

**RECORD OF DECISION – CMOH Order 03-2022**

**Re: 2022 COVID-19 Response – Updated Operational and Outbreak Standards**

Whereas the Chief Medical Officer of Health has initiated an investigation into the existence of COVID-19 within the Province of Alberta.

Whereas the investigation has confirmed that COVID-19 is present in Alberta.

Whereas under section 29(2)(b)(i) of the *Public Health Act*, I may take whatever steps I consider necessary:

- (A) to suppress COVID-19 in those who may have already been infected with COVID-19;
- (B) to protect those who have not already been exposed to COVID-19;
- (C) to break the chain of transmission and prevent spread of COVID-19; and
- (D) to remove the source of infection.

Whereas under section 29(2.1) of the *Public Health Act*, I have the authority to take whatever other steps that are, in my opinion, necessary in order to lessen the impact of the public health emergency.

Therefore, I am making the following Order:

**Part 1 – Application**

1. This Order rescinds Record of Decision – CMOH Order 58-2021.
2. This Order comes into force on January 18, 2022.

**Part 2 – Operational and Outbreak Standards**

3. All operators of a health care facility, located in the Province of Alberta, must comply with the Operational and Outbreak Standards attached as Appendix A to this Order.
4. For the purposes of this Order, a “health care facility” is defined as:
  - (a) an auxiliary hospital under the *Hospitals Act*;
  - (b) a nursing home under the *Nursing Homes Act*;
  - (c) a designated supportive living accommodation or a licensed supportive living accommodation under the *Supportive Living Accommodation Licensing Act*;

- (d) a lodge accommodation under the *Alberta Housing Act*, and
- (e) any facility in which residential hospice services are offered or provided by Alberta Health Services or by a service provider under contract with Alberta Health Services.

**Part 3 – General**

- 5. Beginning on the date on which this Order comes into force but no later than five business days after the date on which this Order comes into force, all operators of a health care facility located in the province of Alberta must comply with the requirements of Appendix A, Operational and Outbreak Standards, of this Order.
- 6. The Chief Medical Officer of Health may exempt an operator of a health care facility as defined in section 4 of this Order from the application of section 5 of this Order.
- 7. If a section of this Order is inconsistent or in conflict with a provision in Record of Decision – CMOH Order 02-2022, the sections in this Order apply to the extent of the inconsistency or conflict.
- 8. This Order, or any Part of this Order, remains in effect until rescinded by the Chief Medical Officer of Health.

Signed on this 18 day of January, 2022.

  
Deena Hinshaw, MB  
Chief Medical Officer of Health

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**Document:** Appendix A to Record of Decision – CMOH Order 03-2022

**Subject:** Updated Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings under Record of Decision – CMOH Order 03-2022.

**Date Issued:** January 18, 2022

**Scope of Application:** As per Record of Decision – CMOH Order 03-2022.

**Distribution:** All licensed supportive living (including group homes and lodges), long-term care (nursing homes and auxiliary hospitals) and facilities offering or providing a residential hospice service model.

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#### Updated Content

\*Updates have been highlighted throughout Appendix

- Isolation requirements updated (Appendix 1,2,3)
- Included references to address more frequent use of rapid antigen tests
- Clarification regarding use of respirators
- Editorial clarifications throughout

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## **Purpose**

The Operational and Outbreak Standards are required under the Record of Decision – CMOH Order 03-2022 (the Order) and are applicable to all licensed supportive living (including group homes and lodges), long-term care (LTC) facilities and hospices, unless otherwise indicated. They set requirements for all operators<sup>1</sup>, residents<sup>2</sup>, staff<sup>3</sup>, students<sup>4</sup>, service providers<sup>5</sup>, volunteers, as well as any visiting person.

- These expectations may change existing requirements<sup>6</sup> (e.g., in the [Supportive Living and Long Term Care Accommodation Standards, the Continuing Care Health Service Standards](#)) but are required for the duration of this Order.

