've not been cleared to return to work by OHS.
4. In the last 14 days I have returned from travel outside of Canada and been informed a **federal quarantine period is required**.
5. I am **NOT compliant with KHSC Mandatory Vaccination Policy** requiring all staff to be fully vaccinated (unless I have an approved exemption) or I am awaiting my second dose, in which case COVID-19 **rapid antigen testing must be done every 48 hours**.

DO NOT ENTER if you answered YES to any question above

6. If any of the following apply to you, please **SCAN STOP**; you may enter but are required to be on **Work Isolation** and **must obtain the work isolation** document to determine what other protocols and testing are required:
 - I have returned from travel outside of Canada in the past 14 days (*this excludes travel to the United States that was less than 12 hours*) **OR**
 - I am a fully vaccinated and have:
 - a household contact that is experiencing new COVID-19 symptoms who has not yet had a COVID-19 test, **OR**
 - a household contact who is a contact of a positive COVID-19 case, **OR**
 - ~~I have been informed that I may have had contact with a positive COVID-19 case at a specific location/social event in the community (you must also do daily rapid antigen testing for 10 days after the exposure), **OR**~~
 - Someone I live with has returned from international travel in the past 14 days; **OR**
 - ~~You are working on an outbreak unit here or elsewhere, **OR**~~
 - Occupational Health, Safety Wellness (OHSW) has instructed you to work isolate

*High Risk contact means you lived with, provided care for, or had similar close physical, prolonged contact without appropriate PPE, or as defined by OHSW or public health.