

# **BC COVID-19 SCREENING TOOL FOR WORKPLACES**

The purpose of this Screening Tool is to help make decisions about whether employees should attend work. This screening tool should be completed daily before attending work. This tool is based on the [BC Covid-19 Self Assessment Tool](#) as well as BC Centre for Disease Control resources. It is recommended that employees contact a healthcare provider or call 8-1-1 if they have more questions about their health. This tool is subject to change as further guidance from the Ministry of Health and evidence related to COVID-19 risks becomes available.

**Please note:** A variety of factors (including underlying health conditions) can increase the risk of serious illness from COVID-19, and general guidance may not always apply well to individual situations. Every individual needs to take into account their personal risk factors when deciding whether it is safe for them to attend or work in a particular place. PHO recommends the [BC Centre for Disease Control website](#) to all persons wishing to better understand their personal risks from COVID-19 infection.

1. Do you have any of the following **new or worsening** symptoms or signs? *Symptoms should not be chronic or related to other known causes or conditions.*

<b><u>New or worsening symptom</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
Severe chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Having a very hard time waking up	<input type="checkbox"/>	<input type="checkbox"/>
Feeling confused	<input type="checkbox"/>	<input type="checkbox"/>
Losing consciousness	<input type="checkbox"/>	<input type="checkbox"/>
Fever or chills	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty breathing or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat, trouble swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Runny nose/stuffy nose or nasal congestion	<input type="checkbox"/>	<input type="checkbox"/>
Decrease or loss of smell or taste	<input type="checkbox"/>	<input type="checkbox"/>
Nausea, vomiting, diarrhea, abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Not feeling well, extreme tiredness, sore muscles	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you travelled outside of Canada (including the US) in the past 14 days?

Yes                       No

3. Have you had close contact with or provided care for a person with confirmed COVID-19?

Yes                       No

4. In the last 14 days have you been in close contact with someone who returned from outside of Canada in the last 2 weeks with new COVID-19 symptoms (like a cough, fever, or difficulty breathing)?

Yes  No

5. Have you been in close contact with someone with new COVID-19 symptoms (like a cough, fever, or difficulty breathing) in the last 14 days?

Yes  No

**Results of Screening Questions:**

- If the individual answers **NO to all questions from 1 through 5**, they have passed and can enter the workplace.
- If the individual answers **YES to any questions from 1 through 5**, they have not passed and **should be advised that they should not** enter the workplace (including any outdoor, or partially outdoor, workplaces). They should go home to self-isolate immediately and contact their health care provider or 8-1-1 to find out if they need a COVID-19 test.

**Resources:**

BC Online Self-Assessment Tool: <https://bc.thrive.health/covid19/en>

November 7, 2020 BC Government Restrictions announcement:

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/covid-19-provincial-support/lower-mainland>

BC Centre For Disease Control: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms>

The content of this form is for your general information and should **not** be taken as legal advice. If you have a specific problem, please [contact Chris Drinovz](#) or one of the [Employment & Labour Lawyers at KSW Lawyers](#) to discuss your specific situation.

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