COVID-19 LTC, DSL & HOSPICE DAILY CHECKLIST Staff, Service Providers and Students

Overview

This tool was developed to support continuing care sites and reduce the risk of transmission of COVID-19. **Staff, Service Providers and Students** are required to complete this checklist before entering a long-term care, designated supportive living and hospice settings.

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

1.	Have you traveled outside Canada in the directed to quarantine?	last 14 days <u>AND</u> have you been	YES	NO
If yo	ou answered "YES":		<u></u>	
• [Do not enter the site unless you have an authorized	l exemption from quarantine.		
	Please see the Government of Canada Travel, Tes	<u>ting, Quarantine and Borders</u> f <mark>or</mark> more inf	ormation	1
r	regarding quarantine requirements,			
ı .				
іт ус	ou answered "NO", proceed to question 2.			
2.	Have you had any known close contact v	with a lab- confirmed case of	YES	NO
۷.	COVID-19 in the last 14 days?	vitir a lab- committee case of	120	140
	Covid to in the fact in days.			
	Close Contact - means a person who: without th	e consistent and appropriate use of		
personal protective equipment, provides care to, lives with, or has c				
	contact with, a person who is a confirmed case of COVID-19; or has come into contact			
	with the infectious body fluids of a person who is	s a confirmed case of COVID-19.		
If yo	ou answered "YES":			
		N - 4 F - 11 - 1 12		
	y Immunized ¹ : a negative rapid screening test, proceed to	Not Fully Immunized ² : Do not enter the site for 14 days from the	o loot de	ov of
	stion 3.	exposure.	ie iasi ua	ay Oi
•	Daily rapid testing is required prior to each shift for	SAPEGATO.		
	10 days following exposure.			
16	"ANO" and the second to the se			
ir yc	ou answer <mark>ed "NO", proceed to question 3.</mark>			
3.	Do you have any new onset (or worsenin	g) of the following symptoms:		
	• Fever		YES	NO
	Cough		YES	NO
	 Shortness of breath 		YES	NO

¹ A person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series.

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² A person who is either unimmunized (anyone who has not received any doses of COVID-19 vaccines) OR is partially immunized (anyone where it has been 14 days since the first dose of a two dose series).

Runny nose	YES	NO
Sore throat	YES	NO
• Chills	YES	NO
Painful swallowing	YES	NO
Nasal congestion	YES	NO
Feeling unwell / fatigued	YES	NO
Nausea / vomiting / diarrhea	YES	NO
Unexplained loss of appetite	YES	NO
Loss of sense of taste or smell	YES	NO
Muscle / joint aches	YES	NO
Headache	YES	NO
Conjunctivitis (commonly known as pink eye)	YES	NO

If you answered "YES" to any symptom in question 3:

- Stay home or return home. Do not enter the site
- Use the AHS Online Assessment Tool or call Health Link 811 to receive additional information on testing and isolation.
- Adults (18 and over) with fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste
 or smell are required to isolate for 10 days as per <u>CMOH Order 39-2021</u> <u>OR receive a negative COVID-19</u>
 test and feel better before returning to a continuing care site.

If you answered "NO":

You may enter the site.



COVID-19 LICENSED SUPPORTIVE LIVING DAILY CHECKLIST Staff, Service Providers and Students

Overview

This tool was developed to support continuing care sites and reduce the risk of transmission of COVID-19. **Staff, Service Providers and Students** are required to complete this checklist before entering a licensed supportive living setting.

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

1. Have you traveled outside Canada in the last 14 days AND have you been YES NO directed to quarantine?

If you answered "YES":

- Do not enter the site unless you have an authorized exemption from quarantine.
- Please see the <u>Government of Canada Travel</u>, <u>Testing</u>, <u>Quarantine and Borders</u> for more information regarding quarantine requirements,

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

2. Have you had any known close contact with a lab- confirmed case of COVID-19 in the last 14 days?

YES NO

Close Contact - means a person who: without the consistent and appropriate use of personal protective equipment, provides care to, lives with, or has close physical contact with, a person who is a confirmed case of COVID-19; or has come into contact with the infectious body fluids of a person who is a confirmed case of COVID-19.

If you answered "YES" and:

- You are not fully immunized ¹against COVID-19:
 - O Do not enter the site for 14 days from the last day of exposure.
- You are fully vaccinated² against COVID-19:
 - Proceed to question 3.
- You have previously tested positive for COVID-19 in the last 90 days before exposure:
 - Proceed to question 3.

If you answered "NO" or if you have symptoms, proceed to question 3.

3. Do you have any new onset (or worsening) of the following symptoms:

² A person who is either unimmunized (anyone who has not received any doses of COVID-19 vaccines) OR is partially immunized (anyone where it has been 14 days since the first dose of a two dose series).



¹ A person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series.

