AHS Acute Care COVID-19 Expanded Testing Algorithm

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

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

COVID-19 Core ILI Symptom(s)¥ (new/worse or unexplained)
- Cough
- Fever/chills/rigors
  - Adults ≥37.8°C
  - Pediatrics ≥38.0°C
- Shortness of breath
- Difficulty breathing
- aO2 saturation or aO2 requirement
- Sore throat/painful swallowing
- Runny nose/nasal congestion

COVID-19 GI Symptom(s)± (new/worse and unexplained)
- Vomiting
- Diarrhea

COVID-19 Expanded Symptom(s)€ (new/worse and unexplained)
- Headache
- Myalgia (muscle pain)/arthralgia (joint pain)
- Fatigue/extreme exhaustion
- Nausea/sudden loss of appetite
- Loss of/change to sense of smell (anosmia)/taste (dysgeusia)
- Conjunctivitis/red eye/chemosis (conjunctival edema)
- Altered mental status
- Any additional symptoms at clinician’s discretion (e.g. skin manifestations such as “COVID toes”)

Does patient have at least ONE Core Respiratory Symptom¥ present?
- YES
  - Implement Contact & Droplet Precautions
  - Order lab test(s) for COVID-19, Influenza A/B, other tests as indicated
  - Notify IPC as per site process

Does patient have at least ONE GI Symptom± present?
- YES
  - Implement Contact & Droplet Precautions
  - Order lab test(s) for COVID-19, other enteric tests as indicated (e.g., CDT, enteric screen, etc.)
  - Notify IPC as per site process

Has patient initially tested positive for COVID-19 greater than 14 days ago but within the previous 90 days?
- YES
  - Refer to page 2 for Previously Positive COVID-19 (recovered/cleared) algorithm

Does patient have any of the COVID-19 Risk Factor(s)£?
- YES
  - Implement Contact & Droplet Precautions
  - If patient has any Expanded Symptom(s)€, order lab test for COVID-19
  - Notify IPC as per site process

COVID-19 Risk Factor(s)£
- Returned from a country/area where COVID-19 is known to be circulating (including other areas of Canada or Alberta) within the last 14 days
- Close contact* of a person with acute respiratory illness who returned from a country/area where COVID-19 is circulating (including other areas of Canada or Alberta) in the 14 days before their illness
- Close contact* of a confirmed or probable case of COVID-19 within 14 days before illness onset
- Associated with any healthcare unit/facility, congregate living, or other (e.g. workplace or social gathering) COVID-19 outbreak within the last 14 days. Refer to link: COVID-19 outbreak
- COVID-19 test: positive COVID-19 within the last 14 days or currently pending
- Had laboratory exposure to biological material known to contain COVID-19 virus within the last 14 days
- Direction has been given for the patient to remain on Contact and Droplet Precautions, quarantine or self isolation

* A close contact is someone who:
  - Provided direct care for the case, (including HCW, family members or other caregivers), or who had other similar close physical contact (e.g., intimate partner, hug, kiss, handshake) without consistent and appropriate use of personal protective equipment (PPE) OR
  - Lived with or otherwise had close prolonged contact which may be cumulative, i.e., multiple interactions for a total of 15 min or more and within two metres with a case without consistent and appropriate use of PPE and not isolating OR
  - Had direct contact with infectious bodily fluids of a case (e.g., shared cigarettes, glasses/bottles, eating utensils) or was coughed or sneezed on while not wearing recommended PPE.

Does patient have any Expanded Symptom(s)€?
- YES
  - Order lab test for COVID-19
  - Follow Routine Practices (including continuous masking and eye protection)

If unable to assess patient due to altered mental status/decreased level of consciousness, place patient on Contact & Droplet Precautions and order lab test for COVID-19
Previously Positive COVID-19 (Recovered/Cleared)

For patient(s) who initially tested positive for COVID-19 greater than 14 days ago but within the previous 90 days

Does patient have **ANY NEW COVID-19 symptoms** (Core Respiratory\(^\*$\), GI\(^\*$\), or Expanded\(^\*$\))?  

- NO  
  - Follow Routine Practices (including continuous masking and eye protection)

- YES
  - Does patient have **ANY** of the following:
    - New COVID-19 Risk Factor(s)\(^\*$\)
    - Is immunocompromised
    - Is a healthcare worker
    - has severe illness that could be due to COVID-19 (e.g. progressing pneumonia)

- NO
  - Implement Contact & Droplet Precautions
  - Order lab test for COVID-19
  - MRHP to order other test(s) and investigations as clinically indicated
  - Notify IPC as per site process

- YES
  - If symptom(s) present:
    - Core respiratory → Contact and Droplet Precautions
    - GI → Contact Precautions (diarrhea) or Contact and Droplet (vomiting)
    - Expanded → Routine Practices, including continuous masking and eye protection
    - MRHP to order other test(s) and investigations as clinically indicated
    - Notify IPC as per site process

  **Note:** With the emergence of variant COVID-19 strains, testing guidance may change. If there is concern about infection due to a variant COVID-19 strain, please consult IPC.

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**Note:** If the clinician decides to re-test for COVID-19 because of concerns about re-infection and core respiratory symptoms are present, Respiratory Pathogen Panel (RPP) and other clinically indicated tests should also be ordered.

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If there is a plausible and strongly supported, 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.

If patient has COVID-19 Core Respiratory Symptoms other than fever, alternate diagnosis cannot be used.