## **Key Messages**

- Effective January 3, isolation requirements changed in the province. Updated shortened isolation requirements do not apply to residents of long-term care, *designated* supportive living and hospices. The existing isolation requirements remain in place because of the higher prevalence of complex medical conditions in these residents (see **Appendix 1 and 2** for management of test results).
  - For residents of other *licensed* supportive living sites (e.g. lodges, group homes), the shortened isolation requirements apply (see **Appendix 3** for management of test results).
- The rise of community transmission of the Omicron variant of COVID-19 and the yet unknown challenges it will present to long-term care, licensed supportive living, and hospices, requires immediate action.
  - Screening requirements for staff, students and service providers in long-term care, designated supportive living and hospice settings have changed.
  - Residents returning from an absence of greater than 24 hours and asymptomatic fully immunized residents who have recently been in close contact with a confirmed case of COVID-19 are required to wear a surgical/procedure mask for 14 days while in common areas, except when eating and drinking, and actively screen for symptoms daily. Where onsite capacity allows, rapid testing on days 1, 3 and 7 post-return or post-exposure is recommended.
    - Quarantine requirements for asymptomatic residents who are not fully immunized who have been in close contact with a confirmed case of COVID-19 remain the same.
    - Note that rapid tests should not be completed on persons who have tested positive for COVID-19 in the previous 21 days to prevent false positive results.
  - All staff, students, service providers, and volunteers must continuously wear either a well-fitting surgical/procedure mask OR a well-fitting KN95 facemask while on shift, at all times, and in any areas of the site where care/treatment is being provided, along with any non-care areas of the site except when working alone in an office or when a barrier is in place.

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<sup>1</sup> Operator means any operator, service provider, site administration or other staff member responsible for areas impacted by these expectations.

<sup>2</sup> A resident is any person who lives within one of these sites (sometimes called clients or patients), or legal decision maker where relevant.

<sup>3</sup> Any person employed by or contracted by the site, or an Alberta Health Services employee or contractor (e.g., employee of an agency contracted to AHS), or other essential worker.

<sup>4</sup> Any person who is participating in a student placement or practicum allowed by the operator and the post-secondary institution.

<sup>5</sup> Any person who is on-site to deliver a service (e.g. regulated health professional) who is not an employed or contracted staff member.

<sup>6</sup> Expectations may be required by Alberta Health or contractually by Alberta Health Services.

- All staff, students, service providers or volunteers providing direct care to a probable or confirmed case of COVID-19 are required to wear PPE consisting of eye protection, gown, gloves. In addition, a well-fitted KN95 or N95 facemask must be worn.
  - Staff must always complete a point of care risk assessment prior to care provision to determine appropriate Personal Protective Equipment (PPE) for each circumstance.
  - If the point of care assessment determines that a respirator is required to provide adequate protection, a fit-tested N95 respirator or other NIOSH approved respirator must be used by all affected staff, students, service providers, and volunteers.
- Visiting persons must wear a well-fitting surgical/procedure mask or they may use a well-fitted KN95 or N95 facemask or a respirator.
  - LTC, DSL and hospice operators are required to provide visitors a surgical/procedure mask if visitors do not have their own mask.
- This order supplements already existing expectations for this sector (licensed supportive living, long-term care and hospice settings).
  - Through existing legislation and/or contracts with Alberta Health Services (AHS), operators are expected to abide by several sets of standards for the delivery of quality accommodation and publicly funded health care services to residents. Alberta Health and AHS oversee compliance with these expectations.
- It is imperative for everyone to continue with outbreak prevention measures including immunization, staff and visiting persons staying home when sick (even slightly), hand hygiene, continuous masking, early recognition of symptoms, regular disinfection of high touch surfaces, etc.
- It is strongly recommended that all Albertans become fully immunized to protect not only themselves, but also their communities. See [Alberta COVID-19 Vaccine Program](#) for more information. This includes a strong recommendation for booster doses for all those who are eligible.
- Local Medical Officers of Health (MOH) continue to play a key role in outbreak management. MOHs, and their designates, will continue to lead each outbreak response and will direct any additional actions that are required to be put into place within a facility based on any unique circumstances, configuration considerations, specialized populations, etc. MOHs also play a key role in determining if additional outbreak control measures are needed.
- The MOH, or their designate responsible for a public health investigation, may require additional measures be put in place at the site or zone level to limit spread of a potential infection, such as requiring individuals to quarantine and/or isolate for periods longer than the timeframes included.

