

Daily Fit for Work Screening during COVID-19 for Community Physicians and Teams

Healthcare workers should not be attending work while experiencing influenza-like-illness (ILI) or other illnesses. This creates risk for staff and patients. To minimize exposure, fitness for work screening should be done prior to staff, physicians or contractors entering the workplace. Upon reporting to work, all staff should complete the questionnaire in Appendix 1.

Principles

The screening process outlined in this document ensures a safe work and clinical environment. Screening will be done in a manner that treats people with respect and dignity, providing them with information so they fully understand the reason for the screening and the impact of attending work when not well. Staff, physicians or contractors who refuse to be screened may not be permitted to attend work as scheduled.

Screening Criteria

- All staff, physicians and contractors complete screening prior to starting a shift, by completing a standard questionnaire to assess health risk
 - Questionnaire is available for download ([printable version](#)) and is included in [Appendix 1](#)
 - A designated staff member should review the completed questionnaire with the healthcare worker to determine if the healthcare worker can report to work
 - If determined to be unfit for work, the healthcare worker should return home and not report to work (see “when screening indicates unfit for work” below)
- Depending on the clinic’s preference, a temperature check may be required
 - For additional information on thermometer use and cleaning, see [Appendix 2](#)
- The collection, use and disclosure of screening information is solely for the purpose of determining fitness for work for the scheduled shift
- Staff, physicians and contractors working at the clinic, regardless of role or patient contact, will be subject to screening to ensure they are not presenting with ILI symptoms and increasing the chance of spread of any ILI
- Clinics will be responsible for notifying staff about the screening process, potential waits and any request to arrive early for screening prior to their shift

When Screening Indicates Unfit for Work

- When a healthcare worker is determined to be unfit for work through the review of a questionnaire, the next steps include:
 - Returning home
 - Notifying managers/medical leaders and following any applicable absence processes for their role
 - Completing the online [Healthcare Worker Self-Assessment](#) tool to determine if COVID- 19 testing is required
 - Referring to the [Return to Work Guide](#)
- Each clinic can determine a process for notifying managers if a staff member is determined to be unfit for work
- Decision to replace the shift will be the manager/medical leadership’s responsibility, as per normal staffing protocols

Tracking and Storage of Completed Questionnaires

This section is optional for primary care and community specialist physician clinics.

Management of information will be in accordance with privacy requirements related to health information:

- Only those who require access to perform their job duties and responsibilities will have access to completed questionnaires
- Clinics will establish an appropriate tracking process and a mechanism to ensure all paper questionnaires collected at site are properly labelled by date and safely stored for 14 days
- Storage of paper questionnaires should be in a secure location not accessible to the public and locked wherever possible

Staffing and Location of Screening Areas

- Depending on the clinic size, the clinic may choose to have a dedicated area for screening
- Location of screening areas will be at the discretion of the clinic and should consider the following:
 - Limit number of entrances to maximize compliance and resources required to perform screening
 - Consider the physical space needs to enable screening, tracking and discussion with a clinician on next steps, as appropriate
 - Physical space should also consider how to ensure appropriate social distancing for those waiting for screening
 - Ensure screening is done in a discreet and private manner, and staff have an opportunity to be taken to an adjacent location for further discussion, as appropriate, regarding results and impact on attendance at work
 - [Signage](#) will be required to direct healthcare workers where to go for screening and to notify patients that the process is occurring. Clinics will be responsible for posting signage

Self-Isolation Instructions for Healthcare Workers

For the most updated and detailed information on self-isolation, visit the [Alberta Health](#) website.

Returning to Work

- Prior to returning to work, whether test results for COVID-19 were positive or negative, all healthcare workers should review the [Return to Work Guide](#) and follow instructions for the recommended mandatory isolation period
- Return to work decisions should be made in consultation with the Return to Work Guide and discussion with one's manager or medical staff leader, as appropriate
- The [COVID-19 Assessment Tool for HealthCare Workers](#) is a helpful decision flow tool offered on the Alberta Health website
- For asymptomatic individuals, review the [Expedited Return to Work for Asymptomatic Persons](#) page in the assessment tool

Appendix 1: Daily Fit for Work Screening-Healthcare Worker Questionnaire

We require you to fill out the below questionnaire to assist in determining your fitness to work or visitation during the COVID-19 pandemic to provide a safe environment for staff, physicians, contractors, patients and families.

The information in this questionnaire is collected under the authority of FOIP section 33 (c) and will be used and disclosed solely for the purposes of determining fitness for work during the COVID-19 pandemic.

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers and other personal items.

The questionnaire intends to identify **new** symptoms or **worsening** of symptoms that are related to allergies, chronic or pre-existing conditions. Those with symptoms related to pre-existing conditions or allergies can still go to work.

