STOP Screening

1. Are you currently under federal **orders to isolate**/quarantine due to recent travel?

2. Have you or <u>someone in your household</u>* **tested positive** for **COVID-19** or another **infectious respiratory** or **gastro-intestinal disease** (e.g. influenza, norovirus, RSV, etc.) in the last 10 days?

3. In the last 24 hrs, have you had any of the following **symptoms**?

New or worsening **respiratory** symptoms NOT due to allergies, including:

- persistent cough/sneezing
- sore throat
- runny nose
- nasal congestion

New onset **atypical** symptoms including:

- loss of sense of smell or taste
- diarrhea/vomiting
- extreme fatigue/weakness
- headache (moderate to severe and less responsive to painkillers)
- headache
- fever
- pink eye

☑ If you answered **NO to ALL of above**, you **MAY** enter

Please **clean your hands** — we encourage you to wear a **mask**

If you answered **YES to ANY of the above**

STAFF

may NOT enter*

Refer to the Screening & Return to Work Questionnaire

FAMILY & SUPPORTS

may NOT enter

Postpone your visit or arrange for an alternate support

If would like to ask about an exemption, contact the home

* Staff: if you are answering YES to question 2 ONLY due to a household contact (i.e. not because you have tested positive), you may enter but should monitor closely for symptoms

Saskatchewan Health Authority

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