## **Routine Practices**

### **Site Specific Guidelines**

- Operators must review and implement AHS Guidelines (relevant to each setting):
  - [Guide for Outbreak Prevention and Control in Long Term Care and Designated Supportive Living Sites](#)
  - [Guidance for Outbreak Prevention Control & Management in Non-Designated Supportive Living Sites](#)
  - [Gastrointestinal/Respiratory/COVID-19 Outbreak Provincial Operator Checklist](#)
  - [Alberta Public Health Disease Management Guidelines](#)
- Note: If there is conflicting information between the documents linked above and the standards in this order, the standards in this order supersede those in the linked documents.
- For any questions about the application of these updated operational standards, please contact Alberta Health: [asal@gov.ab.ca](mailto:asal@gov.ab.ca)

### **Continuous Masking**

- All staff, students, service providers, and volunteers must continuously wear either a well-fitting surgical/procedure mask OR a well-fitting KN95 facemask while on shift, at all times, and in any areas of the site where care/treatment is being provided, along with any non-care areas of the site except when working alone in an office or when a barrier is in place.
  - If staff are providing care to a resident with communication challenges where a mask would inhibit care being provided, operators have discretion to determine if circumstances are appropriate to use alternate (PPE).
- Visiting persons must wear a well-fitting surgical/procedure mask OR they may use a well-fitted KN95 or N95 facemask or a respirator.
  - LTC, DSL and hospice operators are required to provide visitors a surgical/procedure mask if visitors do not have their own mask.
  - Visiting persons who are spending time with residents with communication challenges (e.g. hearing concerns) where a mask would inhibit communication being provided, can remove mask while in a private space in the building if the resident consents and a distance of two meters is maintained between the visitor and the resident at all times.
- Masks can be temporarily removed for the purposes of eating and drinking and be replaced immediately after the food/drink is complete. A distance of two meters should be maintained while the mask is removed.
  - Note: Fully immunized persons who are required to wear a mask following their shortened isolation period (staff, licensed supportive living residents and visitors) CANNOT remove their mask for any purpose (including eating and drinking) when outside their own room as per the [CMOH isolation order](#).

### **Appropriate PPE**

- All staff, students, service providers, and volunteers must continuously wear either a well-fitting surgical/procedure mask OR a well-fitting KN95 facemask while on shift, at all times, and in any areas of the site where care/treatment is being provided, along with any non-care areas of the site except when working alone in an office or when a barrier is in place.
- All staff, students, service providers or volunteers providing direct care to a probable or confirmed case of COVID-19 are required to wear PPE consisting of eye protection, gown, gloves. In addition, a well-fitted KN95 or N95 facemask must be worn.

- Staff must always complete a point of care risk assessment prior to care provision to determine appropriate Personal Protective Equipment (PPE) for each circumstance.
- If the point of care assessment determines that a respirator is required to provide adequate protection, a fit-tested N95 respirator or other NIOSH approved respirator must be used by all affected staff, students, service providers, and volunteers.
- Visiting persons must wear a well-fitting surgical/procedure mask or they may use a well-fitted KN95 or N95 facemask or a respirator.
  - LTC, DSL and hospice operators are required to provide visitors a surgical/procedure mask if visitors do not have their own mask.

### **Active Health Assessment Screening**

- All staff, students service providers and volunteers must be **actively screened** prior to the start of each worksite shift.
- All visiting persons entering the site must be **actively screened** at entry to the site.
- Residents returning from an absence of greater than 24 hours or who are an asymptomatic fully immunized close contact must actively screen every day for 14 days upon return to site or date of exposure, whichever is relevant.
- Emergency response teams (Police, Fire, Ambulance) must not be stopped to be screened prior to entering the facility or worksite.
- **Active Screening** involves:
  1. Satisfactory COVID-19 screening using:
    - [COVID-19 Continuing Care Daily Checklist \(Visitors\)](#), or
    - [COVID-19 Continuing Care Daily Checklist \(LTC/DSL/Hospice Staff, Service Providers, Students and Volunteers\)](#), or
    - [COVID-19 Continuing Care Daily Checklist \(LSL Staff, Service Providers, Students and Volunteers\)](#), or
    - [COVID-19 Continuing Care Daily Checklist \(Residents\)](#).
  2. Screening may be completed electronically or on paper. For staff, students, service providers and volunteers, this can be completed prior to arrival to the site, but **must be confirmed** by the screener prior to entry.
- If a staff member, service provider, volunteer, student or visiting person feels ill or develops any symptoms of COVID-19 while at work or on site, they must leave their mask on, notify their site contact and immediately leave the site.

