

Viral Respiratory Illness Guidance for Community Providers

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Preamble

Intended Audience

Part A (pre-screening): for all community providers including pharmacy, dentistry, optometry, primary care providers, physiotherapy, etc.

Parts B (risk assessment), C (testing) and D (management): for all community providers whose scope of practice includes assessing and treating patients with respiratory symptoms.

Assumptions & principles

The guidance:

- Is meant to be general guidance and not intended to be an explicit algorithm or pathway
- Provides optional links to decision aids and resources
- Leaves significant room for clinical judgement and options to deliver patient centered care
- Is based on currently available information and subject to change based on emerging evidence and government direction
- Should ideally be accessed only through a live link, not printed, due to the risk of changing evidence and direction impacting the guidance

Acronym Dictionary

HCW	Health Care Workers
MAB	Monoclonal Antibody
OAV	Oral Antiviral
PCP	Primary Care Provider
PCR	Polymerase Chain Reaction (test)
PCRA	Point of Care Risk Assessment
POCT	Point of Care Test
PPE	Personal Protective Equipment
RAG	Red, Amber, Green
RAT	Rapid Antigen Test

Viral Respiratory Illness Guidance for Community Providers

Quick Links:

[COVID-19 Testing](#)

[Provider Resources](#)

[Patient Resources](#)

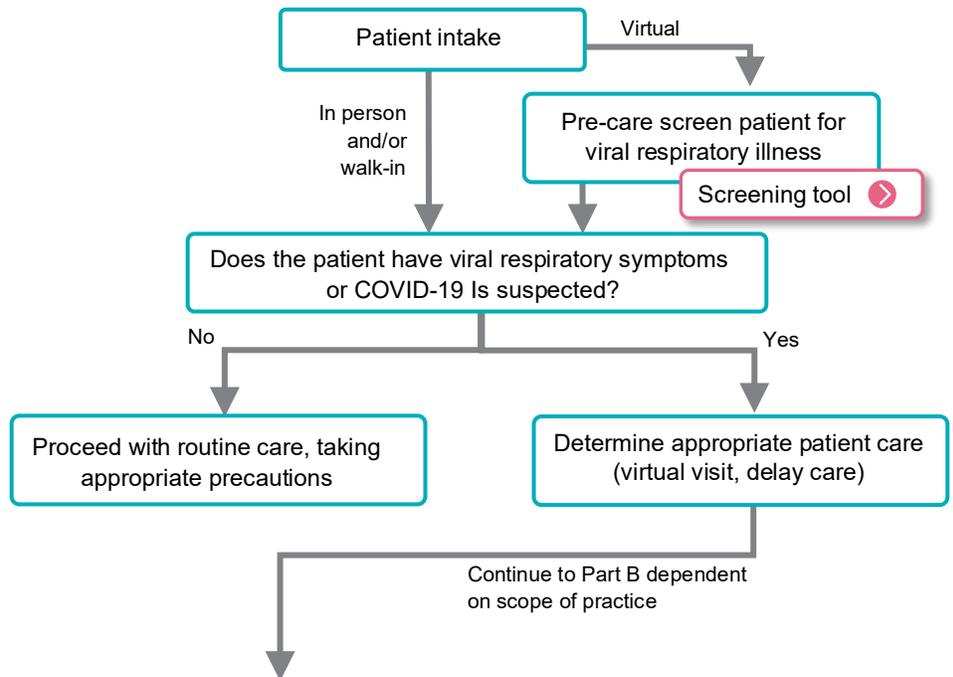
Part A: Pre-Screening for All Community Providers (Pharmacy, Dentistry, Optometry, Primary Care Providers, Physiotherapy, etc.)

