SUBJECT **Novel Coronavirus (COVID-19 formerly 2019-nCoV)**	DATE FIRST ISSUED January 29, 2020
SECTION: Disease Specific	DATE OF LAST REVISION REVISED March 16, 1910h
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A printed copy of this document should be considered valid only on the date printed. The electronic version should always be considered the current procedure.	

Case Definitions

Confirmed Case

A person with laboratory confirmation of infection with COVID-19 (formerly 2019-nCoV) which consists of:

- positive nucleic acid amplification tests (NAAT) on at least two specific genome targets or a single positive target with nucleic acid sequencing,

OR

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

Probable Case (note that this definition does not apply to PUIs with specimens pending)

A person with clinical illness[B] who is a close contact of a lab-confrimed COVID-19 case
OR
A person with clinical illness (3) that meets the COVID-19 exposure criteria;

AND

- in whom laboratory diagnosis of COVID-19 is inconclusive,[C] negative (if specimen quality or timing is suspect).

Person Under Investigation for COVID-19 (This definition is provided for the purpose of Public Health investigation only. These cases are not reportable to Alberta Health)

A person[D] with fever (over 38˚C), and/or cough AND who meets the exposure criteria.

Exposure Criteria:

In the 14 days[E] before onset of illness, a person who:

- Traveled anywhere outside of Canada];

OR

- Had close contact[F] with a confirmed or probable case of COVID-19 within 14 days before their illness onset;

OR

- Had close contact [F] with a person with acute respiratory illness who has traveled anywhere outside of Canada within the past 14 days prior to their illness onset;

OR

- Laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19[G].

[A] 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.
[B] Clinical illness includes: fever (over 38 ˚C) or new onset (or exacerbation of chronic) of cough or shortness of breath or pneumonia.
[C] Inconclusive is defined as a positive test on a single real-time PCR target or a positive test with an assay that has limited performance data available.

[D] Laboratory test for COVID-19 has been or is expected to be requested.
[E] The incubation period of COVID-19 is unknown. 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.
[F] A close contact is defined as a person who provided care for the patient, 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 OR who lived with or otherwise had close prolonged contact (within 2 metres) with the person while they were infectious OR had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.
[G] This is a risk when exposure was to materials in lab without consistent and appropriate use of personal protective equipment.

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

Reporting Requirements

Investigator

- ✓ Confirmed, and probable (this DOES NOT include PUI for COVID-19) 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 by FMP i.e. direct voice communication.
- ✓ COVID-19 confirmed and probable cases must be reported to Alberta Health (AH) by submitting a Public Health Agency of Canada (PHAC) *Coronavirus Disease (COVID-19) Case Report Form within 24 hours of initial FMP notification*. See Appendix A for reporting and submission through CD/OM.
    - COVID-19 Persons under Investigation are not reportable to Alberta Health. This definition is only for the purpose of Public Health Investigation.

  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 cases and PUI. 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, DOB, address and phone number for each identified contact.

- ✓ **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. 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. CoVs are enveloped, single-stranded positive sense RNA viruses 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 (>90% of cases), dry cough (80%) and/or shortness of breath (20%).
- 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.
- The virus appears to cause more severe disease in individuals with underlying comorbidities.
- Case fatality rate is not yet confirmed as the situation is still evolving at time of publication.

Mode of Transmission:

- To date COVID-19 appears to have limited* person to person transmission that can occur via droplet or close contact with bodily fluids (blood, stool, urine, saliva, semen) of infected individuals. Although there is uncertainty on the issue of asymptomatic transmission, it is unlikely to contribute much to spread of the virus. 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.
  **Versus sustained transmission where the virus spreads easily from one person to another and is not limited to groups or people living or working in close proximity to one another.*
- There is evidence that spread may also occur from animals to humans, although the source of potential zoonotic transmission has not yet been confirmed at time of publication.
- Aerosol transmission is possible during aerosol-generating medical procedures (AGMP - Note: collection of a nasopharyngeal swab is not considered an AGMP).

Incubation Period:

The incubation period of COVID-19 is unknown. 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 is not yet well understood however it likely extends at a minimum from symptom onset until symptom resolution.
- WHO recommendations at the time of publication are to clear confirmed cases with two negative respiratory samples taken 24 hours apart after symptoms resolve.

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 PUI:
  - 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 PUI).
- ✓ Based on assessment and in consultation with the Zone MOH, the investigator will determine if individual meets confirmed case, probable case, or PUI definition and proceed with case investigation, management and reporting.
- ✓ For 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, proceed with follow up as per Contact Management section.

Case Investigation and Management:

Investigator

NOTE: CDOM resolution status for Persons Under Investigation must be set to “Pending” until confirmatory testing for COVID-19 is back or determined to be “Not a Case” if it is subsequently decided that testing criteria is not met. Confirmatory testing from NML is no longer 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.
- ✓ If client is in a community setting at time of assessment (home, community healthcare site) recommend immediate IPC measures to reduce risk of transmission as per the following appendices:
  - **Appendix B**: Infection Control Measures and Self-Isolation in a Non-healthcare Community Setting
  - **Appendix C**: Infection Control Measures in a Community Healthcare Setting

