

SUBJECT <b>Novel Coronavirus (COVID-19 formerly 2019-nCoV)</b>	DATE FIRST ISSUED: January 29, 2020
SECTION Disease Specific	DATE OF LAST REVISION REVISED: April 27, 2020 @ 1200h
	DATE OF NEXT REVIEW: March 2021
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### Case Definitions

#### Confirmed Case

A person with laboratory confirmation of infection with the virus (SARS-CoV-2) that causes COVID-19 (formerly 2019-nCoV) which consists of:

- detection of at least one specific gene target by nucleic acid amplification tests (NAAT) at a Provincial Public Health Laboratory where NAAT tests have been validated<sup>A</sup>

**OR**

- confirmed positive result by National Microbiology Lab (NML) by NAAT.

**Probable Case (this definition does not apply to Health Care Workers [HCW<sup>B</sup>] or residents/clients in congregate settings).** *All probable cases should be tested where feasible to confirm diagnosis. The probable case definition should only be used in the rare circumstances when the laboratory testing cannot be done or is inconclusive, but clinical suspicion is high. Epi-linked symptomatic close contacts of probable cases must be tested for COVID-19 to be considered case defining.*

A person (with NO laboratory testing done) with clinical illness<sup>C</sup> who had close contact of a lab-confirmed COVID-19 case\*;

**OR**

- a person (with laboratory testing done) with clinical illness who meets the COVID-19 exposure criteria;

**AND**

- in whom laboratory diagnosis of COVID-19 is inconclusive<sup>D</sup>

**NOTE:** All Health care workers (HCW)<sup>B</sup> and residents/clients of congregate settings (e.g., long-term care facilities/continuing care/group homes/shelters etc.) who meet probable case definition should be tested.

#### Suspect Case

A person with clinical illness

**AND**

- who meets the exposure criteria

**OR**

<sup>A</sup> As of March 09, 2020 this applies to Alberta Precision Laboratories (APL), where NAAT has been validated for detection of the virus that causes COVID-19.

<sup>B</sup> Health Care Workers are individuals who provide service in a clinical care setting, including hospitals, clinics, continuing care facilities, licensed supportive living sites, public health centres, community assessment centres, and any other settings where face- to-face patient care is provided (including fire fighters and EMS).

<sup>C</sup> Clinical illness includes: fever (over 38 °C), new onset/exacerbation of the following symptoms: cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose.

<sup>D</sup> Inconclusive is defined as an indeterminate test on a single or multiple real-time PCR target(s) or a positive test without sequencing confirmation or a positive test with an assay that has limited performance data available.

- had close contact with a **Probable Case** of COVID-19

**NOTE:** Suspect Cases are NOT reportable and should be tested to confirm diagnosis. Suspect cases (because they are symptomatic) shall by order, be in isolation for 10 days from onset of symptoms or until symptoms have resolved, whichever is longer. Suspect cases who meet criteria for quarantine as per CMOH Order 05- 2020 shall remain in quarantine for entire 14 days even if they test negative.

**Exposure Criteria:**

In the 14 days<sup>F</sup> before onset of illness, a person who:

- Returned to Canada from outside the country;
- OR**
- Had close contact with a Probable or Confirmed case of COVID-19
- OR**
- Is a close contact<sup>F</sup> of a person who had acute respiratory illness who returned from travel outside of Canada in the previous 14 days before they became sick;
- OR**
- Had laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19.

**NOTE:** There is limited evidence on the likelihood of COVID-19 presenting as a co-infection with other pathogens. At this time, identification of one causative agent should not exclude COVID-19 where the index of suspicion may be high.

**April 25, 2020 – quick summary of updates:**

- All Probable cases should be tested, unless testing cannot be completed or sample is insufficient
- Re: Probable cases waiting for lab confirmation of results:
  - only initiate identifying contacts when it is anticipated that test results will not be received within 48 hours; otherwise, wait for results to find out if the person is identified as COVID-19 positive.
  - all symptomatic persons must continue to self-isolate pending test results.
- Suspect cases should be tested to confirm diagnosis
- Reporting requirement – notification to AHS Indigenous Health Program
- Acceptable specimen types for COVID-19 testing acceptable specimens for lab diagnosis
- Information to be included when leaving messages for clients (cases/contacts)
- Contact tracing for asymptomatic contacts where feasible (48 hrs. prior to specimen collection to date of isolation)
- Assessing individuals that are asymptomatic when tested but may have had symptoms previously
- Email template for notifying WHS/OHS of workplace exposures
- Information regarding severe symptoms that require visit to an emergency department
- Multiple revisions in outbreak section - new list of symptoms in residents; updates to outbreak definitions, congregate settings, reporting criteria, testing for asymptomatic contacts; publishing OB locations
- Information on safe isolation for identified groups that may require additional resources

<sup>E</sup> Current estimates of the incubation period range from 0-14 days with median estimates of 5-6 days between infection and the onset of clinical symptoms of the disease. Allowing for variability and recall error and to establish consistency with the World Health Organization's COVID-19 case definition, exposure history based on the prior 14 days is recommended at this time.

<sup>F</sup> Individuals that provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment (PPE), OR lived with or otherwise had close prolonged contact (i.e., for more than 15 min and within two metres) with a person while the case was ill, OR had direct contact with infectious body fluids of a person (e.g., was coughed or sneezed on) while not wearing recommended PPE. As part of the individual risk assessment, consider the duration of the contact's exposure (e.g., a longer exposure time likely increase the risk), the case's symptoms (coughing or severe illness likely increases risk) and whether exposure occurred in a health care setting. For more information refer to <https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>.

**Reporting Requirements**

**Investigator**

- ✓ Confirmed, and probable (this DOES NOT include Suspect) cases are reportable by the **fastest means possible (FMP)** i.e., direct voice communication to Zone Medical Officer of Health (MOH)/MOH designate.
- ✓ Zone MOH/MOH designate will notify the Chief Medical Officer of Health (CMOH)/CMOH designate promptly by secure email transmission between AHS and Gov't of Alberta i.e., **this email security only applies to messages sent from an ahs.ca email address to the health.cd@gov.ab.ca email so please do not use personal email accounts for this communication. Please do not forward this communication to others, or save to your desktop or as an attachment in a calendar or meeting invite.** Please be cautious with these email messages and manage the information according to AHS health information policy. (Personal communication Celine O'Brien; Mar 19, 2020).
- ✓ COVID-19 confirmed and probable cases **must be reported** to Alberta Health (AH) by submitting an Enhanced Surveillance Report (ESR) *within 24 hours of initial FMP notification*. See **Appendix A** for reporting and submission through CD/OM.
  - COVID-19 Suspect Cases are not reportable to Alberta Health.

**NOTE:** Notify appropriate Zone Notifiable Disease Associate Manager by FMP i.e., direct voice communication (during business hours) or email (after hours/weekends) within 24 hours of notification. Zone Notifiable Disease Associate Manager will notify AHS province-wide Notifiable Disease management.
- ✓ **Out of Zone and First Nations Inuit Health Branch (FNIHB):** The Zone MOH/Zone MOH designate first notified shall notify the Zone MOH/Zone MOH designate of the zone where the client currently resides by FMP for all confirmed, probable and suspect cases For susceptible contacts requiring follow up the Zone MOH/Zone MOH designate first notified shall notify the Zone MOH/Zone MOH designate of the zone where the contacts reside as soon as possible and provide contact information including name, date of birth (DOB), address and phone number for each identified contact.  
 In addition, the AHS Indigenous Health Program – (Executive Director for the Indigenous Health Program - Nadine McRee [Nadine.McRee@albertahealthservices.ca](mailto:Nadine.McRee@albertahealthservices.ca) and the Community Engagement Advisor, Emergency Disaster Management, Indigenous Health Program - David Turner [David.Turner@albertahealthservices.ca](mailto:David.Turner@albertahealthservices.ca)) should be notified to assist with facilitating timely involvement of the Indigenous Health Program Lead in connecting and supporting the community.
- ✓ **Out of Province/Out of Country:** The Zone MOH/Zone MOH designate first notified shall notify the CMOH/CMOH designate of all case information for confirmed and probable cases by FMP including name, DOB, out of province health care number, out of province address, positive laboratory report and other relevant clinical/epidemiological information. For susceptible contacts requiring follow up the name, DOB and out of province/country address and phone number should be forwarded to the CMOH/CMOH designate as soon as possible.

**Disease Information**

COVID-19 is a novel coronavirus (SARS-CoV-2), first identified in December 2019 in Wuhan, China as having caused an outbreak of respiratory infections, including pneumonia. CoVs are enveloped, single-stranded positive sense RNA viruses that are part of the *Coronaviridae* family that infect mammals and birds. In humans, CoVs typically cause upper respiratory tract illness. There are seven known types of CoVs and illness can range from mild to severe. Four types that generally cause mild illness are 229E, OC43, NL63 and HKU. Two other types that can cause severe illness are Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS). MERS and SARS are not addressed in this DSOP.

**Clinical Presentation:**

- Symptoms of COVID-19 range from mild to severe, life-threatening illness and may include fever greater than 38°C, new onset or exacerbation of chronic cough, shortness of breath, difficulty breathing, sore throat or runny nose. Residents/clients in congregate settings may have additional atypical symptoms (refer to Outbreak Management section).

- There may be clinical, radiological or histopathological evidence of pulmonary disease (e.g., pneumonia, ARDS) which may be associated with need for hospitalization.
- Severe disease from COVID-19 infection can cause viral pneumonia and respiratory failure that requires mechanical ventilation and support in an intensive-care unit, sepsis, septic shock and multi-organ failure or death.
- Susceptibility is assumed to be universal.
- The virus appears to cause more severe disease in individuals with underlying comorbidities (e.g., cardiovascular and liver disorders, diabetes and other respiratory diseases).
- Case fatality rate is not yet confirmed as the situation is still evolving at time of publication.

**Diagnosis**

- Testing is recommended for diagnosis of individuals with COVID-19 like symptoms. Acceptable specimen types for COVID-19 testing include NP swab, throat swab, NP aspirate, endotracheal tube (ETT) suction/sputum, or bronchoalveolar lavage/bronchial wash (BAL/BW). Nasopharyngeal (NP) and throat swabs are recommended over nasal swabs for COVID-19 testing. If unable to collect a NP swab or throat swab, a deep nasal swab can be collected instead. It is recommended that hospitalized patients with COVID-19 symptoms be tested with an NP swab. For patients who have a lower respiratory tract infection and are intubated, also submit an ETT suction or BAL/BW.

**NOTE:** for outbreaks in congregate settings where a respiratory pathogen panel (RPP) is needed to detect other potential outbreak pathogens, a NP swab or throat swabs (in ES swabs in ES swab medium) must be collected.

**Mode of Transmission:**

- COVID-19 is transmitted person to person via droplet (i.e., coughing and or sneezing) or close contact with bodily fluids (blood, stool, urine, saliva, semen) of infected individuals. Transmission may also happen from contact with contaminated objects or surfaces and then touching one's own mouth, nose, or possibly eyes.
- There is emerging evidence of transmission occurring up to 48 hours before symptom onset or even in individuals who are asymptomatic and never develop symptoms or whose symptoms went unnoticed.
- The highest risk of virus spread would be from a person who has symptoms like fever and cough. Human coronaviruses are rarely spread via fecal contamination. Airborne spread has not been documented for COVID-19.
- Aerosol transmission is possible during aerosol-generating medical procedures (AGMP).  
**NOTE:** collection of a nasopharyngeal swab is not considered an AGMP.
- There is evidence that spread may also occur from animals to humans, (e.g., visited a live animal market while travelling outside Canada) although the source of potential zoonotic transmission has not yet been confirmed at time of publication.

