

FAQ: COVID-19 Assessment, Testing and Isolation in Acute Care

Refer to the appropriate AHS websites for a comprehensive listing of all [Infection Prevention and Control](#) (IPC) or [COVID-19](#) specific resources. If you have any questions or comments, contact jpcsurvstadmin@ahs.ca.

Question	Response
1. In which areas should this algorithm and form be used?	<ul style="list-style-type: none"> Use the AHS Acute Care COVID-19 Expanded Testing Algorithm and Inpatient, Emergency and Urgent Care Communicable Disease (Respiratory) Screening tool (Form 21615) for: <ul style="list-style-type: none"> All admitted inpatients, inter-facility transfers and direct admissions; and In Emergency Department (ED)/Urgent Care Centre (UCC), Surgery (including Day Surgery), and Obstetrics (including Obstetrical Assessment areas).
2. Will the Respiratory Pathogen Panel (RPP) automatically be done if COVID-19 testing is ordered?	<p>No.</p> <ul style="list-style-type: none"> The RPP must be ordered separately, even if the patient is in the Emergency Department (ED) or admitted to hospital. Similarly, COVID-19 testing is not included in the RPP and must be ordered separately. See the Laboratory Bulletin from Alberta Precision Laboratories (APL) – Public Health Laboratory entitled Change in ordering COVID-19 and respiratory pathogen panel testing (29 May 2020) for more information.
3. What does it mean to be “associated with an outbreak”?	<ul style="list-style-type: none"> This means a person is linked to a COVID-19 outbreak in some way. Healthcare-related outbreaks: <ul style="list-style-type: none"> A patient, resident, designated support person or visitor, or healthcare worker at an acute care or continuing care facility or unit currently on outbreak. Community/non-healthcare outbreaks: <ul style="list-style-type: none"> A clients or worker at a shelter or correctional facility.
4. What is the COVID-19 Symptom Identification and Monitoring Form (Form 21616) ?	<ul style="list-style-type: none"> This tracking tool is to be used for ALL inpatients to monitor for new or changing symptoms at least twice daily. Non-COVID-19 patients: This tool helps with early symptom detection in any patient who develops new symptoms which could be associated with COVID-19 infection while in hospital. Suspected and confirmed COVID-19 patients: This tool will help to identify patients who may be considered for discontinuation of COVID-19-related isolation precautions.
5. When do I need to contact Infection Prevention & Control (IPC)?	<ul style="list-style-type: none"> This will differ based on zone and site processes. Please discuss with your site-based IPC team. <p>Note: On-call IPC does not need to be paged unless there is an urgent question.</p>
6. If a patient is considered “suspected COVID” after the initial COVID-19 screen, do we need to continue down the COVID-19 pathway even if it	<p>No.</p> <ul style="list-style-type: none"> All patients undergo COVID-19 screening (symptom assessment & risk factor exposure) upon presentation to hospital regardless of point of entry (ED, Day Surgery, etc.).

For more information contact jpcsurvstadmin@ahs.ca
© 2022 Alberta Health Services, IPC

Original date: August 26, 2022
Revised date:
RCC Approved: September 6, 2022

Question	Response
<p>becomes obvious that the patient’s symptoms are due to an alternate non-COVID diagnosis?</p>	<ul style="list-style-type: none"> • If a patient is COVID-19 screen positive, but the most responsible healthcare provide (MRHP) has determined that the symptom(s) is/are due to a clear and clinically plausible alternative diagnosis, the MRHP may discontinue Modified Respiratory Precautions IF the patient has no exposure risk factors in the previous 14 days. • The MRP must do the following: <ul style="list-style-type: none"> ○ Document on the patient chart: <ul style="list-style-type: none"> ▪ alternate diagnosis; ▪ risk factor exposure assessment. ○ Write orders to discontinue Modified Respiratory Precautions for suspected COVID-19. <ul style="list-style-type: none"> ▪ Note: Patient may be on isolation/additional precautions for other reasons (e.g., MRSA) • If unable to assess risk factors or if patient is unable to provide a reliable history, then patient should remain on Modified Respiratory Precautions until able to get collateral history to rule out risk factors. • Notify IPC as per usual site process. There is no need to page on-call IPC unless there is an urgent question.
<p>7. What should I do if a patient with an expanded symptom has a positive COVID-19 test result?</p>	<ul style="list-style-type: none"> • Place the patient in an appropriate bedspace on Modified Respiratory Precautions. See Patient Cohorting for COVID-19 (Including Variant Strains) memo. Contact IPC as needed. • Ensure attending physician and site IPC are aware as per usual site process.
<p>8. Can I discontinue Modified Respiratory Precautions for my patient based on a negative COVID-19 test result alone?</p>	<p>No.</p> <ul style="list-style-type: none"> • If the COVID-19 test is negative, discontinuation of precautions is based on: <ul style="list-style-type: none"> ○ Symptom resolution for at least 48 hours OR an alternate plausible clinical diagnosis ○ Risk factor assessment (i.e. patient must have no high risk exposures in previous 14 days) • Use the COVID-19 Symptom Identification and Monitoring form to monitor patient symptoms. • The MRHP must write an order in the patient’s chart to discontinue precautions. • See Discontinuation of Modified Respiratory Precautions for Suspected or Confirmed COVID-19 for more information. • Notify Site IPC as per usual site process. There is no need to page IPC on-call.
<p>9. Is follow-up testing required to clear patients who test COVID-19 positive?</p>	<p>No.</p> <ul style="list-style-type: none"> • Exception: severely immunocompromised patients [see below] <ul style="list-style-type: none"> ○ Discontinuation of isolation for COVID-19 patients in hospital is based on symptom resolution/improvement for at least 48 hours AND time since symptom onset. <ul style="list-style-type: none"> ▪ Duration depends on the patient’s clinical presentation; however, the default timeline used in acute care is 14 days since symptom onset. • Use the following forms to guide decision-making about discontinuing isolation precautions for COVID-positive patients: <ul style="list-style-type: none"> ○ COVID-19 Symptom Identification and Monitoring

For more information contact ipcsurvstdadmin@ahs.ca
 © 2022 Alberta Health Services, IPC

Original date: August 26, 2022
 Revised date:
 RCC Approved: September 6, 2022

Question	Response
	<ul style="list-style-type: none"> ○ Discontinuation of Modified Respiratory Precautions for Suspected or Confirmed COVID-19 ● The MRHP must write an order in the patient’s chart to discontinue precautions. ● Notify IPC as per usual site process. There is no need to page IPC on-call. ● Additional resources for specialized patient populations: <ul style="list-style-type: none"> ○ Discontinuation of Precautions for Suspected and Confirmed COVID-19 Patients in Critical Care ○ IPC Management of Severely Immunocompromised COVID-19 Patients



This work is licensed under a [Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license](#). The License does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner.

Disclaimer: This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

For more information contact
ipcsurvstdadmin@ahs.ca
 © 2022 Alberta Health Services, IPC

Original date: August 26, 2022
 Revised date:
 RCC Approved: September 6, 2022