- ✓ Client should be referred for medical assessment, if not already completed.
  - 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).
  - 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 suspected diagnosis and exposure history so that appropriate IPC measures can be implemented based on symptoms.
  - If laboratory specimens have already been collected in the community, no further action is required by CDC until results have been received.
  - If laboratory specimens will need to be collected, notify Zone MOH and arrange for collection based on where client is currently located.
    - If stable and at home or if at community clinic and testing cannot be completed by community physician, arrange for home collection through Community Paramedics or Zone Public Health as per Zone processes.
    - If currently at a community clinic and clinician is able to collect using contact and droplet precautions (has NP swab and universal transport medium [UTM]) and transport using appropriate Transportation of Dangerous Goods-B (TDG-B) requirements, request collection by clinician. Current guidance for IPC measures and testing resources for clinicians can be found on the AHS website: https://www.albertahealthservices.ca/topics/Page16947.aspx
    - If currently in an ED/admitted to acute care, request specimens be collected by attending physician prior to discharge.
- ✓ Determine occupation (i.e., health care worker).
- ✓ Determine possible transmission settings since onset of symptoms. This would include, but not be limited to attendance at work, school, daycare, healthcare facilities for assessment/treatment, 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 during the period of communicability and follow as per Contact Management section
- ✓ 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.
  - 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 practicing proper hygiene and respiratory etiquette.

NOTE: 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. Treatment is based on symptoms and is at the direction of the client's attending physician.

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.

- 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 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.
  - For AGMPs (e.g., case is receiving nebulized therapy), the use of additional precautions, including using an N95 respirator, is recommended.
  - Maintain isolation for at least 14 days from symptom onset.
  - Repeat upper (URT) and lower (LRT) respiratory tract samples should be collected to demonstrate viral clearance. The frequency of specimen collection will depend on local circumstances but should be at least every 2 to 4 days until there are two consecutive negative results (both URT and LRT samples if both are collected) in a clinically recovered patient at least 24 hours apart.
- Non-hospitalized cases:
  - Public Health must conduct daily active monitoring for symptomatic and asymptomatic cases being managed in a home environment for the duration of communicability period for COVID-19.
  - All cases should be provided with contact information for Zone CDC.
  - 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.
  - 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.
  - All cases shall be excluded from all public places by the Zone MOH until criteria for lifting exclusion is met as below.
  - **Symptomatic cases (confirmed and probable)**
    - Must **remain isolated*** at home 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. Investigator must consult with Zone MOH to issue and rescind isolation orders for cases.

- Daily active monitoring regarding health status will be completed by Public Health until symptoms have resolved **and** test for clearance protocol* is complete:
  - they are well enough to resume normal activities, **and**
  - there have been 2 confirmed COVID-19 negative NP swabs taken 24 hours apart **and**
  - Zone MOH has advised that they are no longer on isolation.

  ***** Test for clearance protocol as follows:
  - Arrange for 1st test of clearance a minimum of 10 days following symptom onset or once symptoms resolve, whichever is later
  - If that swab is negative, another can be arranged a minimum of 24 hours later. If both are negative – exclusion can be lifted.
  - If the first swab is positive, continue to take swabs every 3 days until you have a negative result, then repeat a second test a minimum of 24 hours later to lift isolation.

  Note: An updated PHAC form must be submitted to AH to indicate that client has recovered.

- **Asymptomatic cases (confirmed)** who are RT-PCR positive
  - Must **remain isolated*** at home 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. Investigator must consult with Zone MOH to issue and rescind isolation orders for cases.
  - Advise to avoid taking any antipyretics that may suppress a fever.
  - Daily active monitoring regarding health status will be completed by Public Health until test for clearance protocol* is complete:
    - there have been 2 confirmed COVID-19 negative NP swabs taken 24 hours apart **and**
    - Zone MOH has advised that they are no longer on isolation.

    ***** Test for clearance as follows:
    - Arrange for 1st test of clearance a minimum of 10 days following date of diagnosis
    - If that swab is negative, another can be arranged a minimum of 24 hours later. If both are negative – exclusion can be lifted.
    - If the first swab is positive, continue to take swabs every 3 days until you have a negative result, then repeat a second test a minimum of 24 hours later to lift isolation.

    Note: An updated PHAC form must be submitted to AH to indicate that client has recovered.
  - If the case develops symptoms, they should be advised to contact Public Health immediately for assessment*. Investigator must consult with Zone MOH immediately to discuss referral for medical management.
    - *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.
- **Persons Under Investigation** awaiting results from lab testing.
  - Advise client to maintain **isolation*** at home while awaiting lab test results.
  - In addition to isolation, Zone MOH may exclude PUIs from sensitive situations and occupations (See Table 2 below) and public places until

test results are back, as per the table below. Consult with Zone MOH if exclusion may be required.

- Daily active monitoring is NOT required for these individuals while awaiting test results. Advise that Public Health will call with results of laboratory investigation. See Table 1 below.
  NOTE: PUIs DO NOT require 2 additional specimens to be collected if initial testing is confirmed negative for COVID-19.
- If client becomes a confirmed or probable case, follow case management as above.
- If the PUI requires medical attention, advise to contact Public Health for further direction, which will include where to go for care, the appropriate mode of transportation to use, and Infection Prevention Control (IPC) precautions to be followed.
  - 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.

Table 1 Interpretation of Lab Results and Management

RPP*	COVID-19 (ProvLab)	Management of PUI/Cases
Positive	Pending	Maintain self-isolation until ProvLab COVID-19 results available
Negative or Positive	Negative	• Advise of negative COVID-19 results, • Assess exposure history and dates to determine if appropriate to lift COVID-19 self-isolation (see *Contact Management* section to determine self-isolation recommendations as these individuals would be asymptomatic for COVID-19 based on the negative test results) and/or advise to continue to monitor for symptoms of COVID-19 until 14 days from last exposure. • Recommend appropriate measures for identified pathogen if RPP* positive.
Negative or Positive	Positive	• Maintain self-isolation until results of repeat COVID-19 testing demonstrate viral clearance • Repeat testing when symptoms have resolved to demonstrate viral clearance% • Initiate FMP reporting of confirmed/probable case as per *Reporting Requirements* section. • Initiate contact tracing and management of close contacts as per *Contact Management* section.

