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:  
   - Fever (37.8°C or higher)  
   - Any new or worsening respiratory symptoms:
     - Cough  
     - Shortness of Breath/Difficulty Breathing  
     - Runny Nose or sneezing  
     - Nasal Congestion/Stuffy Nose  
     - Hoarse voice  
     - Sore throat/Painful Swallowing  
     - Difficulty swallowing  
   - Any new onset atypical symptoms including but not limited to:
     - Chills  
     - Muscle/Joint Aches  
     - Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite  
     - Feeling unwell/Fatigued/Severe Exhaustion  
     - Headache  
     - Loss of Sense of Smell or Taste  
     - Conjunctivitis  
     - Altered Mental Status

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:**

<table>
<thead>
<tr>
<th>YES/NO</th>
<th>INSTRUCTIONS</th>
</tr>
</thead>
</table>
| ☐ YES  | As you speak to the client/family please reinforce:  
        |   • Clients are at extreme risk if exposed to COVID-19.  
        |   • 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).  
        |   • All persons entering the site must remain vigilant in protecting themselves and others both while on site as well as off site. |
| ☐ NO   | Contact Transition Services for further direction regarding suitability for admission. |

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