

Parkland School Division Visitor Entry Protocol for Schools and PSD Sites

A 'visitor' is someone who does not regularly work or attend the school or site they are visiting. This includes all visitors, volunteers and staff members who are not assigned to, or not regularly within the school or site.

COVID-19 can be spread by infected individuals who have not yet, or who may never develop symptoms. It is our shared responsibility to ensure our schools and sites remain healthy. The health questionnaire supports a transition toward a culture where everyone recognizes the shared responsibility to keep our Parkland School Division family safe. The strategy is built on a foundation of awareness, trust and shared responsibility.

Visitors to the school are to wear a mask when entering the school beyond the reception/front entrance. Once visitors are in location where they can maintain appropriate physical distancing, they may remove their mask.

Again, visitor screening shall be applied to all visitors, volunteers and staff who are not regularly in the school or site. Basically, if the building you are entering is not your regular place to be – then you will need to fill out and sign the attached form.

If you have answered "Yes" to any of the questions, please DO NOT enter the school at this time UNTIL YOU USE the <u>Alberta</u> <u>Health Services Online Assessment Tool</u> to determine whether you need to be tested for COVID-19 or self-isolate.

Screening

All parents, students and staff are to be provided with the link (or copy) of the <u>Alberta Health Daily Checklist</u> at the start of the school year and/or at registration.

If a student or staff member has any of the following core COVID-19 symptoms (new, or worsening and not related to other known causes), they are required to isolate for 10 days from onset of symptoms, or until they receive a negative COVID-19 test result, as per provincial guidelines:

- o Fever
- o Cough
- o Shortness of breath or difficulty breathing
- Loss of sense of smell or taste
- Sore throat (adults only)
- Runny nose (adults only)

Screening Requirements for School or Site Entry – Parkland School Division

- Any service provider, contractor, visitor or volunteer entering a school or Parkland School Division site must complete the COVID-19 Screening Questionnaire.
- Staff members who visit a school or site that is not their regular place of business must also complete and sign this form.
- A copy of the completed Screening Questionnaire shall be kept on file.
- Individuals who do not comply with the completion of the screening form will be denied access to the school or site.
- Screening shall be completed in a manner that treats individuals with respect and dignity, providing them with information so that the reasons for screening are well-understood.
- Children and youth who may be visitors to a school or site will need a parent to assist them to complete this screening tool.

| Fever | YES | NO | | |
|---|-----|----|--|--|
| Cough | YES | NO | | |
| Shortness of breath | YES | NO | | |
| Runny nose | YES | NO | | |
| Sore throat | YES | NO | | |
| Chills | YES | NO | | |
| Painful swallowing | YES | NO | | |
| Nasal congestion | YES | NO | | |
| Feeling unwell / fatigued | YES | NO | | |
| Nausea / vomiting / diarrhea | YES | NO | | |
| Unexplained loss of appetite | YES | NO | | |
| Loss of sense of taste or smell | YES | NO | | |
| Muscle / joint aches | YES | NO | | |
| Headache | YES | NO | | |
| Conjunctivitis (commonly known as pink eye) | YES | NO | | |
| you answered "YES" to any symptom: | | | | |

Screening Questions for Adults 18 Years and Older:

information on isolation.

• Individuals with fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste or smell are required to isolate for 10 days as per CMOH Order 39-2021 OR receive a negative COVID-19 test and feel better before returning to activities.

If you answered "NO":

• You may attend work, school, and/or other activities.

| Reason for entering the school (include location, names of staff, students who you will be in contact with, etc.). Your details help us in the event of an outbreak: | | | | |
|--|----------------|---------------|--|--|
| Email: | | Phone Number: | | |
| | | | | |
| NAME | SIGNATURE DATE | | | |