COVID-19 INFORMATION

COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR ADULTS 18 YEARS AND OLDER)

Overview

This tool was developed to support schools, activity organizers, employers, businesses and facility operators in reducing the risk of transmission of COVID-19 among attendees/staff. The tool is meant to assist with assessing attendees who may be symptomatic, or who may have been exposed to someone who has COVID-19.

Attendees should complete this checklist prior to participating in the activity or program. If an individual answers **YES** to any of the questions, they must not be allowed to attend or participate in the activity or program.

As the COVID-19 pandemic continues to evolve, this screening tool will be updated as required.

Screening Questions for Adults 18 Years and Older:

1.	Have you traveled outside Canada in the last 14 days?	YES	NO
lf yo	ou answered "YES":		
	You are required to quarantine for 14 days from the last day of exposure.		
	f you develop any symptoms, use the <u>AHS Online Assessment Tool</u> or call Health Li	nk 811	to
	determine if testing is recommended.		
	ou answered "NO", proceed to question 2.	1	1
2.	Have you had close contact with a case ¹ of COVID-19 in the last 14 days?	YES	NO
	Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical		
	contact such as hugging		
	Note: A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact		
If vo	ou answered "YES":	I	I
-	bu are required to quarantine for 14 days from the last day of exposure.		
	<i>E:</i> Individuals who previously tested positive for COVID-19 in the 90 days before being exposed to ar	other ca	se of
	ID-19 are not required to quarantine.		
	ou answered "NO", proceed to question 3.		
If yo	ou answered "NO", proceed to question 3.	YES	NO
If yo	ou answered "NO", proceed to question 3. Do you have any new onset (or worsening) of the following symptoms:	YES YES	NO NO
If yo	 answered "NO", proceed to question 3. Do you have any new onset (or worsening) of the following symptoms: Fever 		-
If yo	 answered "NO", proceed to question 3. Do you have any new onset (or worsening) of the following symptoms: Fever Cough 	YES	NO
If yo	bu answered "NO", proceed to question 3. Do you have any new onset (or worsening) of the following symptoms: • Fever • Cough • Shortness of breath	YES YES	NO NO
If yo	Du answered "NO", proceed to question 3. Do you have any new onset (or worsening) of the following symptoms: • Fever • Cough • Shortness of breath • Runny nose	YES YES YES	NO NO NO
If yo	Du answered "NO", proceed to question 3. Do you have any new onset (or worsening) of the following symptoms: • Fever • Cough • Shortness of breath • Runny nose • Sore throat	YES YES YES YES	NO NO NO
If yo	Du answered "NO", proceed to question 3. Do you have any new onset (or worsening) of the following symptoms: • Fever • Cough • Shortness of breath • Runny nose • Sore throat • Chills	YES YES YES YES YES	NO NO NO NO
If yo	Do you have any new onset (or worsening) of the following symptoms: • Fever • Cough • Shortness of breath • Runny nose • Sore throat • Chills • Painful swallowing	YES YES YES YES YES YES	NO NO NO NO NO
If yo	Du answered "NO", proceed to question 3. Do you have any new onset (or worsening) of the following symptoms: • Fever • Cough • Shortness of breath • Runny nose • Sore throat • Chills • Painful swallowing • Nasal congestion	YES YES YES YES YES YES	NO NO NO NO NO NO
If yo	Du answered "NO", proceed to question 3. Do you have any new onset (or worsening) of the following symptoms: • Fever • Cough • Shortness of breath • Runny nose • Sore throat • Chills • Painful swallowing • Nasal congestion • Feeling unwell / fatigued	YES YES YES YES YES YES YES YES	NO NO NO NO NO NO NO

¹ A lab-confirmed case OR a probable case as defined in the <u>Alberta COVID-19 Notifiable Disease Guideline</u>

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	•	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 and do not attend or participate in the activity or program.
- Use the <u>AHS Online Assessment Tool</u> or call Health Link 811 to arrange for testing and to receive additional information on isolation.
- Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per <u>CMOH Order 05-2020</u> OR receive a negative COVID-19 test and feel better before returning to activities, as long as they have no known exposure.