**Incubation Period:**

Current estimates of the incubation period range from 0-14 days with median estimates of 5-6 days between infection and the onset of clinical symptoms of the disease. SARS-CoV demonstrated a prolonged incubation period (median 4-5 days; range 2-10 days) while the incubation period for MERS-CoV is approximately 5 days (range 2-14 days). Allowing for variability and recall error and to establish consistency with the World Health Organization's COVID-19 case definition, exposure history based on 14 days prior to symptom onset is recommended at this time.

**Period of Communicability:**

- The period of communicability may begin one to two days before symptoms appear, but people are most likely infectious during the symptomatic period even if symptoms are mild or very non-specific.
- Evidence shows that after 8 days of illness/symptoms no live virus was recovered from patients with upper respiratory tract disease or limited lower respiratory tract disease.
- People with more severe disease are likely to be infectious for a few days longer.
- For public health management of laboratory confirmed asymptomatic cases, the period of communicability is considered to be 48 hours prior to collection of laboratory specimen and date the person was placed in

**Reservoir:**

- First reported to the World Health Organization (WHO) on 31 December 2019 as cases of pneumonia with unknown etiology.
- Initial cases all detected in Wuhan City, Hubei Province of China. These initial cases were epidemiologically linked to a large seafood and animal market.
- Most coronaviruses are considered zoonotic. COVID-19 is thought to have emerged from an animal source, although this has not yet been confirmed.

**Case Management**

**NOTE:** The strategy outlined in this document is containment (i.e., to reduce opportunities for transmission to contacts in the community) and is based on the assumption that the virus is primarily spread while the case is symptomatic. This guidance is based on current available scientific evidence and expert opinion and is subject to change as new information on transmissibility and epidemiology becomes available.

**Investigator**

**FMP Initiate investigation and follow up:** Immediately, including weekends and after hours.

- ✓ Upon notification of a potential case of COVID-19, the investigator will contact the physician/ client/parent or guardian to assess/review the following to determine if client meets case definition for a confirmed case, probable case or suspect case criteria:
- ✓ Demographics.
- ✓ Symptom history including onset date and severity of symptoms.
  - History of hospitalization, intensive care requirement, dates of admission, etc.
- ✓ History of medical assessment related to current illness. Has there been any laboratory testing, radiological investigation, etc.?
- ✓ Exposure Risk/Travel history to determine risk of infection (see Exposure Criteria in case definition for persons with clinical illness and exposure criteria).
- ✓ Based on assessment and in consultation with the Zone MOH, the investigator will determine if individual meets confirmed case, probable case, or suspect case definition and proceed with case investigation, management and reporting.
- ✓ Asymptomatic individuals who do not have lab confirmation of infection but who have either an identified travel exposure risk or who meet criteria as a close contact, should be referred for testing. Proceed with follow up as per **Contact Management** section.
- ✓ If unable to reach the client/parent/guardian for case/contact investigation, please proceed as follows:
  - If unable to contact client with initial phone call, attempt to leave a message which should only include Investigator first name and designation (e.g., Registered Nurse with Alberta Health Services) and the phone number for the client to return call
  - Do not include any information in the message that would breach client privacy regarding the reason that investigator is attempting contact
  - If client does not return phone call or investigator is unable to leave a message, the investigator should attempt 2 more phone calls at different times in the day.

**Case Investigation and Management:****Investigator**

**NOTE:** Confirmatory testing from NML is not required for positive or negative samples; ProvLab COVID-19 testing is considered confirmatory.

- ✓ In consultation with the Zone MOH ensure that all appropriate Infection Prevention and Control (IPC) and Workplace Health and Safety (WHS) notifications have been made for hospitalized clients who were not known to be suspect COVID or COVID positive when admitted and cases who may have received care or visited a healthcare setting.
  - Engage WHS/OHS (where available) to assist with identification of HCW contacts in the workplace

(e.g., names and exposure time/location); IPC can provide information on discharged patients that were close contacts of hospitalized cases where appropriate IPC measures were not adhered to.

- AHS and Covenant Health (CH) WHS/OHS can help support the CDC investigation by assessing workplace exposures for HCW that provided care for COVID-19 patients to determine if appropriate PPE was used.
  - Document and forward information using the Email Template in **Appendix E** and specific notification details for AHS, APL and CH employees to their WHS/OHS program for all confirmed cases who:
    - Received care or are currently an inpatient in an AHS, APL or CH facility during their period of communicability and potentially exposed HCWs
    - Are a HCW and worked during the period of communicability in an AHS, APL or CH facility.
    - Are an AHS, APL, CH employee whose exposure site was in the workplace
- NOTE:** This template is not for reporting HCWs that are not AHS, APL or CH employees or AHS, APL and CH employees that were exposed in the community (not a workplace exposure) and did/will not work during the period of communicability.
- All HCWs are required to practice proper hand hygiene and wear a surgical/procedure mask at all times when they are within 2 metres of a patient/client/visitor/ other HCW.
- A surgical/procedure mask (continuous masking) and proper hand hygiene is considered sufficient PPE for asymptomatic HCW working with asymptomatic patients, unless patients are on contact/droplet or airborne precautions.
- If a HCW followed the procedures above and becomes symptomatic, the patients they cared for and the co-workers they worked with in the 48 hours prior to HCW symptom onset are not considered close contacts.
- If a patient becomes symptomatic, all HCWs that cared for the patient in the 48 hours prior to patient's symptom onset would not be considered a close contacts if the HCW was wearing a surgical/procedure mask and practiced proper hand hygiene i.e., sufficient PPE, for patients not on contact/droplet or airborne precautions during the asymptomatic period.
- A surgical/procedure mask and proper hand hygiene is NOT considered appropriate PPE for HCW caring for symptomatic COVID-19 patients or patients otherwise on contact/droplet or airborne precautions.
- A hospitalized asymptomatic (lab confirmed) COVID-19 patients should be isolated and placed on contact and droplet precautions.
- In light of asymptomatic transmission, full PPE is required (i.e., use of N95) for any Aerosol Generating Medical Procedures.
- ✓ Client should be referred for medical assessment if symptoms indicate that it is required.
  - In consultation with the Zone MOH, refer client to appropriate site for immediate triage and assessment based on severity of symptoms (e.g., emergency department [ED] if severity of symptoms requires same, community clinic if symptoms do not require ED level of care).
  - With COVID-19 the following symptoms are considered to be medical emergencies:
    - severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
    - severe chest pain
    - having a very hard time waking up
    - feeling confused
    - loss of consciousness
  - Investigator/Zone MOH MUST ensure appropriate and timely notification of selected site so that IPC measures can be implemented immediately upon client's arrival.
  - If client is being transported via ambulance, ensure that EMS personnel are aware of symptoms, suspected diagnosis and exposure history so that appropriate IPC measures can be implemented based on symptoms.
- ✓ If laboratory specimens will need to be collected, arrange for collection using established Zone referral processes.
- ✓ Determine occupation (i.e., HCW, works with vulnerable individuals).

- ✓ Determine possible transmission settings since onset of symptoms. This would include, but not be limited to household, attendance at work, school, daycare, conferences, sporting events, faith-based gatherings, healthcare facilities for assessment/treatment, flight, cruise ship, etc.
  - Consult with Zone CDC lead/Zone MOH/ND Associate Manager to determine if any transmission settings will require a ProvLab EI number for testing contacts.
  - Transmission settings such as schools/daycares/care facilities may require specific notifications or implementation of outbreak management. Consult with Zone CDC lead/Zone MOH/ND Associate Manager to determine same.
- ✓ Identify close contacts who have had exposure to a confirmed/probable case during the period of communicability (starting 48 hours prior to symptom onset and while the case was symptomatic) and follow as per **Contact Management** section.
- ✓ If feasible and public health capacity allows, identify close contacts that may have had exposure to a laboratory confirmed asymptomatic case from 48 hours before the laboratory specimen collection date to isolation date of that case.
  - if this is **not** feasible, identify close contacts that may have had exposure to a laboratory confirmed asymptomatic case between the laboratory specimen collection date and isolation date of that case.
- ✓ Collect travel and exposure history details (within the 14 days prior to onset of symptoms) including:
  - Residence or travel anywhere outside of Canada.
  - Dates and purpose of travel.
  - **NOTE:** for cases that were exposed on a cruise or during an established outbreak in Alberta (e.g., facility, school, daycare, community event, etc.) see **Appendix A** for documentation related to cases associated with a ProvLab or Zone specific EI number.
  - Mode(s) of transportation and accommodation details including itineraries for any airline, ground or water transportation
  - As of March 31, 2020, flight information is sent directly to the Public Health Agency of Canada (PHAC) and with a copy of the message to the airlines (this is being done by the Medical Residents and MOH). AH does not need to be notified.
  - Identify travel companions that may have had a similar exposure or exposure to case.
  - Contact with healthcare settings areas anywhere outside of Canada, including details of type of contact (e.g., work, visiting a patient, hospitalized, etc.) and whether PPE was used consistently and appropriately.
  - Known contact with a confirmed and/or probable case or person with COVID-19-like illness that has a known exposure risk that has not been diagnosed, regardless of place of residence or history of travel.
  - Known contact with a recent traveler who has traveled anywhere outside of Canada.
  - Other possible exposures (e.g., live animal market or other animal contact while in an affected area).
- ✓ Contact ND Associate Manager/Zone CDC lead to determine if travel/exposure history (e.g., cruise ship contact) indicates that an EI is required.
- ✓ Determine any underlying chronic or immunocompromising conditions.
- ✓ Provide information about disease transmission and measures to minimize transmission, including isolation, practicing proper hygiene and respiratory etiquette. Due to the theoretical possibility that animals in the home could be affected by COVID-19, it is recommended that cases also refrain from contact with pets.

**Treatment:**

- ✓ At this time there is no specific treatment for COVID-19 or vaccine to prevent infection. Supportive treatment is recommended based on condition of the case.

**Case Exclusion and IPC Recommendations:**

- ✓ Exclusion and infection control recommendations for both symptomatic and asymptomatic cases are dependent on whether the case is hospitalized or being managed in the home setting.
- ✓ Investigator must consult with Zone MOH to issue and rescind isolation orders for cases where it is not clear if case meets criteria to rescind same.
  - Written exclusion orders must be rescinded in a written format. Both the exclusion order and the

rescind order should be obtained through Zone MOH and Zone MOH administration staff.

✓ Hospitalized Cases:

- Isolation and precautions as per hospital IPC management guidelines for symptomatic cases and for asymptomatic cases that are RT-PCR positive for COVID-19. Consult with hospital IPC for recommendations for lifting isolation/discharge.
- Consult with Zone MOH and Zone IPC to ensure appropriate isolation and precautions are implemented if an asymptomatic case with positive laboratory tests for COVID-19 is hospitalized.
- A hospitalized asymptomatic case should be isolated and placed on contact and droplet precautions. Consult with hospital IPC for recommendations for lifting isolation/discharge.
  - If symptoms develop during the isolation period, case must remain in isolation\* for 10 days from onset of symptoms or until symptoms, resolve whichever is longer.
- For AGMPs (e.g., case is receiving nebulized therapy), the use of additional precautions, including using an N95 respirator, is recommended.
- Hospitalized cases being discharged to their own home should remain on home isolation for 10 days from onset of symptoms or until symptoms have resolved, whichever is longer after arrival home. NO test of clearance is required.
- Hospitalized cases being discharged/transferred to facilities/continuing care/shelters etc. before their isolation period is complete should remain on isolation for 14 days from onset of symptoms or until symptoms have resolved, whichever is longer. This additional length of time (4 days) is recommended because they had severe disease (i.e., hospitalized) and are re- entering a facility with other vulnerable persons (e.g., long term care facilities/continuing care/group homes/shelters). NO test of clearance is required.

