

**Pandemic Self Screening Policy**

<b>Department:</b>	All Municipal Staff	<b>Policy Number:</b>	P03-1002-20
<b>Section:</b>	Emergency Planning	<b>Effective Date:</b>	March 19, 2020
<b>Subject:</b>	Pandemic Self Screening	<b>Revised Date:</b>	April 7, 2020 May 11, 2021
<b>Authority:</b>	By-Law 2020-031, Amended by By-law 2020-039, By-Law 2021-XX		

**1. Purpose**

Most adults infected with the influenza can transmit the virus from one day before and up to three to five days after onset of symptoms. For known influenza viruses, the highest concentration of viral shedding (spreading of virus) occurs early on and decreases dramatically after three days of illness. However, there is no clear data on how long a person should wait before returning to usual activities in order to minimize the risk of infecting others. Ideally, staff should be excluded from work until they are fully recovered. Public health authorities will determine the length of time that ill workers should be excluded, based on the epidemiology of the pandemic strain.

As a first line of defence in maintaining a safe work environment, a policy of employee self-screening will be implemented. During the Pandemic employees will conduct self-screening procedures at home prior to coming to work in order to determine if they are at risk of contracting influenza. The Municipality of Brockton Chief Administrative Officer (CAO) will communicate the Self-Screening Assessment Tool to all employees.

Employees who do not meet the requirements to successfully pass a self-screening assessment are required to stay home and not report for work until they can successfully pass the self-screening assessment and have waited the appropriate amount of time as indicated by responsible health agency. Employees required to remain at home will contact their immediate supervisor as soon as possible to inform them of the result of their self-screening assessment.

The CAO will check the Grey Bruce Public Health website ([www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)) for the latest advice on return-to-work timing and communicate this information to all employees.

**2. Procedures**

1. The employee receives a copy of the screening assessment tool by e-mail distribution from the CAO.
2. Employees conduct self-screening assessment on a daily basis prior to departing for work and those working from alternate location. Those who pass the criteria will report for work in the normal fashion. Employees who do not pass the criteria will contact their immediate supervisor to advise them of the results of self-screening and self-isolate.
3. Departments will forward absentee statistics to the Human Resources Generalist.
4. Departments will be responsible to provide notification to the CAO if they require additional staff resources.

5. Employees will then stay home until they can successfully pass the self-screening assessment and have waited the appropriate amount of time as indicated by responsible health agency.
6. Employees who are required to self-isolate will refer to the Pandemic Sick Leave/Short-Term Disability Policy.
7. The CAO or Department Head may require employees to self-isolate based on information received outside of this policy.

**Note: Reference to the CAO includes such person(s) as the Municipality may designate if the CAO is unavailable or unable to act. Related Policies:**

- P03-1001-20 – Pandemic Social Distancing Policy

# Municipality of Brockton Employee/Contractor

## Pre-screening Health Declaration Form (COVID-19)

Name: \_\_\_\_\_

Department:

- Admin
- Roads
- Operations
- Other

**Customers or contractors only:**

Reason for Visit: \_\_\_\_\_

Staff member authorizing Visit: \_\_\_\_\_

This pre-screening measure is intended to determine whether you are likely to have been exposed to COVID-19. Please complete this form before every scheduled shift before entering the workplace. To ensure the continuing safety of employees, clients, customers, and the public, no employee may report to work without completing this form.

Following the successful completion of this form, you may be required to complete a temperature check.

I declare that:

- I have not had a doctor, health care provider, or public health unit tell me that I should currently be isolating (staying at home).
- In the last 14 days, I have not been identified as a “close contact” of someone who currently has COVID-19.
- In the last 14 days, I have not received a COVID Alert exposure notification on my cell phone.
- I have not travelled outside of Canada in the past 14 days.

I declare I am not currently experiencing any new or worsening symptoms or signs. Symptoms should not be chronic or related to other known causes or conditions.

<input type="checkbox"/>	Fever and/or chills	Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
<input type="checkbox"/>	Cough or barking cough (croup)	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have
<input type="checkbox"/>	Shortness of breath	Not related to asthma or other known causes or conditions you already have

<input type="checkbox"/>	Sore throat	Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have
<input type="checkbox"/>	Difficulty swallowing	Painful swallowing not related to other known causes or conditions you already have
<input type="checkbox"/>	Decrease or loss of smell or taste	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
<input type="checkbox"/>	Pink eye	Conjunctivitis not related to reoccurring styes or other known causes or conditions you already have
<input type="checkbox"/>	Runny or stuffy/congested nose	Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have
<input type="checkbox"/>	Headache	Unusual, long-lasting not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have
<input type="checkbox"/>	Digestive issues like nausea/vomiting, diarrhea, stomach pain	Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have
<input type="checkbox"/>	Muscle aches	Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)
<input type="checkbox"/>	Extreme tiredness	Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)
<input type="checkbox"/>	Falling down often	For older people

Please submit this completed form for review.

If all of the items have been checked off, you may proceed to work. If you begin to experience symptoms during working hours, please report this to your manager immediately.

If any item of the items has not been checked off, you will not be permitted to report to work and please contact your immediate supervisor or manager for further direction. If you experience any symptoms, you should contact the appropriate health authority to determine how to seek medical care safely.

This is a reminder to adhere to the safe distancing rules, wear your required personal protective equipment, and practice safe hygiene.

I, the undersigned, confirm that I have completed this form in good faith and certify that all information in this form is true and correct to the best of my knowledge. I understand that reporting to work if I have been potentially exposed to COVID-19 poses a grave risk to the health and wellness of others.

Signature

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Today's date

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