

SCREENER INFORMATION FOR CITY FACILITIES

At the entrance to the facility these two signs should be in plain sight.

1. The COVID-19 Health Assessment for visitors (*sample attached #1*)
2. The Face Covering/Mask By-Law sign (*sample attached #2*)

Hand sanitizer stations should be in close proximity and used by all users. (Photos A and B)

A designated spot/table will be located at the entrance to the facility. This should be within 6 feet/2 meters of the door. This is to allow the individual to be turned away if they do not follow the screening questions on the COVID19 Health Assessment. (*sample attached #3*)

The screener will have the following PPE (Personal Protective Equipment) on:

- Glasses with side shield areas – If a screener wears corrective glasses they can wear a face shield, over their glasses. This will need to be sanitized between users. All others are required to wear the safety screening glasses.
- Surgical mask
- Gloves are required if they are passing information to customers (assume in most of our locations this will not be the case)
- See Photos A and B for table setup

Visitor should remain 6 feet/2 meters from the screener. Yellow feet stickers can be placed on the floor to support informing the visitor of the location.

For Minor Sports, prior to Opening front doors communicate with the COVID-19 Representative from the user group what the new process involves:

- The COVID-19 Representative is to complete their own Association Pre-Screening prior to entering facility.
- 15 minutes prior to start of ice time, the team and COVID-19 Representative will be allowed into facility. The COVID-19 Representative will sign the City of London Minor Association Pre-Screening Confirmation form (*sample attached #4*).
- Prior to entering the facility, parents who are entering to assist child with skates must complete COVID-19 Health Assessment (*sample attached #3*) and provide to the City of London Screener/Greeter upon entering the facility. The City of London COVID-19 Health Assessment (*sample attached #3*) will be sent to all associations.

Does the visitor have a mask on as per the Corporate By-Law?

- If not, ask them to wear one.
- If they have one in their vehicle ask them to go and retrieve it.
- Medical exemptions may apply.
- The facility will have a limited stock of masks to provide to a visitor in case they do not have one. Do not just leave masks out for patrons to take. Place a mask on the screening table, do not hand it to them.

New COVID-19 Health Assessment for visitors sign screening version. (*sample attached #1*)

There are larger versions (11x17) of this sign with the required **Municipal Freedom of Information and Protection of Privacy (MFIPPA)** verbiage so the visitor is informed and consents to their information being collected for the purposes of contact tracing for the Health Unit in case of an COVID-19 positive outbreak. Signing up for an activity through Perfect Mind will also have this information included. The larger signs with MFIPPA are to be posted on the entrance and available for visitor to read. We will have the screening questions available in multiple languages including French, Spanish, Mandarin, Arabic, Korean, and Hindu. These will be laminated and available at the screening table on an arched clipboard. Place the appropriate version in clear site and ask the visitor to review them.

- This sign is to be in clear sight at the screening table.
- You no longer have to read all the questions to them.
- **Ask them to read the questions and ask if they have any of the noted symptoms of have in the last 14 days been in contact with anyone as noted. If the response is NO, they may enter. NOTE- if they have these issues such as seasonal allergies they can still enter.**

Information collected for the purposes of screening is to be kept confidential. No lists are to be in plain sight of users. Any attendance sheets or check in sheets are to be kept secure by staff in envelopes provided. Secure these in a location determined by the supervisor. These need to be kept for a period of time of 21 days.

While in the hands of a supervisor the information needs to be secured prior to shredding the documents after the 21 days. This could be in a locked drawer, or office.

Sample photos of the suggested table setup, and required PPE are attached for reference. (attached Photo A and Photo B)

If you have any issues with patrons entering the facility it is essential that you inform your direct supervisor. Supports can be provided by informing user groups, corporate security and our By-Law team.

Lastly- we are minimizing spectators. We have identified a few athletes who have Type 1 Diabetes that may require immediate supports. Their parent/guardian is allowed to enter, must be screened, and is identified as the support person under the AODA legislation.

