

All staff reporting to a physical work location (not working from home) will complete this assessment tool. It is recommended that you complete this tool one hour before attending work.

At any point that an employee is tested and advised that they are positive for COVID 19 they must advise Occupational Health at ext. 4726 or [covid19occhealth@hamilton.ca](mailto:covid19occhealth@hamilton.ca)






## RISK ASSESSMENT: SCREENING QUESTIONS

1.	<p>Do you have any of the following <b>new or worsening</b> symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions.</p> <ul style="list-style-type: none"> <li>Fever and/or chills (Temperature of 37.8 C/100 F or higher)</li> <li>Cough or barking cough (croup) (Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have)</li> <li>Shortness of breath (Not related to asthma or other known causes or conditions you already have)</li> <li>Decrease or loss of smell or taste (Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have)</li> </ul>	YES	NO
2.	<p>Do you have 2 or more of the following symptoms:</p> <ul style="list-style-type: none"> <li>Muscle aches/joint pain - Unusual, long-lasting (not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours, a sudden injury, fibromyalgia, or other known causes or conditions you already have)</li> <li>Extreme tiredness - Unusual, fatigue, lack of energy (not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours, depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)</li> <li>Sore throat - Painful or difficulty swallowing (not related to post-nasal drip, acid reflux, or other known causes or conditions you already have)</li> <li>Runny or stuffy/congested nose - Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</li> <li>Headache - New, unusual, long-lasting (not related to getting a COVID-19 vaccine and/or flu shot in the last 48 hours, tension-type headaches, chronic migraines, or other known causes or conditions you already have)</li> <li>Nausea, vomiting and/or diarrhea -Not related to irritable bowel syndrome, anxiety, menstrual cramps, medication side effects, or other known causes or conditions you already have</li> </ul>	YES	NO
3.	<p>In the last 10 days, has someone you live with been sick with symptoms associated with COVID-19? and/or tested positive for COVID-19 (on a rapid antigen test or PCR test)?</p>	YES	NO
4.	<p>In the last 10 days, have you tested positive on a rapid antigen test or home-based self-testing kit?</p>	YES	NO
5.	<p><b>If fully vaccinated* select NO:</b> In the last 10 days, have you received a COVID Alert exposure notification on your cell phone?</p>	YES	NO
6.	<p><b>If fully vaccinated* select NO:</b> In the last 10 days, have you been identified as a “close contact” of someone who currently has COVID-19 (confirmed by a PCR or rapid antigen test)?</p>	YES	NO

<b>7.</b>	In the last 14 days, have you travelled outside of Canada? If exempt from federal quarantine requirements as directed by the border agent at your point of entry (for example, you have two or more doses of a COVID-19 vaccine and have met the specific conditions, or an essential worker who crosses the Canada-US border regularly for work), select “No	<b>YES</b>	<b>NO</b>
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\***Fully vaccinated** is defined as any individual that has received their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine authorized by Health Canada or 3 doses of COVID-19 vaccine not authorized by Health Canada more than 14 days ago

<b>No to all</b>		<ul style="list-style-type: none"> <li>Attend work</li> <li>Practice physical distancing</li> <li>Monitor your health</li> </ul> <p>If you begin to feel unwell while at work, you should complete the screening, immediately notify your manager and Occupational Health (<a href="mailto:covid19occhealth@hamilton.ca">covid19occhealth@hamilton.ca</a> or (905) 546- 2424 ext. 4726)</p>
<b>Yes to 1-6</b>		<ul style="list-style-type: none"> <li>Do not attend work onsite. Advise your manager that you are unable to attend work</li> <li>Notify Occupational Health (<a href="mailto:covid19occhealth@hamilton.ca">covid19occhealth@hamilton.ca</a> or (905) 546- 2424 ext. 4726)</li> <li>You must <b>SELF-ISOLATE</b></li> <li>Stay home unless you have been recommended to get tested Do not go into public spaces unless it is for a critical reason (like going to a testing location or for a medical emergency).</li> <li>If you are <b>FULLY VACCINATED*</b>:             <ul style="list-style-type: none"> <li>You are sick - Stay home for 5 days and until your symptoms have been improving for at least 24 hours. The 5 days start from the date symptoms began</li> <li>Household member is sick – Stay home until the household member has completed their isolation</li> </ul> </li> <li>If you are <b>PARTIALLY, UNVACCINATED OR IMMUNOCOMPROMISED</b>:             <ul style="list-style-type: none"> <li>You are sick - Stay home for 10 days and until your symptoms have been improving for at least 24 hours. The 10 days start from the date symptoms began</li> <li>Household member is sick – Stay home until the household member has completed their isolation</li> </ul> </li> <li>In both cases, <b>all of your household members</b> (regardless of vaccination status) will need to stay home for the duration of this isolation period.</li> </ul>
<b>Yes to 7</b>		<ul style="list-style-type: none"> <li>Do not attend work onsite. Advise your manager that you are unable to attend work</li> <li>Notify Occupational Health (<a href="mailto:covid19occhealth@hamilton.ca">covid19occhealth@hamilton.ca</a> or (905) 546- 2424 ext. 4726)</li> <li>You must <b>SELF-ISOLATE</b>; follow the outlined requirements from the federal provided to you; this not paid time</li> <li>Stay home unless you have been recommended to get tested Do not go into public spaces unless it is for a critical reason (like going to a testing location or for a medical emergency)</li> </ul>