WFN- School/Child Care: Influenza; Enteric Illness; COVID-19 Triage Screening

Name:_____ **Primary Residence:**_____

Date:_____ **Time:**_____ Staff/WFN-Community/Child or Youth
(Please circle)

As part of WFN Communicable Disease Planning process/procedure and the announcement of a worldwide pandemic involving the COVID-19 (corona virus), this triage screening must be completed by ALL STAFF, CLIENTS, AND VISITORS Please take some time and answer these questions.

If you are having difficulty breathing; have underlying health issues and your condition is severe-call 911 immediately…

Section A:

Select any/all that are NEW and not related to seasonal allergies or pre-existing medical conditions.

Feeling Feverish☐ felt tremors/chills☐ in last 24 hours?	Yes☐ No☐ TEMP:_____
Do you or anyone in your home have a "new or worse" cough ☐shortness of breath☐ Chest Pain☐	Yes☐ No☐
Vomiting/Diarrhea☐ Stomach pain☐	Yes☐ No☐
Feeling unwell and experiencing any of the following? Runny/congested Nose☐ Eye infection☐ Sore Throat☐ Muscle Pain☐ Headache☐ Loss of taste/smell☐	Yes☐ No☐
Are you over 70yrs old/ have a condition and or receiving treatment that affects your immune system?/chronic health condition?	Yes☐ No☐
Are you a child and have experienced any of the following: lethargy☐ Poor appetite/feeding☐	Yes☐ No☐

Section B:

Have you travelled outside of Canada within the last 2 weeks?	Yes☐ No☐
Have you been in close contact with a person who has tested positive for COVID-19? (without the appropriate use of PPE)	Yes☐ No☐
Have you been in close contact with a person who is sick with new respiratory symptoms?	Yes☐ No☐
Has the above individual travelled outside of Canada?	Yes☐ No☐
If "yes" to above questions. Do you feel that you are able to ensure "self isolation" at home?	Yes☐ No☐
If you are deemed a "suspected/probable" case (have been tested) are you able to "self-isolate at home"?	Yes☐ No☐

If "Yes" was answered to any of the questions, please DO NOT enter the building and speak immediately with a staff member about a referral to the Wasauksing Nursing Station or your own health care provider for an assessment of COVID-19. * Call ahead to WNS (705) 746-8022 *

On behalf of the Wasauksing First Nation, we thank-you for your compliance and cooperation with all planning and protecting of our community.

Updated: 28-08-20 Adapted from the "Primary Care COVID-19 & Febrile Respiratory and Enteric Illness (FREI) Screening Tool"; WPSHC, 12-03-2020; COVID-19 Self Assessment-Ontario 2020