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 workplace 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.

Definitions are provided on page 3.

Risk Assessment: Screening Questions

1. Have you traveled outside Canada in the last 14 days AND have you been directed to quarantine?

   Yes | No

   If you have travelled but are unsure about your quarantine requirements:
   • Follow the Government of Canada Travel, Testing, Quarantine and Borders instructions, including any requirements for exempt travelers related to attending high-risk environments.

   If you answered YES, you are work restricted until your quarantine period has ended. Notify your manager or immediate supervisor.

   If you answered NO, proceed to question 2.
2. Within the past 10 days, have you EITHER tested positive for COVID-19 OR have you experienced 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, runny nose, sore throat, loss of sense of taste or smell, chills, painful swallowing, nasal congestion, feeling unwell / fatigued, nausea/vomiting/diarrhea, unexplained loss of appetite, muscle/joint aches, headache, conjunctivitis (pink eye)? (See bullet points below for additional clarification)

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<th>Yes</th>
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Answer NO if any of these apply:
- You had any symptoms and they have resolved AND you were tested while you were symptomatic and had a negative result.
- You are NOT fully immunized¹ AND have been away from work for at least 10 days since symptoms started AND symptoms are improved AND now fever-free for the last 24 hours (without the use of fever-reducing medications) AND either tested positive or were untested.
- You are NOT fully immunized¹ AND tested positive for COVID-19 AND have been away from work for at least 10 days since positive swab was collected AND never developed symptoms.
- You are fully immunized² AND have been away from work for at least 5 days since symptoms started AND symptoms are improved AND now fever-free for the last 24 hours (without the use of fever-reducing medications) AND either tested positive or were untested.
- You are fully immunized² AND tested positive for COVID-19 AND have been away from work for at least 5 days since positive swab was collected AND never developed symptoms.

If you answered YES, you are work restricted at this time.
Notify your manager or immediate supervisor.

If you answered NO, proceed to question 3.

3. In the past 10 days, have you had close contact³ with a confirmed or probable case⁴ of COVID-19 or biological material containing COVID-19? (see points below for additional clarification)

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<th>Yes</th>
<th>No</th>
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Answer NO if you have met any applicable isolation requirements AND any of these apply:
- You tested positive for COVID-19 AND were asymptomatic AND the close contact occurred within 21 days from the positive test.
- You tested positive for COVID-19 AND were symptomatic AND the close contact occurred within 21 days from symptom onset.
- You are fully immunized PLUS booster dose⁵,⁷.
- You are fully immunized without booster dose⁶,⁷ AND you have completed a rapid antigen test⁸ within 24 hours of your shift AND the result was negative.

If you answered YES, you are work restricted at this time.
Notify your manager or immediate supervisor.

If you answered NO, you may ATTEND WORK.
Definitions:

1. NOT Fully Immunized:
   - You have not received any doses of vaccine; or
   - For a one-dose vaccine series (e.g. Janssen), it has been 14 days or less since you received one vaccine dose; or
   - For a two-dose vaccine series (e.g. Pfizer-BioNTech, Moderna, AstraZeneca, Covishield), you have had only one dose or it has been 14 days or less since your second dose.

2. Fully Immunized:
   - It has been more than 14 days since you received one dose in a one-dose vaccine series (e.g. Janssen); or
   - It has been more than 14 days since you received the second dose of a two-dose vaccine series (e.g. Pfizer-BioNTech, Moderna, AstraZeneca, Covishield).

3. Close Contact means a worker who:
   - provided direct care for the case (including healthcare workers, family members or other caregivers), or who had other similar close physical contact (e.g. intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment; or
   - lived with or otherwise had close prolonged contact which may be cumulative, i.e. multiple interactions for a total of 15 minutes or more over a 24-hour period and within two metres with a case without consistent and appropriate use of personal protective equipment and the case is not completely isolating away from others in the home; or
   - had direct contact with infectious bodily fluids of a case (e.g. shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended personal protective equipment.

4. Probable Case: A person with clinical illness (any one or more of the following: fever, new or worsening: cough, shortness of breath/difficulty breathing, sore throat, loss of sense of taste or smell, or runny nose) who in the last 14 days:
   - had close contact with a confirmed case of COVID-19, OR was exposed to a known outbreak of COVID-19, OR had a laboratory exposure to biological material known to contain COVID-19, AND
   - who does not have a lab-confirmed COVID-19 test or the result was inconclusive.

5. Fully immunized PLUS booster dose: You have received an mRNA vaccine (i.e. a “booster dose”) after the recommended time interval following the completion of either a one-dose or two-dose vaccine series AND more than 14 days have elapsed since you received your “booster dose.”

6. Fully immunized without booster dose:
   - It has been more than 14 days since you received one dose in a one-dose vaccine series (e.g. Janssen); or
   - It has been more than 14 days since you received the second dose of a two-dose vaccine series (e.g. Pfizer-BioNTech, Moderna, AstraZeneca, Covishield); or
   - It has been 14 days or less since you received a booster dose of vaccine

7. Booster Dose:
   - An additional dose of a COVID-19 vaccine administered at least five months (or eight weeks if the person is immunocompromised) after the person received their final vaccine dose to become fully immunized; and
   - 14 days having elapsed since the date on which the person received their booster dose.

8. Rapid Antigen Test: A Health Canada-approved COVID-19 testing device that is listed in Authorized medical devices for uses related to COVID-19: List of authorized testing devices by Health Canada published on the Government of Canada website and is approved for point-of-care molecular or antigen COVID-19 testing. See the COVID-19 FAQ for Staff (question 194) for a list of approved tests.
Please share your completed questionnaire with the screener.

If you are legally required to isolate and/or are work restricted, consult the AHS Return to Work Decision Chart and Guide on Insite.

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

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 and fit for work screening compliance during the COVID-19 pandemic as per the Directive: Attending work with COVID-19 Symptoms, Positive Test or Close Contact. 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.

Please note there are separate questionnaires for visitors on the Family Support & Visitation page.

An online questionnaire tool for staff and physicians is available - visit 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.