### **Screening Documentation Storage**

- For anyone permitted to enter, operators are required to record and store their *name, contact information, and date and time of entry and exit* for contact tracing purposes, for a minimum of 4 weeks, but not longer than required for the purposes of contact tracing:
- Use of any personal information that is collected for COVID-19 contact tracing can only be for this purpose, unless an individual provides their consent. See [Personal Information Protection Act](#) for further details on your responsibilities.
- The completed COVID-19 health screening records of persons entering the site **should not** be stored by the operators, but rather disposed of confidentially. (**NOTE:** *these documents contain health information*)

## Enhanced Environmental Cleaning and Disinfection

- Common/Public areas:
  - Cleaning and disinfecting any **high touch** surfaces (e.g., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote), care/treatment areas, dining areas and lounges **twice per day**.
- Areas that are not considered common/public areas (e.g. resident rooms, private offices, administrative areas, etc.) do not require enhanced cleaning/disinfection.

## Testing for COVID-19

- Indications for **testing** symptomatic and asymptomatic persons are outlined in the [Alberta - Public Health Disease Management Guidelines](#) and as directed by Public Health.
- Rapid testing continues to play an important role in pandemic management; however, PCR testing typically remains the preferred testing approach for residents and staff. PCR testing continues to be available through AHS for those living and working in these settings.

## Isolation and Quarantine

- Indications for **isolation** and **quarantine** are outlined in the [Alberta Public Health Disease Management Guidelines](#).
  - The term **isolation** refers to separating and restricting the movement of an individual with symptoms of COVID-19, or who is confirmed to have COVID-19, to prevent their contact with others and to reduce the risk of transmission.
    - Because of the higher prevalence of complex medical conditions in residents of long term care, hospice, and *designated* supportive living, residents in these facilities must still complete a 10 day isolation period if they have COVID-19, independent of their immunization status, in order to continue to minimize the risk of COVID transmission in these settings.
    - Fully vaccinated licensed supportive living residents (e.g. lodges, group homes) are required to complete a 5 day isolation period along with follow-up masking requirements, like all Albertans.
  - The term **quarantine** refers to separating and restricting the movement of an individual who was potentially exposed to COVID-19. This is to reduce the risk of transmission, if that individual becomes a COVID-19 case. During the quarantine period, the individual should monitor for symptoms and if symptoms develop, they should be offered COVID-19 testing.
    - All non-fully immunized residents who and are close contacts of a confirmed case of COVID-19 must quarantine for 14 days, regardless of the presence of any symptoms.
- Staff are to follow isolation requirements for all Albertans outlined in the [general isolation orders](#).

## Management of Resident COVID-19 Symptoms and COVID-19 Test Results

- Anyone with symptoms listed in [Alberta- Public Health Disease Management Guidelines](#) must be isolated.
- Please see [Appendix 1,2 and 3](#) for management of COVID-19 test results in fully and not fully immunized residents.
- The MOH (or designate) responsible for a public health investigation may require additional measures be put in place at the site or zone level to limit spread of a potential infection such as requiring individuals to quarantine and/or isolate for periods longer than the timeframes included.

### **AHS Coordinated COVID-19 Response**

- AHS Coordinated COVID-19 Response (1-844-343-0971) is available to all congregate settings. If a site does not already have an outbreak of COVID-19, the response line must be contacted for additional guidance and decision-making support as soon as there is a person showing symptoms in Table 2a: Symptom List for COVID-19 Testing outlined in the [Alberta- Public Health Disease Management Guidelines](#).
  - The AHS Coordinated COVID-19 Response team must be contacted with the *first symptomatic person* in a congregate setting.
  - Once the AHS Coordinated COVID-19 Response team has been informed and if a COVID-19 outbreak has been declared the AHS Zone MOH (or designate) will lead the outbreak response and provide ongoing direction, as appropriate.