✓ Non-hospitalized Cases:

- Active daily surveillance by Public Health is **not required**.  
**NOTE:** When feasible, active daily surveillance for non-hospitalized cases at higher risk for complications e.g., those who are immunocompromised, over 60 years old, have underlying health conditions or those who live alone without any social supports in place, should be by their primary health care provider/s. If a primary health care provider is not available, they should be encouraged to arrange for family/friends/neighbor/community organization to check on them.
- All cases should be provided with contact information for Alberta's COVID-19 Exposure Response Team (ACeRT).
- All cases should be advised that if they require urgent medical attention and need to access medical care, transport staff (if ambulance is required) and staff at the Emergency Department (ED)/Urgent Care Centre (UCC) should be advised immediately that the individual is infected with COVID-19 and the Zone MOH on call should be notified immediately.
- With COVID-19 the following symptoms are considered to be medical emergencies:
  - severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
  - severe chest pain
  - having a very hard time waking up
  - feeling confused
  - loss of consciousness
  - Non-hospitalized cases who were previously isolated (e.g., in an isolation centre) and are returning to congregate settings (e.g., long term care facilities, continuing care, group homes, shelters) shall be in isolation\* for 10 days from onset of symptoms or until symptoms have resolved whichever is longer.
  - To decrease possibility of spread to household contacts, review IPC recommendations in **Appendix B: Infection Control Measures and Self-Isolation of Cases in a Non-healthcare Community Setting with case and/or household contacts.**
- The MOH shall exclude all known confirmed and probable cases from public places<sup>G</sup> until 10 days

<sup>G</sup> As per the Alberta Public Health Act: Public places include any place in which the public has an interest arising out of the need to safeguard the public health and includes, without limitation public conveyances, places of business, learning institutions, dining facilities, recreation facilities, medical/social care facilities and any other building, structure of place visited by or accessible to the public.

since symptom onset and the cases are afebrile and clinically improved.

- Discuss household resources including space for safe isolation, access to food, running water, drinking water, and supplies for the duration of the period of self-isolation\*. Determine if there is a need for additional resources or supports to address isolation, food security, accommodation\* or financial assistance to meet this requirement and support client to access additional resources as indicated. If client is in a community setting at time of assessment (home, community healthcare site) review immediate IPC measures to reduce risk of transmission as per the following appendices:
  - **Appendix B: Infection Control Measures and Isolation in a Non-healthcare Community Setting.** More information about isolation is available at <https://www.alberta.ca/isolation.aspx#isolate>, and [exemption order](#) for isolated persons
  - **Appendix C: Infection Control Measures in a Community Healthcare Setting**

*\*Refer to internal process documents on AHS provincial shared drive for situation-specific information as relevant for complex community exposures e.g., industrial worksites.*

- **Symptomatic cases (confirmed and probable) shall by order** (CMOH Order 05-2020) be isolated\* and shall not attend work, school, daycare or visit any other public places<sup>H</sup> until the Zone MOH has advised that they are no longer on isolation (see **Table 1**) and meet criteria as described below:
  - Members of the public must continue to isolate\* for at until 10 days from symptom onset and be afebrile and have improved clinically. (Absence of cough is not required for those known to have chronic cough or are experiencing reactive airways post-infection).
  - HCW have additional requirements and must not work in any health care setting for 14 days from onset of symptoms or until symptoms have resolved whichever is longer (by order). AHS, Covenant Health and Alberta Precision Lab employees can be referred to the [COVID-19 Return to Work Guide for AHS Health Care Workers](#) for further instructions. No test for clearance is required.
  - Recommend repeat testing for HCW that have new symptoms even if they have been previously reported as a case. Based on the current evidence, it is most likely these people are immune. However, out of an abundance of caution and until serology testing is available and validated, we will recommend isolation and re-testing, and continue to re-evaluate this practice as the situation unfolds.
  - If at any time the status of a case changes and they are hospitalized or die, notification of hospitalization, ICU admission or death must be sent to the Zone MOH/FMP.
    - Zone MOH must notify OCMOH FMP.

**NOTE:** An updated CDOM ESR must be transmitted to AH to indicate that client has recovered, died or is hospitalized.
- **Asymptomatic cases (confirmed) who are RT-PCR positive:**
  - Must **remain isolated\*** and shall not attend work, school, daycare or visit any other public areas until the Zone MOH has advised that they are no longer on isolation.
  - Advise to avoid taking any antipyretics that may suppress a fever.
  - A non-hospitalized asymptomatic case should be isolated for at least 10 days from the laboratory specimen collection date.
  - If an asymptomatic case develops symptoms during the isolation period, the case must remain in isolation\* for 10 days from onset of symptoms or until symptoms resolve whichever is longer.
  - In addition, asymptomatic lab confirmed cases should be assessed to determine whether they were symptomatic prior to specimen collection:
    - Determine if the case had two or more symptoms (fever over 38°C, new onset/exacerbation of the following symptoms: cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose) in the 7 days<sup>‡</sup> before specimen collection that lasted at least 24 hours.
      - If yes, consider that symptoms may be indicative of COVID-19 and that date of symptom onset could be used for public health investigation and management. However, it is possible that these symptoms may be associated with another

respiratory pathogen. The case should be instructed to monitor for COVID-19 like symptoms for 10 days following specimen collection date and they should be advised to contact 811 or number provided for ACeRT (if available) immediately for assessment.

‡ In the context of a complex outbreak, the Medical Officer of Health may adjust this period based on the outbreak epidemiology and extend the review of symptom inquiry (for two or more symptoms as noted above that lasted at least 24 hours) to 14 days before the specimen collection date. This would be determined at the time of the outbreak investigation.

- If symptoms develop that require urgent medical attention and access to medical care, case should call 911. EMS staff (if ambulance is required) and nursing staff at the ED/UCC should be advised immediately that they may have been in contact with COVID-19 and the Zone MOH on call should be notified immediately.
- If at any time the status of a case changes and they are hospitalized or die, notification of hospitalization, ICU admission or death must be sent to the Zone MOH FMP.
  - Zone MOH must notify OCMOH FMP.

**NOTE:** An updated CDOM ESR must be transmitted to AH to indicate that client has recovered, died or is hospitalized.

▪ **Suspect Cases**

- Advise client to maintain isolation\* at home for 10 days from onset of symptoms or until symptoms resolve whichever is longer.
- If they meet criteria for quarantine as per CMOH 05-2020 they must remain in quarantine for the entire 14 days even if they test negative.
- Suspect Cases who meet lab testing criteria (e.g., HCWs) should be tested to confirm diagnosis for public health management.
- In addition to isolation, Zone MOH may exclude Suspect Cases from sensitive situations and occupations (see Table 2) and public places<sup>H</sup> until test results are back. Consult Zone MOH if exclusion may be required.
- Daily active surveillance is not required.
- Is a Suspect Case becomes a Confirmed or Probable Case, follow **Case Management** Section.
- If medical attention is required advise to contact Public Health for further direction which will include where to go for care, the appropriate mode of transportation to use and IPC precautions to follow.
- If symptoms develop that require urgent medical attention and access to medical care, EMS staff (if ambulance is required) and nursing staff at the ED/UCC should be advised immediately that they may have been in contact with COVID-19 and the Zone MOH on call should be notified immediately.

\* **Isolation** means avoiding situations where other people could be exposed and infected.

- Situations to be avoided includes but is not limited to:
  - social gatherings, work, school/university, child care, athletic events, faith-based gatherings, healthcare facilities, grocery stores, restaurants, shopping malls, and any public gatherings;
  - consider delivery or pick up services for errands such as food/grocery shopping;
    - may go out ONLY if asymptomatic and if required for urgent errands such as essential medication that cannot be managed through delivery/pick up service. As a precaution to further reduce risk of spread, a surgical mask may be worn outside of the home;
  - use of public transportation including buses, trains, taxis, or ride sharing
  - having visitors to your home (but friends, family or delivery drivers can drop off food or other essential items that may be needed).
- In rare circumstances, COVID-19 may spread through stool. For these reasons, any client on self-isolation should be reminded of effective infection control such as hand hygiene and safe food handling practices. It would be recommended to refrain from preparing foods for others in the household until isolation has been lifted



More information about isolation for Albertans is available at <https://www.alberta.ca/isolation.aspx#isolate>; and [exemption order](#) for isolated persons

• Table 1: Interpretation of Lab Results and Management

RPP (Respiratory Pathogen Panel)	COVID-19 (ProvLab)	Management of Cases
Positive	Pending	Maintain self-isolation until ProvLab COVID-19 results available
Negative	Negative	<ul style="list-style-type: none"> <li>Lift isolation. Individuals who are isolated due to exposure risk (e.g., travel/residence outside of Canada, close contact of a confirmed case) and who have negative RPP and COVID-19 results, must remain isolated for the full 14 days. If they are hospitalized during the 14 days, they should be placed on contact and droplet precautions.</li> </ul>
Positive**	Negative	<ul style="list-style-type: none"> <li>Lift isolation. Individuals who are self-isolated due to exposure risk (e.g., travel/residence outside of Canada, close contact of a confirmed case) and who have negative COVID-19 results, should remain isolated for the full 14 days.</li> <li>Recommend appropriate measures for identified pathogen if RPP positive.</li> </ul>
Negative	Positive	<ul style="list-style-type: none"> <li>Maintain isolation for at least 10 days from symptom onset.</li> <li>For hospitalized cases, consult with hospital IPC about recommendations for lifting isolation/discharge.</li> <li>For non-hospitalized cases with mild symptoms, release of isolation should be from 10 days after symptom onset as long as they are afebrile and have improved clinically i.e., well enough to resume normal activities, whichever is longer (absence of cough is not required for those known to have chronic cough or are experiencing reactive airways post-infection).</li> <li>To determine when to lift isolation, onset date of symptoms=day 0</li> <li>Initiate FMP reporting of confirmed/probable case as per <i>Reporting Requirements</i> section.</li> <li>Initiate contact tracing and management of close contacts as per <i>Contact Management</i> section.</li> </ul>

\*\* Positive results for anything that explains symptoms. This may also include positive test results outside of the RPP.