Printed Name: _____ Signature: _____ Date: _____

Risk Assessment: Screening Questions

1.	Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose?	Yes	No
2.	Have you returned to Canada from outside the country (including USA) in the past 14 days?	Yes	No
In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:			
3.	Did you have close contact* with someone who has a probable** or confirmed case of COVID- 19?	Yes	No
4.	Did you have close contact* with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?	Yes	No
5.	Did you have close contact* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?	Yes	No
6.	Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?	Yes	No

Please share your completed questionnaire with the screener.

If you answer “YES” to any of the above, you are not permitted to attend work at this time and you must self-isolate. Complete the [Healthcare Worker Self-Assessment Tool](#) to determine your need for COVID-19 testing. Please inform **ALL** managers to whom you report.

If you answer “NO” to all of the above, you can proceed to work. If you develop symptoms, please complete a new questionnaire.

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended [personal protective equipment](#).

**Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate [personal protective equipment](#), OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. *Clinical illness* of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. *Exposure criteria* for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Appendix 2: Thermometer Instructions

3-Step Adult Temperature Measurement



Step 1

Slide across forehead.

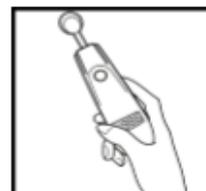
Place probe flush on center of forehead and depress button. Keeping button depressed slowly slide probe mid-line across forehead to the hair line.



Step 2

Slide behind ear.

Keeping button depressed, lift probe from forehead, touch behind ear halfway down the mastoid process and slide down to the soft depression behind the earlobe.



Step 3

Release button and read.

How to improve the accuracy of your measurements on adults



Measure only the up-side on a patient in a lateral position.

The down-side will be insulated preventing the heat from dissipating, resulting in falsely high readings.



Think of a sweatband.

Measure straight across the forehead and not down the side of the face.

At mid-line, the temporal artery is about 2 mm below the surface, but can go deeply below the surface on the side of the face.



Measure exposed skin.

Brush the hair and bangs aside if covering the area to be measured.

Proper Cleaning of Thermometers

Cleaning the case:

- Case should be wiped down with 70% isopropyl alcohol wipes in between EVERY person; allow this to dry (approx. 30 seconds)
- Thermometer cannot be immersed in water or fluid of any kind

Cleaning the sensor lens:

- It is required that the lens on the end of the probe be kept clean and free of dirt, greasy films or moisture
- Clean the lens with a cotton swab dampened with the above alcohol wipe (note: this does not need to be done in between each scan but should be done once daily)
- The thermometer needs to dry for 10 minutes prior to using it again after the lens is cleansed



Abnormal Readings

If you receive an abnormally high or low reading, confirm the reading by:

- Repeating the reading with the same Temporal Scanner; a correct reading will be reproducible
- Repeating the reading with another Temporal Scanner; two Temporal Scanners with the same reading will confirm the reading

- Note: Sequential readings on the same patient in rapid succession will cool the skin; it is best to wait approximately 30 seconds for the skin to recover from the cold probe

Possible Causes of Abnormal Readings

Type of Abnormal Temperature	Possible Cause	Helpful Hint
Abnormally Low Temperature	Dirty lens	Clean lens of scanner daily
	Releasing the button before finished measuring	Release the button after finished measuring
	Measuring when an ice pack or wet compress is on the forehead	Remove ice pack or wet compress, wait 2 minutes, and re-take temperature
	Measuring a completely diaphoretic patient	Complete diaphoresis includes diaphoresis of area behind the ear and suggest that the temperature is rapidly dropping. Use an alternative method of temperature measurement in these cases until the patient is dry and the temporal artery measurement can be repeated
	Improperly scanning down the side of the face	Scan straight across the forehead. The temporal artery is closest to skin in that area
Abnormally High Temperature	Anything covering the area to be measured would insulate and prevent heat from dissipating, resulting in false high readings	Confirm measurement site has not recently been in contact with heat insulators, such as hats, blankets, or hair Scan the area not covered or wait approx. 30 seconds for the previously covered area to equilibrate to the environment

Display Diagnostics Chart

The following summarizes the conditions that may occur while the Temporal Scanner is in use, and the associated indications:

Condition	Display	Range
High Target	HI	>110 °F (43 °C)
Low Target	LO	<61 °F (16 °C)
High Ambient	HI A	>104 °F (40 °C)
Low Ambient	LO A	<60 °F (16 °C)
Low Battery	bAtt	
Dead Battery	Blank display	
Processing Error	Err	Restart. Return to manufacturer for repair if error message persists
Scanning Error (normal operation)	SCAN	