

COVID-19 Screening Questionnaire & Contact Tracing for Approved Individuals

Holland College – October 22, 2020

Holland College Department/Member Instructions:

- 1) To contract tracing purposes every individual, who is not an approved Holland College student, or employee must complete the COVID-19 Screening Questionnaire & Contact Tracing form prior to, or upon, entry to a Holland College facility. This process and documentation must be completed for each day the individual(s) intends to enter a Holland College facility.
- 2) College employees may invite an external individual(s) to enter a Holland College facility, provided it is based on an operational need that supports and aligns with College priorities (e.g. contractor or guest speaker), and they are advised and comply with all Holland College and CPHO protocols.
- 3) The Holland College employee/department organizing the meeting/event should create a clear plan that includes which entrance they will receive the approved individual(s), and who will administer, collect, and retain the contact tracing information for 30 days after the visit.
- 4) Approved individuals must be orientated of their responsibilities, and how to safely move throughout the facility to protect themselves and other against COVID-19.
- 5) If the approved individual does not provide all the required information for self-assessment screening or contact tracing that person will not be permitted to enter the facility.

NOTES:

1. If ALL questions are answered **NO**, then screening would be considered passed.
2. If any of the questions are answered **YES** or if someone refuses to answer or complete the form fully then the screening has failed. The approved individual will not be given access to Holland College buildings.
3. Approved individuals **must** maintain the appropriate physical distance (6 feet minimum) from all other building users.
4. Approved individuals must wash or sanitize hands frequently. Including upon entry of the building, before eating or drinking, after using the washroom, before and after touching their face, and before and after touching shared supplies.
5. As a preventative measure, Holland College considers the use of non-medical masks or face coverings **mandatory** in most indoor common spaces on our campuses. Individuals who wish to remove non-medical masks in areas where adequate physical distancing of 6 feet/2 meters can be maintained may do so, such as when alone or seated in a classroom/meeting space, alone in an office, or eating.
6. Approved individuals are to generally stay within the area(s) they are meeting/working.
7. This process is subject to change based on the advice of the Chief Medical Office of PEI or integrating other best practices/strategies.

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Reason for Visit: _____

Building: _____

Area/Rooms: _____

Approved Individual Contact Tracing Information

Name: _____

Company (if applicable): _____

Contact Number: _____

Date & Time: _____

Screening questions:

1) Do you have any of the following symptoms consistent with COVID-19? <ul style="list-style-type: none">• New or worsening cough• Shortness of breath or difficulty breathing• Fever or chills• Sore throat• Runny nose, sneezing, congestion• Headache or muscle aches• Unusual fatigue• Acute loss of sense of smell or taste	YES	NO
2) Are you currently required to self-isolate per CPHO guidelines?	YES	NO
3) In the last 14 days, have you been in contact with a person who has a confirmed case of COVID-19?	YES	NO

- Maintain physical distancing of 6 feet/2 meters at all times
- Sanitize hands upon entry
- Non-medical masks or face-coverings re mandatory in most indoor common spaces. Individuals may wish to remove their non-medical masks or face covering in areas where adequate physical distancing of 6 feet or 2 meters can be maintained, such as in residence rooms, an office, private work areas, alone or in a sitting position in a classroom / meeting space.
- This individual understands and does commit to follow all College protocol while on College property.
- **This form must be retained for a minimum of 30 days by the College staff member coordinating this visit.**

College representative who completed this form

Signed: _____ Date: _____

The College Representative acknowledges that they have answered the above questions to their best knowledge and with the direct input from the individual involved.