Table 2: Sensitive Situations and Occupations

Sensitive Situation or Occupation	Definition
Food handler	<ul style="list-style-type: none"> <li>Touches unwrapped food to be consumed, and/or</li> <li>Handles equipment or utensils that touch unwrapped food to be consumed.</li> </ul> <p><i>NOTE: Generally, food handlers who touch wrapped food, or food, equipment or utensils only prior to cooking, are not considered to pose a transmission risk however, circumstances for each case should be assessed on an individual basis.</i></p>
Healthcare, childcare or other staff	<ul style="list-style-type: none"> <li>Has contact through serving food to highly susceptible persons.</li> <li>Provides direct patient care and are involved in the care of young children, elderly or dependent persons.</li> </ul>
Child attending a child care facility or school	<ul style="list-style-type: none"> <li>Is diapered or unable to implement good standards of personal hygiene.</li> </ul>
Any individual (older child or adult) attending a public place	<ul style="list-style-type: none"> <li>Is unable to implement good standards of personal hygiene (e.g., those with disabilities/challenges that may impact ability to perform good hand hygiene) and is involved in an activity that may promote disease transmission.</li> </ul>



**Contact Management: (Includes asymptomatic returned travelers and close contacts of Confirmed and Probable Cases)**

**Close contacts** are defined as individuals:

- who provided care for an infected individual, including HCW, family members or other caregivers, or who had other similar close physical contact without consistent appropriate use of personal protective equipment (PPE),
  - OR**
  - had direct contact with infectious bodily fluids of a person (e.g., was coughed or sneezed on) while not wearing recommended appropriate PPE.
  - OR**
  - lived with or otherwise had close prolonged<sup>H</sup> contact (i.e., for more than 15 minutes and within two metres) with a case up to 48 hours prior to symptom onset or while the case was symptomatic and not isolated
- ✓ A close contact who develops symptoms should be managed as a Probable Case (see definition for a Probable Case on page 1). Manage as per **Case Management** section.
  - ✓ Close contacts of Probable and Confirmed Cases shall by order be in quarantine for 14 days from last day of exposure to the case during their defined period of communicability.
  - ✓ Close contacts of laboratory confirmed asymptomatic cases shall by order be in quarantine for 14 days from last known exposure to the case during their defined period of communicability. Symptomatic close contacts require testing to confirm diagnosis.
  - ✓ Symptomatic close contacts should be advised to follow guidance set out in the [CMOH Exemption](#) when they go for testing if it cannot be facilitated via home based collection. If they do not get tested, they must self-isolate for a minimum of 10 days from onset of symptoms, or until symptoms resolve, whichever is longer.
    - Symptomatic individuals must be isolated while awaiting test results.

**NOTE:** Contact tracing for symptomatic individuals that meet exposure criteria who were tested and are waiting for lab results should be initiated once lab results have been received and the person has been determined to be a confirmed/probable case.

    - Household contacts should quarantine while awaiting test results.
    - However, if lab results will not be received within 48 hours, contact tracing should be initiated pending lab results.
  - ✓ Individuals that test positive for COVID-19 must be self-isolated for 10 days from onset of symptoms and until symptoms resolve whichever is longer. Refer to **Case Management** section
  - ✓ If testing is negative, maintain self-isolation for the full 14 day incubation period from last known exposure AND until symptoms have resolved, whichever is longer.
    - If there is a change in symptoms within their quarantine period, it could be considered on a case by case basis whether repeat testing would be appropriate and beneficial.
  - ✓ In consultation with the MOH, asymptomatic close contacts of confirmed cases may be tested as a tool for outbreak control and early detection of cases (in complex outbreaks and other contexts e.g., large household networks)
  - ✓ For contact management of HCW (see **Appendix D**), engage WHS/OHS and IPC (where available) to assist with investigation and identification of workplace contacts e.g., obtain lists of exposed staff, use of PPE and exposure times/locations<sup>H</sup>.
  - ✓ IPC is responsible for management of any exposed in-patients and to provide lists for Public Health follow-up of discharged patients that may have been exposed.
  - ✓ The MOH may exclude close contacts of all known confirmed and probable cases from all public places for 14 days from the time of last exposure.
  - ✓ The MOH shall exclude health care workers who are known contacts of confirmed and probable cases until

<sup>H</sup> For close contacts with on-going exposure, the last date of exposure is the date the case is determined to be non-infectious i.e., 10 days after symptom onset in a case who is now asymptomatic

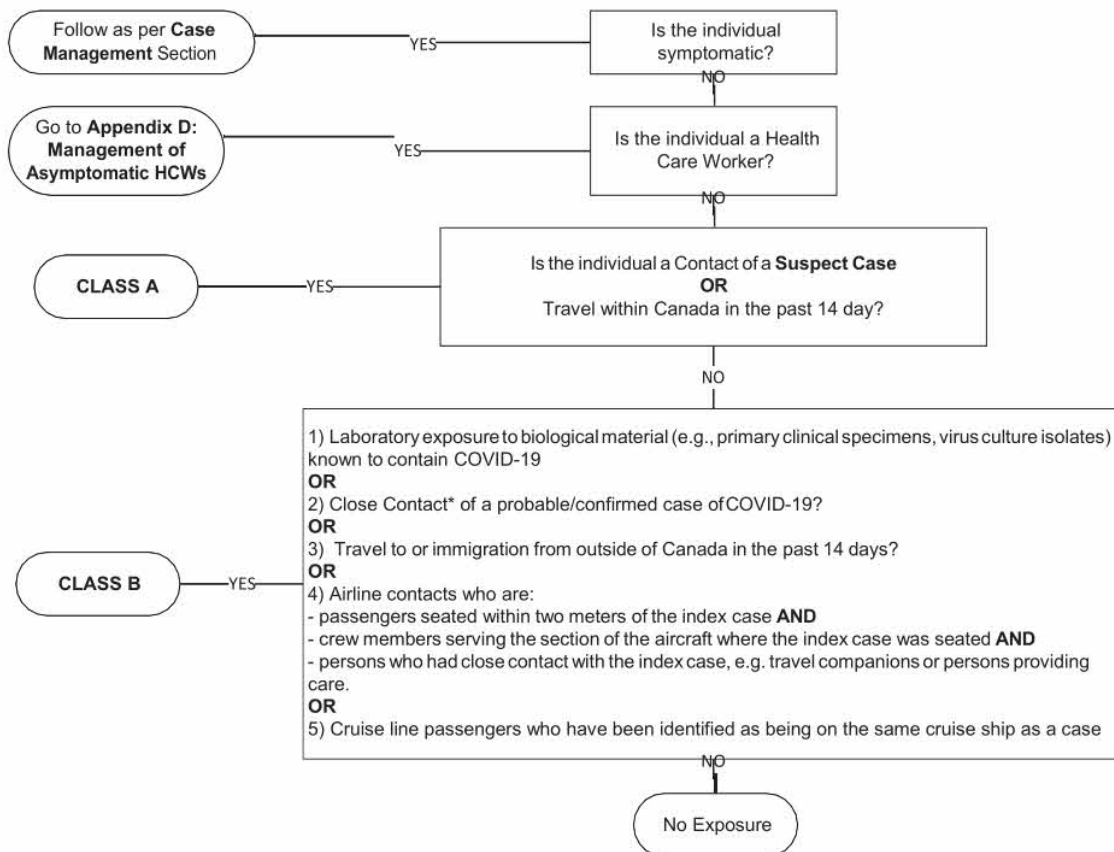
determined by the MOH to not pose a risk of infection.

**Risk Assessment and Public Health follow-up of contacts and people at risk of exposure**

***Investigator***

- ✓ Each potential contact should be assessed for the type of exposure, the setting and the time since last exposure follows. There is no post-exposure prophylaxis for contacts.
  - If unable to reach the client/parent/guardian with initial phone call
    - attempt to leave a message which should include Investigator first name and designation (e.g., Registered Nurse with Alberta Health Services) and the phone number for the client to return call
    - Do not include any information in the message that would breach client privacy regarding the reason that investigator is attempting contact
    - If client does not return phone call or investigator is unable to leave a message, the investigator should attempt 2 more phone calls at different times in the day
- ✓ Provide information about COVID-19 disease including signs and symptoms.
- ✓ Health care workers who may have been exposed to COVID-19 should be referred to the online assessment tool for Healthcare and Shelter Workers/Enforcement Personnel/First Responders to determine eligibility for testing and for additional advice on COVID-19 including the need to isolate.
- ✓ Collect travel and exposure history details (within the last 14 days):
  - Residence or travel anywhere outside of Canada.
  - Dates and purpose of travel.
  - Mode(s) of transportation and accommodation details including itineraries for any airline, ground or water transportation.
  - Contact with healthcare settings anywhere outside of Canada.
    - In which hospital where they exposed?
    - Where is the hospital located?
    - What was the purpose for their visit to the hospital?
    - Did they have direct contact with COVID-19 patients?
    - Was appropriate and consistent PPE used?
  - Close contact of a confirmed and/or probable case of COVID-19.
  - Close contact of a traveler with acute respiratory illness who returned from outside of Canada in the previous 14 days.
  - As of March 31, 2020, specific to COVID-19, flight information or other conveyance information is to be sent directly to the Public Health Agency of Canada (PHAC) and with a copy of the message to the airlines through medical residents and Zone MOH. No cc to AH is required.

For all contacts, complete follow up based on the algorithm below - **Contact Management Follow Up.**



**Class A**

**Asymptomatic Contacts of Suspect Cases OR Travel Within Canada in the past 14 days**

**NOTE:** There is no need to actively collect information about these contacts. (If it is obtained during the investigation, document as a contact within the DI in CDOM).

Until the Suspect case or a traveler within Canada is confirmed as a Probable or Confirmed Case, the following recommendations apply to their contacts:

- ✓ Provide information about COVID-19 disease including signs and symptoms.
- ✓ Advise them of the following precautions:
  - follow good respiratory etiquette and hand hygiene practices
  - self-monitor for the appearance of symptoms, particularly fever and respiratory symptoms of cough or shortness of breath
- ✓ Be advised that if symptoms develop they must self-isolate immediately and contact local Public Health/number provided for ACeRT (if available) for assessment by calling Health Link 811 immediately (or other number if provided locally by zone).
  - If symptoms develop that require urgent medical attention and access to medical care, EMS

staff (if ambulance is required) and nursing staff at the ED/UCC should be advised that they may have been in contact with COVID-19 and the Zone MOH on call should be notified immediately.

- ✓ With COVID-19 the following symptoms are considered to be medical emergencies:
  - severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
  - severe chest pain
  - having a very hard time waking up
  - feeling confused
  - loss of consciousness

**Class B**

- **Asymptomatic individuals who have had known contact with a confirmed or probable case within the past 14 days**

OR

- **Asymptomatic individuals with travel anywhere outside of Canada in the past 14 days**

OR

- **Asymptomatic individuals with laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19 where consistent and recommended PPE was not used.**

- ✓ Contact individuals to initiate follow-up on the same day where possible, or within 24 hours of receiving referral.
- ✓ In consultation with the MOH, asymptomatic close contacts of confirmed cases may be tested as a tool for outbreak control and early detection of cases (in complex outbreaks and other contexts e.g., large household networks)
- ✓ Daily active monitoring by Public Health is **not required**.
- ✓ Advise that assessment indicates potential risk of exposure and they should **isolate\*** (staying home from work, school/daycare or other public places) and self-monitor for symptoms of COVID-19 for 14 days after their last known exposure. Individuals should:
  - Self-monitor for fever  $\geq 38.0$  C/100.4 F twice daily.
  - Avoid taking any antipyretics that may suppress a fever.
  - Self-monitor for other symptoms of COVID-19 such as new onset cough or change in existing cough, shortness of breath, difficulty breathing, sore throat or runny nose.
  - Maintain good respiratory etiquette and hand hygiene.
  - Be advised that if symptoms develop they must self-isolate immediately and contact local Public Health/number provided for ACeRT (if available) for assessment by calling Health Link 811 immediately (or other number if provided locally by zone.)
  - Be advised that if symptoms develop that require urgent medical attention and access to medical care, EMS staff (if ambulance is required) and nursing staff at the ED/UCC should be advised immediately that they may have been in contact with COVID-19 and the Zone MOH on call should be notified immediately.
- ✓ With COVID-19 the following symptoms are considered to be medical emergencies:
  - severe difficulty breathing (e.g., struggling for each breath, speaking in single words)
  - severe chest pain
  - having a very hard time waking up
  - feeling confused
  - loss of consciousness
- ✓ Discuss access to food, running water, drinking water, and supplies for the duration of the period of self-isolation\*. Determine if there is a need for resources or supports to address food security, accommodation or financial assistance to meet this requirement.

