

Office of the Chief Medical Officer of Health

COVID-19 Screening Tool for Businesses and Organizations (Screening Workers)

Version 8 – July 16, 2021

This screening tool provides advice, recommendations and instructions issued by the Office of the Chief Medical Officer of Health in accordance with [O. Reg. 364/20: Rules for Areas in Step 3](#) made under the [Reopening Ontario \(A Flexible Response to COVID-19\) Act, 2020](#) (ROA).

The person responsible for a business or organization that is permitted to be open must ensure that **workers, whether or not they have been vaccinated, are actively screened** for COVID-19 before they go to work or start their shift each day.

This screening tool is not to be used as a clinical assessment tool or intended to take the place of medical advice, diagnosis, treatment or legal advice. In the event of any conflict between this document and any applicable legislation, or orders or directives issued by the Minister of Health or the Chief Medical Officer of Health, the legislation, order or directive prevails.

The questions in this tool have been defined by the Ministry of Health. These questions can be adapted to meet the communication needs of people with learning, developmental or cognitive disabilities.

This screening tool is **not applicable** to some health care settings (for example, [long-term care homes](#)), and some non-health care workplaces (for example, [retirement homes](#), other congregate living settings, [schools and child care](#)) where existing screening requirements and tools are already in place.

Screening is not required for emergency services or other first responders entering a workplace for emergency purposes.

Active screening must take place before the worker enters the premises of the business or organization. This screening tool can be completed either [online](#) before going to work or on-site before starting the shift or workday. Screening should occur before or immediately upon arrival at the workplace at the beginning of the worker's shift or workday to minimize interactions with others. The employer must ensure that screening occurs, and the result of screening is used to determine whether the worker may enter the workplace.

A worker may only enter the workplace if they have passed the screening. Any worker who enters the workplace must continue to follow all public health and workplace control measures, including masking, maintaining physical distance and hand hygiene.

Anyone who does not pass screening must not enter the workplace and be advised that they should self-isolate, ideally at home, and call their health care provider or Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if they need a COVID-19 test.

Required Screening Questions

1. Are you currently experiencing one or more of the symptoms below that are new or worsening? Symptoms should not be chronic or related to other known causes or conditions.

For individuals who are 18 years of age and older:

Do you have one or more of the following symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fever and/or chills	Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher
Cough or barking cough (croup)	Not related to asthma, post-infectious reactive airways, COPD, or other known causes or conditions you already have
Shortness of breath	Not related to asthma or other known causes or conditions you already have
Sore throat	Not related to seasonal allergies, acid reflux, or other known causes or conditions you already have
Difficulty swallowing	Painful swallowing not related to other known causes or conditions you already have
Decrease or loss of smell or taste	Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have
Pink eye	Conjunctivitis (not related to reoccurring styes or other known causes or conditions you already have)
Runny or stuffy/congested nose	Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have

<p>Headache</p>	<p>Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)</p> <p><i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select "No."</i></p>
<p>Digestive issues like nausea/vomiting, diarrhea, stomach pain</p>	<p>Not related to irritable bowel syndrome, menstrual cramps, or other known causes or conditions you already have</p>
<p>Muscle aches/joint pain</p>	<p>Unusual, long-lasting (not related to a sudden injury, fibromyalgia, or other known causes or conditions you already have)</p> <p><i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."</i></p>
<p>Fatigue</p>	<p>Unusual tiredness, lack of energy (not related to depression, insomnia, thyroid dysfunction, or other known causes or conditions you already have)</p> <p><i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."</i></p>
<p>Falling down often</p>	<p>For older people</p>

For individuals who are under 18 years of age:

<p>Do you have one or more of the following symptoms?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Fever and/or chills</p>	<p>Temperature of 37.8 degrees Celsius/100 degrees Fahrenheit or higher</p>
<p>Cough or barking cough (croup)</p>	<p>Continuous, more than usual, making a whistling noise when breathing (not related to asthma, post-infectious reactive airways, or other known causes or conditions you already have)</p>
<p>Shortness of breath</p>	<p>Out of breath, unable to breathe deeply (not related to asthma or other known causes or conditions you already have)</p>
<p>Decrease or loss of smell or taste</p>	<p>Not related to seasonal allergies, neurological disorders, or other known causes or conditions you already have</p>
<p>Sore throat or difficulty swallowing</p>	<p>Painful swallowing (not related to seasonal allergies, acid reflux, or other known causes or conditions you already have)</p>
<p>Runny or stuffy/congested nose</p>	<p>Not related to seasonal allergies, being outside in cold weather, or other known causes or conditions you already have</p>
<p>Headache</p>	<p>Unusual, long-lasting (not related to tension-type headaches, chronic migraines, or other known causes or conditions you already have)</p> <p><i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing a mild headache that only began after vaccination, select "No."</i></p>

