**St. David's Presbyterian Church COVID-19 Best Practices Committee**

**SELF-ASSESSMENT GUIDE**

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| To prevent the spread of the virus anyone accessing the premises of St. David's Presbyterian Church at 98 Elizabeth Avenue, St. John's, NL is required to complete this daily self‐assessment. The answers will assist in determining if access is permitted. **The results are valid for 24 hours.** This is not meant to be used as a guide to assess your overall health nor does it replace a visit to a physician. Please submit this to the Church Office. |
| **Question 1** Answer yes or no:have you travelled anywhere outside of Newfoundland and Labrador including the former Atlantic Bubble (and now closed) provinces of NS, NB, and PEI within the last 14 days?  **Question 2** Answer yes or no: do you have any of the following symptoms (new or worsening)?   |  |  | | --- | --- | | □ | Fever with a temperature of 37.8 C/100 F or higher (or signs of fever such as chills, sweats, muscle aches, light-headedness) | | □ | Cough | | □ | Headache | | □ | Sore throat | | □ | Small red or purple spots on your hands and/or your feet | | □ | Painful swallowing | | □ | Runny nose | | □ | Unexplained loss of appetite | | □ | Diarrhea | | □ | Loss of sense of smell or taste | | □ | Nausea and vomiting | | □ | Shortness of breath | | □ | Chest pain |   **Question 3** Answer yes or no: have you provided care or had close contact with a person with COVID‐19 (suspected, or probable, or confirmed) within the past 14 days?  **If you answered No to each question 1, 2 and 3, you are cleared to go to St. David's. If you answered Yes to Question 3, please consider Question 4.**  **Question 4**  Answer yes or no: when you provided care or had close contact with a person with COVID-19 (suspected, or probable, or confirmed) did you wear the required and/or recommended Personal Protective Equipment (PPE) based on the types of duties you were performing (e.g., face shield, goggles, mask and gown or N95 with aerosol generating medical procedures (AGMPs))?  **If you answered Yes to 3 and 4, you are also cleared to go to St. David's.**   |  |  | | --- | --- | |  |  |   **If you answered YES to Questions 1, 2, or 3 and NO to Question 4, DO NOT PROCEED to St. David's. If you are not qualified to proceed, consider contacting your health care advisor or go home and self‐isolate. Call 811 or visit gov.nl.ca/COVID‐19 for more information. Testing may be required.**  **NAME (Please print clearly):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME:\_\_\_\_\_\_\_\_\_\_** |
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