

PATIENT Label

Patient and/or Accompanying Adult COVID-19 Transfer Risk Assessment Screening tool

Date/Time of Assessment: _____ (mm/dd/yyyy) Time: _____
 Name of Accompanying Adult (A.Adult) _____ Staff Signature: _____

Risk Assessment Screening Questions:		Patient		A. Adult	
1.	Does the patient have a positive COVID-19 swab? Date of Swab: _____	Yes	No	Yes	No
2.	Does the patient have a pending COVID-19 swab AND Influenza Like Illness ILI* symptoms? Date of Swab: _____	Yes	No	Yes	No
3.	Does the patient have a negative COVID-19 swab AND ILI* Symptoms with unconfirmed/pending diagnosis?	Yes	No	Yes	No
4.	Does the patient have any ILI* or any of the symptoms noted below, new or worsening if associated with allergies, chronic or pre-existing conditions?	Yes	No	Yes	No
ILI Symptoms or any of those described below: <ul style="list-style-type: none"> • Fever • Cough (new cough or worsening chronic cough) • Shortness of breath or difficulty breathing (new or worsening) • Runny or Stuffy nose and/or Loss or sense of smell or taste • Sore throat* Painful swallowing • Headache, chills, muscle or joint aches • Feeling unwell in general, or new fatigue or severe exhaustion • Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite) • Conjunctivitis, commonly known as pink eye • Skin changes (e.g. red, blue or purple discoloration of toes ("COVID toes")) 		<i>Note: Consult Insite: AHS novel COVID-19 site for the current list of symptoms advised for Point of care assessment</i>			
5.	Has the patient had close contact ** with someone who has a probable ** or confirmed case of COVID-19 in the past 14 days, or someone who has had symptoms, been swabbed and result is pending	Yes	No	Yes	No
6.	Has the patient had close contact ** with a person who had acute respiratory illness or any of the above symptoms within the past 14 days	Yes	No	Yes	No
7.	Has the patient or any member of their household had close contact ** with a person who is living or working in a community or facility with a known COVID-19 outbreak? (E.g. Town or meat packing plant, long term care facility). Access link for current outbreak locations. https://www.alberta.ca/covid-19-alberta-data.aspx	Yes	No	Yes	No
8.	Did the patient have close contact ** with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?	Yes	No	Yes	No

If you have answered 'YES' to any of the above questions, then the patient and accompanying adult will require COVID-19 PPE protocols

Please refer to **Alberta Public Health Disease Management Guideline: Coronavirus – COVID-19 by clicking on the link provided below for the most up-to-date operational definitions of: 1) Confirmed case, 2) Probable case, 3) Suspected case and 4) exposure criteria including close contact.

<https://open.alberta.ca/publications/coronavirus-covid-19>