Nausea, vomiting and/or diarrhea	Not related to irritable bowel syndrome, anxiety, menstrual cramps, or other known causes or conditions you already have
Extreme tiredness or muscle aches	<p>Unusual fatigue, lack of energy (not related to depression, insomnia, thyroid dysfunction, sudden injury, or other known causes or conditions you already have)</p> <p><i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild muscle aches/joint pain that only began after vaccination, select "No."</i></p> <p><i>If you received a COVID-19 vaccination in the last 48 hours and are experiencing mild fatigue that only began after vaccination, select "No."</i></p>

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

This can be because of an outbreak or contact tracing.

Yes

No

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

If you have since tested negative on a lab-based PCR test, select "No."

Yes

No

4. In the last 14 days, have you been identified as a "close contact" of someone who currently has COVID-19?

If public health has advised you that you do not need to self-isolate (e.g., you are fully vaccinated* or another reason), select "No."

Yes

No

* Fully vaccinated is defined as an individual ≥ 14 days after receiving their second dose of a two-dose COVID-19 vaccine series or their first dose of a one-dose COVID-19 vaccine series.

5. In the last 14 days, have you received a COVID Alert exposure notification on your cell phone?

If you are fully vaccinated or have already gone for a test and got a negative result, select "No."

Yes

No

6. In the last 14 days, have you travelled outside of Canada AND been advised to quarantine per the federal quarantine requirements?

Yes

No

7. Is anyone you live with currently experiencing any new COVID-19 symptoms and/or waiting for test results after experiencing symptoms?

If you are fully vaccinated, select "No."

Yes

No

If the individual experiencing symptoms received a COVID-19 vaccination in the last 48 hours and is experiencing mild headache, fatigue, muscle aches, and/or joint pain that only began after vaccination, select "No."

Results of Screening Questions:

- If the worker answered **NO to all questions from 1 through 7**, they can enter the workplace. In the workplace, the worker must continue to follow all public health and workplace control measures, including masking, maintaining physical distance and hand hygiene.
 - In addition to following all the workplace's regular control measures, if the worker has received a COVID-19 vaccination in the last 48 hours and has mild headache, fatigue, muscle ache and/or joint pain that only began after immunization, and no other symptoms, the worker must wear a surgical/procedure mask for their entire shift at work even if not otherwise required to do so. Their mask may only be removed to consume food or drink and must remain at least two metres away from others when their mask has been removed. If the symptoms worsen, continue past 48 hours, or if they develop other symptoms, they should leave work immediately to self-isolate and seek COVID-19 testing.

- If the worker answered **YES to any questions from 1 through 7**, they must not enter the workplace (including any outdoor or partially outdoor workplace). They should inform their employer of this result and go or stay home to self-isolate immediately and contact their health care provider or Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if they need a COVID-19 test.
- If the worker answered **YES to question 7**, they must be advised to stay home, along with the rest of the household, until the sick individual gets a negative COVID-19 test result, is cleared by their local public health unit, or is diagnosed with another illness.
- If any of the answers to these screening questions change during the day, the worker should inform their employer of the change and go home to self-isolate immediately and contact their health care provider or Telehealth Ontario ([1-866-797-0000](tel:1-866-797-0000)) to get advice or an assessment, including if they need a COVID-19 test.
- Businesses and organizations must maintain a record of the date/time that workers were in the workplace and their contact information. This information may be requested by [public health](#) for contact tracing. These records should be maintained for a period of at least a month.
- Any record created as part of worker screening may only be disclosed as required by law.

Note:

- For those workers whose work responsibilities involve traveling to multiple locations as part of their work day or shift (e.g., delivery truck drivers, take-out, grocery, prescription delivery staff, etc.), it is the responsibility of the worker's employer to conduct the screening and not that of the receiving business organization or individual. However, such screening may not exempt a worker from being screened by another organization/workplace if the worker is seeking entry into different types of premises (e.g., food deliveries to a long-term care home, and to other places or households).

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](#).
- [Screening for COVID-19: guidance for employers](#) webpage.
- [COVID-19 vaccines and workplace health and safety](#) webpage.