Guidelines for COVID-19 Outbreak Prevention, Control and Management in Congregate Living Sites

For the purposes of this document, “congregate” refers to settings where residents/clients receive care and/or services in a communal environment with other residents/clients.

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Introduction

The purpose of this document is to provide current best-practice/evidence-based guidelines for COVID-19 outbreak control and management in congregate settings. Please note that this is only a supplemental addition to existing guidelines; more detailed descriptions of general outbreak control strategies are available in the Alberta Health Services (AHS) outbreak guidelines*:

- Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites, July 2019
- Guidelines for Outbreak Prevention, Control and Management in Supportive Living and Home Living Sites, July 2019

*If there is conflicting information between these documents and the standards in the **Chief Medical Officer of Health (CMOH) Order 23-2020**, the standards supersede. For the purposes of this document, "congregate" refers to settings where residents/clients receive care and/or services in a communal environment with other residents/clients.

In addition, operators of licensed supportive living (SL) and long-term care (LTC) facilities in Alberta must follow the requirements set out in all Orders issued by the Chief Medical Officer of Health (CMOH), with particular attention to Order 14-2020 and Order 23-2020. *Italicized sections below are requirements for these facilities.* Other settings not explicitly covered by these Orders should also follow these recommendations where possible to limit the spread of COVID-19 in their vulnerable populations.

The notification of outbreaks and other infectious disease threats in Alberta is mandated under Section 26 of the provincial Public Health Act, and each Medical Officer of Health (MOH) is accountable for outbreak investigation and management (Section 29).

Early recognition and swift action is critical for effective management of COVID-19 outbreaks in congregate settings because of the increased risk of severe symptoms from COVID-19, and the increased risk of spread when vulnerable individuals live in close contact**.**

Contact the AHS Coordinated COVID-19 Response at 1-844-343-0971 about any symptomatic person in a congregate setting i.e., a symptomatic staff or resident/client that exhibits any symptoms of COVID-19 (see Table 1) at a site that does not already have a confirmed outbreak. Sites that do not already have a confirmed COVID-19 outbreak should continue to report newly symptomatic staff/residents/clients to the AHS Coordinated COVID-19 Response team.

Sites that have not yet been contacted by Public Health about a confirmed outbreak must report symptomatic staff/resident/clients that exhibit any symptoms of COVID-19 (see **Table 1)** promptly to the AHS Coordinated COVID-19 Response at 1-844-343-0971. They will be immediately provided with additional guidance and decision-making support, including access to Personal Protective Equipment (PPE) as necessary. The AHS Coordinated COVID-19 Response is also available to provide further assistance as needed if a site continues to see cases in staff or residents/clients UNLESS the site has already been contacted by Public Health to initiate a confirmed outbreak investigation in follow-up to a positive COVID-19 lab result. The Public Health team will ONLY be in contact with sites that have a confirmed outbreak to support outbreak management, prevention and control at that site.

Continuous masking: As per CMOH guidance, continuous masking became effective April 15, 2020 for licensed supportive living (SL) and long-term care (LTC) facilities as well as lodge accommodation. AHS has a guideline for continuous masking in health care workers who work in patient care areas, in addition to use of personal protective equipment (PPE) as part of droplet and contact precautions.

Staff, Infection Control Professionals (ICP)/Infection Control Designate (ICD) and Public Health professionals in congregate settings work collaboratively with facility administrators and staff to facilitate prompt response to help minimize the impact of the outbreak. For ongoing updates relevant to congregate settings, see https://connection.albertahealthservices.ca. Note - you will be required to register the first time you use the site.

***Note*:** This is not a comprehensive infection prevention and control (IPC) document. *Only the minimum updates necessary for managing outbreaks of COVID-19 are outlined here*. Please continue to use your AHS Guidelines for Outbreak Prevention, Control and Management for general information on outbreak management. For detailed information about IPC, please consult your ICP/ICD for your facility or Public Health.

CMOH Order 23-2020 provides information on outbreak prevention measures related to staffing, admissions/transfers, testing, essential workers, visiting restrictions and other details.