### **Management of Residents Admission/Return from other Health Settings**

- All **DSL/LTC residents** must be placed on contact/droplet precautions and are to remain in their room upon admission or return from hospitals (after stays of more than 24 hours) until they receive a negative COVID-19 PCR test.
  - The swab should be taken within 48 hours pre or post discharge.
  - Hospital discharge must not be delayed awaiting test results.
  - If the test result is positive, see Appendix 1 or 2 for management of COVID-19 test results.
- **Note:** Residents who have tested positive for COVID-19 in the previous 90 days are not required to be **PCR** tested or to be placed on contact/droplet precautions as part of this measure.

### **Management of Residents upon Return from Absence**

- Operators must supply residents returning from off-site absence of more than 24 hours with a sufficient amount of surgical/procedure masks and direct them to wear a new mask for 14 days while in common areas, except when eating and drinking, and direct them to actively screen for symptoms daily for 14 days.
  - Where onsite capacity allows, rapid testing on days 1, 3 and 7 post-return is recommended.
  - **Note that rapid tests should not be completed on persons who have tested positive for COVID-19 in the previous 21 days to prevent false positive results.**

### **Site-based Policies and Processes**

- Operators may choose to implement additional site-based policies and processes for COVID-19 prevention:
  - policies and processes must be appropriate to local context;
  - policies and processes must be based on resident and family member preferences.
- Visiting persons must comply with site-based policies and processes for COVID-19 prevention.

## Outbreak Procedures

### Confirmed COVID-19 outbreak

Please see Table C1: Outbreak Definitions of COVID-19 in the [Alberta Public Health Disease Management Guidelines](#) for the definition of an outbreak in Continuing Care settings

\*Definition may be updated **as data evolves, please ensure you are referring to most recent version.**

- Local MOHs continue to play a key role in outbreak management. MOHs, and their designates, will continue to lead each outbreak response and will direct any additional actions that are required to be put into place within a facility based on any unique circumstances, configuration considerations, specialized populations, etc.
- In the case of a **confirmed** COVID-19 outbreak:
  - All congregate settings (i.e. DSL/LTC, non-designated LSL, lodges, group homes and hospices) must require all staff to work only at one congregate setting for the duration of the outbreak.
    - Essential service workers (as defined by the [exemption for specified professions and roles](#)) are exempt from being restricted to one single congregate setting unless there are exceptional circumstances in which the MOH/designate will provide direction.
  - The MOH (or designate) will direct any necessary restrictions to visiting persons.
  - Operators may continue to accept admissions/ transfers into the site if able to manage the potential risk to other residents, continue to manage the outbreak requirements and the resident and family are informed about the risk and accept it.
  - Operators must be prepared to increase/ augment cleaning and disinfection as required by the MOH/designate/Environmental Public Health.

## Revision History

Document	Overview	Description
Order 03-2022	Updated to reflect change in isolation requirements	<ul style="list-style-type: none"><li>• Isolation requirements updated (Appendix 1,2,3)</li><li>• Included references to more frequent use of rapid antigen tests</li><li>• Clarifications regarding use of respirators</li><li>• Editorial clarifications throughout</li></ul>

- The following orders were issued previously and can be found at the links provided:
  - [Order 58-2021](#)
  - [Order 49-2021](#)
  - [Order 37-2021](#)
  - [Order 32-2021](#)
  - [Order 23-2021](#)
  - [Order 32-2020](#)
  - [Order 23-2020](#)
  - [Order 12-2020](#)
  - [Order 08-2020](#)
  - [Order 06-2020](#)

## **References**

1. Alberta public health disease management guidelines: coronavirus – COVID-19, Alberta Public Health.
  - <https://open.alberta.ca/publications/coronavirus-covid-19>
2. Infection prevention and control for COVID-19: Interim guidance for long-term care homes, Public Health Agency of Canada.
  - <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/omicron-infection-prevention-control-health-care-settings-covid-19-suspected-confirmed.html>
3. Information for AHS Staff & Health Professionals, Alberta Health Services.
  - <https://albertahealthservices.ca/topics/Page16947.aspx>
4. Personal Protective Equipment (PPE) COVID-19, Alberta Health Services
  - <https://www.albertahealthservices.ca/topics/Page17048.aspx>
5. Wearing a Respirator, Canadian Centre for Occupational Health and Safety
  - [Respirators - Wearing a Respirator : OSH Answers \(ccohs.ca\)](https://www.ccohs.ca/oshanswers/respirator/respirator.html)

**Appendix 1: Management of Symptomatic LTC/DSL/Hospice Resident COVID-19 Test Results**

Because of the higher prevalence of complex medical conditions in residents of long term care, hospice, and *designated* supportive living, residents in these facilities must still complete a 10 day isolation period if they have COVID-19, independent of their immunization status, in order to continue to minimize the risk of COVID transmission in these settings.

