



Sioux Lookout  
First Nations  
Health Authority

**CORONAVIRUS**  
**COVID-19**

# PUBLIC HEALTH GUIDANCE

## AIRPORT SCREENING PROCEDURE, QUESTIONNAIRE, AND RECOMMENDATIONS

JUNE 26, 2020

COVID-19 Regional Response Team

Providing guidance and recommendations around setting up an airport screening procedure for people entering your community.



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This document provides some guidance and recommendations around setting up an airport screening procedure for people entering your community. These are guidelines and your actual procedure will need to be tailored to meet your resources and needs.

## SETTING UP THE PROCEDURE

1. Ensure that you are working closely with the nursing station to determine what they will consider a positive screen and what the process will be in the case of a positive screen.
  - a. We have written that a yes to any of the questions is a positive screen with a referral to the nursing station. As the situation with COVID-19 changes, the answers that indicate a positive screen may change.
  - b. We have also indicated that a “yes” to any of the questions means to call the nursing station. In this we envision you will review which questions were positive and the nurse will advise you on whether the person should self-isolate, visit the assessment centre, or visit the nursing station. Ensure the nurses agree with this direction.
  - c. The information being collected is personal health information and must be protected. Anyone who is performing screening must sign an oath of confidentiality (If you do not have one already, use the attached sample Oath of Confidentiality in Appendix A and personalize it as needed).
  - d. To mitigate risks of privacy breaches, it is recommended that the screening tool act as a guide and not collect their name or answers unless they answer “yes”
  - e. If answers and/or their name is collected, all screens must be locked in a secure place if they are not able to be taken to the nursing station right away. Agree on a procedure for getting the screens to the nursing station for secure storage.
2. Identify where you will do the screening and how you will deal with lines.
  - a. A sign should be put up that instructs people to wait at the lines for the screening process.
  - b. Mark lines in 6ft intervals to ensure social distancing is maintained.
  - c. Ideally people will stand, but have chairs available for people with mobility issues, so they can sit while they wait.
    - i. If chairs are used, they must be disinfected after each use.





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- d. Also identify an area where positive screens will wait while you call the nursing station or while they await transportation to the nursing station.
- 3. Set up a small desk/table for the screener to use and a mark 6ft away for the person who is going to be screened to stand. Have a chair available for those who have mobility issues. If possible, set up outside for better air circulation.
- 4. Post the Privacy Notice somewhere the people waiting can read it (Appendix B: Privacy Notice). Make sure to fill in the contact information first
- 5. Ensure there is a method of communication between the screener, the nursing station, and the medical driver.
- 6. Ensure there is Personal Protective Equipment available for the Screener.
  - a. The Screener should wear a surgical mask while they are screening.
  - b. Additional PPE should be available for if the screener is required to help someone who has screened positive. In this case, eye protection, a gown, and gloves should be available to use if the situation arises.
- 7. Have a hand hygiene station available, preferably with hand sanitizer.
- 8. Have cleaning solutions and disinfectant available (i.e. solution with 1-part bleach to 99-parts water).



## SCREENING PROCEDURE

- 1. The screener performs hand hygiene and puts on a surgical mask before starting to screen.
- 2. As people get off the plane, they should line up at designated spots.
- 3. One person at a time should step up to a mark that is 6ft away from the desk to be screened. There should be a greater distance between the person being screened and the rest of the line for privacy (at least 12 feet).
  - a. The screener will read out the bold part of the privacy notice (Appendix B), if not the whole thing.
  - b. They will then ask each question one at a time (See Screening Questionnaire I in Appendix C)
- 4. If the person answers NO to all the questions the screener:
  - a. Does not write anything on the screening questionnaire






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- b. Provides information to the person on self-monitoring and self-isolation
- c. Directs the person to self-isolate and self-monitor for 14-days
5. If the person answers YES to any of the questions the screener:
  - a. Writes the name, date, time, and airline on the screening tool 
  - b. Phones the nursing station and tells the nurse they are the screener. They will then inform the nurse which answers the client answered “Yes” to and give them the client’s name.
  - c. Follow direction of the nurse
  - d. If the person has to be transported to the nursing station, call the medical driver unless the person can drive themselves. If they have a vehicle, no one else can be in the car with them.
  - e. If the nurse advises to send them to self-isolate instead of the nursing station or assessment centre, write that on the questionnaire and put the questionnaire in the folder.
  - f. Places the collected forms in a secured/locked bag and by the end of the transfers it securely to the Nurse or the assigned person at the nursing station. (See Personal Health Information Handover Tracking Sheet in Appendix D).
6. After each person is screened, wipe down the chair with a disinfectant if it was used by the client.
7. After everyone has been screened, securely take the folder of questionnaires to the nursing station.

## PROCEDURE TO PROTECT PERSONAL HEALTH INFORMATION

1. A positive screen questionnaire will always be kept securely in a folder in a locked bag or drawer.
2. At the end of a screening process, the positive screens should be securely transported by the screener directly to the nursing station.
3. The nursing station will maintain a log of the transfer of positive screens to ensure a clear record of handover of personal health information. (See Personal Health Information Handover Tracking Sheet in Appendix C).
4. The nurse will add the positive screen questionnaire to the patient chart.
5. The record retention procedures around the patient chart will be followed. (If no clear procedures are in place, it will be kept for 14 days and then it will be cross shredded securely).





