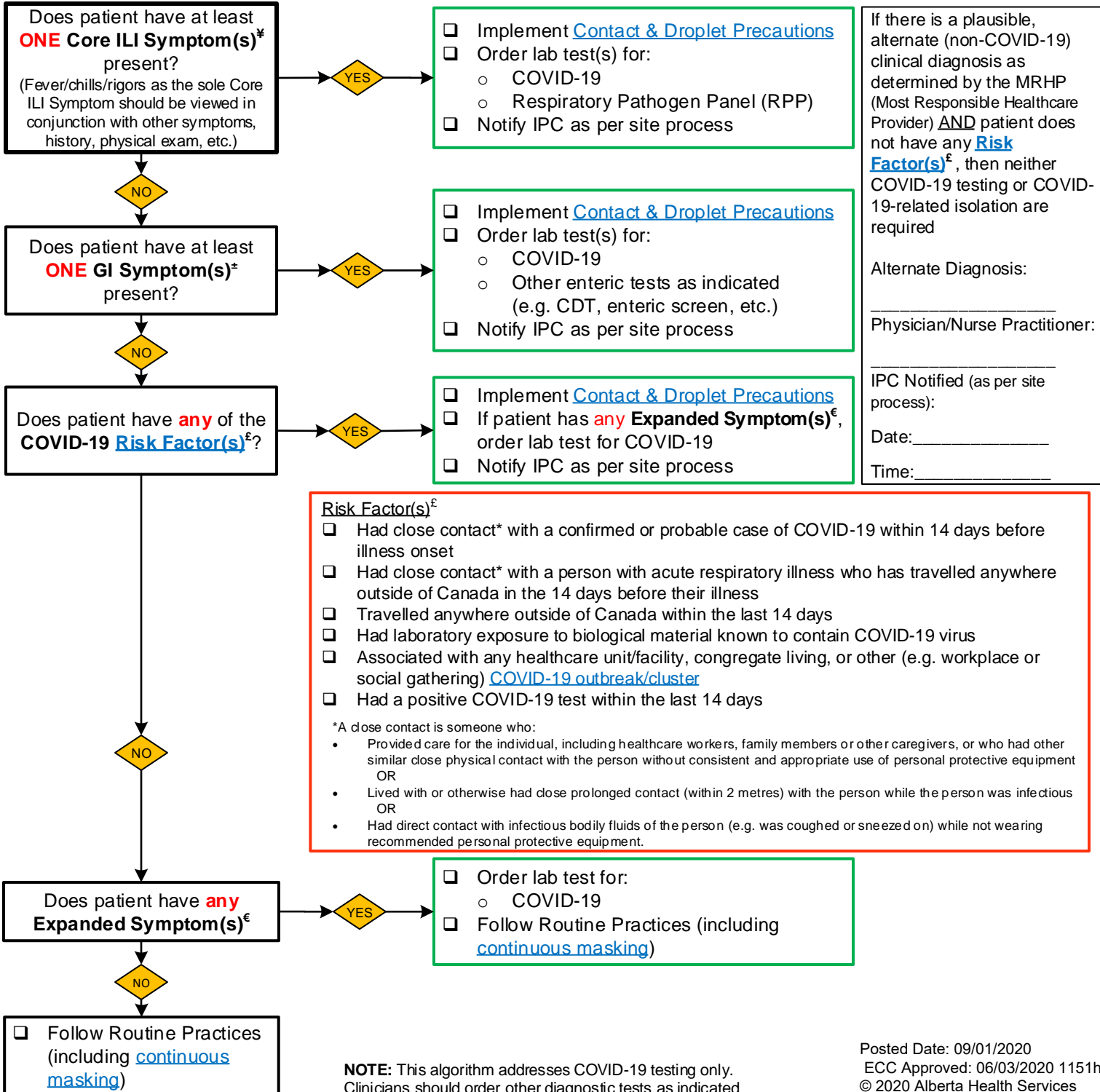


AHS Acute Care COVID-19 Expanded Testing Algorithm

For All Admitted Inpatients, ED, OPD, Surgery, Obstetrics, Inter-Facility Transfers, Direct Admits

COVID-19 Core ILI Symptom(s)[‡] (new/worse or unexplained)	COVID-19 GI Symptom(s)[‡] (new/worse and unexplained)	COVID-19 Expanded Symptom(s)[€] (new/worse and unexplained)
<input type="checkbox"/> Cough <input type="checkbox"/> Fever/chills/rigors o Adults >37.8°C o Pediatrics ≥38.0°C <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Sore throat/painful swallowing <input type="checkbox"/> Runny nose/nasal congestion	<input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea (≥3 episodes of vomiting and/or diarrhea in a 24hr period)	<input type="checkbox"/> Headache <input type="checkbox"/> Myalgia (muscle pain)/arthralgia (joint pain) <input type="checkbox"/> Fatigue/extreme exhaustion <input type="checkbox"/> Nausea/sudden loss of appetite <input type="checkbox"/> Loss of/change to sense of smell (anosmia)/taste (dysgeusia) <input type="checkbox"/> Conjunctivitis/red eye/chemosis (conjunctival edema) <input type="checkbox"/> Altered mental status <input type="checkbox"/> Any additional symptoms at clinician's discretion (e.g. skin manifestations such as "COVID toes")



If there is a plausible, alternate (non-COVID-19) clinical diagnosis as determined by the MRHP (Most Responsible Healthcare Provider) AND patient does not have any Risk Factor(s)[€], then neither COVID-19 testing or COVID-19-related isolation are required

Alternate Diagnosis: _____

Physician/Nurse Practitioner: _____

IPC Notified (as per site process): _____

Date: _____

Time: _____

- Risk Factor(s)[€]**
- Had close contact* with a confirmed or probable case of COVID-19 within 14 days before illness onset
 - Had close contact* with a person with acute respiratory illness who has travelled anywhere outside of Canada in the 14 days before their illness
 - Travelled anywhere outside of Canada within the last 14 days
 - Had laboratory exposure to biological material known to contain COVID-19 virus
 - Associated with any healthcare unit/facility, congregate living, or other (e.g. workplace or social gathering) COVID-19 outbreak/cluster
 - Had a positive COVID-19 test within the last 14 days
- *A close contact is someone who:
- Provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with the person without consistent and appropriate use of personal protective equipment OR
 - Lived with or otherwise had close prolonged contact (within 2 metres) with the person while the person was infectious OR
 - Had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

NOTE: This algorithm addresses COVID-19 testing only. Clinicians should order other diagnostic tests as indicated