* *Respiratory Pathogen Panel Results*
% Demonstration of viral clearance: two negative tests for COVID-19 conducted 24 hours apart.

*** Self-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.

Table 2: Sensitive Situations and Occupations

Sensitive Situation or Occupation	Definition
Food handler	• Touches unwrapped food to be consumed, and/or • Handles equipment or utensils that touch unwrapped food to be consumed. *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.*
Healthcare, childcare or other staff	• Has contact through serving food to highly susceptible persons. • Provides direct patient care and are involved in the care of young children, elderly or dependent persons.
Child attending a child care facility or school	• Is diapered or unable to implement good standards of personal hygiene.
Any individual (older child or adult) attending a public place	• 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.

Contact Management: (Includes asymptomatic returned travelers)

Close contacts are defined as individuals:

- who provided care for an infected individual, including healthcare workers, 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

- who stayed in the same place (e.g. lived with or otherwise had close prolonged contact within two meters) with the person while they were infectious.

- A close contact that develops symptoms should be managed as a probable case
- The MOH ***may* exclude** known close contacts of 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 determined by the MOH to not pose a risk of infection to others.

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

Investigator

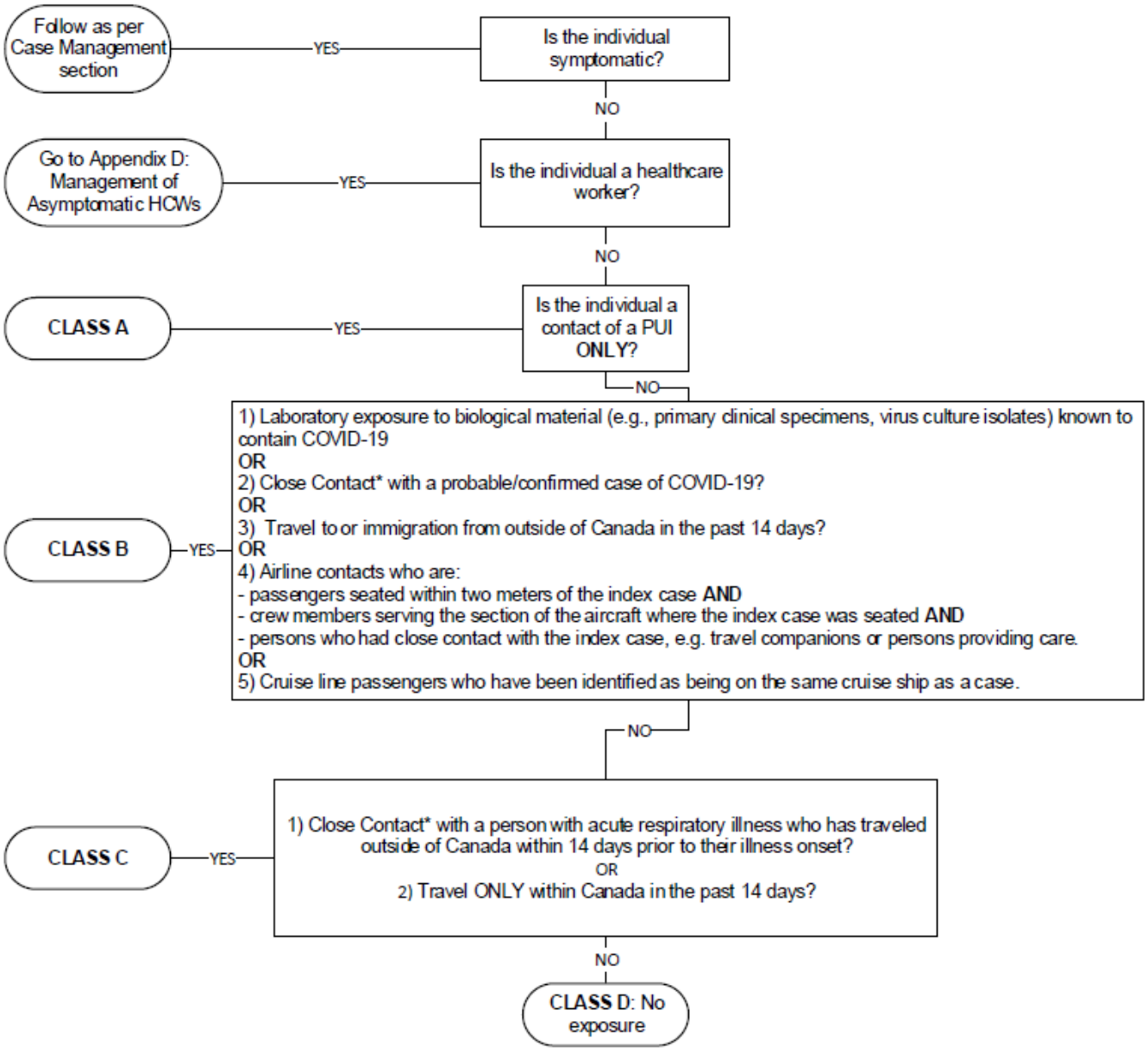
- ✓ Each potential contact should be assessed for symptoms and exposure risk as follows. There is no post-exposure prophylaxis for contacts.
- ✓ Collect travel and exposure history details (within the last 14 days):
  - o Residence or travel anywhere outside of Canada.
  - o Dates and purpose of travel
  - o Mode(s) of transportation and accommodation details including itineraries for any airline, ground or water transportation.
  - o Contact with healthcare settings anywhere outside of Canada.
    - In which hospital were 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?

o Known contact with 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.

o Known contact with a recent traveler from anywhere outside of Canada.