Note: to reduce the spread of Respiratory Viruses and keep patients and community providers safe, community providers and individuals are encouraged to, as much as possible:

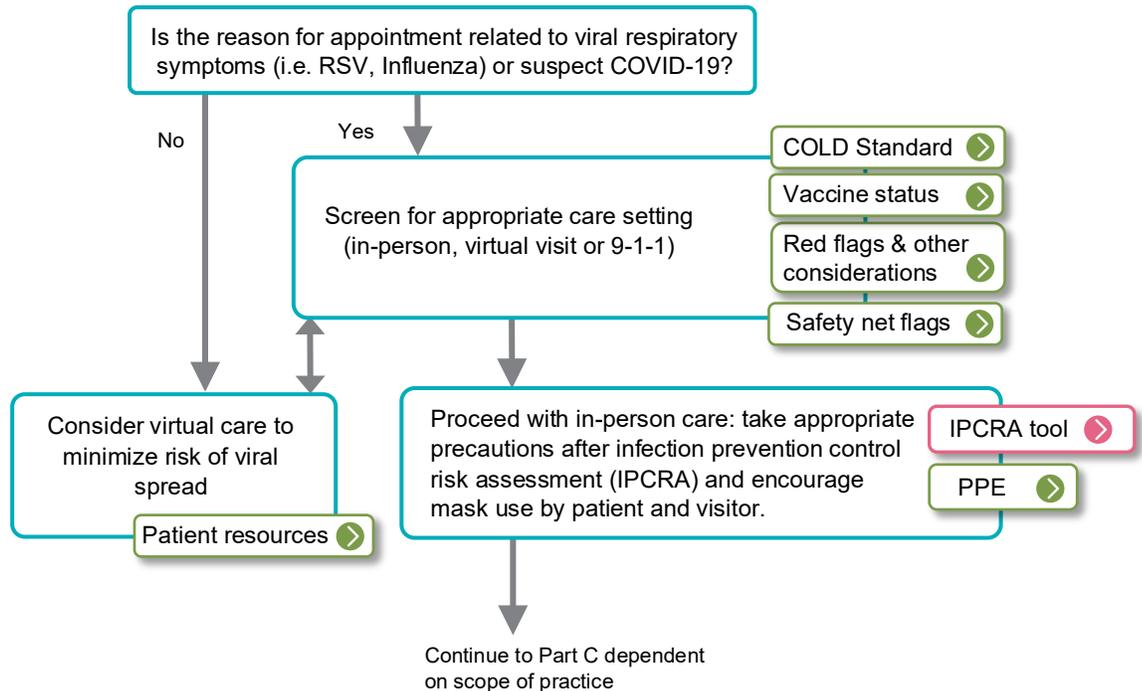
Patient related actions:

- Use virtual care options when appropriate
- Consider masking based on POC risk assessment
- Avoid sending people to ER/Urgent Care unless necessary (eg: do not send well people in for testing)
- Refer people to online self-assessment and how to stay home safely ([COVID-19 Self-Assessment \(alberta.ca\)](#))

Encourage individuals to safely manage in their home (see: [Navigating COVID](#))



Part B: Viral Respiratory Illness (i.e. RSV, Influenza) Risk Assessment for Community Providers assessing and treating patients with respiratory symptoms