1. Principles of Outbreak Management

1.1 Surveillance

Conduct ongoing monitoring and surveillance for symptoms of COVID-19 (see Table 1) in staff and residents/clients and prompt identification of possible outbreaks.
Anyone with symptoms listed in Table 1 must be isolated and should be asked for consent to be tested for COVID-19. **Initiate appropriate testing, isolation and contact and droplet precautions promptly if a single staff or resident/client exhibits symptoms of COVID-19.**

- Sites that have symptomatic staff or residents/clients (see Table 1) must contact the AHS Coordinated COVID-19 Response at 1-844-343-0971 for guidance and support.
    - Note: for confirmed COVID outbreaks where Public Health is already involved in outbreak management, **do not** contact the AHS Coordinated COVID-19 Response line with newly symptomatic individuals.

1.2 Assessment

Assess staff and residents/clients for symptoms of COVID-19 (see Table 1).

(a) Symptomatic staff:

- Regardless of where exposure occurred, all staff with symptoms of COVID-19 (see Table 1) must immediately contact their manager/designate.
- *Staff that become symptomatic while at work must not remove their mask and must be sent home immediately by private transportation (i.e. not public transit).*
- Staff should use the AHS online self-assessment tool for Health Care Workers to arrange testing. Symptomatic staff are managed as per Workplace Health and Safety (WHS)/ Occupational Health and Safety (OHS)/Public Health recommendations for isolation and safe return to work.

(b) Symptomatic residents/clients

- Isolate immediately using droplet and contact precautions. Cohorting may be necessary when capacity issues and bed availability is a challenge.
- A resident within a shared room that is required to isolate should be moved to a private space, where possible.
    - Where this is not possible, residents should not be within 2 metres of each other and use of physical/visual barriers (e.g., curtains or portable wipeable screens) must be implemented at all times.
- Contact the AHS Coordinated COVID-19 Response at 1-844-343-0971 for an EI number prior to sending initial specimens for testing.
- For residents/clients that have symptoms of COVID-19 (see Table 1), arrange for specimen collection and testing as soon as possible.
- Follow IPC risk assessment for respiratory illness and implement contact and droplet infection prevention and control precautions and other outbreak strategies immediately, while waiting for test results.

1.3 Outbreak Identification

Initiate full outbreak management precautions as soon as one symptomatic staff/resident/client is identified.
One positive specimen result for COVID-19 in a resident/client/staff is a confirmed outbreak. Even when a COVID-19 case is identified and an outbreak is declared, obtain consent to continue testing all newly symptomatic staff and residents/clients throughout the outbreak until otherwise directed by Public Health. When there is a **new** confirmed COVID-19 outbreak, all residents/clients and staff in the affected site/unit should be asked to consent to testing for COVID-19.

- Testing of residents should ideally occur within 3 days of a confirmed case of COVID-19;

however, if it takes longer to obtain consent then testing may still occur at that time.

- Asymptomatic testing within licensed group homes is at the discretion of the AHS Zone MOH/designate, based on individual medical complexity and site circumstances.

Note: Re-testing of newly symptomatic residents/clients that are previously positive COVID-19 cases that have recovered should only be completed if there has been more than 30 days since their previous positive test, or if case-specific assessment with the MOH warrants re-testing.

Table 1: COVID-19 Symptoms to Initiate Testing

Residents* in Facility	***Staff in Facility***
• Fever (**37.8°C** or higher[1]) Any **new** or **worsening** respiratory symptoms: • Cough • Shortness of Breath/Difficulty Breathing • Runny Nose • Sneezing • Nasal Congestion/Stuffy Nose • Hoarse Voice • Sore Throat/Painful Swallowing • Difficulty Swallowing Any **new** symptoms including but not limited to: • Chills • Muscle/Joint Ache • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Feeling Unwell/Fatigue/Severe Exhaustion • Headache • Loss of Sense of Smell or Taste • Conjunctivitis • Altered Mental Status **Resident/client list is expanded as they may experience milder initial symptoms or be unable to report certain symptoms*	• Fever • Cough • Shortness of Breath/Difficulty Breathing • Sore Throat • Runny Nose • Chills • Painful Swallowing • Stuffy nose • Headache • Muscle/Joint Ache • Feeling Unwell/Fatigue/Severe Exhaustion • Nausea/Vomiting/Diarrhea/Unexplained Loss of Appetite • Loss of Sense of Smell or Taste • Conjunctivitis
Note: individuals with fever, cough, shortness of breath, runny nose or sore throat, require 10 day mandatory isolation or until symptoms resolve, whichever is longer as per CMOH Order 05-2020.	

