

## **Attention ALL Staff and Visitors to St. Joseph's at Fleming**



### **Self Screen Before Entering**

Have you been told by a medical professional that you have an infectious/communicable condition? **If Yes, Please DO NOT ENTER**

Have you been told by a medical professional that you should isolate?

**If Yes, Please DO NOT ENTER**

Do you have a Fever?

**Do you have any NEW Respiratory Symptoms?**

Cough (worsening or unexplainable)?

Sore throat/hoarse voice?

Nasal/chest congestion?

Runny nose?

Sneezing?

Muscle Ache/Headache?

**Do you have any Gastrointestinal Symptoms?**

Nausea and/or Vomiting?

Diarrhea?

**By answering NO to the self screening questions, you are attesting that you do not have any of the symptoms listed and are welcome to enter.**

---

**Staff answering YES, please report your illness/absence to scheduling and your manager, then follow the instructions for return to work below.**

**Visitors answering YES to the symptoms noted above, please **DO NOT ENTER** and follow the instructions below.**

**If symptoms are Respiratory, you may return to our home once symptoms have been improving for 24 hours and must wear a mask for 10 days.**

**If symptoms are Gastrointestinal, you may return to our home once symptoms have **FULLY RESOLVED** for 48 hours.**

If you require further symptom guidance, please contact a member of the IPAC team.  
We are happy to support you.