Viral Respiratory Illness Guidance for Community Providers

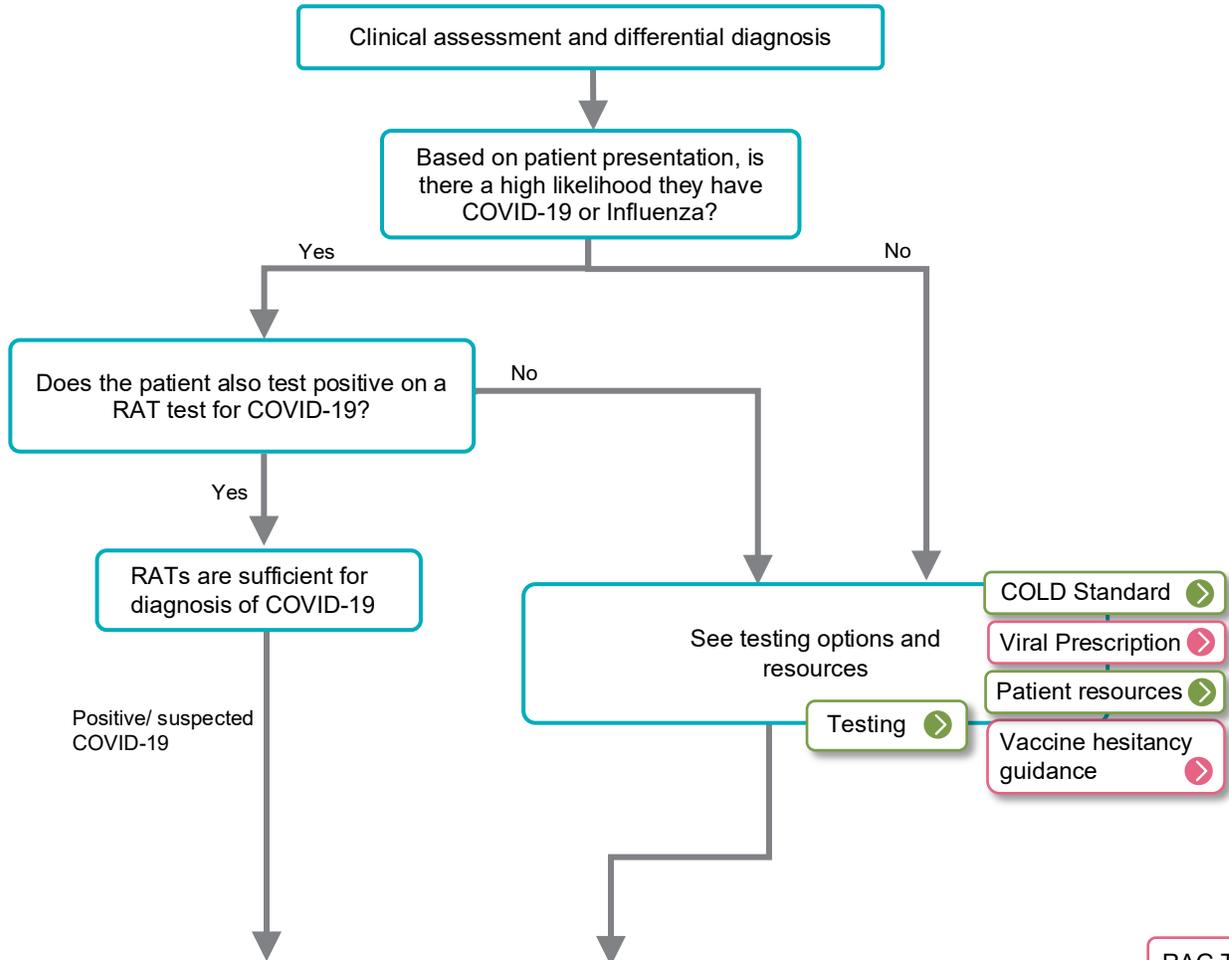
Quick Links:

[COVID-19 Testing](#)

[Provider Resources](#)

[Patient Resources](#)

Part C: Viral Respiratory Illness Testing for Community Providers assessing and treating patients with respiratory symptoms



Part D: Management of people with suspected respiratory viral illness Community providers assessing and treating patients with respiratory symptoms

[RAG Tool](#)

[Flu Resources](#)

[Provincial COVID-19 Primary Care Management Pathway](#)

Expanded Details

General red flags (see additional maternity and pediatric red flags, below)

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in chest
- Cold, clammy or pale mottled skin
- New onset of confusion
- Blue lips or face
- Becoming difficult to rouse
- Coughing up blood
- Reduced urine output
- Return of cough after period of improvement (may signal development of COVID-19 pneumonia)
- Return of fever after afebrile period (may signal development of COVID-19 pneumonia)
- Oxygen saturation - helpful tool to indicate disease severity when available
 - If previously healthy lungs or previously documented normal O₂ sat – a new reading of < 92% is a red flag
 - If underlying lung disease with documented low normal O₂ sat at baseline – a new reading of < 90% is a red flag
 - If patient on home oxygen normally and their O₂ requirements increase with COVID-19 illness – this is a red flag

Maternity patients (in addition to above red flags)

- Orthopnea or paroxysmal nocturnal dyspnea (PND)
- Fever $\geq 38^{\circ}\text{C}$ despite use of acetaminophen
- Weakness limiting activities of daily living (ADLs)
- Persistent nausea and vomiting >12 hours
- Obstetrical complaints such as:
 - Regular uterine contractions
 - Ruptured membranes
 - Vaginal bleeding
 - Decreased fetal movement
- Oxygen saturation:
 - Helpful tool to indicate disease severity when available
 - A reading of <95% is a red flag for all pregnant women
 - If patient on home oxygen normally, and the O₂ requirements increase with viral respiratory illness, this is a red flag

