

# COVID-19 Screening Tool for Workplaces (Businesses and Organizations)

Version 1 – September 25, 2020

(with HPEPH required addition effective December 11, 2020)

This tool provides basic information only and contains recommendations for businesses or organizations for COVID-19 screening as per [Ontario Regulation 364/20](#). It is not to be used as a clinical assessment tool or intended to take the place of medical advice, diagnosis or treatment. Where the document includes references to legal requirements, it is not to be construed as legal advice. This document may also not be applicable to health care settings, and some non-health care workplaces (e.g., congregate living settings) where existing screening is already in place.

Workplaces should implement this screening for any workers<sup>1</sup> or essential visitors<sup>2</sup> entering the work environment. This does not include patrons entering a workplace (e.g., customers entering a grocery store, restaurant, bar or other food or drink establishment). It also excludes emergency services or other first responders entering a workplace for emergency purposes. Further, essential workers who travel outside for Canada for work purposes should not be excluded entry on this basis alone.

Screening should occur before or when a worker enters the workplace at the beginning of their day or shift, or when an essential visitor arrives.

At a minimum, the following questions should be used to screen individuals for COVID-19 before they are permitted entry into the workplace (business or organization). This tool may be adapted based on need and the specific setting.

Instructions in the tool should be followed. Anyone who does not pass screening should be advised that they should not enter the workplace and should self-isolate, call their health care provider or Telehealth Ontario. Once an individual has passed the screening questions, they should be allowed to enter the workplace, but should report any symptoms immediately.

Employers must also meet all obligations under the [Occupational Health and Safety Act](#).

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<sup>1</sup> Refers to staff (e.g., workers) and is intended to include students, contractors or volunteers that conduct business or related activities where applicable and appropriate.

<sup>2</sup> Essential visitors include individuals providing a service in the establishment who are not employees or patrons of the establishment (e.g., delivery, maintenance, contract workers).

## Required Screening Questions

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.*

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Fever or chills                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty breathing or shortness of breath       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore throat, trouble swallowing                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Runny nose/stuffy nose or nasal congestion        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Decrease or loss of smell or taste                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nausea, vomiting, diarrhea, abdominal pain        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Not feeling well, extreme tiredness, sore muscles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Have you travelled outside of Canada in the past 14 days?

- Yes  No

3. Have you had close contact with a confirmed or probable case of COVID-19?

- Yes  No

4. Have you been contacted by Public Health and are currently required to self-isolate?

- Yes  No

## Results of Screening Questions:

- If the individual answers **NO to all questions from 1 through 4**, they have passed and can enter the workplace.
- If the individual answers **YES to any questions from 1 through 4**, 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 healthcare provider or Telehealth Ontario (1 866-797-0000) to find out if they need a COVID-19 test.

## Resources:

- [COVID-19 \(coronavirus\) in Ontario](#) webpage (find a testing location, check your results, how to stop the spread of the virus).
- Ministry of Labour, Training and Skills Development's [Resources to prevent COVID-19 in the workplace](#)
- Ministry of Health's [COVID-19 Guidance for Essential Workplaces](#)