1.4 Outbreak Definition

Outbreak Definition

Confirmed COVID-19 outbreak[2]:

- *any one individual (staff/resident/client) laboratory confirmed to have COVID-19:*

NOTE: Even if a confirmed outbreak is identified, continue to collect and submit swabs for newly symptomatic individuals until otherwise directed by Public Health.*

- **Re-testing of newly symptomatic residents/clients that are previously positive COVID-19 cases that have recovered should only be completed if there is more than 30 days since their previous positive test, or if case-specific assessment with the MOH warrants re-testing.*

Early recognition of COVID-19 outbreaks is extremely important. Conduct ongoing surveillance of staff and residents/clients for early detection of COVID-19 cases/outbreaks. If test results are negative for COVID-19, usual influenza-like illness (ILI) or gastrointestinal illness (GI) outbreak protocols should be followed as appropriate.

Staff requirements: *To protect the most vulnerable Albertans, designated supportive living and long-term care staff employed or contracted by the operator are limited to working within one single designated supportive living or long-term care facility, regardless of outbreak status. This will help*

[1] Thermometer confirmed temperature is not required. If a resident feels they have a fever, offer testing.

[2] Sites with two or more individuals with confirmed COVID-19 will be included in **public reporting**.

to prevent the spread of illness between facilities.

In the case of a **confirmed** COVID-19 outbreak, all other congregate settings (i.e. non-designated licensed supportive living, lodges, and group homes) must require staff to work only at one congregate living setting for the duration of the outbreak as per *CMOH Order **23-2020***.

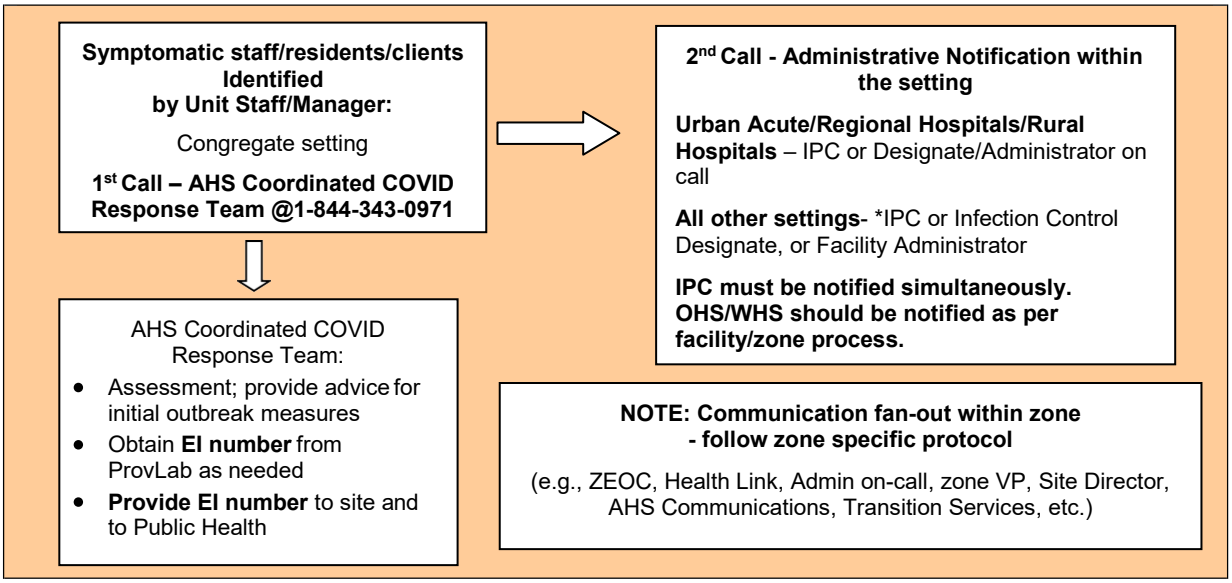
*By CMOH Order **23-2020**, staff must **immediately** tell their supervisor if they have worked in the last 14 days or are currently working at a site (including but not limited to the sites to which this order applies), where there is a **confirmed** COVID-19 outbreak. This disclosure is **mandatory** to protect the health and safety of the disclosing staff member, other staff as well as the health and safety of the residents/clients.*