See pediatric red flags, next page

Pediatric patient red flags

- Respiratory distress: tachypnea, cyanosis, indrawing, accessory muscle use, grunting
- New onset of acute GI symptoms: abdominal pain, vomiting, diarrhea
- Reduced urine output or signs of dehydration
- Rash, non-purulent conjunctivitis, or muco-cutaneous inflammation
- Fever with temperature > 38°C for three consecutive days or more
 - Signs of shock: lethargy, non-responsiveness, altered mental status

Considerations in determining in-person or virtual visit

Where possible, consider virtual assessment to minimize risk of viral spread. Key factors include:

- Reason for visit
- Patient preference
- Pregnancy
- [Patient and provider's COVID-19 and influenza immunization status](#)
- Physical, mental, cognitive or technology barriers to assessment
- Ability for symptomatic patient to wear mask at in-person appointment
- Age, ethnicity, frailty, socioeconomic status, co-morbidities, immunosuppression
- Local risk factors including outbreaks, immunization rates and Acute Care burden

Vaccine/immunization status

- A person is considered partially immunized after 14 days have passed since they received the first of two doses in a two-dose COVID-19 vaccine series. The risk of becoming sick after exposure to COVID-19 and spreading the virus to others is lower for a partially immunized person.
- A person is considered fully immunized (with or without booster) after 14 days have passed since they received the second dose in a two-dose COVID-19 vaccine series. A second dose of vaccine provides longer lasting immunity against COVID-19.
- A person is considered fully immunized (with or without booster) after 14 days have passed since they received the only dose in a one-dose COVID-19 vaccine series.
- [COVID-19 Vaccine Frequently Asked Questions | Alberta Health Services](#)
- [Palivizumab \(Synagis®\) Alberta RSV prevention program- Frequently asked questions](#)
- [Influenza Immunization](#)

Safety net flags (social considerations)

- Socially isolated (lives alone, unable to connect with others through technology, little to no social network)
- Lack of caregiver support if needed
- Inability to maintain hydration (diarrhea, vomiting, cognitive impairment, poor fluid intake)
- Food/financial insecurity
- Receive homecare support
- Challenges with health literacy or ability to understand treatment recommendations or isolation expectations
- Ability to self-manage

Managing Respiratory Tract Infections (RTIs): Virtual Care and COVID-19

Choosing Wisely: The Cold Standard: [Download the full toolkit](#)

Managing Respiratory Tract Infections

	CAN BE MANAGED VIRTUALLY OR IN PERSON (Use Viral Prescription)	SHOULD BE ASSESSED IN PERSON (To assess the need for immediate or delayed antibiotics, whether or not antibiotics are prescribed*)
SUSPECTED OR CONFIRMED COVID-19	<ul style="list-style-type: none"> Fever Respiratory symptoms No shortness of breath 	<ul style="list-style-type: none"> Shortness of breath or hypoxia (if monitoring available) Concerns of dehydration Suspicion of secondary bacterial infection Any red flags**
EAR PAIN (In children over 6 months of age)	<ul style="list-style-type: none"> Symptoms <48 hours Fever <39°C Pain controlled with oral pain medication Otherwise feels well 	<ul style="list-style-type: none"> Symptoms >48 hours despite adequate pain medications Fever ≥39°C Feels unwell
SORE THROAT	<ul style="list-style-type: none"> Mild symptoms <48 hours Low suspicion for bacterial pharyngitis, e.g.: <ul style="list-style-type: none"> Over 15 or less than 3 years of age No fever Presence of cough or runny nose 	<ul style="list-style-type: none"> Persistent or worsening symptoms >48 hours, OR High suspicion of bacterial pharyngitis, e.g.: <ul style="list-style-type: none"> Severe pain No cough or runny nose Fever without alternate cause
SINUS CONGESTION	<ul style="list-style-type: none"> Mild symptoms <7 days No red flags*** 	<ul style="list-style-type: none"> Presence of red flags***
COPD EXACERBATION	<ul style="list-style-type: none"> Patient able to do their activities of daily living Patient known to provider and reliable for virtual follow-up 	<ul style="list-style-type: none"> Patient is too short of breath to do their activities of daily living
SUSPECTED PNEUMONIA	<ul style="list-style-type: none"> Assess in person 	<ul style="list-style-type: none"> Assess in person
INFLUENZA-LIKE ILLNESS, BRONCHITIS, COMMON COLD, ASTHMA	<ul style="list-style-type: none"> High fever controllable with antipyretic Cough Congestion Body aches Mild GI symptoms 	<ul style="list-style-type: none"> Concerns of dehydration Suspicion of secondary bacterial infection Any red flags**