✓ For all contacts, complete follow-up based on algorithm below.



CLASS A:

o **Asymptomatic Contacts of a Person Under Investigation**
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 PUI is confirmed as a probable or confirmed case, the following recommendations apply to their close 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 such as coughing or shortness of breath.
    - If symptoms develop, they must contact local Public Health for assessment by calling Health Link 8-1-1 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 immediately that they may have been in contact with COVID-19 and the Zone MOH on call should be notified immediately

CLASS B:

- **Asymptomatic individuals who have had known contact with a confirmed or probable case within the past 14 days (this DOES NOT include contact with a PUI for COVID-19)****
  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 business day, where possible or within 24 hours of receiving referral.
  - Daily active monitoring by Public Health is **not required** for these individuals.
  - 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 ≥ 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, difficulty breathing or myalgia.
    - Maintain good respiratory etiquette and hand hygiene.
    - Be advised that if symptoms develop, they should 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.

  ** For contacts of confirmed and probable cases with ongoing exposure to the case, the last known exposure would be from the last date of exposure prior to

the first negative specimen collection date of the 2 consecutive negative specimens required to lift case self-isolation.
Note: Refer to **Appendix B** for further instructions on infection prevention control during self-isolation.

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

- **Management of Contacts on an Airplane**
  AH will no longer obtain international flight manifests. Messaging about international flights where cases were present was communicated via public media and flight information will be posted on the AH website as they are received. 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.

- **Management of Cruise line Contacts**
  Manage of 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.

CLASS C:

- **Asymptomatic individuals who have not travelled anywhere outside of Canada in the last 14 days without exposure of concern,**
  OR
- **Asymptomatic individuals who have had Close Contact* with a person with acute respiratory illness who has traveled outside of Canada within 14 days prior to their illness onset:**
  - No follow up by CDC investigator required unless referral indicates further assessment is required.
  - Daily active monitoring by Public Health is **not required** for these individuals.
  - **There are no isolation recommendations or restrictions to activities as long as these individuals remain asymptomatic.**
  - Those assessed by Health Link with this exposure risk should not be referred to CDC unless further assessment is required. If reported to CDC by Health Link, assess reason for referral and follow-up accordingly.
  - For non-Health Link referrals:
    - Advise that assessment indicates low risk of exposure, self-isolation is not necessary but they should self-monitor for symptoms of COVID-19 for 14 days after their last known exposure. Individuals should:
      - Self-monitor for fever ≥ 38.0 C/100.4 F
      - 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, difficulty breathing or myalgia.
      - Maintain good respiratory etiquette and hand hygiene.

- Be advised that if symptoms develop they must self-isolate immediately and 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 the individual may have been in contact with COVID-19, and the Zone MOH on call should be notified immediately.

- Review disease information, reassure regarding low risk of exposure.
- Provide website links, as above, for more information about COVID-19.

- Documentation related to these individuals should be captured in a CI for Coronavirus, Novel. No DI is created.

Class D:

- **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.
  - Person who is epi-linked to a known case outside of a recognized area of transmission where last known contact with case was greater than 14 days prior to assessment for COVID-19.
  - Person who is epi-linked to a known case outside of a recognized area of transmission and reports:
    - no direct contact with the case or body fluids
    - only casual contact e.g., being in the same room with the case for a brief time without direct contact with respiratory secretions or surfaces contaminated with respiratory secretions, not within 2 meters of the case(not providing care and not a household member).
  - Advise that assessment indicates no exposure and, therefore, no risk for disease 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 8-1-1 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.

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Appendices

Appendix A: CDOM Procedures: Documentation and Reporting of Novel Coronavirus
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 A: CDOM Procedures, Documentation and Reporting of Novel Coronaviruses

COVID-19 confirmed and probable cases must be reported to Alberta Health (AH) by submitting a Public Health Agency of Canada (PHAC) *Novel Coronavirus (2019-nC) Case Report Form within 24 hours of initial FMP notification*. CDOM does not currently support documentation and submission of this form electronically.

COVID-19 Persons under Investigation (PUI) 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 associated with that EI should be attached 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 Novel Coronavirus for all confirmed and probable cases.
- In addition to creating a DI for each case, create an outbreak investigation (OI) with a Zone specific EI number and set **Resolution status =** Not an Outbreak.
  Note: For cases that only have up to 5 contacts, create a contact investigation for each contact from within the DI assessment tab, no OI is required.
    - 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.).
        - 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 (if not available in dropdown, choose “other, specify” and then specify 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 (if not available in dropdown, choose “other, specify” and then specify COVID-19).

o Progress Tab:
- Date investigation opened/closed (Common)!