1.5 Notification

In order to initiate a site investigation promptly, **immediately report a single suspected case of COVID-19 in residents/clients or staff to the AHS Coordinated COVID-19 Response (1-844-343-0971).** Prompt reporting permits early identification and interventions to interrupt transmission of COVID-19 as soon as possible, reducing morbidity and mortality. Initial outbreak control measures, staff restrictions, facilitation of testing and Personal Protective Equipment recommendations will be provided.

Follow internal protocols for site notification about staff or residents/clients that are being tested (see Table 2) e.g. to your IPC/ICD (where available) and follow Public Health instructions for collecting and reporting data once a confirmed outbreak is identified at your site.

Table 2: Outbreak Notification Algorithm for sites that have IPC/ICD*



1.6 Infection Prevention and Control Measures

While waiting for test results, implement full **contact and droplet precautions** in addition to routine IPC measures including consistent hand hygiene, respiratory hygiene, appropriate personal protective equipment (PPE) and isolation of symptomatic staff or residents/clients, as possible. AHS has a continuous masking guideline, in addition to use of personal protective equipment (PPE) as part of droplet and contact precautions. *Where there is evidence of ongoing transmission (two or more lab confirmed cases of COVID-19), continuous use of surgical/procedure mask and eye protection (e.g. goggles, visor, face shield) is recommended for staff providing direct face-to-face care of residents/clients or working in resident care areas.*

Additional precautions are necessary (see **Table 3**) if performing aerosol-generating medical procedures (AGMP). If staff/resident/client tests positive, maintain full IPC precautions until the resident/client is released from isolation.

- **PPE** - wear appropriate PPE as per Interim IPC recommendations COVID-19 for staff providing care to all isolated residents/clients (symptomatic or asymptomatic) **Donning and Doffing PPE**.
- **Hand hygiene** is the most important measure in preventing spread of infections. Practice consistent hand hygiene and respiratory hygiene.

- Place Visitor poster at the entrance of the facility/unit and screen any essential visitors prior to entering the facility.
  - Please note additional considerations for essential visitors as per **CMOH Order 14-2020**
- Place posters regarding physical distancing, hand hygiene (hand washing and hand sanitizer use) and limiting the spread of infection in areas where they are likely to be seen.
- Place Visitor poster and signage and inside the symptomatic resident's/client's room, near the door, alerting staff/visitors that the resident/client is symptomatic and precautions are required.
  - Place symptomatic residents/clients in single rooms if possible. If a single room is not available, residents/clients with infection due to the same micro-organism may be cohorted following consultation with IPC/Public Health. Maintain at least two (2) metres of physical separation between bed/stretcher spaces and any permitted designated essential visitor.

Note: Consult with IPC/ICD/Public Health as appropriate for assistance with IPC issues. All COVID-19 concerns or outbreak concerns in continuing care for all settings are being addressed through the central intake email continuingcare@albertahealthservices.ca. For other questions, including zone contacts, refer to the Continuing Care FAQ document.

Visitors: Long term care, supportive living and congregate settings have implemented a "No Visitor Policy**"** with special considerations for essential visitors* as per **CMOH Order 14-2020**. See Visitor poster; Visiting residents and patients during a pandemic.

All visits must be booked in advance. Updated visitor guidance is available here.

*Essential Visitor: designated by resident/client or guardian (or other alternate decision maker); may be a family member, friend or paid caregiver over 18 years of age.
Essential visitors must comply with all requirements:

- pre-arrange visits with facility manager, and be expected by site administration or charge nurse
- sign in and out of all visits and complete a standard Screening Questionnaire to assess health risk
- wear a mask continuously throughout their time in the facility and shall be instructed how to put on and take off the mask and any other PPE required by the staff/operator
- be escorted by site staff to resident's/client's room and remain in that room for the duration of the visit, other than when assisting with required quality of life care or care activities (e.g., meal time) or supporting an outdoor visit
- perform hand hygiene on entry and exit from rooms, when leaving and returning to the facility and as directed
- visitation with other residents is not permitted.