***See table on role of antibiotics**

****Red flags for patient with viral infection:**

- For children, may include fast breathing or trouble breathing, bluish lips or face, ribs pulling in with each breath, chest pain, child refuses to walk, signs of dehydration, history of seizure, any fever in child <12 weeks of age.
- In adults, may include difficulty breathing or shortness of breath, acute chest pain or abdominal pain, dizziness, confusion, signs of dehydration.

*****Red flags for patient with sinusitis:**

- Altered mental status, headache, systemic toxicity, swelling of the orbit, change in visual acuity, neurologic deficits.

PPE/Infection prevention and control

1. Respiratory Masking Recommendation

- HCWs and patients should perform hand hygiene upon entry to clinic.
- Physicians/staff can perform an Infection Prevention and Control [Risk Assessment](#) (IPCRA) including a COVID-19 symptom and risk factor assessment to determine PPE requirements.
 - See Updates to [AHS Continuous Masking – Frequently Asked Questions](#)
 - Use a procedure/surgical mask not a cloth/fabric mask with additional eye protection for concerns about potential blood/body fluid exposure(s)
- Clinic staff may request that patients wear a medical mask upon entering the clinic.
- Consider the following best practices for in-person appointments:
 - [CPSA Preventing Transmission of Respiratory Infection in Community Medical Clinics](#)
 - [CPSA COVID-19 Guidance for Community Medical Clinics](#) including [Infection Prevention and Control Risk Assessment \(IPCRA\)](#)
- It is recommended that health care workers who work in multiple sites, including continuing care settings, confirm the masking recommendations, guidelines, and requirements for each site.
 - Note [PPE guidance](#) for all AHS operated and contracted facilities including continuing care sites.

2. Isolation & Return to Work Recommendations

- HCWs continue to have [access to at-home rapid antigen tests](#) that can be used to determine if their symptoms are related to a COVID-19 infection.
- Molecular testing is not required unless the worker's healthcare provider determines it is critically needed for the purposes of clinical management and treatment.
- If HCWs have COVID symptoms but test negative (two RATs 24 hours apart or one PCR) it is recommended they stay home until:
 - symptoms have improved, AND
 - they feel well enough to resume normal activities, AND
 - they have been free of fever for 24 hours without the use of fever-reducing medication
- If HCWs have COVID symptoms and test positive (or don't test) it is recommended that they isolate at home for 5 days or are fever free for 24 hours, whichever is longer, and mask at work for an additional 5 days.
- If COVID positive and asymptomatic, it is recommended that the HCW isolates at home for 5 days.
- In order to minimize transmission of respiratory viruses and keep each other safe, it is recommended that HCWs:
 - Stay home when sick (as above)
 - Stay up to date with all routine immunizations, including COVID-19 and influenza vaccine.
 - Maintain good respiratory etiquette and hand hygiene
 - It is especially important that anyone who has recently been sick with a respiratory virus wear a mask when around anyone who is at risk for severe outcomes from respiratory virus infections (e.g. elderly or immunocompromised)

Where do I get PPE?

PPE supplies should be purchased through your usual process (private vendor or [purchase PPE from AHS order form](#)).

Please email PHC@ahs.ca if you have any questions.

