TRAVEL SCREENING STAFF COVID-19

Name: _____ Department: _____

Travel Location: _____ Date of Return: _____

Mode of Transportation for Travel (e.g. Cruise, Air travel, personal vehicle, bus):

_____

All staff must contact Occupational Health on return from travel at (705)435-3377 ex 3204

Travel Outside of Impacted Areas

If you have travelled outside of Canada to a location **outside of the impacted areas**, you may return to work on direction of Occupational Health but must self-monitor for symptoms for 14 days from the date of return. If you become symptomatic outside of working hours, contact Occupational Health prior to coming back to work for appropriate direction. If you become symptomatic at work, put a mask on and contact Occupational Health for further direction. Occupational Health may contact public health for guidance.

Travel to Impacted Areas

On return, staff member must contact Occupational Health who will contact public health for direction.

On return from travel staff must **remain off work for a minimum of 14 days** if staff has:

- Travelled to an impacted area (as outlines in the case definition) and has returned within the past 14 days, or
- Had close contact, without the appropriate PPE, with a confirmed or probably case of COVID-19 who has been to an impacted area in the past 14 days, or
- Had close contact, without appropriate PPE, with a person with acute respiratory illness who has been to an impacted area in the past 14 days.

Staff that have gone to impacted areas must complete documented self-screening using the tool provided and submit to Occupational Health as per directions provided. If staff becomes symptomatic they should contact Occupational Health for further direction.

Information should be faxed to Occupational Health at (705)435-5154 or e-mailed to dpaton@smhosp.on.ca

STEVENSON MEMORIAL HOSPITAL

TRAVEL SCREENING STAFF COVID-19

Screening Tool for Staff

Staff must complete and submit to OHS on day 7 and on day 14 or earlier if any symptoms develop. If you develop symptoms (answer yes to any question, contact Occupational Health at extension 3204.

Week One Monitoring

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Do you have a new/worse cough or shortness of breath?	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □
Do you have a temperature of ≥38°C? ***Note, taken twice daily and record temperature***	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C
	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C
Do you have diarrhea?	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □
Do you have vomiting?	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □

Week Two Monitoring

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Do you have a new/worse cough or shortness of breath?	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □
Do you have a temperature of ≥38°C? ***Note, taken twice daily and record temperature***	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C	Yes□___°C No□___°C
Do you have diarrhea?	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □
Do you have vomiting?	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □	Yes □ No □