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

To reduce risk for patients, staff, physicians and contractors, healthcare workers should not be attending work while experiencing influenza-like-illness (ILI) or other illnesses.

Principles

The screening process outlined in this document ensures a safe work and clinical environment. Screening should 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

- To minimize exposure for staff and patients, fitness for work screening should be done prior to staff, physicians or contractors entering the workplace by completing a standard questionnaire (available in Appendix 1) to assess health risk:
  - 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)
- 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 all managers/medical leaders and following any applicable absence processes for their role
  - Completing the online Self-Assessment Tool to determine if COVID-19 testing is required
  - Referring to the COVID-19 Return to Work Guide for Healthcare Workers
- 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 considerations should also take into account appropriate physical 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](https://www.ahs.ca) 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](https://www.ahs.ca) 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 Return to Work Decision Chart For Healthcare Workers](https://www.ahs.ca) is a helpful decision flow tool offered by AHS
- The [COVID-19 Return to Work Guide for Healthcare Workers](https://www.ahs.ca) offers scenario questions to better understand when healthcare workers can go back to work
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 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 solely for the purposes of determining fitness for work during the COVID-19 pandemic.

Ensure at all times you are following hygiene protocols and 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

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<tr>
<th>Risk Assessment: Screening Questions</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>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, and/or loss of smell and or taste?</td>
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<td>2. Have you returned to Canada from outside the country (including USA) in the past 14 days?</td>
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<td>In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:</td>
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| 3. Did you have close contact* with a case** of COVID-19? If yes, have you completed the required quarantine for your vaccine status? 
  Did you have close contact* with a person who has a probable** or confirmed case of COVID-19? 
  Note: If you are fully vaccinated and you have no symptoms, you are no longer considered a close contact. 
  If you are partially vaccinated and have no symptoms and have completed one of the following quarantine requirements, you are no longer considered a close contact: 
  • if you have already quarantined for 7 days and tested negative on day 7 of quarantine or later, OR 
  • if you are not tested and have already quarantined for 10 days 
  If you have previously tested positive for COVID-19, you do not need to quarantine if you subsequently are a close contact with a case within 90 days of your previous positive test (see section 5.2 of CMOH Order 26-2021). This applies whether you have been immunized or not. |
| 4. Did you have close contact* with a person who had an acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19? 
  Note: If you are fully vaccinated and you have no symptoms, you are no longer considered a close contact. 
  If you are partially vaccinated and have no symptoms and have completed one of the following quarantine requirements, you are no longer considered a close contact: 
  • if you have already quarantined for 7 days and tested negative on day 7 of quarantine or later, OR 
  • if you are not tested and have already quarantined for 10 days 
  If you have previously tested positive for COVID-19, you do not need to quarantine if you subsequently are a close contact with a case within 90 days of your previous positive test (see section 5.2 of CMOH Order 26-2021). This applies whether you have been immunized or not. |
| 5. Did you have close contact* with a person who had an acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick? 
  Note: If you are fully vaccinated and you have no symptoms, you are no longer considered a close contact. 
  If you are partially vaccinated and have no symptoms and have completed one of the following quarantine requirements, you are no longer considered a close contact: 
  • if you have already quarantined for 7 days and tested negative on day 7 of quarantine or later, OR 
  • if you are not tested and have already quarantined for 10 days 
  If you have previously tested positive for COVID-19, you do not need to quarantine if you subsequently are a close contact with a case within 90 days of your previous positive test (see section 5.2 of CMOH Order 26-2021). This applies whether you have been immunized or not. | Yes | No |
Later, OR
- if you are not tested and have already quarantined for 10 days. If you have previously tested positive for COVID-19, you do not need to quarantine if you subsequently are a close contact with a case within 90 days of your previous positive test (see section 5.2 of CMOH Order 26-2021). This applies whether you have been immunized or not.

6. Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?

**Note:**
If you are fully vaccinated and you have no symptoms, you are no longer considered exposed.
If you are partially vaccinated and have no symptoms and have completed one of the following quarantine requirements, you are no longer considered exposed:
- if you have already quarantined for 7 days and tested negative on day 7 of quarantine or later, OR
- if you are not tested and have already quarantined for 10 days

If you have previously tested positive for COVID-19, you do not need to quarantine if you subsequently are a close contact with a case within 90 days of your previous positive test (see section 5.2 of CMOH Order 26-2021). This applies whether you have been immunized or not.

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 Self-Assessment Tool at ahs.ca/covid to determine your need for COVID-19 testing. Healthcare workers, please inform ALL managers/leads you report to.

If you answer “NO” to all of the above, you can proceed to work. If you develop any of the above symptoms, please complete a new questionnaire. Note: If you have any other symptoms which are new or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better. Complete the Self-Assessment Tool to determine your need for COVID-19 testing.

**Notes:**
- **Fully Vaccinated:** You are considered fully vaccinated if it has been more than 14 days since you had the 2nd dose of a 2-dose series or 1 dose in a 1-dose series.
- **Partially vaccinated:** You are considered to be partially vaccinated if you have had the 1st dose of a 2-dose series more than 14 days ago.

*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.

This screening questionnaire must be kept at the site for 14 days at which time it can be destroyed in a confidential manner.

An online questionnaire tool for staff and physicians is available - visit ahs.ca/fitforwork.