If you answered "NO" to all questions:

• You may attend the activity or program

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COVID-19 INFORMATION

COVID-19 ALBERTA HEALTH DAILY CHECKLIST (FOR CHILDREN UNDER 18)

Overview

This checklist applies for all children, as well as all students who attend kindergarten through Grade 12, including high school students over 18. Children should be screened every day by completing this checklist before going to school, childcare or other activities. Children may need a parent or guardian to assist them to complete this screening tool.

Screening Questions for Children under 18:

		VEO			
1.	Has the child traveled outside Canada in the last 14 days?	YES	NO		
	If the child answered "YES":				
	e child is required to quarantine for 14 days from the last day of exposure.				
	he child develops any symptoms, use the <u>AHS Online Assessment Tool</u> or call Heal	th Link	811 to		
	termine if testing is recommended.				
If the	child answered "NO", proceed to question 2.				
2.	Has the child had close contact with a case ¹ of COVID-19 in the last 14	YES	NO		
	days?				
	Face-to-face contact within 2 metres for 15 minutes or longer or direct physical				
	contact such as hugging				
If the child answered "YES":					
	e child is required to quarantine for 14 days from the last day of exposure.				
	: Individuals who previously tested positive for COVID-19 in the 90 days before being exposed to an	other cas	se of		
	D-19 are not required to quarantine.				
	e child answered "NO", proceed to question 3.				
3.	Does the child have any new onset (or worsening) of the following core syn				
	Fever	YES	NO		
	Temperature of 38 degrees Celsius or higher	YES	NO		
	Cough	IES	NO		
	Continuous, more than usual, not related to other known causes or conditions such as asthma				
	Shortness of breath	YES	NO		
		IES	NU		
	Continuous, out of breath, unable to breathe deeply, not related to other known				
	causes or conditions such as asthma Loss of sense of smell or taste	YES	NO		
		IES	NU		
	Not related to other known causes or conditions like allergies or neurological				
	disorders				
	e child answered "YES" to any symptom in question 3:		1 + +		
	he child is to isolate for 10 days from onset of symptoms OR receive a negative CO	JVID-19	test		
	nd feel better before returning to activities	1.4			
	se the AHS Online Assessment Tool or call Health Link 811 to arrange for testing an	na to rec	eive		
	dditional information on isolation.				
If the	child answered "NO" to all of the symptoms in question 3, proceed to quest	ion 4.			

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	Chills	YES	NO
	Without fever, not related to being outside in cold weather		
	Sore throat/painful swallowing	YES	NO
	Not related to other known causes/conditions, such as seasonal allergies or reflux		
	Runny nose/congestion	YES	NO
	Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather		
	Feeling unwell/fatigued	YES	NO
	Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury		
	Nausea, vomiting and/or diarrhea Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome	YES	NO
	Unexplained loss of appetite Not related to other known causes or conditions, such as anxiety or medication	YES	NO
	Muscle/joint aches Not related to other known causes or conditions, such as arthritis or injury	YES	NO
	Headache Not related to other known causes or conditions, such as tension-type headaches or chronic migraines	YES	NO
	Conjunctivitis (commonly known as pink eye)	YES	NO
lf the	child answered "YES" to ONE symptom in question 4:		
	keep your child home and monitor for 24 hours.		
	their symptom is improving after 24 hours, they can return to school and activities whether the second	hen the	v
	eel well enough to go. Testing is not necessary.		,
	the symptom does not improve or worsens after 24 hours (or if additional symptom		
	se the AHS Online Assessment Tool or call Health Link 811 to check if testing is recom	nmende	d.
	e child answered "YES" to TWO OR MORE symptoms in question 4:		
	eep your child home.		
	Ise the <u>AHS Online Assessment Tool</u> or call Health Link 811 to determine if testing is ecommended.		
	our child can return to school and activities once their symptoms go away as long as i	t has he	oon
	t least 24 hours since their symptoms started.	1103 00	5011
a			
	e child answered "NO" to all questions:		

Please note: If your child is experiencing any symptoms from the lists above, do not bring them to visit a continuing care or acute care 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.

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