

Site Access Health Questionnaire (COVID-19)

Guidelines:

To prevent the spread of COVID-19 and to reduce the potential risk of exposure to the workforce, please conduct this questionnaire, daily, at designated entry points, prior to accessing the site. This health screening applies to all who wish to gain entry to this site!

Any person who refuses to answer screening questions will be denied access to our work locations – **without exception**. Complying with our safety measures is in the interest of maintaining worker safety and those choosing not to comply will **not** be permitted to work.

Screening Setup Station

1. In order to protect the person conducting the screening, each person screening must wear at a minimum gloves, a mask and safety glasses.
2. A barrier (i.e. table, cones, etc.) must be in place to keep a distance between each person being screened and the person screening.
3. The line for people being screened must be a minimum of 2 meters away to ensure privacy between the person being screened and the person conducting the screening.
4. Each person in the line must be a minimum of 2 meters apart from each other.
5. As each person is ready for screening, they are to approach the barrier.

Screening Process Questions

Workers should be asked these questions in a manner that respects their privacy. Please devise a process at your location where workers do not easily overhear of co-workers who voluntarily divulge personal medical information.

Each person will be asked 4 questions:

1. Are you currently experiencing any cold or flu-like symptoms? Such as;
 - Fever (38°C or 100.4 F)
 - Chills
 - New or worsening cough
 - Shortness of breath or trouble breathing
 - New muscle aches or headache
 - Sore throat
2. Have you travelled to any countries outside Canada (including the United States) within the last 14 days?
3. Did you provide care or have close contact with a person who tested positive for COVID-19 within the last 14 days?
4. Did you have close contact with a person who travelled outside of Canada in the last 14 days who has tested positive for COVID-19?

If the answer is YES to ANY of the above questions, please notify your supervisor and deny access to the individual requesting entry.

IMPORTANT: Disinfect pens before sharing them between people. Have visitors file their own documents to avoid sharing paper. Consider asking these questions verbally to avoid sharing pens and documents. This must be done in a private area where their responses will not be overheard by co-workers.

This questionnaire is based on information from BC Centre for Disease Control's COVID-19 resources and WorkSafeBC Guidance.

DATE:		WORKER NAME	
EMPLOYER:		CONTACT PHONE #:	

1	<p>Are you experiencing any of the following:</p> <ul style="list-style-type: none"> • Fever • Chills • New or worsening cough • Shortness of breath • New muscle aches or headache • Sore throat 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<p>Have you travelled to any countries outside Canada (including the United States) within the last 14 days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<p>Did you provide care or have close contact with a person who tested positive for COVID-19 within the last 14 days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<p>Did you have close contact with a person who travelled outside of Canada in the last 14 days who has tested positive for COVID-19?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No