

Client: \_\_\_\_\_  
(Print Name)

PHN: \_\_\_\_\_

## Client Admission/Discharge/Transfer Screening Questionnaire

This screener is to be completed for all clients prior to admission/transfer/discharge to a designated living option (DSL and LTC).

### PLEASE FILL OUT THE FOLLOWING RISK ASSESSMENT:

1.	Does the client have any of the following symptoms:	CIRCLE ONE	
		YES	NO
	• Fever (37.8°C or higher)		
	• Any <b>new</b> or <b>worsening</b> respiratory symptoms:		
	○ Cough	YES	NO
	○ Shortness of Breath/Difficulty Breathing	YES	NO
	○ Runny Nose or sneezing	YES	NO
	○ Nasal Congestion/Stuffiness	YES	NO
	○ Hoarse voice	YES	NO
	○ Sore throat/Painful Swallowing	YES	NO
	○ Difficulty swallowing	YES	NO
	• Any <b>new onset</b> atypical symptoms including but not limited to:		
	○ Chills	YES	NO
	○ Muscle/Joint Aches	YES	NO
	○ Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite	YES	NO
	○ Feeling unwell/Fatigued/Severe Exhaustion	YES	NO
	○ Headache	YES	NO
	○ Loss of Sense of Smell or Taste	YES	NO
	○ Conjunctivitis	YES	NO
	○ Altered Mental Status	YES	NO
2.	Have you, or anyone in your household travelled outside of Canada in the last 14 days?	YES	NO
3.	Have you had close contact (face-to-face contact within 2 meters/6 feet) with someone who is ill with cough and/or fever in the last 14 days without the use of appropriate PPE?	YES	NO
4.	Have you had close contact (face-to-face contact within 2 meters/6 feet) in the last 14 days with someone who is being investigated or confirmed to be a case of COVID-19 without the use of appropriate PPE?	YES	NO

Please note that a “YES” answer above does not exclude the individual from admission /transfer /discharge. Reach out to the zone designate or MOH to discuss.

### Receiving site in agreement with proceeding with client admission:

YES/NO	INSTRUCTIONS
<input type="checkbox"/> YES	As you speak to the client/family please reinforce: <ul style="list-style-type: none"> <li>• Clients are at extreme risk if exposed to COVID-19.</li> <li>• All persons entering the site must follow all related site policies and public health measures in place (in accordance with visitation restrictions outlined in CMOH Order 29-2020).</li> <li>• All persons entering the site must remain vigilant in protecting themselves and others both while on site as well as off site.</li> </ul>
<input type="checkbox"/> NO	Contact <b>Transition Services</b> for further direction regarding suitability for admission.

## Guidance for completion of screening (Per Order 23-2020)

Each zone will enter their specific expectations related to the Client ADT Screen in this section.

\*Additional information related to symptoms and health screening can be located in the [Questions and Answers: operational and outbreak standards for licensed supportive living and long term care](#).

## Guidance for arranging moves and transfers

1. All new admissions and/or transfers to the facility shall be placed on contact/droplet isolation for 14 days from arrival to facility. (as per CMOH Order 23-2020)
2. Client and family have completed a [risk tolerance assessment](#) and are aware of any site visitation restrictions.
3. Client furniture/belongings may be moved into/out of the centre by either family/acquaintances or hired help (referred to as “movers” below). Move in/out procedures for client belongings are as follows:
  - Movers will be limited to a maximum of 2 persons and must meet the same screening criteria as visitors upon entry to the care centres.
  - Movers must check in upon arrival with a site designate at the point of entry. This designate will guide the movers as to appropriate precautions.
  - Movers will be allowed to enter care centres with a bare minimum of essential items only (i.e. bed, lift chair) where possible. Beyond these items, clients should be encouraged to only bring a few personal items and toiletries.
  - Where possible, movers should be prescheduled at a time where there is limited client activity occurring in the site.
  - Items brought into the care centre should be cleaned as per Infection Control Guidelines.
  - Documentation of screening must follow requirements of all site visitors.
4. Refer to the [Designated family/support access and visitation in designated living option and hospice settings during COVID-19](#) Directive for additional information regarding site based risk assessment.

Completed by: \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_

Info Provided by: \_\_\_\_\_  
(Print Name)

Relationship to Client:

- Acute Care Team Member
- Transition Coordinator/Case Manager
- Family
- Self-Reported

Date: \_\_\_\_\_

Current as of July 17, 2020 and  
[CMOH Orders 23-2020; 29-2020](#)

Time of Screening: \_\_\_\_\_  
(To be completed as close to transfer as reasonably possible)

Screening Questionnaire Client Admission 31 07 2020 DRAFT - KN **Operators are encouraged to visit Alberta Health's website [www.alberta.ca/COVID19](http://www.alberta.ca/COVID19) for updated information.**