

## 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. \*Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days per [CMOH Order 05-2020](#) **OR** receive a negative COVID-19 test and feel better before returning to activities.

Use the [AHS Online Assessment Tool](#) to determine if testing is recommended and follow information on [isolation requirements](#).

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

### Screening Questions

|   |  |                   |           |
|---|--|-------------------|-----------|
| 1.  | Does the attendee have any new onset (or worsening) of any of the following symptoms:  | <b>CIRCLE ONE</b> |           |
|   | • <i>Fever*</i>  | <b>YES</b>        | <b>NO</b> |
|   | • <i>Cough*</i>  | <b>YES</b>        | <b>NO</b> |
|   | • <i>Shortness of breath / difficulty breathing*</i>   | <b>YES</b>        | <b>NO</b> |
|   | • <i>Runny nose*</i>   | <b>YES</b>        | <b>NO</b> |
|   | • <i>Sore throat*</i>  | <b>YES</b>        | <b>NO</b> |
|   | • Chills   | <b>YES</b>        | <b>NO</b> |
|   | • Painful swallowing   | <b>YES</b>        | <b>NO</b> |
|   | • Nasal congestion   | <b>YES</b>        | <b>NO</b> |
|   | • Feeling unwell / fatigued  | <b>YES</b>        | <b>NO</b> |
|   | • Nausea / vomiting / diarrhea   | <b>YES</b>        | <b>NO</b> |
|   | • Unexplained loss of appetite   | <b>YES</b>        | <b>NO</b> |
|   | • Loss of sense of taste or smell  | <b>YES</b>        | <b>NO</b> |
|   | • Muscle/ joint aches  | <b>YES</b>        | <b>NO</b> |
| • Headache                                    | <b>YES</b>   | <b>NO</b>         |           |
| • Conjunctivitis (commonly known as pink eye) | <b>YES</b>   | <b>NO</b>         |           |
| 2.  | Has the attendee travelled outside of Canada in the last 14 days? (Individuals are legally required to quarantine for 14 days when entering or returning to Alberta from outside Canada unless exempted by the Alberta COVID-19 Border Testing Pilot Program.) | <b>YES</b>        | <b>NO</b> |
| 3.  | Has the attendee had close contact <sup>1</sup> with a case <sup>2</sup> of COVID-19 in the last 14 days?  | <b>YES</b>        | <b>NO</b> |

<sup>1</sup>Face-to-face contact within 2 metres. A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact.

<sup>2</sup>A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guideline](#).

## 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, child care or other activities. Children may need a parent or guardian to assist them to complete this screening tool.

### Screening Questions

#### 1. Has the child:

*(Choose any/all possible exposures)*

|   |     |    |
|---|-----|----|
| <b>Traveled outside Canada in the last 14 days?</b><br>When entering or returning to Alberta from outside Canada, individuals are legally required to quarantine for 14 days (see note below)   | YES | NO |
| <b>Had close contact with a case<sup>1</sup> of COVID-19 in the last 14 days?</b><br>Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical contact such as hugging  | YES | NO |
| <b>If the child answered “YES” to any of the above:</b> <ul style="list-style-type: none"> <li>The child is required to quarantine for 14 days from the last day of exposure.<br/>               Note: If the child is participating in the Alberta COVID-19 International Border Pilot Project, they must comply with the program restrictions at all times.</li> <li>If the child develops any symptoms, use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li> </ul> <b>If the child/youth answered “NO” to both of the above:</b> <ul style="list-style-type: none"> <li>Proceed to question 2.</li> </ul> |     |    |

#### 2. Does the child have any new onset (or worsening) of the following core symptoms:

|  |     |    |
|--|-----|----|
| <b>Fever</b><br>Temperature of 38 degrees Celsius or higher  | YES | NO |
| <b>Cough</b><br>Continuous, more than usual, not related to other known causes or conditions such as asthma  | YES | NO |
| <b>Shortness of breath</b><br>Continuous, out of breath, unable to breathe deeply, not related to other known causes or conditions such as asthma  | YES | NO |
| <b>Loss of sense of smell or taste</b><br>Not related to other known causes or conditions like allergies or neurological disorders   | YES | NO |
| <b>If the child answered “YES” to any symptom in question 2:</b> <ul style="list-style-type: none"> <li>The child is to isolate for 10 days from onset of symptoms.</li> <li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to arrange for testing and to receive additional information on isolation.</li> </ul> <b>If the child answered “NO” to all of the symptoms in question 2:</b> <ul style="list-style-type: none"> <li>Proceed to question 3.</li> </ul> |     |    |

<sup>1</sup>A lab-confirmed case OR a probable case as defined in the [Alberta COVID-19 Notifiable Disease Guideline](#).

**3. Does the child have any new onset (or worsening) of the following other symptoms:**

|   | YES | NO |
|---|-----|----|
| <b>Chills</b><br>Without fever, not related to being outside in cold weather  |     |    |
| <b>Sore throat/painful swallowing</b><br>Not related to other known causes/conditions, such as seasonal allergies or reflux   |     |    |
| <b>Runny nose/congestion</b><br>Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather   |     |    |
| <b>Feeling unwell/fatigued</b><br>Lack of energy, poor feeding in infants, not related to other known causes or conditions, such as depression, insomnia, thyroid dysfunction or sudden injury  |     |    |
| <b>Nausea, vomiting and/or diarrhea</b><br>Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome   |     |    |
| <b>Unexplained loss of appetite</b><br>Not related to other known causes or conditions, such as anxiety or medication   |     |    |
| <b>Muscle/joint aches</b><br>Not related to other known causes or conditions, such as arthritis or injury   |     |    |
| <b>Headache</b><br>Not related to other known causes or conditions, such as tension-type headaches or chronic migraines   |     |    |
| <b>Conjunctivitis</b> (commonly known as pink eye)  |     |    |
| <p><b>If the child answered “YES” to ONE symptom in question 3:</b></p> <ul style="list-style-type: none"> <li>Keep your child home and monitor for 24 hours.</li> <li>If their symptom is <b>improving</b> after 24 hours, they can return to school and activities when they feel well enough to go. Testing is not necessary.</li> <li>If the symptom <b>does not improve or worsens</b> after 24 hours (or if additional symptoms emerge), use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to check if testing is recommended.</li> </ul> <p><b>If the child answered “YES” to TWO OR MORE symptoms in question 3:</b></p> <ul style="list-style-type: none"> <li>Keep your child home.</li> <li>Use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li> <li>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.</li> </ul> <p><b>If the child answered “NO” to all questions:</b></p> <ul style="list-style-type: none"> <li>Your child may attend school, child care and/or other activities.</li> </ul> |     |    |

**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/until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.