September 25, 2020

/sp

Revised 09/29/2020

Attachments:

- #1 – COVID-19 - Health Assessment for Visitors
- #2 – COVID-19 - Mask By-Law
- #3 – COVID-19 – Health Assessment screening questions
- #4 – COVID-19 – Minor Association Pre-Screening Confirmation

Photos:

- A – Sample of table set up and PPE required
- B – Sample of table set up including Public Hand Sanitizing Stand

SAMPLE PHOTO "A" and SAMPLE PHOTO "B"

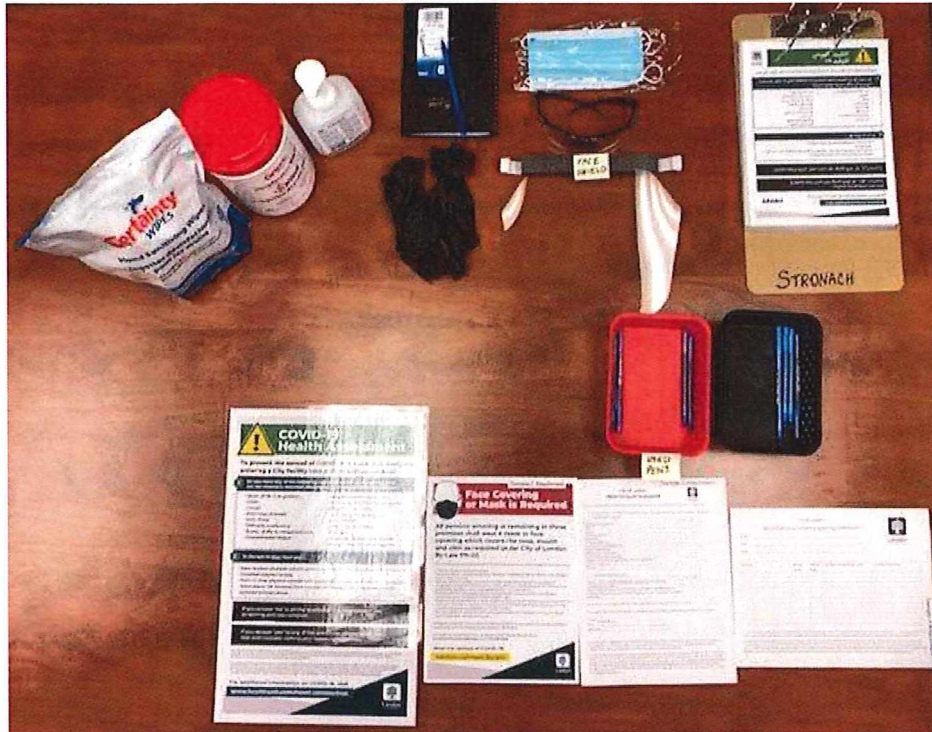
Personal Protective Equipment (PPE)

- Surgical Face Mask
- Nitrile Gloves
- Safety Glasses
- Face Shield (*required over prescription glasses*)
- Certainty Hand Wipes/Hand Sanitizer
- Certainty Surface Wipes
- Public Hand Sanitizer (*stand up pump*)

Signage

- Sample #'s 1, 2, 3 and 4
- Multi Language Arched Clipboard
- Pens (*used and disinfected*)
- Daily Log Book (*record any issues, questions etc*)

SAMPLE PHOTO A



SAMPLE PHOTO B





COVID-19 Health Assessment

To prevent the spread of COVID-19, we ask that everyone entering a City facility take a short self-assessment.

1

Do you have any of the following symptoms (new or worsening) that are not related to seasonal allergies or pre-existing health conditions?

- Fever (37.80 C or greater)
- Chills
- Cough
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Runny, stuffy or congested nose
- Unexplainable fatigue
- Unexplainable muscle aches
- Unusual or long lasting headache
- Digestive issues like nausea/vomiting, diarrhea, stomach pain
- Loss of smell or taste
- Pink eye
- for young children and infants: sluggishness or lack of appetite

2

In the last 14 days have you ...

- been in close physical contact with someone who tested positive for COVID-19
- travelled outside Canada
- been in close physical contact with someone who either is sick with symptoms listed above OR returned from outside of Canada in the last 2 weeks with symptoms listed above

If you answer 'no' to all the questions, you have passed the screening and can continue.

If you answer 'yes' to any of the questions, please delay your visit and consider visiting your health care provider.

The City of London is asking that you voluntarily disclose your name and phone number when you attend one of its recreation or community facilities. If there is a report of an active case of COVID-19 and that person was in the facility while you were in attendance, you will be contacted to advise that you may have been exposed to COVID-19.

The personal information collected on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, and will only be used to contact you for contact tracing purposes in the event of a COVID-19 outbreak at this facility. Whether or not used, you agree that the City of London can destroy your personal information after 21 days. In the event of an outbreak, you agree that the City of London may disclose your name and telephone number to the Middlesex London Health Unit for contact tracing purposes.