A fully immunized person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series or one dose in a one-dose series (e.g. Janssen). If you do not meet this criteria, you are considered NOT fully immunized.

<b>LTC/DSL/HOSPICE RESIDENTS WITH SYMPTOMS</b>	
<b>COVID-19 Test</b>	<b>Management</b>
<b>Positive</b> OR No swab taken and the resident has fever, cough, shortness of breath, runny nose, sore throat, or loss of taste or smell.	Isolate with contact and droplet precautions for <u>10 days</u> from the onset of symptoms or until symptoms improve AND they are afebrile (have no fever) for 24 hours without the use of fever reducing medications, whichever is longer.
<b>Negative</b> OR No swab taken, with other symptoms <b>not listed above</b>	Apply IPC precautions according to normal risk assessment of symptoms and suspected etiology, including contact and droplet precautions for vomiting and/or diarrhea. Discontinue precautions once symptoms are fully resolved.

**Appendix 2: Management of Asymptomatic LTC/DSL/Hospice Resident COVID-19 Test Results**

Because of the higher prevalence of complex medical conditions in residents of long term care, hospice, and *designated* supportive living, residents in these facilities must still complete a 10 day isolation period if they have COVID-19, independent of their immunization status, in order to continue to minimize the risk of COVID transmission in these settings.

A fully immunized person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series or one dose in a one-dose series (e.g. Janssen). If you do not meet this criteria, you are considered NOT fully immunized.

<b>LTC/DSL/HOSPICE RESIDENTS <u>WITHOUT SYMPTOMS</u></b>	
<b>COVID-19 Test</b>	<b>Management</b>
<b>Positive</b>	Isolate with contact and droplet precautions for a minimum of 10 days from the collection date of the positive test (this includes rapid test date, if taken prior to PCR).  Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents.
<b>Negative OR NO swab taken</b>	Isolation is not required but continue monitoring symptoms.

**Appendix 3: Management of Licensed Supportive Living Resident COVID-19 Test Results**

- A fully immunized person who has received the complete vaccine series for COVID-19 and it has been 14 days after the second dose in a two dose series or one dose in a one-dose series (e.g. Janssen). If you do not meet this criteria, you are considered NOT fully immunized.

<b>LICENSED SUPPORTIVE LIVING RESIDENTS (WITH OR WITHOUT SYMPTOMS)</b>		
<b>Symptoms</b>	<b>COVID-19 Test</b>	<b>Management</b>
Symptomatic	<b>Positive</b> OR No swab taken and the resident has fever, cough, shortness of breath, runny nose, sore throat, or loss of taste or smell.	Isolate with contact and droplet precautions for <u>5 days</u> from the onset of symptoms or until symptoms improve AND they are afebrile (have no fever) for 24 hours without the use of fever reducing medications, whichever is longer.  <b>Plus</b> up to <u>5 days</u> (for a total of 10 days) of wearing a mask at all times when around others outside of room in congregate setting (no exceptions).
	<b>Negative</b> OR No swab taken, with other symptoms <b>not listed above</b>	Apply IPC precautions according to normal risk assessment of symptoms and suspected etiology, including contact and droplet precautions for vomiting and/or diarrhea. Discontinue precautions once symptoms are fully resolved.
Asymptomatic	<b>Positive</b>	Isolate with contact and droplet precautions for a minimum of 5 days from the collection date of the positive test.  <b>Plus</b> up to <u>5 days</u> (for a total of 10 days) of wearing a mask at all times when around others outside of room in congregate setting (no exceptions).  Monitor for the development of symptoms. If symptoms develop, follow recommendations for symptomatic residents.
	<b>Negative</b> OR NO swab taken	Isolation is not required but continue monitoring symptoms.