

APPENDIX A

COVID-19 Screening Questionnaire:

1. Do you have current symptoms of Covid-19 such as:
 - a. Fever ?
 - b. A new or changed chronic cough ?
 - c. A sore throat that is not related to a known or pre-existing condition ?
 - d. A running nose that is not related to a known or pre-existing condition ?
 - e. Nasal congestion that is not related to a known or pre-existing condition ?
 - f. Shortness of breath that is not related to a known or pre-existing condition ?
2. Have travelled internationally within the last 14 days ?
3. Have had unprotected close contact with individuals who have a confirmed or presumptive diagnosis or been exposed to Covid-19 ?
4. If you are over 65 years of age, are you experiencing any of the following delirium, falls, acute functional decline, or worsening of chronic conditions ?

If you answered **YES** to any of the questions, you cannot be seen at the office. Please let us know, contact your family Physician, call 811 or go to the bc.thrive.health website for help.

If you answered **NO** to all the questions you may come for an appointment.

Please respond to this email:

1. **NO** Covid-19 symptoms.
2. **YES** Covid-19 symptoms.

APPENDIX B

No symptoms
will be recorded
as a ✓

WNL = Within
Normal Limits
Temperature

Weekly Self – Monitoring Log Chart:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
May 25-30						
June 1-6						
June 8-13						
June 15-20						
June 22-27						
June 29-July 4						
July 6-11						
July 20-25						
July 27-Aug 1						
Aug 3-8						
Aug 10-15						
Aug 17-22						
Aug 24-29						
Aug 31-Sept 5						
Sept 7-12						
Sept 14-19						
Sept 21-26						
Sept 28-Oct 3						
Oct 5-10						
Oct 12-17						
Oct 19-24						
Oct 26-31						
Nov 2-7						
Nov 9-14						
Nov 16-21						
Nov 23-28						
Nov 30-Dec 5						
Dec 7-12						
Dec 14-19						
Dec 21-25						

APPENDIX C

Cleaning Schedule:

SAMPLE DAILY CLEANING and DISINFECTING LOG						
Area	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Mid-Day						
At Closing						

APPENDIX D

CDC BC Approved Environmental Cleaning and Disinfectant Solutions :

- Bleach; sodium hypochlorite (5.25%) a 1:100 (chlorine : water ratio)
- Accelerated hydrogen peroxide (0.5%).
- Alkyl dimethyl ammonium chlorides.
- 70% Isopropanol.