Staff Screening Questionnaire for Congregate Living Facilities Licensed under MHSPA (Licensed Addiction Treatment and Detox Facilities)

All staff, physicians, volunteers are required 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 everyone.

As per Chief Medical Officer of Health Order 27-2020 staff must complete a temperature check and questionnaire prior to entering a hospice, 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.

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.

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: ____________

SCREENING – TO DETERMINE IF STAFF MAY ENTER TODAY

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
<td>1. Do you have any new onset (or worsening) of any of the below 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)?</td>
<td>YES</td>
<td>NO</td>
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<td>2. Have you travelled outside of Canada in the last 14 days?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>3. Have you had close contact** with a case*** of COVID-19 in the last 14 days?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>4. Have you had close contact with an individual who has any one of the first 5 symptoms on this list (*fever, cough, shortness of breath, runny nose or sore throat AND who is a close contact of a confirmed case of COVID-19 in the last 14 days?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

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 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 available - visit ahs.ca/fitforwork.

**Close contact includes providing care, living with or otherwise having close prolonged contact (face-to-face 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.

*** COVID cases include those with a positive lab test in the past 10 days, or someone with symptoms who was in close contact with a lab-confirmed COVID case in the 14 days before symptoms started.

Operators are not required to store the completed COVID-19 screening documents from any person who enters. Operators are required to record and store name, contact information and date/time of entry/exit for a minimum of 4 weeks but not longer than 8 weeks.

Last Updated: 12/15/2020 1000h
ECC Approved: 12/05/2020