



COVID-19 or Human Pandemic Emergency Screening Protocol

Purpose

The purpose of this protocol is to describe screening procedures for anyone entering into a Township of Southgate (Township) facility to ensure health and safety of Township staff and visitors.

Collection of Data

- The information collected as part of the screening process will be securely stored by Human Resources (HR).
- The information will only be shared with limited people when there is a confirmed or suspected case of COVID-19.
- The information will only be used to ensure health and safety of our employees and the community.

Employee Access

- Employees are not to report to work if they have any symptoms of COVID-19.
- Employees will only report to their main work location and will not enter into other facilities as an employee. If access to another facility is required, they will be treated as a visitor or contractor depending on the nature of the visit.
- Access to facilities will be controlled to a single exterior door just for employee access.
- Upon entering the facility, employees will complete screening.
- Every employee must complete screening every day they are entering the facility. Those that do not complete screening will be sent home.
- The survey will only be required once if the person is entering the same location multiple times in one day.
- Screening poster will be posted at entrance (Schedule C).
- Employees must continue to monitor for symptoms such as fever, cough or difficulty breathing.
- Employee screening questions document is included in this protocol in Schedule A.
- If any employee answers YES to any of the questions in Schedule A, they are to leave the facility and contact their manager or HR as soon as possible and then contact Public Health and/or TeleHealth for further direction.
- If an employee is sent home, they will not be permitted to return until approved by their Department Head or Human Resources.

Visitor Access

- When possible, encourage visitors to make appointments to visit Township facilities.
- When making appointments, pre-screen the visitor by asking the same questions in Schedule A. If any of the answers are Yes, the visit is to be denied.
- Book appointments in minimum 20-minute intervals to avoid overlap of time.
- A maximum of two (2) visitors are permitted in the facility at one time. A sign will be posted to state the maximum and for visitors to wait outside if the maximum is already reached (Schedule B).
- Access to facilities will be controlled to a single exterior door just for visitor access.
- A screening poster will be at the entrance stating the symptoms of COVID-19 or other emergency pandemic condition and to not enter if the person has any of those symptoms (Schedule C).
- Visitors will use hand sanitizer upon entering the building.



Contractor Access

- All contracted personnel must complete the COVID-19 Contractor Site Visit Pre-Screening Form (Schedule D) **prior** to coming onsite.
- If multiple staff from one company is completing work onsite, each person must complete and sign the form.
- Once form is received back, it must be reviewed by a Supervisor/Lead Hand or Department Head and be either approved or denied.
- If ANY of the answers are Yes, the visit is to be denied to that person.
- If the contracted company cannot provide an alternate person then the Supervisor and Department Head will need to decide if the project/work needs to be rescheduled or if there is a possibility of an alternate company.
- All forms are to be sent to HR for filing.
- When contracted personnel comes onsite, ensure the pre-screening form was completed **and approved** prior to work commencing.



Schedule A

Employee Screening Questions

NOTE: This information provided below by an employee is a confidential document for review by the Southgate's Human Resources Coordinator and Chief Administrative Officer for decision making to support the safety of Township employees.

1. Do you have any of the following symptoms that are unusual for you (i.e. not related to seasonal allergies or other known conditions):

- Chills
- Fever
- Cough
- Sore throat
- Runny, stuffy, or congested nose
- Lost sense of taste or smell
- Hoarse voice
- Difficulty breathing
- Difficulty swallowing
- Digestive issues (nausea/vomiting, diarrhea, stomach pain)

Circle: YES NO

2. Have you come into close contact with someone who has a confirmed or suspected case of COVID-19?

Circle: YES NO

3. Have you come into close contact with a person who is sick with respiratory symptoms (example fever, cough or difficulty breathing)?

Circle: YES NO

Employees Signature: _____

Employees Name: _____

Date: _____

Southgate Acceptance: _____

Date Received by Southgate: _____

Schedule B: Maximum Visitors Poster

STOP



**A MAXIMUM OF 2 (TWO) VISITORS
ARE PERMITTED AT THIS TIME. PLEASE
WAIT OUTSIDE IF OTHERS ARE BEING
SERVED.**

Physical Distancing is required with a minimum
of 2 metres (6 feet) between others.

Thank you for your understanding and helping stop the spread of
COVID-19.

Schedule C: Screening Poster

Attention Visitors



If you have at least one of the following symptoms: fever and/or new onset of cough or difficulty breathing

OR

At least two of the following symptoms:

- chills
- fatigue
- headache
- sore throat
- runny nose
- stuffy or congested nose
- lost sense of taste or smell
- hoarse voice
- difficulty swallowing
- digestive issues (nausea/vomiting, diarrhea, stomach pain), or
- for young children and infants: sluggishness or lack of appetite

please delay your visit AND contact your health care provider, or Telehealth Ontario (1-866-797-0000)



Schedule D: Contractor Pre-Screening Form

COVID-19 Contractor Site Visit Pre-Screening Form

This form shall be completed prior to any site visits into Township facilities by contracted personnel.

Planned Date of Site Visit:	
Reason for Site Visit:	
Township Building Being Visited:	
Name of Contractor's Staff:	
Name of Township Staff Granting Access to Contractor:	

COVID-19 Pre-Screening Questions (prior to site visit)

Prior to attending site, please review the following questions. If the answer to any question is "Yes", the site visit will need to be re-scheduled until the answer to all questions is "No".

1	Do you have symptoms of an acute respiratory infection (such as a new onset cough) with or without a fever (38°C or 98°F or higher) or difficulty breathing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Have you travelled internationally in the last 14 days, including the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Have you been in close contact with someone who has returned from international travel including the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	In the last 14 days have you had close contact with a person who has acute respiratory infection symptoms or a confirmed or suspected case of COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	In the last 14 days, have you been diagnosed with COVID-19 by a lab test or are you waiting for results of a lab test for COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Worker	_____	_____
	Signature of Worker	Date

A signed copy of this form, or an email stating that all personnel scheduled to attend site have reviewed the questions and answered "no" is required before access will be granted.

Township Staff Approval	_____	_____	Approved	Denied
	Signature of Township Staff	Date	_____	_____