

APPENDIX B

Employee/Visitor Screening Form Record³⁵

*(This screening would be administered to visitors to police facilities
and to police employees during a pandemic.)*

VISITORS

**STOP – DO NOT ENTER THIS FACILITY UNTIL YOU HAVE COMPLIED WITH THIS
SCREENING DIRECTIVE.**

**HAVING COMPLIED WITH THIS DIRECTIVE THE VISITOR / EMPLOYEE SHALL SANITIZE THEIR HANDS
BEFORE ENTERING THE FACILITY**

To be completed by staff member or other authorized person.

SYMPTOMS: Are you experiencing any of the following symptoms?

Myalgia (muscle aches)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Malaise (severe fatigue or unwell)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Severe headache (worse than usual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Difficulty breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If the employee or visitor answers yes to two or more of the above
there will be no entrance allowed to the facility**

CIRCUMSTANCES: Please answer the following questions.

Have you had contact with a person with or under investigation for FLU in the last (incubation period) days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been to (endemic region) in the last (incubation period) days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you been to (focus of outbreak) last (incubation period) days?
If yes, please identify the date and the area?

Date/Area:

An answer to one of the above will cause no admittance to the facility

35. Source: Toronto Police Service Draft Public Health Emergencies/Pandemic Response Plan

EMPLOYEES**Section B to be completed by Supervisory Staff**

Temperature		(at or above 38 degrees °C)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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1. If the staff member/authorized person does not have a temperature at or above 38 °C, no abnormal clinical signs and answered no to the first two circumstantial questions, he/she may report for work.
2. If the staff member person has had contact with a person with or under investigation for FLU in the last (incubation period) days, instruct him/her to call Telehealth Ontario at 1-866-797-0000 and also contact the Public Health Department.
3. If the staff member/other person has attended (focus of outbreak) in the last (incubation period) days, he/she should submit to voluntary quarantine at home and contact his/her personal physician and the local Public Health Department.
4. If the staff member/other person has a temperature at or above 38 °C, abnormal clinical signs **or** answered yes to either of the first two circumstantial questions, call Telehealth Ontario at 1-866-797-0000.

If a staff member is absent from work as a result of these restrictions, a medical certificate certifying fitness to return to work must be provided. The Service will cover the cost of the certificate.

Name		Signature	
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APPENDIX C

Prisoner Screening Form³⁶

As a result of a declaration of a Pandemic Influenza emergency, Officers-in-Charge are to use the following screening tool when booking prisoners.

Prisoner:

Name: _____

Date/Time: _____

PART 1 (Symptoms subject to review)

Do you have a fever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a cough (worse than usual)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you having difficulty breathing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have muscle aches or pain (worse than usual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the prisoner answers YES to two or more of these questions and the reason is not obvious (foot pursuit, pepper spray, resisted arrest, etc.), proceed to PART 2.

PART 2

Have you traveled to (an endemic region), and returned within the last (incubation period) days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attended at (focus of the outbreak if applicable) within the last 10 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been told you should be quarantined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, when were you told?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the prisoner answers YES to two or more of the above questions, the Officer-in-Charge shall call Telehealth Ontario at 1-866-797-0000 and obtain advice from that source and the Police Command Centre.

³⁶. Source: Toronto Police Service Draft *Public Health Emergencies/Pandemic Response Plan*.

