

1. **Will the Respiratory Pathogen Panel (RPP) automatically be done if COVID-19 testing is ordered?**
 - **No.** The RPP must be ordered separately, even if the patient is in the Emergency Department (ED) or admitted to hospital.
 - 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.

2. **What does it mean to be “associated with an outbreak”?**
 - This means a person is linked to a COVID-19 outbreak in some way.
 - For healthcare-related outbreaks: this could be a patient, a resident, an essential visitor or a healthcare worker at an outbreak facility or unit.
 - For community/non-healthcare outbreaks: This includes but is not limited to workers at affected business, attendees at a school or child care centre or social gathering, household contacts of one of the above.

3. **What is the COVID-19 Symptom Identification and Monitoring form?**
 - This tracking tool is to be used for **ALL** inpatients to monitor for symptoms at least twice daily.
 - For 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.
 - For suspected and confirmed COVID-19 patients: This tool will help to flag those patients who may be considered for discontinuation of COVID-19-related isolation precautions.

4. **When do I need to contact Infection Prevention & Control (IPC)?**
 - This will differ based on zone & site processes.
 - Please discuss with your site-based IPC team.
 - In general, on-call IPC does not need to be paged unless there is an urgent question.

5. **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 becomes obvious that the patient’s symptoms are due to an alternate non-COVID diagnosis?**
 - **No.**
 - All patients undergo COVID-19 screening (symptom assessment & risk factor exposure) upon presentation to hospital regardless of point of entry (ED, Day Surgery etc.).
 - If a patient is COVID-19 screen positive, but the most responsible healthcare provider (MRHP) has determined that the symptom(s) is/are due to a **clear and clinically plausible alternative diagnosis**, the MRHP may discontinue Contact and Droplet Precautions IF the patient has no [risk factors](#) (i.e. high risk exposures) in the previous 14 days.
 - **The MRP must do the following:**
 - Document on the patient chart:
 - Alternate diagnosis
 - Risk factor exposure assessment
 - Write orders to discontinue Contact and Droplet Precautions for suspected COVID-19. (Note that patient may be on isolation precautions for other additional reasons e.g. MRSA.)

- Call the Provincial Laboratory and cancel the COVID-19 test (this must also be written as an order in the chart).
 - ProvLab North: 780.407.7121
 - ProvLab South: 403.944.1200
- If unable to assess risk factors, or if patient is unable to provide a reliable history, then patient should remain on Contact and Droplet 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.

6. What should I do if a patient with an expanded symptom has a positive COVID-19 test result?

- Once informed about the positive COVID-19 test:
 - Place the patient on Contact and Droplet Precautions in a single room with hard walls and door. Contact IPC if one is not available.
 - Ensure attending physician and site IPC are aware as per usual site process.

7. Can I discontinue Contact and Droplet Precautions for my patient based on a negative COVID-19 test result alone?

- **No.**
- If the COVID-19 test is negative, discontinuation of precautions is based on
 - Symptom resolution for at least 48 hours OR an alternate plausible clinical diagnosis
 - Risk factor assessment – 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 Contact and Droplet Precautions for Suspected or Confirmed COVID-19](#) for more information.
- Please ensure Site IPC is notified as per usual site process. There is no need to page IPC on-call.

8. Is follow-up testing required to clear patients who test COVID-19 positive?

- **No.**
- Clearing of COVID-19 positive individuals (& discontinuation of Contact and Droplet Precautions for these patients when in hospital) are based on symptom resolution for at least 48 hours AND 14 days since symptom onset, whichever is longer.
- If a patient is on Contact and Droplet Precautions, use these forms to guide decision-making about COVID-19-related isolation precautions:
 - [COVID-19 Symptom Identification and Monitoring](#)
 - [Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19](#)
- Follow-up testing is usually done only for [immunocompromised individuals](#) and/or specific high-risk cases at discretion of Public Health and/or IPC in discussion with MRHP.
- The MRHP must write an order in the patient's chart to discontinue precautions.
- Please ensure Site IPC is notified as per usual site process. There is no need to page IPC on-call.