

Daily Fit for Work Screening Questionnaire for Non-Continuing Care Staff of Confirmed COVID-19 Outbreak Unit/Area

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).

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
In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:			
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.