**NOTE:** Refer to **Appendix B** for instructions on infection prevention control during isolation.

- **Appendix B: Infection Control Measures and Isolation in a Non-healthcare Community Setting.** More information about isolation is available at <https://www.alberta.ca/isolation.aspx#isolate>, and [exemption order](#) for isolated persons

*\*Refer to internal process documents on AHS provincial shared drive for situation-specific information as relevant for complex community exposures e.g., industrial worksites*

- ✓ Review disease information and provide the AH Website for more information on self-isolation at:



**Population, Public and Indigenous Health  
Communicable Disease Control  
Department Standard Operating Procedure**

[www.alberta.ca/coronavirus](http://www.alberta.ca/coronavirus) and/or Public Health Agency of Canada website links for more information COVID-19 <https://travel.gc.ca/travelling/advisories/pneumonia-china> and <https://www.albertahealthservices.ca/topics/Page16944.aspx>.

- ✓ AHS, Covenant Health and Alberta Precision Lab employees can be referred to the [COVID- 19 Return to Work Guide for AHS Health Care Workers](#) for further instructions.

✓ **Management of Contacts on an Airplane or Cruise Line**

AH will no longer obtain international flight manifests. Effective March 31, 2020 PHAC has launched a public website that will provide information on COVID-19 exposures on flights and cruise ships. See link below: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/latest-travel-health-advice/exposure-flights-cruise-ships-mass-gatherings.html>.

This will allow for the sharing of relevant information with the general public and key stakeholders collected through international notices of COVID-19 conveyances, case reports from provinces/territories and the Canadian National Public Health Intelligence (CNPHI) alerts on confirmed COVID-19 cases reporting travel.

- Manage individuals identified as having been on the same flight as a close contact of a case if they meet the criteria in the algorithm based on their seat location in proximity to the case.
- Manage cruise line contacts who are identified as sailing on the same cruise ship of a case as close contacts of a case.
- Cruise ship contacts from the same vessel may require a ProvLab EI.
- Consult with Zone CDC lead/ND Associate Manager for more information.

**Asymptomatic Individuals with No Risk of Exposure:**

Returned traveler who reports no travel history outside of Canada or has returned greater than 14 days prior to assessment for COVID-19.

- ✓ Advise that assessment indicates no exposure and, therefore no risk of transmission.
- ✓ Review disease information, reassure regarding low risk of exposure. Provide website links as above for more information about COVID-19.
- ✓ Advise to contact Health Link 811 for any questions or concerns.
- ✓ Documentation related to these individuals should be captured in the Consult Log with the **Title=nCoV**. If more documentation is required a CI for Coronavirus, Novel can be created at the discretion of the Investigator. No DI is created.

**Mandatory Quarantine and Isolation: CMOH Order 05-2020**

- ✓ **Quarantine** will be legally enforced for the following individuals:
  - All returning international travelers shall by order be in quarantine for 14 days after arrival in Canada and monitor for symptoms.
  - Close contacts of confirmed and probable cases shall by order be quarantined for **14 days** since last exposure and monitor for symptoms.
- ✓ **Isolation** will be legally enforced for the following individuals:
  - Returning international travelers, close contacts of Confirmed and Probable Cases who develop symptoms, shall by order be in isolation for **another 10 days** from onset of symptoms or until symptoms have resolved, whichever is longer.
  - Individuals with new onset of the following symptoms: fever (over 38°C), new onset of (or exacerbation of chronic) cough, SOB/difficulty breathing, sore throat or runny nose shall by order must be in isolation for 10 days from onset of symptoms or until symptoms resolve, whichever takes.

**Management of Outbreaks**

Outbreaks shall by order be reported in a facility with vulnerable people e.g., shelter, hospital, long-term care facility, licensed supportive living, lodges, senior's residence or similar settings, any facility in which residential addiction treatment services are provided, daycare, correctional facility according to the definitions in **Table 3** below.

**The AHS Coordinated COVID-19 Response team (available 0800-2200 – 7 days/week)** is a collaborative

effort to assist with site support for facilities with vulnerable populations for implementation of outbreak management and control measures including testing, isolation protocols, staffing, personal protective equipment (PPE), education, etc. Team membership includes representatives from Zone Operations, Senior's Health, IPC, MOH, CDC, Environmental Public Health, and Public Health Nursing. The intake number for this team is 1-844-343-0971.

## Investigation and Management

### Investigator

Outbreak investigations for congregate settings are categorized differently, depending on whether or not they are included in the CMOH Order 12-2020. A single symptomatic resident/staff in any congregate setting must be isolated appropriately as per infection prevention and control measures, and tested for COVID-19. No Public Health reporting to Alberta Health is required until a case is confirmed and a COVID-19 outbreak is declared.

**Covid-19 Outbreaks in Congregate Settings: CMOH Order 12-2020** (licensed supportive living (including group homes and lodges), long-term care, nursing homes and auxiliary hospitals).

- Sites must call the AHS Coordinated COVID-19 Response line to report symptomatic individual(s), and to obtain guidance and decision-making support.
- All confirmed outbreaks in licensed supportive living (including group homes and lodges), long-term care, nursing homes and auxiliary hospitals that meet *Table 3: COVID-19 Outbreak Definition*, **shall by order** be investigated and reported.

**Table 3: COVID-19 Outbreak Definitions**

<b>Case Definition/COVID-19 :Symptoms in residents/clients</b>	
*Fever (37.8°C or higher)	
Any new or worsening respiratory symptoms:	Any new onset atypical symptoms including but not limited to:
<ul style="list-style-type: none"> <li>○ cough</li> <li>○ shortness of breath/difficulty breathing</li> <li>○ runny nose or sneezing</li> <li>○ nasal congestion</li> <li>○ hoarse voice</li> <li>○ sore throat</li> <li>○ difficulty swallowing</li> </ul>	<ul style="list-style-type: none"> <li>○ chills</li> <li>○ muscle aches</li> <li>○ nausea/vomiting/diarrhea</li> <li>○ feeling unwell/fatigue/malaise</li> <li>○ headache</li> </ul>
<b>Case Definition/COVID-19 Symptoms in staff</b>	
Fever (38°C or higher), new onset of worsening cough, shortness of breath/difficulty breathing, sore throat or runny nose.	
<b>Outbreak Definition: Confirmed COVID-19 outbreak:</b>	
<ul style="list-style-type: none"> <li>○ any one individual <u>confirmed</u> to have COVID-19 including:             <ul style="list-style-type: none"> <li>○ any resident/client who is confirmed to have COVID-19</li> <li>○ any staff member who is confirmed to have COVID-19.</li> </ul> </li> </ul>	
<b>NOTE:</b> Even if a confirmed case is identified, continue to collect and submit nasopharyngeal swabs for newly symptomatic individuals until otherwise directed by Public Health <sup>1</sup>	

<sup>1</sup> This refers to staff who **worked** at the site/s during the communicable period **WITHOUT** appropriate PPE. (See section on Management of HCW).

- The communicable period is defined as 48 hours before symptom onset to isolation date in symptomatic cases, OR 48 hours before lab specimen collection date to isolation date in asymptomatic cases.

- ✓ Symptomatic staff and residents with COVID-19 like symptoms (Table 3) must be isolated and tested. Follow site specific protocols for appropriate infection prevention and control measures. Symptomatic staff must not work.
- ✓ When a COVID-19 outbreak is confirmed in licensed supportive living sites (including lodges but NOT group homes), long term care (nursing homes and auxiliary hospitals):
  - Asymptomatic residents as well as staff that are part of a **NEW** COVID-19 confirmed outbreak on their site/unit should be tested.
  - Asymptomatic residents as well as staff that are part of an existing COVID-19 confirmed outbreak on their site/unit should be tested if there appears to be ongoing transmission.
- ✓ Advise sites that effective April 21, 2020 AH publishes the names of all confirmed COVID-19 outbreak sites by municipality and zone for any outbreak that has reported two (2) or more cases.
- ✓ For more information on site management and roles and responsibilities refer to the [AHS Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites](#) and the [CMOH Order 12-2020](#).
- ✓ Refer to AHS DSOP Outbreak Identification, Reporting, Investigation and Control and CDC Nursing - CDOM Documentation for Outbreaks. In addition, see detailed Outbreak Process document on the AHS\_provincial shared drive > ND and Outbreaks > Provincial ND OB Team > Outbreaks > Training Documents.
- ✓ Documentation of new positive lab results, deaths and new onset illness in both staff and residents must be updated in the CDOM Outbreak Case Count tab no later than 1130h everyday.
- ✓ A COVID-19 Outbreak can be declared over 14 days after isolation is completed in the last reported case (staff or resident).  
**NOTE:** when confirmed COVID-19 cases are only identified in staff at the site (i.e., no residents on isolation), the outbreak can be declared over 14 days after their last day of work if no further cases were identified in residents or staff at that site.
- ✓ If test results are negative for COVID-19, usual influenza like-illness (ILI) or gastrointestinal illness (GI) outbreak protocols (e.g., daily line lists, enhanced IPC and other control measures) should be followed, as appropriate to the identified organism causing the outbreak and report to AH as per usual processes.

#### **Recommendations for Staff Working in Facilities:**

- A surgical/procedure mask and good hand hygiene is considered sufficient PPE for asymptomatic staff working with asymptomatic residents, including within the 48 hours prior to specimen collection and up to the time the person is on appropriate isolation precautions.
- If a staff worker becomes symptomatic, all the residents who they cared for (or co-workers) in the **48 hours prior to symptom onset** in that staff worker will **NOT** be considered close contacts if the staff worker wore a surgical/procedure mask and practiced routine, frequent hand hygiene.
- If a resident becomes symptomatic, all staff that cared for the resident in the **48 hours prior to symptom onset** in that resident, would **NOT** be considered close contacts if they were wearing a surgical/procedure mask and practiced good hand hygiene i.e., sufficient PPE.
- A surgical/procedure mask and good hand hygiene is **NOT** appropriate PPE for staff caring for symptomatic residents.

#### **COVID-19 Outbreaks in Congregate Settings that are NOT included in CMOH Order 12-2020**

A single symptomatic resident/staff in any congregate setting that is not included in CMOH Order 12-2020

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- Where feasible, contact tracing for asymptomatic cases should include close contacts that were exposed to the case 48 hours before the specimen collection date. If not feasible, the specimen collection date can be used as the starting point for contact tracing.

**NOTE:** If staff worked at multiple sites in the 48 hours prior to symptom onset/lab test **WITHOUT** appropriate PPE, outbreak should be declared at those sites.

(e.g., shelters, daycares, correctional facilities) must be isolated appropriately as per infection prevention and control measures, and tested for COVID-19. Symptomatic staff must not work. No Public Health reporting to Alberta Health is required until a case is confirmed and a COVID-19 outbreak is declared.

**Testing of Staff and Residents**

- ✓ All staff and residents<sup>(j)</sup> in these congregate settings that are not included in CMOH Order 12-2020 with symptoms listed below in *Table 4: Symptoms to Initiate Testing for COVID-19*, should be tested.
- ✓ If test results are negative for COVID-19, usual influenza like-illness (ILI) or gastrointestinal illness (GI) outbreak protocols (e.g., daily line lists, enhanced IPC and other control measures) should be followed, as appropriate to the identified organism causing the outbreak and report to AH as per usual processes.

