



Name of individual being screened: _____

Check applicable box: Child Staff Visitor/Service Provider

Program/Group: _____ Time of Arrival: _____ Assigned Screener: _____

Screening Questions:

All individuals (participants, staff, visitors, essential service providers) entering the child care space will be denied entry for any single new or worsening symptom not related to a previous condition.

The symptoms listed here are the most commonly associated with COVID-19. Anyone who is sick or has any symptoms of illness, including those not listed below, should stay home and seek assessment from their health care provider if needed.

1. Do you/your participant or anyone in your household have any of the following new or worsening symptoms? *Symptoms should not be chronic or related to other known causes or conditions.*

Fever and/or chills (temperature of 37.8 degrees C or greater)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Cough or barking cough (croup) (more than usual if chronic cough)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Runny Nose	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Shortness of breath	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Decrease or loss of smell or taste	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Nausea, vomiting and/or diarrhea	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Tiredness (ADULTS ONLY) Unusual, fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)
Muscle Aches/Joint Pain (ADULTS ONLY) Unexplained, unusual, or long-lasting (not related to sudden injury, fibromyalgia, or other known causes or conditions)	<input type="checkbox"/> No	<input type="checkbox"/> Yes (No Entry)

2. Did the you/student/child receive their final (or second in a two-dose series) COVID-19 vaccination dose more than 14 days ago, or have they tested positive for COVID-19 in the last 90 days and have since been cleared?

If YES, skip questions 3, 4.

- No
 Yes

3. Is someone that the you/student/child lives with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

- No
 Yes (no entry)

4. In the last 10 days, have you/your participant been identified as a close contact of someone who is confirmed as having COVID-19 by your local public health unit (or from the COVID Alert app?) and directed to self-isolate?

- No
 Yes (no entry)

5. In the last 14 days, have the you/student/child travelled outside of Canada AND: been advised to quarantine as per the federal quarantine requirements AND/OR is the student/child under the age of 12 and more than 14 days have passed since out of country travel? If travel was solely due to a cross border custody arrangement, select "No."

- No
 Yes (no entry)

6. Has a doctor, health care provider, or public health unit told you that the you/student/child should currently be isolating (staying at home)?

- No
 Yes (no entry)

7. In the last 10 days, have you/student/child tested positive on a rapid antigen test or a home-based self-testing kit?

- No
 Yes (no entry)



RESULTS OF SCREENING: Symptomatic Child/Youth Participant and Staff/Adults:

If you answered "Yes" to question 3, 4, 5, 6, 7:

Participant must self-isolate at home immediately and then has a choice of the following options:

- a.) You must isolate (stay home) and should not leave except to get tested or for a medical emergency.
b.) Talk with a doctor/health care provider to get advice or an assessment, including if you need a COVID-19 test.
c.) Contact a Niagara Health COVID-19 Assessment Centre to book an appointment for testing.
d.) Contact your work/school/child care provider to let them know about this result.

SIBLINGS AND OTHER HOUSEHOLD MEMBERS LIVING WITH A SYMPTOMATIC CHILD

- If a test is recommended by a health care provider for the symptomatic child, or a decision is made to get testing at an assessment centre, all household members are to self-isolate, until the test results are back.
• If you test negative (you do not have the virus), you can return to work/school/child care.
• If you test positive (you have the virus), you need to continue isolating and can return only after you are cleared by your local public health unit.
• If testing for COVID-19 is declined for any reason, your child and your entire household must stay home and self-isolate.

NOTE: If self-isolation away from household members is not possible, household members are to remain in self-isolation for 14 days from last exposure to the symptomatic child. If household members become symptomatic, they should consult their health care provider and/or go for testing.

- If the test is positive, household members must stay in self-isolation and will receive further direction from Public Health.
• If a health care provider advises that a test for COVID-19 is not needed, household members can leave self-isolation.

SIBLINGS OF AN ISOLATING COHORT

- Siblings who are not contacts, but are household members of an isolating cohort, may continue to attend school as long as they, and all household members, remain symptom free and have not been advised to get a COVID-19 test.
• Siblings or other people in your household can go to school, child care or work, but must not leave the home for other, non-essential reasons until the individual who got the COVID alert tests negative, or is cleared by your local public health unit.
• Household members who are fully immunized or previously positive for COVID-19 in the last 90 days and have since been cleared are not required to stay home.

Testing and Return to Work/School/Childcare

Adults/Children who need an assessment for testing based on their symptom(s) are not allowed to return to school/childcare, or go to any public setting until one of the following has happened:

- A health care provider has told you that a test for COVID-19 is not needed OR
• A child has a test that was negative for COVID-19. They may go back to work/school/child care 24 hours of symptoms are improving OR
• If your child is not assessed by a health care provider, and testing for COVID-19 was declined for any reason, we must assume the child has COVID-19 and the child is to self-isolate for 10 days (away from household members) AND all household contacts are to stay home and self-isolate for 14 days. OR
• If symptoms compatible with COVID-19 are persisting or worsening, the symptomatic individual is to continue to stay home from work/school/childcare. A repeat COVID-19 test should be considered. OR
• A health care provider has told you that the symptom(s) are related to a chronic or pre-existing condition (e.g., allergies, post-nasal drip, migraines, asthma). In this case, your child can return to school/child care once they feel well enough, without waiting for symptoms to go away.

Table with 3 columns: Hours of Operation, Contact, Phone. Contact: Public Health COVID Hotline, Book an Appointment for Testing. Phone: 905-688-8248 Press 7; Press 2, 905-378-4647 ext. 42819

Signature of Screener: _____

Date: _____