Options for COVID-19 testing

1. Rapid testing for primary care physician and staff testing

WHO:

- Symptomatic staff should do a rapid test at home and NOT come to work

HOW:

- Staff/physicians should do a rapid self-test. Rapid self-test is sufficient for diagnosis of COVID-19.
- Eligibility for molecular testing is limited to critical situations where the test result will inform treatment and clinical decisions.
- Employer may access free rapid tests through [Government of Alberta](#)

REPORTING:

- Advise staff member of test result and to [follow instructions \(see below\)](#)
- [Interim guidance on the use of rapid antigen detection tests for the identification of SARS-CoV-2 infection](#): Health Canada
- Do NOT report staff or your personal rapid test results to AH/AHS Public Health

2. Patient testing

Rapid tests for patients in primary care: RAT test kits used for clinical diagnosis of COVID-19 and treatment of patients can be ordered through AHS CPSM (Contracting, Procurement and Supply Management): [Requisition order form](#). Evidence indicates that swabbing of both mouth and nose is more effective at detecting COVID-19 when using a RAT. See table below for further instructions.

- Non-AHS Primary Care sites must follow the CPSA POCT guidelines: [Performance of Point-of-Care Testing in Unaccredited Settings: A Guideline for Non-laboratorians](#)

	Patient rapid self-test	Respiratory Testing in physician office
Who should test	People with COVID-19 symptoms	For people who: <ul style="list-style-type: none"> • Are eligible for COVID-19 or Influenza antiviral treatment OR • meet AHS COVID-19 testing criteria OR • For COVID-19 treatment and are eligible/ need consulting with Outpatient Treatment program. OR; • at risk for severe illness
Access to the test	Patient gets free rapid tests through: Rapid testing at home Alberta.ca	Patient calls PCP to determine if appropriate to do RAT or PCR test in office
How to do the test	Follow package instructions and Refer to How to test information	<ul style="list-style-type: none"> • Testing and treatment advice • How to do a PCR test in clinic • How to do a RAT swab for mouth and nose

	Patient rapid self-test	Respiratory_Testing in physician office
What to do with test results	Patient: <ul style="list-style-type: none"> • Call PCP if feel unwell • Follow RAG tools Patient and Provider: *See instructions below Provider: Follow up PCR ONLY for people who: <ul style="list-style-type: none"> • meet AHS testing criteria OR; • are eligible/need further consulting with Outpatient Treatment team, OR; • are high risk 	Patient: <ul style="list-style-type: none"> • Follow AHS instructions • Call PCP if feel unwell • Follow RAG tools Patient and Provider: *See instructions below
	Provider: <ul style="list-style-type: none"> • Follow Provincial Primary Care COVID-19 pathway • Consider other therapies for COVID-19 • Consider Outpatient treatment if eligible • Follow normal clinic documentation processes Additional reporting to Public Health/MOH is NOT required for positive or negative COVID-19 PCR tests done in Primary Care settings (outside of Continuing Care or Acute Care)	

When to test people at risk for severe illness

For specimen collection within physician offices:

The information below is to help guide your practice as you apply clinical judgment. Individuals who may require testing for respiratory illnesses in-office may meet the following criteria:

- Are [symptomatic](#), there is a high likelihood they have Influenza, or COVID-19 AND a confirmed diagnosis will impact the clinical plan of care or outcomes for the person e.g., person is deteriorating and confirmed diagnosis may inform medical management
- Meet the [treatment criteria](#) for COVID-19 and/or may benefit from outpatient COVID-19 or Influenza [management](#)
- Are most susceptible to severe outcomes of viral respiratory infection, especially those who are not fully vaccinated for COVID-19 or influenza
- Older adults (>60 years)
- People with existing chronic medical conditions (e.g., cardiovascular and liver disorders, lung disease, diabetes, high blood pressure, kidney disease, sickle cell disease, dementia, or stroke) or immune compromising conditions or on immunosuppressing medication.
- Individuals with a body mass index (BMI) ≥35
- Pregnant women (may also be at an increased for adverse pregnancy outcomes, e.g., preterm birth)
- Symptomatic caregivers and employees in high-risk settings (e.g., Continuing Care, Acute Care, other settings)
- Asymptomatic individuals such as:
 - Scheduled transplant donors and recipients as per guidelines
 - Starting on immunosuppressing medication

Serology testing

[COVID-19 The Science of Testing | Alberta Health Services](#)