- Create a CI for Novel Coronavirus for every contact associated with each confirmed and probable case that CDC will be calling directly for follow up. The CI should NOT be created from the case DI assessment tab in cases where more than 5-6 contacts need to be created.
  - Epi-link each CI to the case’s OI.
  - If a close contact becomes a DI:
    - Epi-link the new DI to the index case DI,
    - Create a NEW OI for the new case and create a new (second) outbreak linkage to the new OI in the Summary Tab. This new DI will now have two linked outbreaks in the Summary Tab.
- 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 that are relevant to COVID-19.
- In addition to the Novel Coronavirus-ESR required fields in CDOM there are numerous additional required details that must be assessed and documented on the PHAC form. Complete **all** fields of the PHAC form. Complete the form as follows to submit to AH.
  - o Go to online link and do a “Save As” of the form to your desktop. Do not change the “Save as type” document type that the form automatically chooses to save as, it will be a PDF.
    - You **must** check the online form at least daily to ensure that you still have the most current version on your desktop.
  - o Once you have saved a copy to your desktop, proceed to complete as follows. You cannot complete the information directly into the online version and then save as the data will not be able to be extracted for use if the form is filled in online and then saved.
  - o Both the Local Case ID# and the P/T Case ID# must be completed on the form.
    - The Local Case ID# = CDOM DI # (just the number, don’t put the word CDOM),
    - The P/T Case ID# = client PHN/ULI, ensure this is on the first page and at the top of the second page.
  - o Ensure to document the City and Country of travel with the city in the upper box and the country in the lower box, as below:

#	**Departure Country** (city/country)	**Destination Country** (city/country)	**Start Date** (mm/dd/yyyy)	**End Date** (mm/dd/yyyy)	**Hotel/Residence**	**Flight/Carrier Details** (carrier name, flight #, seat #)
1	Edmonton Canada	Spokane United States	02/25/2020	02/28/2020	hotel	unknown. Was not symptomatic then.

  - o Once you have entered your data, do a “Save As” to your desktop, name the file “PHAC form {insert client last name and first initial} {date}”, and do not change the “Save as type” document type that the form automatically chooses to save as, it will be a PDF.
  - o Upload the form from your desktop into the EFC of the case DI.
  - o **Summary Tab > Notes** field **Document** “PHAC Emerging Respiratory Pathogens Form completed and uploaded to EFC”.
  - o Set **Resolution status > as appropriate based on case definitions**
  - o Submit to AH using **‘email ESR’** process.
    - To submit an updated form, retrieve the most current version from the EFC of the DI, do a “Save As” to your desktop and complete documentation. When finished, do

another “Save As” to your desktop, name the file “PHAC form update {insert client last name and first initial} {date of update} ”, and do not change the “Save as type” document type that the form automatically chooses to “save as” (that is a PDF document and AH cannot retrieve data entered into fillable fields from pdf format).
- Upload the form from your desktop into the EFC of the case DI. Do not delete the previous versions.
- **Summary Tab > Notes** field **Document** “PHAC Emerging Respiratory Pathogens Form updated and uploaded to EFC”.
- Submit to AH using **‘email ESR’** process.

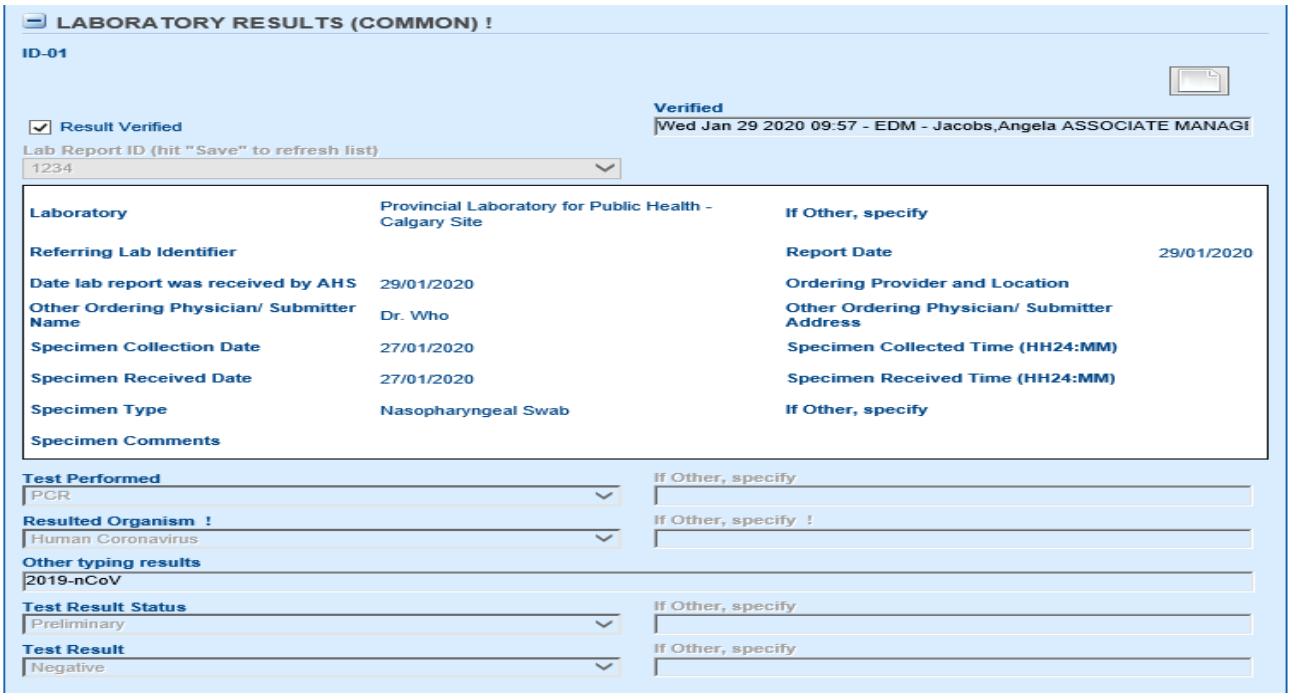
Documentation of Persons Under Investigation:

- Create a DI for Novel Coronavirus for all Persons under Investigation (PUI) being followed by CDC, including those tested by other providers.
- 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)
- If a PUI becomes a confirmed or probable case, document as per above.

