Daily Fit for Work Screening Questionnaire for Non-Continuing Care Staff

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 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.

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

Any person who is a case of COVID-19 must not enter the site and must follow isolation requirements as per CMOH Order 39-2021.

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.

RISK ASSESSMENT: SCREENING QUESTIONS

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<td>1. Have you traveled outside Canada in the last 14 days AND have you been directed to quarantine?</td>
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If you have travelled but are unsure about your quarantine requirements:
- Follow the Government of Canada Travel, Testing, Quarantine andBorders 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.
If you answered NO to question 1, 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, sore throat, loss of sense of taste and/or smell, and/or runny nose? (See bullet points below for additional clarification)

- If you had any symptoms and they have resolved AND you were tested while you were symptomatic and had a negative result, then answer “No” to this question.
- NOT fully immunized\(^1\) 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, then answer “No” to this question.
- NOT fully immunized\(^1\) 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, then answer “No” to this question.
- Fully immunized\(^2\) 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, then answer “No” to this question.
- Fully immunized\(^2\) 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, then answer “No” to this question.

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)

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

   If you answered NO to question 2, proceed to question 3.

3. In the past 14 days, have you had close contact\(^1\) with a confirmed or probable case\(^2\) of COVID-19 or biological material containing COVID-19?

   If you are fully immunized PLUS booster dose\(^3,5\), answer “No” to this question.

   If you are fully immunized without booster dose\(^4,5\) AND it has been more than 10 days since your close contact OR it has been 10 days or less, but you have completed a rapid test\(^6\) within 24 hours of your shift AND the result was negative, answer “No” to this question.
1. **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](#);
   - 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](#).

2. **Probable Case** is 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.

3. **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.”

4. **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

5. **Booster Dose:**
   - an additional dose of a COVID-19 vaccine administered at least five (5) months (or eight [8] weeks if the person is immunocompromised) after the person received their final vaccine dose to become fully immunized; and
   - fourteen days having elapsed since the date on which the person received their booster dose.

6. **Rapid 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](https://www.canada.ca), published on the Government of Canada website and is approved for point-of-care molecular or antigen COVID-19 testing.

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

If you answered NO to question 3, you may ATTEND WORK.
If you are legally required to isolate and/or are work restricted, consult the AHS Return to Work Decision Chart and Guide on Insite.

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.