

Preamble:

Albertans who become ill with COVID-like symptoms and who are eligible for treatment will need a [requisition](#) from their primary care provider to have a test done at an AHS assessment/swabbing location. Note, too, that COVID-19 rapid antigen testing kits are widely available, free of charge, and can be used by anyone with symptoms for self-diagnosis. Patients can be directed to [participating pharmacies](#).

- COVID-19 Positive Rapid Antigen Tests are sufficient for prescribing Paxlovid™ to those who are [eligible for oral antiviral treatment](#)
- Only COVID-19 testing will occur at AHS swabbing sites
- Testing can also be sent to Alberta Precision Laboratory for patients with COVID symptoms who are eligible for treatment; it **should not** have the MOH as the ordering physician as they will not be responsible for follow up care.
- Symptomatic healthcare workers and other workers in specific high-risk settings, can continue to **self-refer** and [book a molecular test](#) without a physician referral. These tests will be ordered under the Medical Officer of Health (MOH).
- Patients will receive SMS COVID-19 test result notifications and can access results via MyhealthAB. Primary care providers can access COVID-19 results via Netcare and Alberta Precision Laboratory will continue to send reports based on your indicated preference.

This recommendation below is not inclusive of all scenarios that may present in Primary Care. Its advice is reliant on the providers' clinical discretion and scope of practice including clinic operational circumstances.

Practical considerations¹

- If a patient performs an at-home RAT², verify how the test was done including timing, and how the results presented. Positive results can be accepted for treatment based on provider's clinical discretion, and patients can be asked to show a photo or the test itself. Negative rapid antigen tests should be repeated 24-48 hrs from initial test
- Ensure the test results are recent and positive.
- Consider the possibility of a false positive RAT² result such as reactions with other liquids/foods.
- **If repeated RAT² is negative/inconclusive** and clinical suspicion remains high, collect, and send swab for PCR⁴/molecular testing at clinic **or** Lab collection **or** send patient to testing/assessment site. The patient will need a [requisition](#) **faxed** to the central Province wide Health Link line **(403-943-6700)** to access testing at an AHS swabbing site.

Key Treatment Resources

- Paxlovid™ for COVID-19- Refer to [Clinical Resource Guide](#) for treatment eligibility criteria and the [Paxlovid™ pharmacy location map](#)
- Refer to [AHS Outpatient Treatment Program](#)

1. Practical Considerations: adapted from [PracticeTool1_AssessmentGuideforClinicians.pdf \(bccdc.ca\)](#)
2. RAT: Rapid Antigen test. Optimal RAT positivity is 2-5 days from symptom onset. RAT kits can be ordered through your local lab ordering processes
3. HCP: Health Care Provider
4. PCR: Polymerase chain reaction
5. POCT= point of care test. Can be a rapid antigen test or other COVID-19 test approved by Health Canada for point of care use such as IDnow, rapid PCR, etc

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| <p>Patient Presentation to Primary Care (virtual or in person):</p> | <p>Viral Testing options (attached patients) <i>*Options reliant on provider’s clinical discretion including clinic(s) operational circumstances</i> <i>**A RAT² is sufficient for prescribing Paxlovid™ to those eligible for COVID-19 treatment</i></p> |
| <p><i>A. Symptomatic (with viral respiratory illness), test not completed</i></p> <p><u>*COVID-19 and viral respiratory symptoms</u></p> <p><i>*Advice reliant on provider’s clinical discretion including clinic operational circumstances</i></p> | <p>1. Rule out COVID-19:</p> <ul style="list-style-type: none"> ○ Are you confident (no potential confirmation needed) in the patient’s ability AND the patient has access to a RAT²? <ul style="list-style-type: none"> a. Yes <p>Proceed with at home RAT² options, review results, and consider treatment if eligible:</p> <ul style="list-style-type: none"> ○ Request patient to self-administer test and if possible, share a photo of the completed results OR ○ Ask patient to bring RAT² kit to office and observe administration by patient OR ○ Virtual option (if possible) to have a HCP³ observe home RAT² administration by patient <ul style="list-style-type: none"> b. No/ other reason (i.e., patient does not have access to at-home RAT²) <p>Proceed with options:</p> <ul style="list-style-type: none"> ○ Ask patient to come to office for a POCT⁵ performed by a HCP³ OR ○ Collect viral sample in clinic and send to laboratory for testing using the COVID-19 and other respiratory viruses requisition OR ○ If eligible for COVID-19 treatment, send patient for COVID-19 testing via AHS online booking <ul style="list-style-type: none"> i. FAX lab requisition (COVID-19 and other respiratory viruses requisition) to the central Province wide Health link fax number (403-943-6700) <p>Ordering provider to review results via Netcare, document as per practice standards, and consider treatment for either COVID-19 (if eligible), antiviral treatment for Influenza, or other viral respiratory pathogen treatment per practice.</p> <p>NOTE: For individuals with Influenza-like illness symptoms who have had contact with confirmed COVID-19 or Influenza(s), assume they have either COVID-19 or Influenza.</p> |
| <p><i>B. Symptomatic with Positive COVID-19 test results</i></p> | <p>1. Does the patient fall within any of the following high-risk for poor outcome groups: Health Care worker, Group home/Shelter or Correctional staff, OR live and work in isolated/remote First Nations Communities AND swab result determined by a Lab?</p> <ul style="list-style-type: none"> a. Yes |