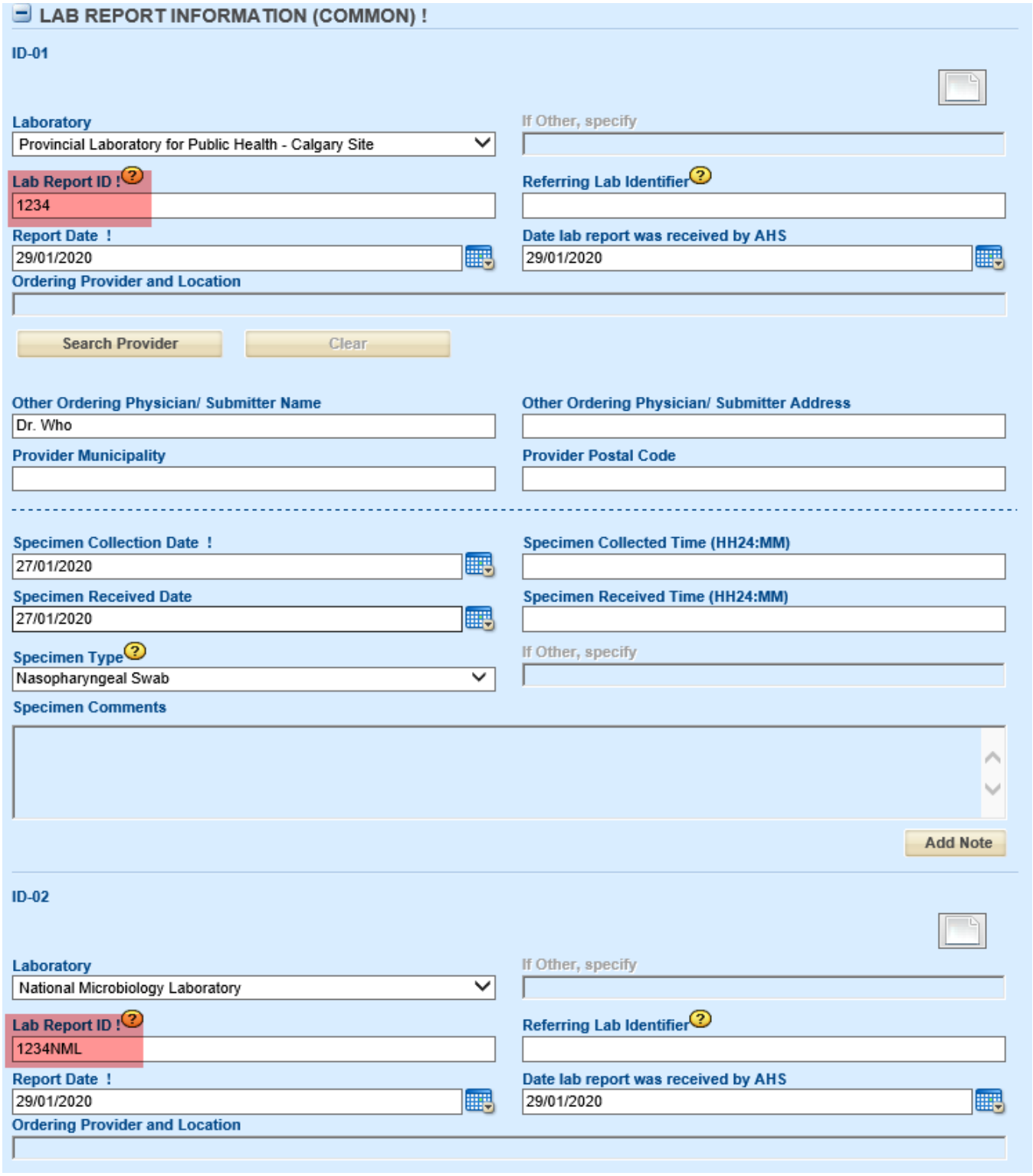
Laboratory Tab:

- Documentation of novel coronavirus test results must be entered as follows:
    - ProvLab results:
        - Test Performed – PCR
        - Resulted Organism – Human Coronavirus
        - Other typing results – Document the acronym below **exactly** for the virus identified.
            - 2019 novel Coronavirus = 2019-nCoV
        - 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.*