For additional information on COVID-19, visit

www.healthunit.com/novel-coronavirus



London
CANADA



Face Covering or Mask is Required

All persons entering or remaining in these premises shall wear a mask or face covering which covers the nose, mouth and chin as required under City of London By-Law PH-20

The following persons are exempt from the requirement to wear a Mask or Face Covering:

- Children under twelve years of age
- Persons with an underlying medical condition or disability which inhibits their ability to wear a Face Covering
- Persons who are unable to place or remove a Face Covering without assistance
- Employees or agents of the Establishment within an area designated for them and not publicly accessible, or in an area separated by a physical barrier
- Persons who are reasonably accommodated by not wearing a Face Covering in accordance with the Ontario Human Rights Code
- Persons in an Establishment, while receiving services involving the face and requiring the removal of the Face Covering, including but not limited to eating or drinking, or while actively engaging in an athletic or fitness activity
- Persons within an Establishment, while participating in a religious service, for rituals which require an uncovered mouth

Please be respectful of the rights of individuals who are exempt from wearing a mask in conformity with the exemptions provided in the Bylaw.

To report an incidence of non-compliance with the By-law, contact covidorderconcerns@london.ca or 519-661-4660

Slow the spread of COVID-19.

london.ca/mask-bylaw

City of London COVID-19 Health Assessment



This screening questionnaire must be completed before you will be permitted to enter a City of London Arena.

1. Do you have any of the following symptoms (new or existing) that are not related to seasonal allergies pre-existing health conditions?

| | YES | NO |
|---|-----|----|
| Fever (37.80C or greater) | | |
| Chills | | |
| Cough | | |
| Shortness of Breath | | |
| Sore Throat | | |
| Difficulty Swallowing | | |
| Runny, Stuffy or congested nose | | |
| Unexplainable fatigue | | |
| Unexplainable muscle aches | | |
| Unusual or long lasting headache | | |
| Digestive issues like nausea/vomiting, diarrhea, stomach pain | | |
| Loss of Smell or taste | | |
| Pink eye | | |

2. In the last 14 days have you.....

| | YES | NO |
|---|-----|----|
| Been in close contact with someone who tested positive for COVID-19 | | |
| Travelled outside of Canada | | |
| Been in close physical contact with someone who either is sick with symptoms listed above OR returned from outside of Canada in the last 2 weeks with symptoms listed above | | |

If you answer “NO” to all the questions, you have passed screening and can enter the arena.

If you answer “YES” to any of the questions, please delay your visit and consider visiting your health care provider.

Name: _____ Contact Number: _____

Date: _____

Signature: _____

Parent or guardian must sign for any individual entering the facility who is 16 years or younger.

Parent or Guardian Signature: _____

The City of London is asking that you voluntarily disclose your name and phone number when you attend one of its recreation or community facilities. If there is a report of an active case of COVID-19 and that person was in the facility while you were in attendance, you will be contacted-to advise that you may have been exposed to COVID-19.

The personal information collected on this form is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c. 25*, and will only be used to contact you for contact tracing purposes in the event of a COVID-19 outbreak at this facility. Whether or not used, you agree that the City of London can destroy your personal information after 21 days. **In the event of an outbreak, you agree that the City of London may disclose your name and telephone number to the Middlesex London Health Unit for contact tracing purposes.** Questions about this collection should be addressed to the Supervisor of Customer Service, Tel: 519-661-2489- ext 5579, email: Recreation@london.ca

City of London

Minor Association COVID Pre-Screening Confirmation



Arena: _____

Pad: _____

Date: _____

| Group | Rental Time | Arena Pad | Contact Person _(please print) | Contact Number |
|-------|-------------|-----------|--|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

The City of London is asking that you voluntarily disclose your name and phone number when you attend one of its recreation or community facilities. If there is a report of an active case of COVID-19 and that person was in the facility while you were in attendance, you will be contacted to advise that you may have been exposed to COVID-19.

The personal information collected on this form is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c. 25*, and will only be used to contact you for contact tracing purposes in the event of a COVID-19 outbreak at this facility. Whether or not used, you agree that the City of London can destroy your personal information after 21 days. **In the event of an outbreak, you agree that the City of London may disclose your name and telephone number to the Middlesex London Health Unit for contact tracing purposes.** Questions about this collection should be addressed to the Supervisor of Customer Service, Tel: 519-661-2489- ext 5579, email: Recreation@london.ca