

## Health Care Workforce Screening Questionnaire: Long Term Care

The information collected by this questionnaire will be used and disclosed solely for the purposes of screening for fitness for work during the COVID-19 pandemic in accordance with the SHA’s obligations to provide a safe work and clinical environment for all.

We require you to answer the questions below to assist the SHA in determining your fitness to work during COVID-19. You can also access a digital version of this tool at [saskatchewan.ca/covid-19](https://saskatchewan.ca/covid-19) (click on the self-assessment tool).

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 are not screening for seasonal or environmental allergies; related symptoms to these scenarios would not preclude you from work. The following questions are meant to capture **new symptoms, or a worsening of long-standing symptoms**.

	YES	NO
<b>1. In the last 48 hours have you had any of the following symptoms:</b> <div style="text-align: right;">Fever (temperature <math>\geq</math> 37.8 Celsius)?</div>	<input type="checkbox"/>	<input type="checkbox"/>
<b>New or worsening</b> respiratory symptoms i.e. cough, shortness of breath or difficulty breathing, runny nose or sneezing, nasal congestion, hoarse voice, sore throat or difficulty swallowing?	<input type="checkbox"/>	<input type="checkbox"/>
Any <b>new onset atypical</b> symptoms including but not limited to chills, muscle aches, nausea/vomiting, diarrhea, loss of appetite, malaise, fatigue or weakness, loss of sense of smell, loss of sense of taste, or headache?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Have you tested positive for COVID-19? *</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. In the last 14 days, have you:</b> <div style="text-align: right;">Been outside of Canada, including to the United States? **</div>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="text-align: right;">Been identified by Public Health as a close contact or had close contact<sup>†</sup> with a confirmed or probable case of COVID-19? *</div>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YES to ANY of 1, 2, or 3</b> You will NOT be permitted to work at this time Contact your manager/supervisor If staff or a physician, contact the OHS Hotline at 1-833-233-4403, otherwise contact HealthLine 811 Self-isolate until you receive further direction		
<b>4. In the last 14 days, have you:</b> <div style="text-align: right;">Had NON-close contact with a confirmed or probable case of COVID-19?</div>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YES to ANY of 4</b> <u>You may still work</u> , do hand hygiene, don a mask, and proceed to temperature check <b>You must also self-monitor</b>		
<b>NO to ALL questions:</b> please proceed to temperature check		

\* If you have received clearance to return to work from OHS/EH/PH following a positive test or exposure, you can answer NO

\*\* If you have an approved travel exemption, you can answer NO, but you will be required to show proof and should self-monitor

<sup>†</sup> If you were wearing appropriate PPE while in contact with a confirmed/probable case of COVID-19 you have had NON-close contact

**Consult the Term Definitions Handout for definitions of: close contact, non-close contact, confirmed case, probable case**

*NB: the clinical characteristics of COVID-19 are still being understood & these screening questions may change as new evidence emerges.*