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				
If you	If you answered "YES":						
• Y	You are required to quarantine for 14 days from the last day of exposure.						
	you develop any symptoms, use the AHS Online Assessment Tool or call Health Li	nk 811 t	to				
	etermine if testing is recommended.						
	If you answered "NO", proceed to question 2.						
2.	Have you had close contact with a case¹ 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 you	u answered "YES":	•					
 You are required to quarantine for 14 days from the last day of exposure. NOTE: Individuals who previously tested positive for COVID-19 in the 90 days before being exposed to another case of COVID-19 are not required to quarantine. If you answered "NO", proceed to question 3. 							
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				

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

•	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 CMOH Order 05-2020 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

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:

1.	Has the child traveled outside Canada in the last 14 days?	YES	NO		
If the	If the child answered "YES":				
• Th	e child is required to quarantine for 14 days from the last day of exposure.				
• If t	ne child develops any symptoms, use the <u>AHS Online Assessment Tool</u> or call Heal	th Link	811 to		
det	ermine 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":				
• Th	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		
	0-19 are not required to quarantine.				
If the child answered "NO", proceed to question 3. 3. Does the child have any new onset (or worsening) of the following core symptoms:					
J.	Fever	YES	NO		
	Temperature of 38 degrees Celsius or higher	ILS	NO		
	Cough	YES	NO		
	Continuous, more than usual, not related to other known causes or conditions	ILS	NO		
	such as asthma				
	Shortness of breath	YES	NO		
	Continuous, out of breath, unable to breathe deeply, not related to other known	ILS	NO		
	causes or conditions such as asthma				
	Loss of sense of smell or taste	YES	NO		
	Not related to other known causes or conditions like allergies or neurological	163	NO		
	That related to other known causes of conditions like allergies of flediological				
	disorders				

If the child answered "YES" to any symptom in question 3:

- The child is to isolate for 10 days from onset of symptoms OR receive a negative COVID-19 test and feel better before returning to activities
- Use the <u>AHS Online Assessment Tool</u> or call Health Link 811 to arrange for testing and to receive additional information on isolation.

If the child answered "NO" to all of the symptoms in question 3, proceed to question 4.

4.	Does the child have any new onset (or worsening) of the following other symptoms		
	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	YES	NO
	Not related to other known causes or conditions, such as anxiety, medication or		
	irritable bowel syndrome		
	Unexplained loss of appetite	YES	NO
	Not related to other known causes or conditions, such as anxiety or medication		
	Muscle/joint aches	YES	NO
	Not related to other known causes or conditions, such as arthritis or injury		
	Headache	YES	NO
	Not related to other known causes or conditions, such as tension-type headaches		
	or chronic migraines		
	Conjunctivitis (commonly known as pink eye)	YES	NO

If the child answered "YES" to ONE symptom in question 4:

- Keep your child home and monitor for 24 hours.
- If their symptom is **improving** after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.
- If the symptom does not improve or worsens after 24 hours (or if additional symptoms emerge), use the <u>AHS Online Assessment Tool</u> or call Health Link 811 to check if testing is recommended.

If the child answered "YES" to TWO OR MORE symptoms in question 4:

- Keep your child home.
- Use the <u>AHS Online Assessment Tool</u> or call Health Link 811 to determine if testing is recommended.
- Your child can return to school and activities once their symptoms go away as long as it has been at least 24 hours since their symptoms started.

If the child answered "NO" to all questions:

• Your child may attend school, childcare and/or other activities.

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.