There is a risk for staff and patients if healthcare workers attend work while experiencing influenza-like-illness (ILI) or other illnesses. To minimize exposure, we will screen for fitness for work based on COVID-19 symptoms and exposure risks prior to staff, physicians or contractors reporting to their workplace or unit if they have interactions with patients or staff through their daily work. This will ensure healthcare workers attending work are well and contributing to the safety of all staff and patients.

**Principles**

Consistent screening protocols and criteria have been set by the Emergency Coordination Centre (ECC). Implementation will be the responsibility of the Zone/Site.

This screening process is required to ensure 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.

Alberta Health has outlined additional symptoms to be considered for COVID-19 testing. If healthcare workers have any additional symptoms which are new or a change from their usual symptoms, then it is strongly advised that they determine the need for COVID-19 testing, stay home and minimize contact with others until feeling better. Staff at continuing care (long term care, designated supportive living and congregate living) facilities will be screened for additional symptoms and criteria.

Information collected through screening will be managed by Workplace Health and Safety (WHS) according to privacy requirements, including clarity on collection, use and disclosure.

Staff, physicians or contractors who refuse to be screened will not be permitted to attend work as scheduled. An assessment will be made as to whether a staff member will be paid for a missed shift or not, in consultation with the operational manager and Human Resources.

**Screening Criteria**

- All staff, physicians and contractors will be required to complete screening prior to starting a shift, by completing a standard questionnaire to assess health risk (See Appendix 1 and 2). There are two options for completing the questionnaire:
  - **Online questionnaire tool for AHS staff and physicians (preferred)**
    - AHS staff and physicians with AHS account login credentials can access an online questionnaire tool – available at ahs.ca/fitforwork.
    - Once completed, the questionnaire will present a status of “Fit for Work” or “Not Fit for Work”.
    - If “Fit for Work”, the healthcare worker will show their current “Fit for Work” status to the screener on site before reporting to work.
    - **Note**: Questionnaires must be completed within two hours of the start of a shift as statuses expire after two hours. If the status expires, the questionnaire can be taken again to produce a new status.
    - If “Not Fit for Work”, the healthcare worker will stay home and not report to work. See When Screening Indicates Not Fit for Work section for next steps.
• **Paper questionnaire at site**
  o Printable versions ([standard / continuing care](#)) of the questionnaires are also available for staff and physicians who are unable to complete the online tool on a mobile device or for contractors and other healthcare workers without AHS accounts who are reporting to site.
  o **Note:** The questionnaires are also being used for visitors at acute care sites and continuing care facilities.
  o A screener will review the completed paper questionnaire with the healthcare worker to determine if the healthcare worker can report to work.
  o If determined not fit for work, the healthcare worker should return home and not report to work. See **When Screening Indicates Not Fit for Work** section for next steps.

• Depending on the site’s screening process, a temperature check may be required on site. All long term care, designated supportive living, and congregate living facilities require a temperature check for all staff and essential visitors as per the Chief Medical Officer of Health [Orders](#).

• The collection, use and disclosure of screening information is solely for the purposes of determining fitness for work for the scheduled shift. All [privacy requirements](#) will be met whether you complete the online tool or use a paper questionnaire.

• All staff, physicians and contractors working on the site, regardless of role or patient contact, will be subject to screening to ensure that they are not presenting with ILI and increasing the chance of spread of any ILI.

• All staff, physicians and contractors should be prepared to show their AHS issued photo identification, or other identification upon reporting for screening and work.

• For those who do not report to a site with a screening station, please complete the online questionnaire tool and discuss your results with your manager.

• Zones/Sites 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 Not Fit for Work

• When a healthcare worker is determined to be not fit for work through the online questionnaire tool or through the review of a paper questionnaire with a screener at site, the next steps include:
  o staying home or returning home
  o notifying their own managers/supervisors/medical staff leaders and follow any applicable absence processes for their role
  o completing the online [Healthcare Worker Self-Assessment](#) tool to determine if COVID-19 testing is required, and
  o referring to the [Return to Work Decision Chart](#).

• Sites will also determine a process where managers will be notified directly if a staff member is determined not fit for work.

• If determined not fit for work, managers are to refer to the e-People COVID-19 Time Reporting Scenarios for appropriate coding.