**Table 4: Symptoms to initiate testing for COVID-19**

<p><b>Case Definition/COVID-19 Symptoms in staff or residents</b></p> <p>Fever (38°C or higher), cough, shortness of breath/difficulty breathing, sore throat or runny nose.</p>
<p><b>Outbreak Definition: Confirmed COVID-19 outbreak:</b></p> <ul style="list-style-type: none"> <li>○ any one individual <u>confirmed</u> to have COVID-19 including:             <ul style="list-style-type: none"> <li>○ any resident/client who is confirmed to have COVID-19</li> <li>○ any staff member who is confirmed to have COVID-19.</li> </ul> </li> </ul> <p><u>NOTE: Even if a confirmed case is identified, continue to collect and submit nasopharyngeal swabs for newly symptomatic individuals until otherwise directed by Public Health</u></p>

- ✓ Symptomatic staff and residents with COVID-19 like symptoms must be isolated and tested. Follow site specific protocols for appropriate infection prevention and control measures.
- ✓ When a COVID-19 outbreak is confirmed in other complex outbreaks (e.g., group homes etc. as determined by the MOH), testing of asymptomatic individuals may be considered as a tool for early detection of cases and outbreak control at the discretion of the Zone MOH, depending on the context and epidemiology of the outbreak.
- ✓ Advise sites that effective April 21, 2020 AH publishes the names of all confirmed COVID-19 outbreak sites by municipality and zone for any outbreak that has reported two (2) or more cases.
- ✓ Refer to AHS DSOP Outbreak Identification, Reporting, Investigation and Control and CDC Nursing - CDOM Documentation for Outbreaks. In addition, see detailed Outbreak Process Document on the AHS\_provincial shared drive > ND and Outbreaks > Provincial ND OB Team > Outbreaks > Training Documents
- ✓ Documentation of new positive lab results, deaths and new onset illness in both staff and residents must be updated in the CDOM Outbreak Case Count tab no later than 1130h everyday.
- ✓ A COVID-19 Outbreak can be declared over 14 days after isolation is completed in the last reported case (staff or resident).  
**NOTE:** when confirmed COVID-19 cases are only identified in staff at the site, the outbreak can be declared over 14 days after their last day of work if no further cases were identified at that site.

**COVID-19 Outbreaks in Community settings:**

- ✓ A COVID-19 outbreak may be declared if there is evidence of epidemiologically linked transmission of 5 or more COVID-19 cases with a common exposure e.g., attended the same facility/event/gathering (e.g., community events, churches, dinner party, workplace etc.)  
**NOTE:** this does not include cases epi-linked within the same household.
- ✓ The *Alberta Outbreak Reporting Form (AORF)* **must** be completed and sent to Alberta Health when an outbreak is declared as described above.

<sup>(j)</sup> Depending on the type of setting, this refers to clients, children, prisoners etc.



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**Appendices**

Appendix A: CDOM Procedures: Documentation and Reporting of COVID-19

Appendix B: Infection Control Measures and Self-Isolation of Cases in a Non-healthcare Community Setting

Appendix C: Infection Control Measures in a Community Healthcare Setting

Appendix D: Management of Asymptomatic Health Care Workers (HCWs) with Potential Exposure to COVID-19

Appendix E: CDC and WHS Actions and Messaging for AHS/APL (and Covenant) Workers with Possible Occupational Exposures

Appendix F: Contact Tracing App Process (place holder)

**Appendix A: CDOM Procedures, Documentation and Reporting of COVID-19**

COVID-19 confirmed and probable cases must be reported to Alberta Health (AH) by submitting the enhanced surveillance form (ESR) through CDOM, electronically.

COVID-19 Suspect cases are not reportable to Alberta Health. This definition is only provided for the purpose of Public Health investigation.

**Documentation of Cruise line/Cruise ship passengers, Facility or Community Event Outbreaks:**

- Obtain a ProvLab EI or Zone specific EI (e.g., 2020-CAL-A005, 2020-EDM-A071) as required, create an outbreak investigation (OI) in CDOM for the EI:
  - All DIs and CIs for individuals present at the site/space/event/facility where the exposure occurred should directly link to the OI,
    - Individuals who are contacts of cases, but who were not present at the site/space/event/facility where the exposure occurred, should be linked to the case's DI but should not be directly linked to the OI.
  - Follow instructions below for documentation related to any confirmed or probable cases as each case requires its own OI.

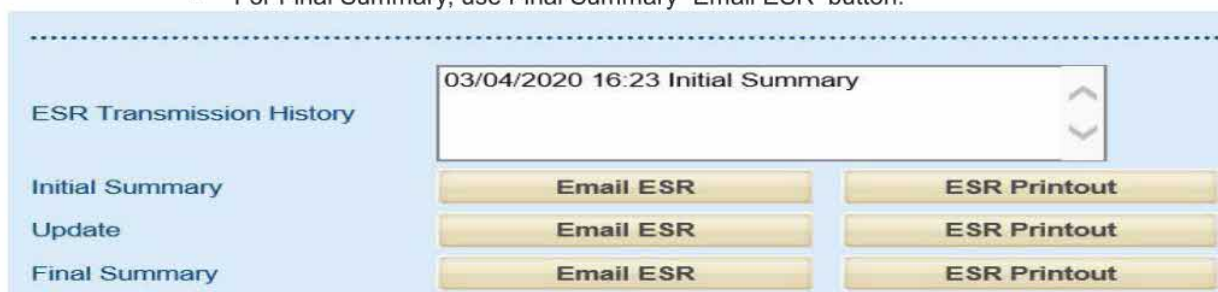
**Documentation of Confirmed and Probable cases and their contacts:**

- Create a DI for COVID-19 for all confirmed, probable, suspect and lab specimen pending cases.
- Create a contact investigation for each contact from within the DI assessment tab for cases with less than 35-40 contacts.
- If there are more than 35-40 contacts, in addition to creating a DI for the case, create an outbreak investigation (OI) with a Zone specific EI number and set **Resolution status = Not an Outbreak**.
  - Epi-link the DI to the OI.
    - If the DI was already linked to an OI, create a new (second) outbreak linkage to the new OI in the Summary Tab. The DI will now have two linked outbreaks in the Summary Tab.
  - In the **Intervention Tab > Outbreak Associated field >**
    - Choose "No" for cases that are not associated with a defined outbreak in Alberta (e.g., cases associated with travel, cases not associated with a school/daycare/workplace outbreak, cases not associated with a care facility outbreak, etc.).
  - all CIs that were associated with the DI, to the newly created OI.
- If the case is associated with a common transmission site where others may have all been exposed to the same source, create an outbreak investigation (OI) with a Zone specific EI number or a ProvLab EI number (whichever is required based on the need to coordinate specimen collection) and set **Resolution status = Outbreak**.
  - Epi-link the DI to the OI.
  - In the **Intervention Tab > Outbreak Associated field >**
    - Choose "Yes" for cases that are associated with a defined outbreak in Alberta.
- If the OI is for a defined outbreak in Alberta, complete all mandatory fields for AORF reporting as per the document: *CDC Nursing-CDOM Documentation of Outbreaks Nov 2018*
- If the OI is being set as "Not an Outbreak" complete the following fields and then use the rest of the fields as needed:
  - Outbreak Investigation Tab:
    - Outbreak Investigation Number = ProvLab or Zone-Specific EI
    - Outbreak Type = Respiratory (incl. ILI) Non Care Facility
    - Investigator = assigned investigator
    - Process status = As appropriate for status
    - Resolution status = Not an Outbreak
  - Definition Tab:
    - Suspected Organism/Disease = COVID-19
    - Enteric/Non-Enteric = Non-enteric

- Outbreak Assigned Zone/Service Area = As appropriate for case Zone
  - Outbreak Setting (Common)!
    - Outbreak Setting type! = Community
    - Location Name! = Community
    - Municipality = As appropriate for case location
  - Primary Organism/Disease Identified = COVID-19.
- Progress Tab:
  - Date investigation opened/closed (Common)!
- Create a CI for COVID-19 for every contact associated with each confirmed and probable case that CDC will be calling directly for follow up.
  - Epi-link each CI to the case's DI or OI, whichever is appropriate for the case as per instructions above.
  - If a close contact becomes a DI:
    - Epi-link the new DI to the index case DI, if not already done, in the Interpretation tab.
    - Follow documentation instructions for DIs as above.
- Document all relevant lab information in the lab tab for DIs, including negative test results that would rule out other infections. (See **Laboratory Tab** section)
- Complete all marked (!) ESR required fields in CDOM.
  - **Set** Resolution status > as appropriate based on case definitions
  - **Set Process status >:**
    - **Under Investigation** if case is remaining on isolation.
    - **Investigation Complete** if case is resolved and isolation is lifted.
  - Run the Required Data Check to ensure that all mandatory fields are complete and correct.



- Submit to AH using 'email ESR' process.
  - For initial submission, use Initial Summary "Email ESR" button.
  - For any updates, use Update "Email ESR" button.
  - For Final Summary, use Final Summary "Email ESR" button.



**NOTE:** An updated ESR submission is required when a case is hospitalized, dies or infection resolves.

**Documentation of Probable Cases with tests pending:**

- Create a DI for COVID-19
- Complete all other relevant fields to capture investigation and assessment
- **Set** Resolution Status > Pending
- If tested and becomes a confirmed or probable case, document as per above.

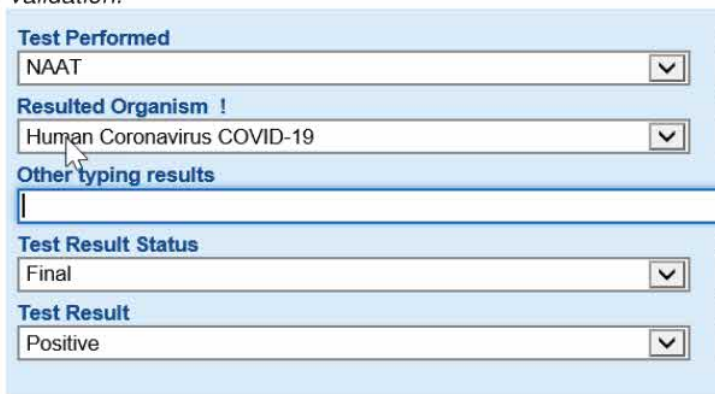
**Documentation of Suspect cases:**

- Create a DI for COVID-19
- Complete all other relevant fields to capture investigation and assessment
- **Set** Resolution Status > Suspect
- If tested and becomes a confirmed or probable case, document as per above.

**Laboratory Tab:**

- Documentation of novel coronavirus test results must be entered as follows:
  - ProvLab results:
    - Test Performed – NAAT
    - Resulted Organism – Human Coronavirus COVID-19
    - Test Results – If ProvLab test is not verified and must be confirmed by National Microbiology Lab (NML), document as preliminary. If ProvLab test is confirmatory and no verification by NML is required, document as final.

**NOTE:** *As of Feb 20, 2020 confirmatory testing from NML is no longer required for negative samples and ProvLab COVID-19 testing is considered confirmatory and final. Positive samples will continue to be sent to NML for validation.*



The screenshot shows a form with the following fields:

- Test Performed**: NAAT
- Resulted Organism !**: Human Coronavirus COVID-19
- Other typing results**: (Empty text field)
- Test Result Status**: Final
- Test Result**: Positive

- NML results (if required):
  - Create a Laboratory Report Information ID for documentation of NML results.
    - If the same accession number is used by ProvLab and NML, create the Laboratory Report ID for the NML specimen by adding the letters "NML" after the ProvLab accession number as shown below.

