

# 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:

|  |   |            |           |
|--|---|------------|-----------|
| <b>1.</b>  | <b>Have you traveled outside Canada in the last 14 days?</b>  | <b>YES</b> | <b>NO</b> |
| <p><b>If you answered “YES”:</b></p> <ul style="list-style-type: none"> <li>You are required to quarantine for 14 days from arrival in Canada.</li> <li>If you develop any symptoms, use the <a href="#">AHS Online Assessment Tool</a> or call Health Link 811 to determine if testing is recommended.</li> </ul> <p><b>If you answered “NO”, proceed to question 2.</b></p>  |   |            |           |
| <b>2.</b>  | <p><b>Have you had close contact with a case<sup>1</sup> of COVID-19 in the last 14 days?</b></p> <p>Face-to-face contact within 2 metres for 15 minutes or longer, or direct physical contact such as hugging</p> <p><i><b>Note:</b> A health care worker in an occupational setting wearing recommended personal protective equipment is not considered to be a close contact</i></p> | <b>YES</b> | <b>NO</b> |
| <p><b>If you answered “YES”:</b></p> <ul style="list-style-type: none"> <li>You are required to quarantine for 14 days from the last day of exposure, except:                             <ul style="list-style-type: none"> <li>Previously tested positive for COVID-19 in last 90 days before exposure:                                     <ul style="list-style-type: none"> <li>No quarantine required. Monitor for symptoms for 14 days.</li> </ul> </li> <li>Fully immunized<sup>2</sup> against COVID-19:                                     <ul style="list-style-type: none"> <li>No quarantine required. Monitor for symptoms for 14 days.</li> </ul> </li> <li>Partially immunized<sup>3</sup> against COVID-19:                                     <ul style="list-style-type: none"> <li>Quarantine for 10 days. If tested on day 7 or later after exposure, quarantine ends after receiving a negative test result.</li> </ul> </li> </ul> </li> </ul> <p><b>If you answered “NO” or if you have symptoms, proceed to question 3.</b></p> |   |            |           |

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

<sup>2</sup> Fully-immunized = 14 days after receiving the second dose of a two-dose vaccine series OR 14 days after receiving one dose of a one-dose vaccine series.

<sup>3</sup> Partially-immunized = 14 days after receiving the first dose of a two-dose vaccine series

**NOTE:** Individuals who are profoundly immunocompromised and fully immunized should follow quarantine protocol for partially-immunized individuals; those who are partially immunized should follow the protocol for those who have not been immunized. Profoundly immunocompromised persons should always consult with their primary care provider if exposed

|  |  |     |    |
|--|--|-----|----|
| 3.   | <b>Do you have any new onset (or worsening) of the following symptoms:</b> |     |    |
|  | • 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  |    |
| <p><b>If you answered “YES” to any symptom in question 3:</b></p> <ul style="list-style-type: none"> <li>• Stay home and do not attend or participate in the activity or program.</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> <li>• Individuals with fever, cough, shortness of breath, runny nose, or sore throat, are required to isolate for 10 days as per <a href="#">CMOH Order 05-2020</a> OR receive a negative COVID-19 test and feel better before returning to activities, as long as they have no known exposure.</li> </ul> <p><b>If you answered “NO” to all questions:</b></p> <ul style="list-style-type: none"> <li>• You may attend the activity or program</li> </ul> |  |     |    |

## 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:

|  |   |            |           |
|--|---|------------|-----------|
| <b>1.</b>  | <b>Has the child traveled outside Canada in the last 14 days?</b>   | <b>YES</b> | <b>NO</b> |
| <b>If the child answered "YES":</b> <ul style="list-style-type: none"> <li>The child is required to quarantine for 14 days from the last day of exposure.</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 answered "NO", proceed to question 2.</b>   |   |            |           |
| <b>2.</b>  | <b>Has the child 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 | <b>YES</b> | <b>NO</b> |
| <b>If the child answered "YES":</b> <ul style="list-style-type: none"> <li>The child is required to quarantine for 14 days from the last day of exposure, except:               <ul style="list-style-type: none"> <li>Previously tested positive for COVID-19 in last 90 days before exposure:                   <ul style="list-style-type: none"> <li>No quarantine required. Monitor for symptoms for 14 days.</li> </ul> </li> <li>Fully immunized<sup>2</sup> against COVID-19:                   <ul style="list-style-type: none"> <li>No quarantine required. Monitor for symptoms for 14 days.</li> </ul> </li> <li>Partially immunized<sup>3</sup> against COVID-19:                   <ul style="list-style-type: none"> <li>Quarantine for 10 days. If tested on day 7 or later after exposure, quarantine ends after receiving a negative test result.</li> </ul> </li> </ul> </li> </ul> <b>If the child answered "NO" or if they have symptoms, proceed to question 3.</b> |   |            |           |
| <b>3.</b>  | <b>Does the child have any new onset (or worsening) of the following core symptoms:</b>   |            |           |
|  | <b>Fever</b><br>Temperature of 38 degrees Celsius or higher   | <b>YES</b> | <b>NO</b> |
|  | <b>Cough</b><br>Continuous, more than usual, not related to other known causes or conditions such as asthma   | <b>YES</b> | <b>NO</b> |
|  | <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   | <b>YES</b> | <b>NO</b> |
|  | <b>Loss of sense of smell or taste</b><br>Not related to other known causes or conditions like allergies or neurological disorders  | <b>YES</b> | <b>NO</b> |
| <b>If the child answered "YES" to any symptom in question 3:</b> <ul style="list-style-type: none"> <li>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</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 3, proceed to question 4.</b>   |   |            |           |

|  |  |     |    |
|--|--|-----|----|
| 4.   | <b>Does the child have any new onset (or worsening) of the following other symptoms:</b>   |     |    |
|  | <b>Chills</b><br>Without fever, not related to being outside in cold weather   | YES | NO |
|  | <b>Sore throat/painful swallowing</b><br>Not related to other known causes/conditions, such as seasonal allergies or reflux  | YES | NO |
|  | <b>Runny nose/congestion</b><br>Not related to other known causes/conditions, such as seasonal allergies or being outside in cold weather  | YES | NO |
|  | <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 | YES | NO |
|  | <b>Nausea, vomiting and/or diarrhea</b><br>Not related to other known causes or conditions, such as anxiety, medication or irritable bowel syndrome  | YES | NO |
|  | <b>Unexplained loss of appetite</b><br>Not related to other known causes or conditions, such as anxiety or medication  | YES | NO |
|  | <b>Muscle/joint aches</b><br>Not related to other known causes or conditions, such as arthritis or injury  | YES | NO |
|  | <b>Headache</b><br>Not related to other known causes or conditions, such as tension-type headaches or chronic migraines  | YES | NO |
|  | <b>Conjunctivitis (commonly known as pink eye)</b>   | YES | NO |
| <p><b>If the child answered “YES” to ONE symptom in question 4:</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 4:</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, childcare 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 or until symptoms resolve (whichever is longer), unless they receive a negative COVID-19 test result and feel better.

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<sup>3</sup> Partially-immunized = 14 days after having received one dose of vaccine in a 2 dose vaccine series

**NOTE:** Individuals who are profoundly immunocompromised and fully immunized should follow quarantine protocol for partially-immunized individuals; those who are partially immunized should follow the protocol for those who have not been immunized. Profoundly immunocompromised persons should always consult with their primary care provider if exposed