Client Admission/Discharge/Transfer Screening Questionnaire

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

PLEASE FILL OUT THE FOLLOWING RISK ASSESSMENT:

Initial Screening Questions:

1. Does the client have any of the following symptoms: CIRCLE ONE
   - Fever (37.8 degrees Celsius or higher) YES NO
   - Any **new or worsening** respiratory symptoms:
     - Cough YES NO
     - Shortness of Breath / Difficulty Breathing YES NO
     - Runny Nose or sneezing YES NO
     - Nasal congestion YES NO
     - Hoarse voice YES NO
     - Sore throat YES NO
     - Difficulty swallowing YES NO
   - Any **new onset** atypical symptoms including but not limited to:
     - Chills YES NO
     - Muscle Aches YES NO
     - Nausea / Vomiting / Diarrhea YES NO
     - Feeling unwell / Fatigued / Malaise YES NO
     - Headache 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? YES NO

4. Have you, or anyone in your household been in contact in the last 14 days with someone that is being investigated or confirmed to be a case of COVID-19? YES NO

- If all answers are “NO”, the transfer may proceed however the receiving site **must** place the resident on contact/droplet isolation for 14 days from arrival to facility.
- Any “YES” answer above does not exclude the individual from admission/transfer/discharge. However, review answers with the [COVID-19 Screening Criteria](#) and reach out to the zone designate or MOH to discuss.

Receiving site in agreement with proceeding with client admission:

<table>
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<tr>
<th>YES/NO</th>
<th>INSTRUCTIONS</th>
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| □ YES | As you speak to the client/family please reinforce:  
  - Clients are at extreme risk if exposed to COVID-19.  
  - Only essential visitors are permitted in designated living sites at this time, therefore only one person may accompany you during your move into the facility (see guide on pg. 2 related to moving furniture/belongings).  
  - Individuals under the age of 18 are not permitted to visit as children do not necessarily show symptoms of COVID-19. |
| □ NO  | Contact **Transition Services** for further direction regarding suitability for admission. |
Operators are encouraged to visit Alberta Health’s website [www.alberta.ca/COVID19](http://www.alberta.ca/COVID19) for updated information.

**Guidance for completion of screening**

Each zone will enter their expectations in this section.

**Guidance for arranging moves and transfers**

1. Client furniture/belongings may be moved into the centre by either family/acquaintances or hired help (referred to as “movers” below). Move in 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 essential 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.
   - Arrival and exit times must be documented.

2. Refer to the [Addendum to the Outbreak Management and Pandemic Planning Resources for COVID-19](http://www.alberta.ca/COVID19) for additional information related to risk assessment, cohorting and considerations for transfer of clients.

Completed by: __________________________ Signature: __________________________

(Print Name)

Info Provided by: __________________________ Relationship to Client:

(Print Name)  □ Acute Care Team Member
               □ Transition Coordinator/Case Manager
               □ Family
               □ Self-Reported

Date: __________________________

Current as of April 11, 2020