**LAB REPORT INFORMATION (COMMON) 1**

ID-01

Laboratory: Provincial Laboratory for Public Health - Calgary Site

Lab Report ID #: 1234

Report Date: 29/01/2020

Ordering Provider and Location: [Search Provider] [Clear]

Referring Lab Identifier: [If Other, specify]

Date lab report was received by AHS: 29/01/2020

Other Ordering Physician/ Submitter Name: Dr. Who

Provider Municipality: [ ]

Other Ordering Physician/ Submitter Address: [ ]

Provider Postal Code: [ ]

Specimen Collection Date: 27/01/2020

Specimen Received Date: 27/01/2020

Specimen Type: Nasopharyngeal Swab

Specimen Collected Time (HH24:MM): [ ]

Specimen Received Time (HH24:MM): [ ]

Specimen Comments: [ ]

[Add Note]

---

ID-02

Laboratory: National Microbiology Laboratory

Lab Report ID #: 1234NML

Report Date: 29/01/2020

Ordering Provider and Location: [ ]

Referring Lab Identifier: [If Other, specify]

Date lab report was received by AHS: 29/01/2020

- Test Performed – NAAT
- Resulted Organism – Human Coronavirus COVID 19
- Test Results – If NML result is the final and confirmatory test, document as final. Otherwise document as appropriate for test result status.

**Appendix B: Infection Control Measures and Isolation of Cases in a Non-healthcare Community Setting**

CD investigator must ensure that appropriate infection prevention and control practices to prevent spread to other household members are discussed (for Symptomatic Case or Asymptomatic RT-PCR positive case.) More information about isolation for Albertans is available at <https://www.alberta.ca/isolation.aspx#isolate>, and [exemption order](#) for isolated persons

**IPC Recommendations-Case:**

- Stay home and do NOT leave to attend social gatherings, work, school/university, child care, athletic events, faith-based gatherings, healthcare facilities, grocery stores, restaurants, shopping malls and any public gatherings.
- Avoid close contact with other people, including household members but especially seniors and people with chronic conditions or compromised immune systems.
- Use delivery or pick up services for errands such as grocery shopping.
- Do not go outside for a walk through your neighborhood or park. This includes children in mandatory self-isolation.
- You can get fresh air in your backyard, if you have one, but must remain on private property not accessible by others. If you live in an apartment building or high rise, you must stay inside and cannot use the elevators or stairwells to go outside. If your balcony is private and at least 2 metres away from your closest neighbor's you may go outside on the balcony.
- Do not use public transportation including buses, taxis or ride sharing.
- Avoid having visitors to your home (but friends, family or delivery drivers can drop off food, medicine or other things that may be needed) and leave at your on your door step.
- Isolate in a room with the door closed and use a dedicated bathroom if possible. If case cannot be in their own room a distance of at least two metres from the case should be maintained whenever possible by others in the room. When possible, wear a face mask when in the same room as other people or if needing to visit a healthcare provider. (If the case cannot wear a face mask, those who need to be in the same room with the case should wear one.)
- Ensure shared air spaces have good air flow (such as an air conditioner or open window) when possible and weather permitting.
- If residing in a dormitory, efforts should be made to provide the case with a single room with a private bathroom. If a private bathroom is not available, the bathroom should be cleaned and disinfected frequently.
- If unable to provide a separate room, ensure that there is sufficient room for other members of the home setting to maintain a two-metre distance from the case whenever possible (e.g., multiple families living in the same household, multiple generations living in the same household, large number of household contacts and possible overcrowding).
- If sleeping in the same room, maintain a two-metre distance from the case. Separate beds and beds should be oriented head to toe if possible.
- If physical separation is difficult, hanging a sheet from the ceiling to separate the ill person from others may be considered.
- If there are cases who reside in a co-living setting and single rooms are not available, co-horting cases to a separate room should be considered.
- The case should have safe access to food, running water, drinking water, and supplies for the duration of the period of self-isolation.
- Those residing in remote and isolated communities may wish to consider stockpiling the needed supplies, as well as food and medications usually taken, if it is likely that the supply chain may be interrupted or unreliable.
- Wash hands thoroughly with soap and water. Alcohol hand sanitizer can be used if soap and water are not available.

- Cover mouth and nose with a tissue when coughing or sneezing or cough and sneeze into their sleeve. Used tissues should be thrown into a lined trash can, wash hands thoroughly with soap and water immediately.
- Avoid sharing household items such as dishes, utensils, cups/glasses, towels, clothes, bedding or other items with other people in the house. After use these items should be washed thoroughly with soap and water.

**IPC Recommendations-Caregivers/Contacts:**

- Other individuals in the household should limit contact with the case as much as possible.
- Individuals who are at increased risk of severe disease (e.g., immunocompromised, chronic heart, lung or kidney disease, diabetes, blood disease and older adults) should not provide care for or come into contact with the case and alternative arrangements may be necessary.
- For breastfeeding mothers considering the benefits of breastfeeding and the insignificant role of breast milk in transmission of other respiratory viruses, breastfeeding can continue. If the breastfeeding mother is a case, she should wear a surgical/procedure mask when near the baby, practice respiratory etiquette, and perform hand hygiene before and after close contact with the baby.
- Restrict visitors who do not have an essential need to be in the home.
- Individuals providing care for or living in the same residence should avoid contact with client's body fluids when possible and practice strict hand hygiene.
  - Wash hands often and thoroughly with soap and water. Alcohol hand sanitizer can be used if soap and water are not available and hands are not visibly soiled. Hands should always be washed immediately after providing care, after removing face masks, gowns or gloves, after cleaning surfaces and after handling soiled items or interacting with the ill person or their environment.
  - Wear a disposable face mask, gown and gloves when possible if having to touch or have contact with the ill person's blood, body fluids or secretions. Throw out items after one use in a lined trash can and wash hands thoroughly after handling these items or disposing of trash.
  - Wear disposable gloves when handling soiled items e.g., clothes, bedding, used household items.
- Wear disposable gloves when cleaning surfaces that may be contaminated with ill person's blood, body fluids or secretions.

**IPC Recommendations-Cleaning and Laundry:**

- Laundry:
  - Immediately remove and wash soiled clothes or bedding.
  - Wear disposable gloves when possible while handling soiled items and wash hands thoroughly with soap and water after handling.
  - Wash as per instructions on labels of laundry items and detergent of choice. Generally wash and dry with the warmest temperatures recommended on labels of laundry items.
- Cleaning:
  - Clean any contaminated surfaces as well as all high touch surfaces such as table tops, counters, doorknobs, bathroom fixtures, toilets, bedside tables, keyboards, tablets, phones, etc. at least daily.
  - Wear disposable gloves when cleaning surfaces and wash hands thoroughly with soap and water after removing and disposing of gloves.
  - Follow cleaning instructions on labels of products being used to clean surfaces, regular household cleaners can be used. A diluted bleach solution of one part bleach to nine parts water may also be used if appropriate for surfaces being cleaned.
  - Dispose of items such as soiled tissue paper in a sealed garbage bag and leave out for garbage collection.



**Appendix C: Infection Control Measures in a Community Healthcare Setting**

MOH/designate must ensure that appropriate infection prevention and control practices are being followed.

- In a community healthcare setting (including physician offices and public health centers but excluding urgent care center/ED settings):
  - **Asymptomatic contact or asymptomatic possible contact:**
    - Consistent with the Public Health Agency of Canada (PHAC) and Alberta's Chief Medical Office of Health (CMOH), AHS has implemented a [continuous masking](#) strategy for HCWs, in addition to the use of PPE as part of droplet and contact precautions to improve safety for both HCW and patients.
    - IPC recommendations and Notification processes:
      - ❖ Routine practices for current symptoms
    - Cleaning and disinfection:
      - ❖ Routine cleaning and disinfection as per type of contamination
  - **Symptomatic, probable or confirmed case/contact or Asymptomatic confirmed case:**
    - IPC recommendations and Notification processes:
      - ❖ Provide client with a procedure mask to wear and place in an examination room (or other single room) as soon as possible. If unable to do so right away place in a separate waiting area or advise to avoid others in the waiting room if space allows. **Close the door.**
      - ❖ Place in a single room
      - ❖ Implement contact and droplet precautions
      - ❖ Aerosol-generating medical procedures (AGMP) should be avoided
      - ❖ Encourage the individual to practice respiratory hygiene by covering mouth and nose with a tissue when coughing or sneezing or coughing and sneezing into their sleeve. Used tissues should be thrown into a lined trash can and hands should be washed thoroughly with soap and water immediately.
      - ❖ Clinic staff should limit the number of staff that interact with the individual and limit interactions to providing necessary care.
      - ❖ Clinic staff should practice strict hand hygiene. Wash hands often and thoroughly with soap and water. Alcohol hand sanitizer can be used if soap and water are not available and hands are not visibly soiled. Hands should always be washed immediately before and after providing care, before donning personal protective equipment (PPE), after removing PPE, after cleaning and after handling soiled items or interacting with the ill person or their environment.
      - ❖ Whenever possible single use, disposable equipment should be used.
      - ❖ In consultation with Zone MOH and responsible physician, arrange for client to be assessed at the clinic or directed to an ED based on presenting symptoms and risk or exposure. If not already done by Zone MOH, CD investigator should notify the receiving site that the client will be presenting and is suspected of having COVID-19.
      - ❖ Sites should keep a list of all individuals who had direct contact with the patient or with respiratory secretions or surfaces contaminated with respiratory secretions. Public Health will work with the site to conduct exposure risk assessment for identified contacts from the site.
        - \* Potential occupational/community exposure to COVID-19, (i.e., direct exposure without appropriate PPE or an inadvertent breach of PPE) should be reported to immediate supervisor and occupational health services or delegate as well as to local Public Health authorities.
        - \* The exposure should be reported immediately to employer and immediate medical attention should be obtained.
          - The Zone MOH should be consulted immediately.
        - \* Mucous membranes of the eyes, nose or mouth should be flushed with running water if contaminated with respiratory secretions or other body fluids.
        - \* Non-intact skin should be rinsed thoroughly with running water if contaminated with blood or body fluids.

- \* All other first aid should be performed after consultation with WHS/Zone MOH if there is no immediate risk to the affected individual.
- Cleaning and disinfecting:
  - ❖ Dispose of all contaminated items in a lined trash can and close bag before placing with clinic waste for disposal
  - ❖ Wear rubber/disposable gloves when cleaning surfaces and wash hands thoroughly with soap and water after removing and disposing of gloves.
  - ❖ Clean and disinfect any contaminated surfaces, high touch surfaces and non-disposable clinic equipment as per current clinic processes using a two-step process.
    - \* Cleaning and disinfecting refers to a two-step process i.e., must clean before you disinfect. Where a surface disinfectant claims to have both cleaning and disinfecting properties the product may be used for both steps.

