Daily Fit for Work Screening Questionnaire for Non-Continuing Care Staff Who Work at a Facility With a Confirmed COVID-19 Outbreak Unit/Area/Site or Unit on Watch

A COVID-19 outbreak in acute care is defined as:
One (1) or more hospital-acquired confirmed COVID-19 patient case(s), OR
Two (2) or more confirmed COVID-19 cases in healthcare workers (HCWs) linked to a unit, AND
• Where at least one of the HCWs was in the work place during the communicable phase of illness, OR
• It is suspected there has been work site transmission as cause for one or more of the infections.

“Unit/Area” refers to a single acute care unit or area, or in some cases two or more units that are connected and should be viewed as though they are one unit (e.g. Obstetrical Assessment, labour and delivery, and post-partum care).

Unit on Watch is defined as:
One (1) confirmed or probable COVID-19 case in a hospital inpatient who was admitted to an acute care unit during the communicable phase of their illness and recommended infection prevention and control measures were not in place for any period of time.

Or
One (1) confirmed or probable COVID-19 case in a patient seen during the communicable phase of their illness in an outpatient setting within an acute care facility without the recommended infection prevention and control measures resulting in exposure to HCWs, and/or other patients, and/or companions.

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, volunteers, students, contractors, patients and families.

The questionnaire only relates to new symptoms or a worsening of symptoms 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 new onset (or worsening) of any of the following symptoms: fever* (over 38°Celsius), cough*, shortness of breath/difficulty breathing*, runny nose* sore throat*, chills, painful swallowing, nasal congestion, feeling unwell / fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, loss of sense of taste or smell, muscle/joint aches, headache, conjunctivitis (pink eye)?
   Yes  No

2. Have you returned to Canada from outside the country (including USA) in the past 14 days?
   Yes  No

3. Did you have close contact* with a person who has a probable** or confirmed case of COVID-19?
   Yes  No

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?
   Yes  No

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?
   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.

*Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per CMOH Order 05-2020 unless they receive a negative COVID-19 test and symptoms have resolved.
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.

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, fit for work screening compliance and workforce planning or for the purposes of visitation during the COVID-19 pandemic. If you have questions related to privacy or collection of information contact Alberta Health Services / Alberta Precision Laboratories at 1-877-476-9874 or Covenant Health at 1-866-254-8181 or privacy@covenanthealth.ca.

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

Please note there are separate questionnaires for visitors on the Family Support & Visitation page. An online questionnaire tool for staff and physicians is available - ahs.ca/fitforwork.

AHS staff experiencing symptoms who have recently received flu immunization should speak with their manager and review the Post-Influenza Immunization After-Care Guidance During COVID-19 document.

You must follow hand hygiene protocols and remember to clean your keys, phone, computers and other personal items.

*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.