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## APPENDIX A: SAMPLE OATH OF CONFIDENTIALITY

*Disclaimer for Custodians: This is a sample pledge only. It is intended to guide custodians, but may not apply to your circumstances and should not be relied on as legal advice.*

1. I, \_\_\_\_\_, agree that I will faithfully discharge my duties as an employee / volunteer / contracted service provider for \_\_\_\_\_, and will observe and comply with all policies and procedures of the \_\_\_\_\_, with respect to privacy, confidentiality, and security of health / personal information.
2. Unless legally authorized to do so, I will not use or disclose health / personal information that comes to my knowledge or possession because of my affiliation with the \_\_\_\_\_, including after I cease to be employed at the \_\_\_\_\_.
3. I understand that a breach of this agreement may be just causing for termination of my employment or affiliation with the \_\_\_\_\_.
4. I am aware that the \_\_\_\_\_, has policies and procedures regarding the privacy, confidentiality, and security of health / personal information, and I understand that it is my responsibility to be familiar with the requirements outlined in these policies and procedures.
5. I understand that I can refer to the \_\_\_\_\_, (Privacy Officer) for the details of these policies and any other information required for me to understand my obligations.

I agree to abide by the \_\_\_\_\_, Confidentiality Policy. And I have received, read, understand, and agree to comply with these guidelines and the \_\_\_\_\_, Confidentiality Policy.

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Supervisor's Signature and Date





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## APPENDIX B: SAMPLE PRIVACY NOTICE

### **PRIVACY NOTICE:**

*The personal information you provide is governed under the Privacy Act and PHIPA. And we collect this information to administer and enforce the Minimizing the Risk of Exposure to COVID-19 in Canada Order (Mandatory Isolation), the Quarantine Program (authorized under the Quarantine Act), and for programs or activities of the Public Health Agency of Canada authorized by the Quarantine Act and/or Department of Health Act. Your personal information (PI) and personal health information (PHI) is collected further to your duty under subsection 15 (1) of the Quarantine Act. **And it may be used and/or disclosed for the following purposes: (1) to monitor, verify and/or enforce your compliance with the Mandatory Isolation Order, (2) to provide you with information to promote your compliance with the Mandatory Isolation Order, and (3) for public health follow-up.** Once collected, your PI/PHI may be disclosed to the following entities: law enforcement (including, in particular, peace officers), other government institutions, as well as provincial, territorial, municipal governments or organizations as well as their institutions. In limited and specific circumstances, your personal information may be used and disclosed without your consent under subsection 8(2) of the Privacy Act.*

**Your rights under the Privacy Act and PHIPA:** *In addition to protecting your PI/PHI, the Privacy Act and PHIPA gives you the right to request access to and request correction of your personal information. For more information about these rights, or about our privacy practices, please contact .....@..... (Email address). You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.*



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## APPENDIX C: SCREENING QUESTIONNAIRE

**Please Note:** Fill the Airport Screening COVID-19, with an individual's information only if 'yes to any' (positive screening), and not for recording the negative screening.

Question	Response
1. Have you been diagnosed/tested positive for COVID-19?	YES
2. Have you had close contact (i.e. more than 15 minutes within 2m) in the last 14 days with someone who has been diagnosed/tested positive for COVID-19?	YES
3. Do you have a <b>fever</b> , or have you had one within the last 14 days?	YES
4. Do you have a <b>new cough</b> , worsening chronic cough, <b>shortness of breath</b> , or <b>difficulty breathing</b> ?	YES
5. Do you have one (1) or more of the following symptoms: <input type="checkbox"/> sore throat <input type="checkbox"/> runny nose/sneezing (not related to seasonal allergies or other known causes or conditions) <input type="checkbox"/> nasal congestion (not related to seasonal allergies or other known causes or conditions) <input type="checkbox"/> hoarse (harsh) voice <input type="checkbox"/> difficulty swallowing <input type="checkbox"/> decrease or loss of sense of smell <input type="checkbox"/> shaking/ chills <input type="checkbox"/> headache that is unusual or long lasting <input type="checkbox"/> unexplained fatigue/malaise (tiredness/feeling unwell) <input type="checkbox"/> digestive issues (nausea/vomiting, diarrhea, stomach pain) <input type="checkbox"/> sudden muscle aches and pains <input type="checkbox"/> pink eye (conjunctivitis) <input type="checkbox"/> extreme tiredness that is unusual (fatigue, lack of energy) <input type="checkbox"/> falling down often <input type="checkbox"/> for young children and infants: sluggishness or lack of appetite	YES
6. (Question for Elders only) Have you had any recent unexplained changes in your health? Unexplained falls? New confusion?	YES
7. In the last 14 days, have you travelled to a community that has had a positive COVID-19 case in the last 14 days.	YES
8. Name of city: _____	
9. In the last 14 days, have you spent time in a hospital, waiting room, emergency room, long-term care home, subway, train, or bus?	YES
10. In the last 14 days, have you had close contact with anyone with a respiratory illness or other symptoms of COVID?	YES

If No to All Questions = Proceed to self-isolate

If Yes to Any Question (s) =

- Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline: \_\_\_\_\_
- Call Nursing Station, Follow Nurses Direction