- Serology testing for COVID-19 should NOT be used for diagnosis of acute COVID-19 infection or determining immune status. It is only available for [very select clinical situations](#) (ex. Multisystem inflammatory syndrome; pernio-like acral lesions or Chilblains (COVID-toes); vasculitis in young children; unusual neurologic or thromboembolic events)
- Serology testing is also being done in Alberta for surveillance serosurveys and research use

What to do with test results (COVID-19 Rapid Testing Guidelines)

Please visit: [Rapid testing at home | Alberta.ca](#)

For more details visit: www.alberta.ca/covid19

Performing in-lab polymerase chain reaction (PCR) testing for samples collected at primary care settings:

NOTE: PCR testing is not required for COVID-19 confirmation unless it is critical for the purposes of clinical management and treatment (ex. RAT is unavailable; confirmation of COVID-19 or other respiratory viruses will alter management and/or treatment in a high-risk individual)

- PCRs can be ordered through Dynalife/APL services.
- For PCR testing, APL recommends that physicians use a nasopharyngeal (NP) swab in universal transport media “UTM/VTM” distributed by APL/AHS specifically for SARS-CoV-2 PCR and other respiratory virus testing.
 - Note: NP swabs are more reliable for influenza than throat swabs
 - If used, throat swabs in UTM should only be used when only COVID-19 testing is requested
- When sending sample:
 - The [COVID-19 and Other Respiratory Viruses Requisition](#) OR
 - One of the AHS_clinical information systems (e.g., Connect Care, Sunrise Clinical Manager, Meditech)
- Do NOT use APTIMA® Multitest or Unisex Swabs or Copan Eswabs for COVID-19 testing. APTIMA® swab specimen collection kits are the only collection kits available for Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) nucleic acid testing in Alberta as these swabs are in short supply due to global demand
- RPP (respiratory pathogen panel) mostly used for Acute Care and Congregate Care, is ordered only rarely if clinically indicated and meets the criteria.
- How to collect an accurate NP swab
 - Written directions: [Collection of a Nasopharyngeal and Throat Swab for Detection of Respiratory Infection | AHS](#)
 - Video: [Swab Tube Demo](#)
- Follow your normal specimen labelling and transport processes

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- The ordering provider is responsible for informing the patient of the COVID-19 PCR result
 - If the ordering physician is an MOH, notification will come through the public health system

Outpatient treatment for COVID-19 and Influenza

- [Outpatient Treatment for COVID-19 | Alberta Health Services](#)
- [Respiratory Virus Testing and Management Approach: Community Provider Guidance](#)

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Background

About this guidance

This guidance was developed at the direction of Alberta Health to assist community providers to screen, test and manage patients with viral respiratory illness in a COVID-19 Omicron Environment.

Over 150 individuals were engaged in the development of this guidance including:

- Primary Care Physicians across all zones
- Primary Care Networks and Zone COVID-19 committees
- Alberta Medical Association and Accelerating Change Transformation Team
- Alberta College of Family Physicians
- Canadian College of Family Physicians and Choosing Wisely
- Alberta Health Services leadership including
 - o Zone Operations
 - o Executive Leadership Team
 - o Public Health
 - o Infection Prevention and Control
 - o Emergency Coordination Center
 - o Corporate Communications
 - o Health Link
 - o Workplace Health and Safety
 - o Legal
 - o Maternal Newborn Child and Youth Strategic Clinical Network
 - o CPSM (Contracting, Procurement and Supply Management)
- Alberta Precision Laboratories
- Alberta Health
- Indigenous Health and FNIHB
- Alberta Federation of Regulated Health Professions
- Alberta Pharmacists Association
- College of Physicians and Surgeons of Alberta
- TARRANT

Authors and conflict of interest declaration

This pathway was reviewed in January 2022. Names of participating reviewers and their conflict of interest declarations are available on request.