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| <p>*Advice reliant on provider’s clinical discretion including clinic operational circumstances</p> | <ul style="list-style-type: none"> ▪ If molecular test completed, proceed with reviewing results and consider treatment if eligible and applicable b. No- proceed to #2. <p>2. If at-home RAT² was completed AND you are confident in patient’s skill and ability to successfully administer an at-home RAT¹</p> <ul style="list-style-type: none"> a. Yes <ul style="list-style-type: none"> • Proceed with reviewing RAT² results, and consider treatment if eligible b. No/other reason (i.e., need to confirm COVID-19 results) <p>Proceed with options:</p> <ul style="list-style-type: none"> ○ Ask patient to come to office for a POCT⁵ performed or RAT² observed by HCP³ OR ○ Collect viral sample in clinic, send to laboratory for testing (using the “COVID-19 and other respiratory viruses requisition”) OR ○ Send patient for COVID-19 testing via AHS online booking <ul style="list-style-type: none"> i. FAX lab requisition (COVID-19 and other respiratory viruses requisition) to the central Province wide Health link fax number (403-943-6700) <p>Ordering provider review results via Netcare, document as per practice standards and consider treatment if patient eligible</p> |
| <p>C. Symptomatic with Negative at-home RAT²</p> <p>*Advice reliant on provider’s clinical discretion including clinic operational circumstances</p> | <p>1. Does the patient fall within any of the following high-risk of poor outcome groups: Health Care worker, Group home/Shelter or Correctional staff, OR live and work in isolated/remote First Nations Communities?</p> <ul style="list-style-type: none"> a. Yes <ul style="list-style-type: none"> ▪ *Repeat RAT (in office, or virtual) 24hr-48hr post initial RAT² or send patient for COVID-19 testing via AHS online booking ▪ Consider diagnosis of influenza and need for antiviral treatment b. No/ other reason <p>Proceed with options:</p> <ul style="list-style-type: none"> ○ *Repeat RAT² 24hr- 48hr post initial negative RAT² OR |

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| | <ul style="list-style-type: none"> ▪ Ask for repeat at-home RAT² (if possible, share photo or observe self-administration) OR ▪ Bring in RAT² kit to office and watch administration by patient ○ Conduct HCP³ administered POCT⁵ OR ○ Collect viral sample in clinic and send to laboratory for PCR³ testing (“COVID-19 and other respiratory viruses requisition”) OR ○ If relevant and needed, consider sending patient for COVID-19 molecular testing via AHS online booking <ul style="list-style-type: none"> i. FAX lab requisition (COVID-19 and other respiratory viruses requisition) to the central Province wide Health link fax number (403-943-6700) <p>Ordering provider to review results via Netcare, document as per practice standards, and consider treatment for either COVID-19 (if eligible) or other viral respiratory pathogen treatment per practice</p> <p>* If 2nd RAT² test still negative, consider diagnosis of influenza and need for antivirals. If COVID-19 diagnosis still likely and provider wants to confirm:</p> <ul style="list-style-type: none"> a) Collect viral sample in clinic and send to laboratory for PCR testing (“COVID-19 and other respiratory viruses requisition”) OR b) Consider sending patient for COVID-19 molecular testing via AHS online booking tool <ul style="list-style-type: none"> i. FAX requisition (COVID-19 and other respiratory viruses requisition) to the central Province wide Health link fax number (403-943-6700) <p>Ordering provider to review results via Netcare, document as per practice standards, and consider treatment for either COVID-19 (if eligible) or other viral respiratory pathogen treatment per practice</p> |
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If testing for influenza or another respiratory virus is indicated, a [nasopharyngeal swab](#) must be collected in clinic and submitted to the lab with the indications provided on the COVID-19 and other respiratory pathogens requisition. ONLY COVID-19 testing will be conducted at swabbing centers.

For further information on respiratory virus testing in Alberta see: <https://www.albertahealthservices.ca/assets/wf/lab/if-lab-hp-bulletin-covid-19-and-other-respiratory-virus-testing-changes.pdf>

For the COVID-19 and other respiratory viruses requisition see: <https://www.albertahealthservices.ca/frm-21701.pdf>

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For influenza activity in Alberta see: <https://www.alberta.ca/stats/influenza/influenza-statistics.htm>

| Special considerations | Details |
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| <i>Positive RAT, do not have access to a Family Doctor, or cannot get an appointment with one within 4 days of symptom onset</i> | <ul style="list-style-type: none"> Refer patient to Heath Link (811) where Outpatient COVID treatment program is available to support |
| <i>If Lab requisition cannot be found at assessment center/swabbing site</i> | <ul style="list-style-type: none"> Expect a call from patient with request to fax requisition directly to site OR Assessment/Swabbing center staff will determine eligibility prior to swab completion. Lab requisition will be modified to use the Outpatient COVID treatment Program Physician as the ordering physician OR Patient to return home and call Family Physician or 844 for assessment |
| <i>Live and work in remote First Nation (FN) or Metis community</i> | <ul style="list-style-type: none"> Ordered under the provincial MOH for FN communities, and the Zone MOH for Metis communities |
| <i>People who live or work in High-Risk settings</i> | <ul style="list-style-type: none"> Health care workers providing direct patient care in the following areas: <ul style="list-style-type: none"> AHS or Covenant health Home care Primary Care Diagnostic Imaging/ Lab clinics Medical Specialty Clinics Continuing Care and Licensed Supportive Living Sites Pharmacists and Pharmacy Technicians Other settings involving Face to Face patient care People with symptoms who live or work in isolated and remote First Nation, Inuit, and Métis communities. Group Home Workers, Shelter Workers, Correctional Staff People with symptoms who live or work in isolated and remote First Nation, Inuit, and Métis communities Individuals who provide services in a clinical care setting including hospitals, clinics, pharmacies |

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