**Appendix D: Management of Asymptomatic Health Care Workers (HCWs) with Potential Exposure to COVID-19**

- **Management of Asymptomatic HCWs with exposure risk:**
  - Health Care Workers who think they may or may have been exposed to COVID-19 should be directed to complete the online assessment tool [for Healthcare and Shelter Workers/Enforcement Personnel/First Responders](#).
  - **ALL** Health Care Workers who have been exposed to COVID-19 in the preceding 14 days, must be assessed regarding fitness to work. AHS, Covenant Health and Alberta Precision Lab employees can be referred to the [COVID-19 Return to Work Guide for AHS Health Care Workers](#) for further information.
  - A surgical/procedure mask and proper hand hygiene is considered sufficient PPE for asymptomatic HCW working with asymptomatic patients, including with the 48 hours prior to specimen collection and up to the time the person is on appropriate precautions.
  - If a HCW becomes symptomatic, all patients who they cared for (or co-workers) in the 48 hours prior to symptom onset in the HCW will not be considered close contacts if the HCW wore a surgical/procedure mask and practiced proper hand hygiene.
  - If a patient becomes symptomatic, all HCWs that cared for the patient in the 48 hours prior to symptom onset in that patient would not be considered close contacts if they were wearing a surgical/procedure mask and practiced proper hand hygiene.
  - A surgical/procedure mask and good hand hygiene is not considered appropriate PPE for HCWs caring for COVID-19 symptomatic patients.
- **For Positive Test Results – refer to Case Management:**
  - Regardless of when self-isolation began, if test results for COVID-19 are positive, HCWs are **legally** required to self-isolate for **at least 10 days** from when symptoms started and until symptoms have resolved (whichever is longer).
    - Discuss rationale for self-isolation with HCW, the requirement to stay home and avoid close contact with other people, including household members but especially seniors and people with chronic conditions or compromised immune systems; handy hygiene, respiratory etiquette and proper cleaning and disinfection in the home.
  - Health care workers have additional requirements and **may not work in any health care setting until 14 days have passed** since symptom onset and symptoms have resolved (whichever is longer)
    - AHS, Covenant Health and Alberta Precision Lab employees can refer to [COVID-19 Return to Work Guide for AHS Healthcare Workers](#) for further instructions.
- **For Negative Test Results:**
  - HCWs who are a contact of a known case of COVID-19 OR have returned from travel outside of Canada OR are a close contact of an ill person who has returned from travel outside of Canada within the last 14 days
    - Even if results are negative, asymptomatic contacts must stay on self-isolation for a full **14 days** and self-monitor for new symptoms (fever, cough, shortness of breath, difficulty breathing, sore throat or runny nose).
      - Self-monitor for fever  $\geq 38.0$  C/ $100.4$  F twice daily.
      - Avoid taking any antipyretics that may suppress a fever.
      - Maintain good respiratory etiquette and hand hygiene.
      - Be advised that if symptoms develop, contact local Public Health for assessment by calling Health Link 8-1-1 immediately or other number if provided locally by zone.
      - Be advised that if symptoms develop that require urgent medical attention and access to medical care, EMS staff (if ambulance is required) and nursing staff at the ED/UCC should be advised immediately that they may have been in contact with COVID-19 and the Zone MOH on call should be notified immediately.
    - **Note:** Refer to Appendix B for further instructions on infection prevention control during

- self-isolation.
- AHS, Covenant Health and Alberta Precision Lab employees can be referred to the COVID-19 Return to Work Guide for AHS Health Care Workers for further information.
- Review disease information and provide the AH Website for more information on self-isolation at: [www.alberta.ca/coronavirus](http://www.alberta.ca/coronavirus) and/or Public Health Agency of Canada website links for more information COVID-19 <https://travel.gc.ca/travelling/advisories/pneumonia-china>, <https://www.albertahealthservices.ca/topics/Page16944.aspx>
- Documentation related to these individuals should be captured in a CI for Coronavirus, Novel. No DI is created.
- HCWs who are NOT a contact of a known case of COVID-19 AND have NOT returned from travel outside of Canada AND are NOT a close contact of an ill person who has returned from travel outside of Canada within the last 14 days can be advised:
  - To stop self-isolation once symptoms resolve and resume normal activities.
  - To maintain good respiratory etiquette and hand hygiene.
  - If symptoms develop they must self-isolate immediately and complete the online assessment tool for Healthcare and Shelter Workers/Enforcement Personnel/First Responders.
  - If symptoms develop that require urgent medical attention and access to medical care, EMS staff (if ambulance is required) and nursing staff at the ED/UCC should be advised immediately that the individual may have been in contact with COVID-19, and the Zone MOH on call should be notified immediately.
  - To review disease information, reassure regarding low risk of exposure. Provide website links, as above, for more information about COVID-19.
  - To document related to these individuals should be captured in the Consult Log with the **Title** = nCoV. If more documentation is required, a CI for Coronavirus, Novel can be created at the discretion of the investigator. No DI is created.
  - If an AHS, Covenant Health and Alberta Precision Labs employees to refer to COVID-19 Return to Work Guide for AHS Healthcare Workers for further instructions.

**Appendix E: CDC and WHS Actions and Messaging for AHS/APL (and Covenant) Workers with Possible Occupational Exposures****Key information for CDC Contact Tracers and WHS OHNs/RNs:**

- CDC speaks to AHS/APL (and Covenant) Workers that test positive for COVID-19 due to a potential occupational exposure before WHS.
  - o CDC notifies workers of positive test results and initiates contact tracing. This includes engaging WHS when appropriate.
    - Workers need to know when CDC is sharing their information with WHS and why this is happening.
- CDC may speak to other AHS/APL (and Covenant) Workers identified as possible close contacts by the worker who tested positive.
  - o Sometimes WHS will also speak to these same possible close contacts as part of workplace contact tracing.
    - CDC/WHS contact tracers may need to explain to the possible close contacts why they are speaking to both CDC and WHS.
    - There is the potential for CDC to provide clinical guidance based on the community exposure that is different than the clinical guidance WHS provides based on the possible occupational exposure. When this happens, WHS will notify CDC.

**Scenarios:**

- AHS/APL (or Covenant) Worker that tests positive
  - o An AHS/APL (or Covenant) Worker tests positive for COVID and may have been exposed at work (i.e., source is a positive patient or other worker) [OR] may have exposed others at work (i.e., the worker that tested positive is the source)
    - In this scenario we need to communicate to workers that there will be a **handover from CDC to WHS**. CDC does community contact tracing, and WHS does workplace contact tracing.
- An AHS/APL (or Covenant) worker identified as a possible close contact of another positive worker
  - o Close contact is a AHS/APL (or Covenant) Worker is identified during community contact tracing as a possible close contact of another AHS/APL (or Covenant) Worker [AND] one or both workers are linked to a workplace exposure
    - In this scenario the possible close contacts are identified through both community [AND] workplace contact tracing – which means **CDC and WHS are both assessing the exposure and advising the worker on self-isolation**.
      - WHS makes the final determination on if the exposure occurred at work. This information will be shared with CDC through a centralized data extract (OHNs/RNs do not need to send it themselves).

<b>Messaging for...</b>	<b>WHS/CDC Actions</b>	<b>CDC Messaging</b>	<b>WHS Messaging</b>
1. Positive workers	<p>CDC/WHS Steps and Handover</p> <ul style="list-style-type: none"> <li>i) CDC notifies worker of positive result</li> <li>ii) CDC begins community contact tracing</li> <li>iii) CDC tells the worker their information will be sent to WHS</li> <li>iv) CDC sends the email notification template to WHS</li> <li>v) WHS contacts the worker to investigate the possible occupational exposure</li> </ul>	<p>"I am calling from CDC – our role is to tell you about your test result, how long you need to self-isolate, and identify any one you may have exposed in the community.</p> <p>I am also going to send your information to AHS Workplace Health &amp; Safety so they can talk to you about your possible workplace exposure and ask about anyone else that you may have exposed."</p>	<p>"CDC gave us your information so we could talk to you about your possible workplace exposure and ask about anyone else that you may have exposed."</p>
2. Close contacts	<p>CDC Steps</p> <ul style="list-style-type: none"> <li>i) A positive worker names other AHS/APL (and Covenant) Workers as possible close contacts during <b>community contact tracing</b></li> <li>ii) CDC speaks to the possible close contacts to assess the exposure</li> <li>iii) CDC provides clinical guidance (advises on self-isolation/work restrictions) based on the community exposure</li> </ul> <p>WHS Steps</p> <ul style="list-style-type: none"> <li>i) A positive worker names other AHS/APL (and Covenant) Workers as positive close contacts during <b>workplace contact tracing</b></li> <li>ii) WHS speaks to the possible close contacts to assess the exposure</li> <li>iii) WHS provides clinical guidance (advises on self-isolation/work restrictions) based on their assessment of the occupational exposure</li> <li>iv) If WHS becomes aware that the WHS clinical guidance is different than what CDC provided, WHS will notify CDC at <a href="mailto:CDCCOVID@albertahealthservices.ca">CDCCOVID@albertahealthservices.ca</a></li> </ul>	<p>"Tell your manager about your self-isolation/work restrictions.</p> <p>If your possible exposure occurred in the workplace, AHS WHS will also be contacting you."</p>	<p>"If you have already spoken to CDC, it is because you were identified as a possible close contact through community contact tracing.</p> <p>WHS makes the final determination on if you have been exposed to COVID-19 at work and if you need to self-isolate because of that exposure."</p> <p>*Find out if the WHS clinical guidance is different than what was provided by CDC. If so, see <i>WHS Step iv</i>.</p>

**AHS, APL and Covenant Health WHS/OHS notification:**

- CDC will use the email template below for AHS, APL and Covenant Health WHS/OHS notification of:
  - o a Confirmed COVID case who is currently an inpatient or received healthcare from AHS, Alberta Precision Labs, or Covenant Health during the period of communicability and potentially exposed HCWs
  - OR**
  - o a COVID case in a Health Care Worker who worked during the period of communicability in a AHS/APL/CH facility/site that requires contact investigation and follow-up.
  - OR**
  - o A COVID case who is an AHS APL or Covenant employee whose exposure source was in the workplace.
  - This email template is not applicable for:
    - o HCWs that are not AHS, APL or Covenant employees
    - OR**
    - o AHS, APL and Covenant employees that were exposed in the community (not a workplace exposure) and did/will not work during the period of communicability therefore do not pose a risk of transmission in the workplace. HCWs advised to self-isolate due to COVID infection will be encouraged to inform WHS of the reason for their work absence during the 14 day isolation period.

**Email Template:**

CDC Contract Tracers will document and forward the following information for all confirmed COVID-19 cases that are either:

- o an healthcare worker with AHS, APL or Covenant Health or
- o an individual that received health care services from AHS, APL or Covenant Health.

**Instructions:**

- Complete the information below
- Subject line: COVID Positive – [ENTER ZONE]
- Copy email to: Zone MOH
- Send the email to:
  - Covenant Health - [occhealthnurse@covenanthealth.ca](mailto:occhealthnurse@covenanthealth.ca)
  - AHS / APL North Zone – [ahs.nz.ohn@ahs.ca](mailto:ahs.nz.ohn@ahs.ca)
  - AHS/ APL Edmonton Zone - [OHSWNurseOnCall@albertahealthservices.ca](mailto:OHSWNurseOnCall@albertahealthservices.ca)
  - AHS / APL Calgary Zone - [CalgaryZoneCDETeam@albertahealthservices.ca](mailto:CalgaryZoneCDETeam@albertahealthservices.ca)
- **\*NOTE:** For AHS/APL Central and South Zones, please send your name, phone number and department (CDC) to the email addresses below and an Occupational Health Nurse will call you back with the email address to use.
- AHS/ APL Central Zone - [centerzone@onpage.com](mailto:centerzone@onpage.com)
- AHS / APL South Zone - [southzone@onpage.com](mailto:southzone@onpage.com)

**Section 1: Confirmed COVID-19 case information**

- o CDOM DI#:
- o Name (First/Last):
- o Date of Birth:
- o Provincial Health Number:
- o Date of symptom onset:
- o Symptoms:

**Section 2A: Confirmed Case is a HCW with AHS, APL or Covenant Health**

- o Zone (AHS/APL):
- o Work location (s):

- Last day worked:
- Suspected occupational exposure:

**Section 2B: Confirmed Case received health care services from AHS, APL or Covenant Health**

- Facility information (if multiple, please list):
- Dates/times of health care services:
- Date of admission:
- Date of discharge (if available):
- Location(s)/unit(s):
- Date/time of EMS/STARS transport (if applicable)
- For more information, contact CDC COVID-19 Team at 1-888-522-1919

Appendix F: Contact Tracing App Process  
PLACE HOLDER: PROCESS CURRENTLY UNDER DEVELOPMENT