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PROVIDER RESOURCES

AHS community physician webpage	www.ahs.ca/covidphc
AH Billing codes	<ul style="list-style-type: none"> • www.alberta.ca/bulletins-for-health-professionals.aspx • https://open.alberta.ca/publications/bulletin-alberta-health-care-insurance-plan-medical-services
Choosing Wisely Cold Standard	https://choosingwiselycanada.org/perspective/the-cold-standard
Alberta Medical Association (AMA)	www.albertadoctors.org/about/COVID-19
ACFP	https://acfp.ca/tools-resources/covid-19-resources/
CPSA	<ul style="list-style-type: none"> • COVID-19-Guidance-for-Community-Medical-Clinics.pdf (cpsa.ca) • https://cpsa.ca/news/resources-for-physicians-during-covid-19 • https://cpsa.ca/wp-content/uploads/2020/07/General-IPAC-Standards.pdf

COVID-19 AND INFLUENZA IMMUNIZATION RESOURCES

AHS	<p>COVID-19 Immunization FAQ for Community Physicians</p> <ul style="list-style-type: none"> • www.ahs.ca/assets/info/ppih/if-ppih-covid-19-primary-care-faq.pdf <p>Influenza Immunization</p> <ul style="list-style-type: none"> • www.ahs.ca/influenza
Government of Alberta	<ul style="list-style-type: none"> • COVID-19 vaccine : questions and answers for the public and healthcare practitioners - Open Government • Using Antiviral drugs for Seasonal Influenza
Alberta Medical Association	<p>Be a Vaccine Positive Clinic (toolkit)</p> <ul style="list-style-type: none"> • www.albertadoctors.org/about/COVID-19/vaccine-positive-clinic-toolkit
Centre for Effective Practice	<ul style="list-style-type: none"> • Answering Questions about COVID-19 Vaccines: A Guide for Healthcare Providers • ProTCT Plan for the COVID-19 Vaccine Discussion
Canadian Medical Protective Association (CMPA)	<ul style="list-style-type: none"> • Vaccinating: Doing it safely, and addressing vaccine hesitancy and refusal • www.cmpa-acpm.ca/en/covid19/vaccination
University of Calgary	<p>Vaccine Hesitancy Guide</p> <ul style="list-style-type: none"> • www.vhguide.ca/

PATIENT RESOURCES (1 of 2)

COVID-19 Websites & Self-Management Resources	
Government of Alberta: Info for Albertans	www.alberta.ca/coronavirus-info-for-albertans.aspx
Alberta Health Services: Info for Albertans	www.ahs.ca/topics/Page16944.aspx
MyHealth.Alberta.ca Resources	<ul style="list-style-type: none"> • COVID-19: How to manage symptoms • COVID-19: Care instructions • COVID-19: What you need to know
Post-COVID-19 Resources	
Alberta Healthy Living Program (AHS)	These classes are open to all zones/any Albertan over the age of 18 and are free of charge: Video Series - Helping You Feel Better After COVID-19
Getting Healthy After COVID-19	www.ahs.ca/topics/Page17397.aspx
COVID-19 Translated Resources (available in multiple languages)	
How to care for a COVID-19 Patient at Home (AHS)	www.ahs.ca/topics/Page17026.aspx
COVID-19 videos, webinars, podcasts available in multiple languages	Alberta International Medical Graduates Association (HealthHub for Newcomers): https://aimga.ca/healthhub
Mental Health Resources	
Mental Health resources (AHS)	www.ahs.ca/topics/Page17311.aspx
Mental Health Helpline	Phone 1-877-303-2642 for 24/7 assistance
Help in Tough Times – resource page	www.ahs.ca/amh/Page16759.aspx
Togetherall <ul style="list-style-type: none"> • Clinically moderated free online peer-to-peer mental health community 	A safe community to support your mental health, 24/7 <ul style="list-style-type: none"> • https://togetherall.com/en-ca

Patient resources continue on next page

PATIENT RESOURCES (2 of 2)

Mental Health Resources cont'd	
<p>Text 4 Hope</p> <ul style="list-style-type: none"> Free daily text messaging services 	<p>COVID-19 Supporting Mental Health & Wellness</p> <ul style="list-style-type: none"> www.ahs.ca/topics/Page17019.aspx
Smoking Cessation Resources	
<p>Smoking cessation</p>	<p>There is increasing evidence that smoking cessation may help to reduce the impact of COVID-19.</p> <ul style="list-style-type: none"> www.albertaquits.ca
Advanced Care Planning	
<p>Advanced care planning</p>	<p>Patients should also be counseled on advanced care planning, including: choosing an agent, communicating their values and documenting these in a Personal Directive.</p> <ul style="list-style-type: none"> www.conversationsmatter.ca