Fever	YES	NO
Cough	YES	NO
Shortness of breath	YES	NO
Runny nose	YES	NO
Sore throat	YES	NO
Chills	YES	NO
Painful swallowing	YES	NO
Nasal congestion	YES	NO
Feeling unwell / fatigued	YES	NO
Nausea / vomiting / diarrhea	YES	NO
Unexplained loss of appetite	YES	NO
Loss of sense of taste or smell	YES	NO
Muscle / joint aches	YES	NO
Headache	YES	NO
Conjunctivitis (commonly known as pink eye)	YES	NO

If you answered "YES" to any symptom in question 3:

- Stay home or return home. Do not enter the site
- Use the AHS Online Assessment Tool or call Health Link 811 to receive additional information on testing and isolation.
- Adults (18 and over) with fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste
 or smell are required to isolate for 10 days as per <u>CMOH Order 39-2021</u> OR receive a negative COVID-19
 test and feel better before returning to a continuing care site.

If you answered "NO":

• You may enter the site.





COVID-19 CONTINUING CARE DAILY SYMPTOM CHECKLIST Residents

Overview

This tool was developed to support continuing care sites and reduce the risk of transmission of COVID-19.

Residents are required to complete this checklist daily for 14 days:

- 1. Post-return from an absence of more than 24 hours; or
- 2. Post-exposure if they are an <u>asymptomatic, fully immunized</u> 1 close contact 2 of a confirmed case of COVID-19.

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

3.	Do you have any new onset (or worsening) of the following symptoms:		
	Fever	YES	NO
	Cough	YES	NO
	Shortness of breath	YES	NO
	Runny nose	YES	NO
	Sore throat	YES	NO
	Chills	YES	NO
	Painful swallowing	YES	NO
	Nasal congestion	YES	NO
	Feeling unwell / fatigued	YES	NO
	 Nausea / vomiting / diarrhea 	YES	NO
	Unexplained loss of appetite	YES	NO
	 Loss of sense of taste or smell 	YES	NO
	Muscle / joint aches	YES	NO
	Headache	YES	NO
	Conjunctivitis (commonly known as pink eye)	YES	NO
15	or analysis of (VEC) to any armeters in question 2:		

If you answered "YES" to any symptom in question 3:

• Stay in your room, notify your operator contact and arrange testing.

If you answered "NO":

 Continue to wear a well fitted surgical/procedure mask while outside your room, except when eating and drinking, for 14 days post-return from an absence greater than 24 hours or post-exposure to COVID-19.

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¹ A person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series.

² A person who is either unimmunized (anyone who has not received any doses of COVID-19 vaccines) OR is partially immunized (anyone where it has been 14 days since the first dose of a two dose series).

COVID-19 CONTINUING CARE DAILY CHECKLIST Visitors and Volunteers

Overview

This tool was developed to support continuing care sites and reduce the risk of transmission of COVID-19. **Visitors and volunteers** are required to complete this checklist before entering the continuing care site. Children may need a parent or guardian to assist them to complete this screening tool.

Any person who is a confirmed case of COVID-19, or has been tested for COVID-19 and is awaiting the results, must not enter the site and must follow isolation requirements as per CMOH Order 39-2021.

1.	Have you traveled outside Canada in the last 14 days AND have you been directed to quarantine?	YES	NO	
	u answered "YES":			
• P	 Do not enter the site unless you have been authorized for an exemption from quarantine. Please see the <u>Government of Canada Travel, Testing, Quarantine and Borders</u> for more information regarding quarantine requirements, 			
If yo	If you answered "NO", proceed to question 2.			
2.	Have you had any known close contact with a lab-confirmed or probable case of COVID-19 in the last 14 days?	YES	NO	
	Close Contact - means you were face-to-face contact within 2 metres for 15 minutes or longer, as well as direct physical contact such as hugging, or contact with infectious body fluids. Note: A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact			
	Probable Case - means an individual who had close contact with a confirmed case OR was exposed to a known outbreak, or had lab exposure to biological material known to contain COVID-19.			

If you answered "YES":

• Do not enter the site for 14 days from the last day of exposure, regardless of your immunization status.

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



Do you have any new onset (or worsening) of the following symptoms:		
Fever	YES	NO
Cough	YES	NO
Shortness of breath	YES	NO
Runny nose	YES	NO
Sore throat	YES	NO
Chills	YES	NO
Painful swallowing	YES	NO
Nasal congestion	YES	NO
Feeling unwell / fatigued	YES	NO
Nausea / vomiting / diarrhea	YES	NO
Unexplained loss of appetite	YES	NO
Loss of sense of taste or smell	YES	NO
Muscle / joint aches	YES	NO
Headache	YES	NO
Conjunctivitis (commonly known as pink eye)	YES	NO

If you answered "YES" to any symptom in question 3:

- Stay home or return home. Do not enter the site
- Use the <u>AHS Online Assessment Tool</u> or call Health Link 811 to receive additional information on testing and isolation.
- Adults (18 and over) with fever, cough, shortness of breath, runny nose, sore throat or loss of sense of taste
 or smell are required to isolate for 10 days as per <u>CMOH Order 39-2021</u> OR receive a negative COVID-19
 test and feel better before returning to a continuing care site.
- Children (under 18) with fever, cough, shortness of breath, or loss of sense of taste or smell are required to
 isolate for 10 days as per <u>CMOH Order 39-2021</u> OR receive a negative COVID-19 test and feel better before
 returning to a continuing care site.
- If your child is experiencing any symptoms from the list above, do not bring them to visit the facility for 10 days from when symptoms started or until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.

If you answered "NO":

You may enter the site.