- **Self-Isolation**
  - Any individual (resident/client, staff or designated essential visitor) who has had direct contact with a person with confirmed COVID-19 without wearing recommended PPE is required to self-isolate as per the Order of the CMOH.
  - Any individual (resident/client, staff or visitor) who is experiencing symptoms of COVID-19 is required to isolate as per the Order of the CMOH.
- **Admissions/transfers**

  If the site is **under investigation** for COVID-19 due to symptomatic residents/clients only **(i.e., no staff)** having symptoms**,** consult with the AHS Zone MOH/designate before accepting new admissions into the site.
  - Having only symptomatic staff (i.e., no residents/clients) should not restrict admissions to the site.
    - Symptomatic staff should not work at the site until their isolation period is complete.

  Stop admissions and/or transfers into the site if a COVID-19 outbreak is confirmed, unless at the explicit direction of the AHS Zone MOH.

Sites/floors/wings experiencing a COVID-19 outbreak must implement additional IPC precautions to the extent that resources are available (e.g., private rooms with washroom facilities, physical layout of care units, housekeeping procedures and staffing patterns)

Table 3: COVID-19 - Infection Prevention and Control Practices and Additional Precautions

Interim IPC recommendations COVID-19. More detailed IPC recommendations are available on the AHS website (search: 'infection control') for the most current recommendation

Implement Contact and Droplet Precautions in addition to Routine practices when caring for symptomatic residents/clients to control the spread of respiratory viruses: AHS has a continuous masking guideline, in addition to use of personal protective equipment (PPE) as part of droplet and contact precautions. Where there is evidence of ongoing transmission (two or more lab confirmed cases of COVID-19), continuous use of surgical/procedure mask and eye protection (e.g. goggles, visor, face shield) is recommended for staff providing direct face-to-face care of residents/clients

- Resident/Client Placement and Signage
  - Single-room preferred
  - maintain a distance of two (2) metres between residents/clients sharing a room

Personal Protective Equipment (PPE): Gowns, Gloves and Facial Protection

- Wear new PPE to enter patient room or bedspace. Healthcare workers are to wear contact and droplet PPE even if the patient is wearing a mask.
- Do not wear PPE outside a patient room or bedspace unless transporting contaminated items.
- Remove soiled PPE as soon as possible.
- Gloves are single-use. Use only once, then dispose of immediately after use.
- Change gloves between care activities for the same patient (e.g., when moving from a contaminated body site to a clean body site). Sterile gloves are for sterile procedures.
- For more detailed information on glove use see Glove Use and Selection: IPC Best Practice Guidelines or Proper Glove Use as part of Personal Protective Equipment.
- Prescription glasses do not meet Workplace Health and Safety regulations for eye protection.
- New guidance released for continuous masking. Proper wearing of masks includes:
  - ensuring a snug fit over the nose and under the chin;
  - discard mask when it becomes wet/moist or soiled and replace with a new one.
- Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of PPE. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).

Effective and appropriate use of PPE keeps **staff uniforms and clothing** clean. Staff may change before leaving healthcare facility, and take soiled clothing home in a bag. Soiled uniforms/clothing do not need any special handling in the laundry. Refer to Staff Tips: COVID-19 Personal Clothing and Cleaning Surfaces. Further information and resources on PPE can be found here.

- Hand Hygiene (4 moments from AHS Hand Hygiene Policy)
  - Before contact with a resident/client or resident's/client's environment including but not limited to: putting on (donning) personal protective equipment; before entering a resident's/client's room; and, before providing resident/client care.
  - Before a clean or aseptic procedure including but not limited to: wound care; handling intravenous devices; handling food; or, preparing medications.
  - After exposure (or risk of exposure) to blood and/or body fluids including but not limited to: when hands are visibly soiled; following removal of gloves.
  - After contact with a resident/client or resident's/client's environment including but not limited to: removing (doffing) personal protective equipment; leaving a resident's/client's environment and after handling resident/client care equipment.
- Resident/Client Care Equipment
  - Dedicate to this resident/client or clean and disinfect after use
- Resident/Client Transport
  - Transport for essential purposes only
  - Residents/clients wear mask during transport and hands should be cleaned
  - Notify receiving department

Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of PPE. Do not reuse or disinfect single-use PPE. Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection).