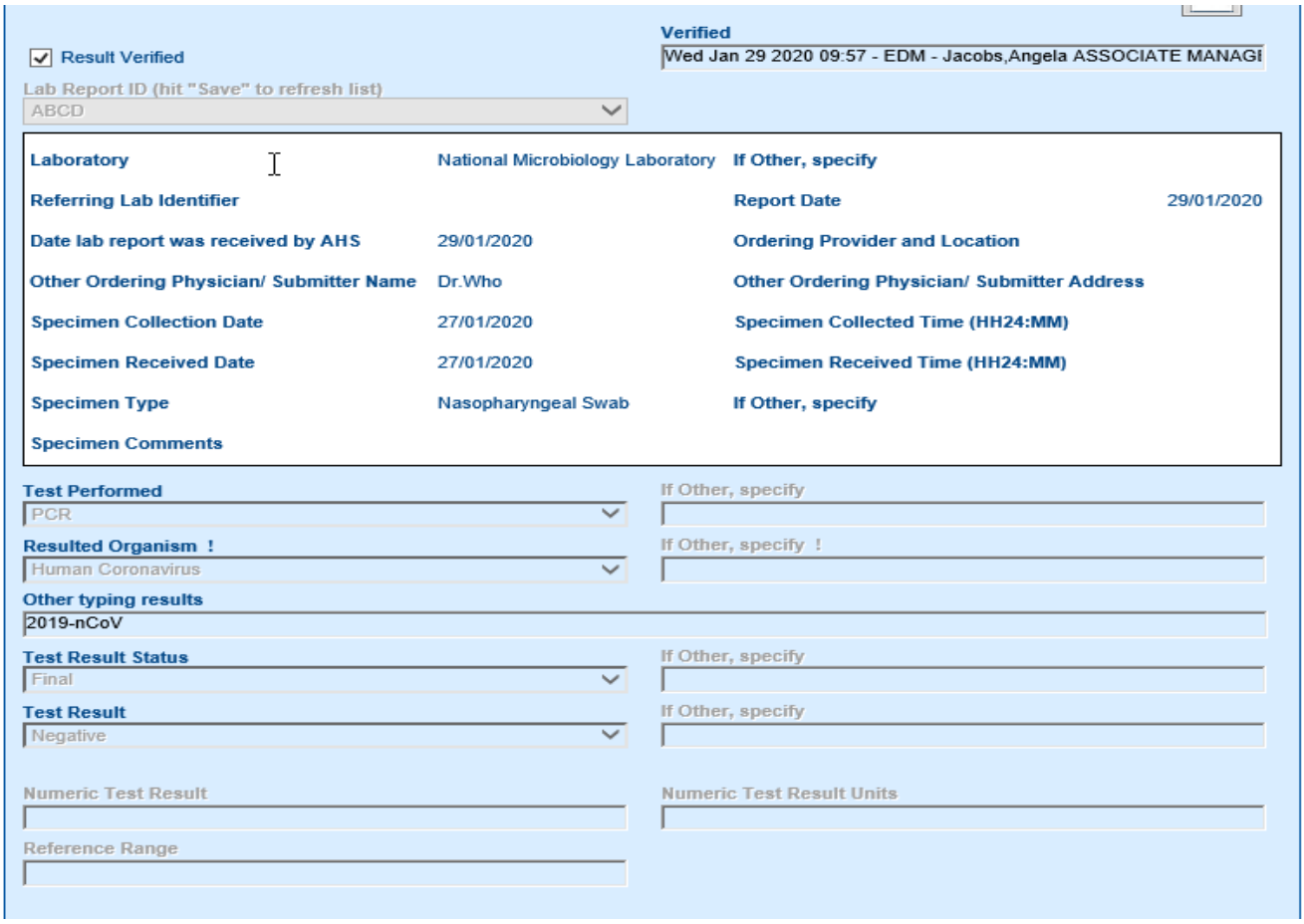


- NML results (if required):
  - Create a Laboratory Report Information ID for documentation of NML results.
    - If the same accession number is used by ProvLab and NML, create the Laboratory Report ID for the NML specimen by adding the letters “NML” after the ProvLab accession number as shown below.



- Test Performed – PCR
- Resulted Organism – Human Coronavirus
- Other typing results – Document the acronym below **exactly** for the virus identified.
    - 2019 novel Coronavirus = 2019-nCoV

- 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 Self-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.

- Symptomatic Case or Asymptomatic RT-PCR positive case:
    - **IPC recommendations-Case:**
        - Self-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. 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/PUI 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/PUI whenever possible.
                - ∗ If sleeping in the same room, maintain a two-metre distance from the case/PUI. Separate beds and beds 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 two cases/PUIs who reside in a co-living setting and single rooms are not available, co-horting cases/PUIs to a double room should be considered.
        - 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.
        - When possible the case should 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.
    - **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.
        - 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 such as clothes, bedding or used household items.
  - ❖ Wear disposable gloves when cleaning surfaces that may be contaminated with ill person's blood, body fluids or secretions

o **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.