• Decision to replace the shift will be the manager’s responsibility as per normal staffing protocols.

• Costs and premiums related to short-notice shift scheduling will not be a consideration as to whether to staff or not, and will be based on needs of the service area/unit.

### Tracking and Storage of Completed Questionnaires

• 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.

• Zones/Sites 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, and then sent to WHS for storage as per the [Record Retention Schedule](#).
Sites should contact the Records & Information Management (RIM) team though the rim@ahs.ca for questions about storing the completed paper questionnaires for 14 days before sending to WHS.

Storage of paper questionnaires should be in a secure location not accessible to the public and locked wherever possible.

**Staffing and Location of Screening Stations**

- Screening stations will be supported by the following personnel:
  - A clinician or supervisor who is able to provide the appropriate advice if there are questions regarding outcomes of the screening or next steps.
  - Sites may utilize administrative staff for tracking and processing of screening questionnaires and for initial screening prior to referring to the clinician.
  - Screeners will be required to use the appropriate personal protective equipment (PPE).

- Location of screening areas will be at the discretion of the Zone/Site, and will be adjusted to meet future screening needs. The following should be considered, if possible:
  - 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 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 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. Zones/Sites will be responsible for posting signage.

**Questions?**

- For more information about the online questionnaire tool, see ahs.ca/fitforwork
- For login issues with the online tool, contact the IT Service Desk at 1-877-311-4300
- For privacy concerns or questions, contact Privacy at 1-877-476-9874.
- For payroll or other HR-related questions, contact the HR Contact Centre at 1-877-511-4455.
- For questions related to the screening protocol, contact HRCOVID@ahs.ca.
Appendix 1: Daily Fit for Work or Visitor Screening 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 or visitation during the COVID-19 pandemic.

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

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 or visit.

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 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.

If you answer “YES” to any of the above, you are not permitted to attend work or visit 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 or with your visit. 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.

*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 laboratory 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.

Please note there is a separate questionnaire for staff and visitors of continuing care facilities.

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

Updated: 05/29/2020 12:30h
Appendix 2: Daily Fit for Work or Essential Visitor Screening Questionnaire for Continuing Care

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.

As per Chief Medical Officer of Health Orders and AHS Visitor Policy, staff and designated essential visitors must complete a temperature check and questionnaire prior to entering a long term care, designated supportive living or congregate living facility.

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

All visitors must:

- Be expected by the site by prearranging visits with the facility manager.
- Sign in and out. Document arrival and exit times (if entering the building).
- Complete hand hygiene (wash for 30 sec and/or use hand sanitizer) and wear a mask provided by the site.
- Be escorted by site staff to the Resident’s room or to the outdoor space (if not accessible without entry to the building) and remain in the Resident’s room or outdoor space. Visitation with other residents is not permitted.

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 or visitation during the COVID-19 pandemic.

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 or visit.

Printed Name: ___________________ Signature: ___________________ Date: ______________

Risk Assessment: Screening Questions

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<tbody>
<tr>
<td>1.</td>
<td>Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever (over 38°Celsius), chills, cough, shortness of breath/difficulty breathing, sore throat/painful swallowing, stuffy/runny nose, headache, muscle/joint aches, feeling unwell/fatigued/severe exhaustion, nausea/vomiting/diarrhea/unexplained loss of appetite, loss of sense of smell or taste, and/or conjunctivitis (pink eye)?</td>
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<tr>
<td>2.</td>
<td>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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<td>3.</td>
<td>Did you have close contact* with a person who is being investigated for or has a probable** or confirmed case of COVID-19?</td>
</tr>
<tr>
<td>4.</td>
<td>Did you have close contact* with a person who is ill with cough and/or fever?</td>
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<tr>
<td>5.</td>
<td>Did you have close contact* with a person showing symptoms above who returned from travel outside of Canada in the 14 days before they became sick?</td>
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<tr>
<td>6.</td>
<td>Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?</td>
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</table>

Please share your completed questionnaire with the screener.

If you answer “YES” to any of the above, you are not permitted to attend work or visit at this time and you must complete the Self-Assessment Tool at ahs.ca/covid to determine your need for self-isolation and 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 or with your visit. 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 determine your need for COVID-19 testing.

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