1.7 Specimen Collection

- Contact the **AHS Coordinated COVID-19 Response line at 1-844-343-0971** to report newly symptomatic staff or residents/clients; they will provide instructions on specimen collection and an EI number for the lab requisition (see Attachment 1). Sites that have already collected specimens should not send these to the laboratory until they have contacted the AHS Coordinated COVID-19 Response line at 1-844-343-0971 and obtained an EI number to ensure coordination of testing.

Testing of Previous Cases

- Residents who have previously tested positive for COVID-19, have recovered, and who then have new symptoms should only be tested if it is more than 30 days after their previous positive result or if, in the opinion of the local MOH, a case-specific assessment warrants re-testing.

1.8 Additional Outbreak Control Strategies

- Authorize and deploy additional resources to manage the outbreak as needed.
- Where possible, restrict symptomatic residents/clients to their room (with dedicated bathroom if possible, with meal tray service in room, etc.); if not possible, restrict to own unit/wing.
    - For residents/clients requiring **urgent medical care**, ensure that appropriate IPC precautions are maintained during transport and at the receiving site, AND ensure that the transport team and receiving site are advised of the possibility of COVID-19.
    - Residents/clients who are not required to isolate must remain on the facility's property (except in the case of necessity) if there is a confirmed outbreak at the site.
- Group dining may continue for non-isolated residents.
- Subject to requirements set out in CMOH **Order 23-2020**.
- Scheduled resident group recreational/special events must be cancelled/postponed if a site is in a **confirmed outbreak**.
    - At the discretion of the operator, a site under investigation may have to cancel activities based on the extent of affected residents/clients, interruption of daily operations, type of symptoms, etc.
- Recreational activities for non-isolated residents are permitted and encouraged, subject to requirements set out in CMOH **Order 23-2020**.
- Apply site-level restrictions and other control measures as recommended by Public Health.

1.9 Environmental and Equipment Cleaning (routine practice, and also during outbreaks)

The virus that causes COVID-19 has the potential to survive in the environment for up to several days. A person who has contact with an inanimate object such as contaminated surfaces and objects is at risk of infection. Cleaning, particularly of frequently touched surfaces, can kill the virus, making it no longer possible to infect people. AHS recommendations for cleaning can be found here Environmental Cleaning in Public Health Facilities.

- Operators of facilities may develop an approach to environmental cleaning and disinfection that includes the role of their staff, service providers (e.g. home care) and visitors in carrying out the following: staff handling soiled laundry should wear gloves. Gowns should also be worn if there is a risk of contaminating clothing.
- Enhance general environmental cleaning using a disinfectant with a Drug Identification Number (DIN) and virucidal claim. The thoroughness of cleaning is more important than the choice of disinfectant used.
- Disinfection and cleaning is a two-step process. Use of disinfectant after cleaning is best and is most effective to reduce the spread of infection.
    - Surfaces must first be cleaned prior to disinfection. If the surface disinfectant product used has cleaning properties (detergent/disinfectant), it may be used for both steps. Follow manufacturer's directions for use.
- *Clean and disinfect:*
    - *Any health care equipment (e.g. wheelchairs, walkers, lifts) according to manufacturer's instructions.*
    - *Any shared resident health care equipment (e.g. commodes, blood pressure cuffs, thermometers) before use in the care of another resident/client.*
    - *All staff equipment (e.g. computer carts and/or screens, medication carts, charting desks or tables, telephones, touch screens, chair arms) at least daily or when visibly soiled.*