Appendix C: Infection Control Measures in a Community Healthcare Setting

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

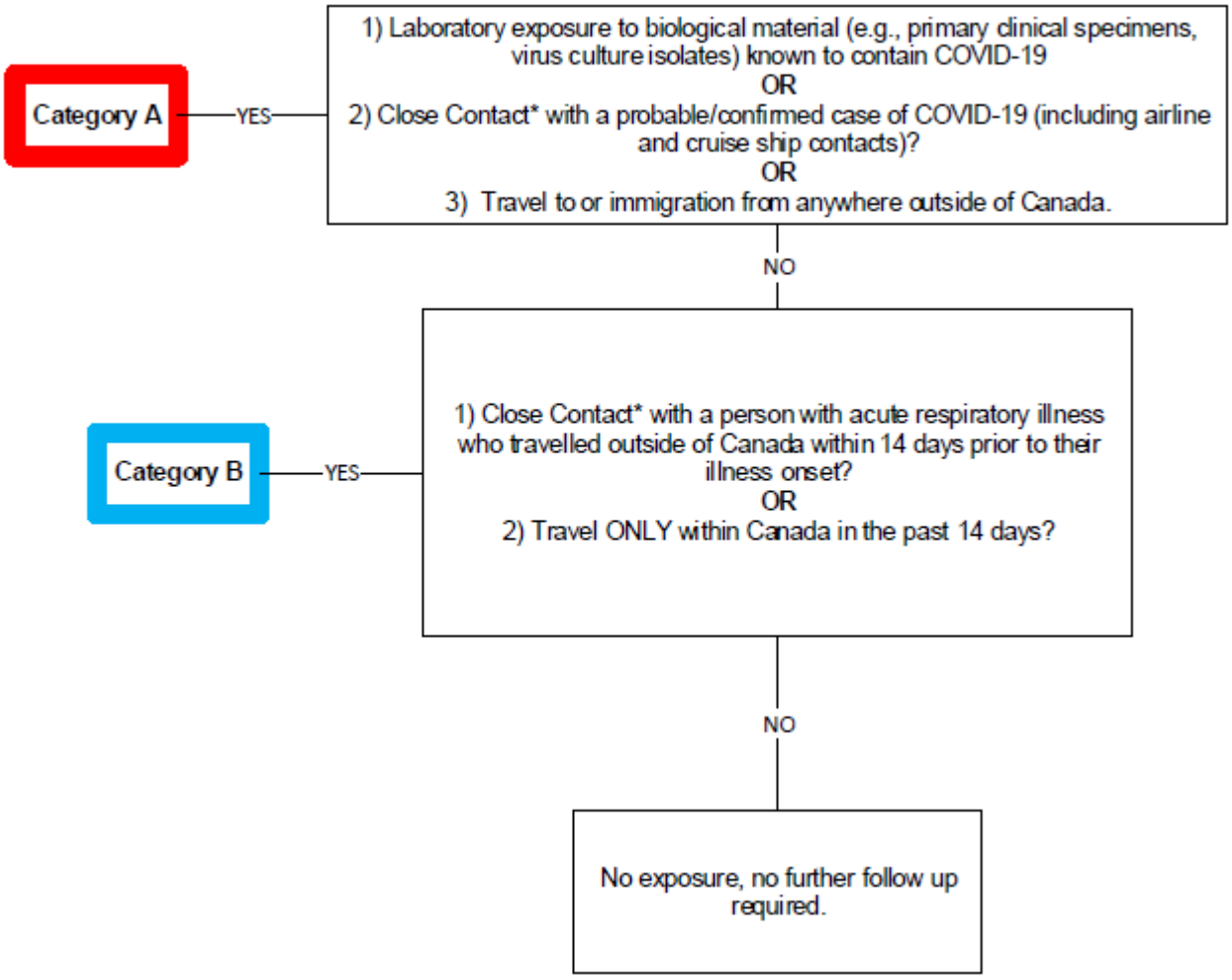
- In a community healthcare setting (including physician offices and public health centers but excluding urgent care center/ED settings):
    - **Asymptomatic contact or asymptomatic possible contact:**
        - IPC recommendations and Notification processes:
            - Routine practices for current symptoms
        - Cleaning and disinfection:
            - Routine cleaning and disinfection as per type of contamination
    - **Symptomatic, PUI, 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:**
  - **ALL** Health Care Workers (HCW) who have been exposed to COVID-19 in the preceding 14 days, must be assessed regarding fitness to work.
    - Alberta Health Services (AHS) or Covenant Health (CH) employees – must contact Workplace Health and Safety (WHS)/Occupational Health Services (OHS) for assessment and to determine when to return to work.
    - Non AHS/CH employees – should connect with Public Health by calling Health Link at 8-1-1 for individual exposure risk assessment and to determine when to return to work.
  - Complete a risk assessment including travel history, type of exposure and consistent use of recommended PPE (if exposure occurred in a lab or healthcare setting) using the algorithm below. Provide management recommendations based on identified category of risk.
    - If exposure occurred in a healthcare facility or laboratory in Canada, where consistent and recommended PPE is used, further risk assessment is not required and there are no workplace or other restrictions required.



*Close contact is defined as a person who provided care for the patient, 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 OR who lived with or otherwise had close prolonged contact (within 2 metres) with the person while they were infectious OR had direct contact with infectious bodily fluids of the person (e.g. was coughed or sneezed on) while not wearing recommended personal protective equipment.

- Following assessment by WHS/OHS for AHS/CH employees, if additional advice is required, based on WHS assessment – client can be referred to Health Link for further advice/guidance.
  NOTE: WHS/OHS notification to the Zone MOH is not required for any staff that they have assessed.

- **Category A**:
  - **Exclude from work** at healthcare facilities (e.g., acute care facilities, community provider) for 14 days from last potential exposure.
  - Daily active monitoring by Public Health is **not required** for individuals in this category.
  - Advise that assessment indicates potential risk of exposure and they should **self-isolate*** (staying home from school/daycare or other public places) and monitor for symptoms of COVID-19 for 14 days after their last known exposure. Individuals should:
    - Self-monitor for fever ≥ 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, difficulty breathing or myalgia.
    - 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.
  - Review disease information and provide the AH Website for more information on self-isolation at: 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.

- **Category B**:
  - **No exclusion from work recommended as long as these individuals remain asymptomatic.**
  - **There are no isolation recommendations or restrictions to activities as long as these individuals remains asymptomatic.**
  - Advise that assessment indicates low risk of exposure, self-isolation is not necessary but they should self-monitor for symptoms of COVID-19 for 14 days after their last known exposure. Individuals should:
    - Self-monitor for fever ≥ 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, difficulty breathing or myalgia.
    - Maintain good respiratory etiquette and hand hygiene.
    - Be advised that if symptoms develop they must self-isolate immediately and contact local Public Health for assessment by calling Health Link 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 the individual may have been in contact with COVID-19, and the Zone MOH on call should be notified immediately.

- Review disease information, reassure regarding low risk of exposure. Provide website links, as above, for more information about COVID-19.
- 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.