

COVID-19 RHA Staff Self-Assessment

This questionnaire is intended for staff and physicians to assist with ensuring our safety in monitoring our own health, and potential risks for COVID-19.

Please answer the following questions before attending work each day/shift.

1. Do you have **any** of the following **new or worsening** symptoms?

- Fever greater than 38° Celsius (or signs of a fever such as chills, sweats, muscle aches and lightheadedness)
- Cough
- Sore throat or difficulty swallowing
- Shortness of breath or difficulty breathing
- Headache
- Unusual fatigue or lack of energy
- New onset of muscle aches
- Unexplained loss of appetite
- Vomiting or diarrhea for more than 24 hours
- Runny, stuffy or congested nose (not related to seasonal allergies or other unknown causes/conditions)
- Acute loss of sense of smell or taste
- Chilblain-like lesions on feet and/or hands (small, red or purple spots on hands and/or feet)

2. **In the last 14 days**, have you travelled outside the Province of Newfoundland and Labrador (excluding communities along the Labrador-Quebec border (Labrador City, Wabush, Fermont, the Labrador Straits area and Blanc Sablon)?

- If you are a non-resident of Newfoundland and Labrador and have approval (i.e., a travel exemption, or an approval for extenuating circumstances from the Chief Medical Officer of Health and have completed the 14-day self-isolation) to live/work/visit the Province of Newfoundland and Labrador, please answer the question above for residents.

3. In the past 14 days have you had close contact with a confirmed case of COVID-19 outside the workplace?

If you answer yes to any of the questions, please:

- Stay at home or if you are at work put on a mask and leave the workplace.
- Notify your manager/supervisor that you are unable to report to work (or remain at work) today.
- Contact Occupational Health at the following numbers:

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RHA	Contact Information
Eastern Health	709-777-7777 (Options 3,2)
Central Health	709-424-2424
Western Health	1-833-710-0408
Lab-Grenfell Health	709-454-0306
NLCHI	Complete the online assessment tool for 811, https://www.811healthline.ca/covid-19-self-assessment/

4. In the past 14 days have you had close contact with a confirmed case of COVID 19 in the workplace or in a different workplace, where you were not wearing PPE?
- If **no**, please report to your work assignment.

 - If **yes**,
 - Have you reported it to management, contacted Occupational Health, and received appropriate direction from Occupation Health to return to and/or remain at work?
 - If yes, please report to your work assignment.

 - If **no**,
 - Stay at home or if you are at work put on a mask and leave the workplace.
 - Notify your manager/supervisor that you are unable to report to work (or remain at work) today.
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