- Residents/clients that do not have staff or designated essential visitors entering their room on a regular basis **do not** require an increase to their regular scheduled weekly cleaning.
- *Residents/clients that have staff and/or designated essential visitors entering their room on a regular basis require:*
    - ***Low touch** (e.g. shelves, benches, windowsills, message or white boards**) areas cleaning **daily.***
    - ***High touch** (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote) area cleaning **three times per day.***
- Be sure to use the appropriate precautions when using chemicals for cleaning and disinfecting. Consult the products Material Safety Data Sheets. Cleaning should be performed using the proper personal protective equipment (PPE). The correct donning and doffing of PPE should be followed. Donning and Doffing PPE.
- Equipment should be cleaned and disinfected only with a product listed in and following the procedures outlined in the manufacturer's directions for that equipment.
- Upholstered furniture and rugs or carpets should be cleaned and disinfected when contaminated with emesis or stool, but may be difficult to clean and disinfect completely. Consult manufacturer's recommendations for cleaning and disinfection of these surfaces. If appropriate manufacturer's recommendations are not available, consult Public Health. Consider discarding items that cannot be appropriately cleaned/disinfected, when possible/appropriate.
- Conduct a thorough, enhanced cleaning in all affected areas at the end of the outbreak as per facility protocols.

1.10 Communication

Operators will notify all residents/clients, staff and families according to the requirements in the CMOH **Order 23-2020**.

1.11 Monitoring Outbreak Status

- Once a confirmed COVID Outbreak has been declared by Public Health, communicate and track outbreak status by completing and submitting daily case listings **by 1000h** to Public Health through the secure, online entry portal on the Alberta Health Services external website (*link will be sent to site directly at start of outbreak*) for the purpose of Public Health outbreak management.
- Each setting is also responsible to maintain their own visitor log and tracking of all entry and exit in case this information is needed in future.

1.12 Declaring Outbreak Over

Public Health will determine when to declare the confirmed COVID-19 outbreak over and lift any site restrictions. Generally, a COVID-19 outbreak can be declared over two incubation periods after the last reported case in a resident/client. Following a confirmed outbreak, key program leads need to review and evaluate their role in the outbreak management and revise internal protocols for improvement where necessary. Any member of the Outbreak Management Team (OMT) can request a debrief session to address outbreak management issues.

Attachment 1: Public Health Laboratories (formerly ProvLab) Respiratory Specimen Collection Guidelines

Check ProvLab Bulletins for most current information on specimen collection, testing and interpretation of lab Results http:\\provlab.ab.ca or http://www.albertahealthservices.ca/3290.asp

ProvLab Bulletin (May 11, 2011) - New Laboratory Policy, Acceptance of Laboratory Samples and Test Requests.

ProvLab Bulletin (August 22, 2011) – Reminder Laboratory Policy, Acceptance of Laboratory Samples and Test Requests.

The Requisition must be completed to include:

- Resident's/Client's full name (first and last names)
- Resident's/Client's Personal Health Number (PHN) or unique numerical assigned equivalent
- Resident's/Client's demographics including: date of birth (DOB), gender, address, phone number
- Physician name (full name), address/location
- Test orders clearly indicated, including body site and sample type, date and time of collection
- Clinical history and other clinical information
- Facility/site name, and if applicable, unit
- EI# (assigned by the Public Health lab and provided to Public Health Lead investigator) – for both symptomatic and for asymptomatic individuals.
- **Requisition must indicate clearly** whether the person being tested is **asymptomatic or symptomatic by checking off the appropriate box** in that section and complete the symptom list for symptomatic persons.
- Fax number of outbreak facility/unit or ICP/ICD office

Note: EI# must be clearly recorded on the requisition.

Specimen Transport:

- Settings must collect specimens as directed by the AHS COVID-19 Response line/Public Health and arrange for delivery to the laboratory.
- Follow current Public Health Laboratories standards for transporting specimens at http://www.provlab.ab.ca/guide-to-services.pdf.

SPECIMEN COLLECTION FOR DETECTION OF RESPIRATORY INFECTIONS

General Information:

- 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. The ESwab collection kit is to be used for **throat swabs**.
- Use contact and droplet precautions to collect specimens as directed by Public Health
- Results for COVID-19 are *usually* available within 48-96 hrs. or sooner

If the specimens are for outbreak diagnosis, ensure specimen is transported to the lab ASAP. The EI# must be included on each requisition so that specimens receive appropriate testing. Rural facilities must transport lab specimens to the Public Health Laboratories as directed by the AHS COVID-19 Response line/Public Health or by the fastest means possible.