

**MEMORANDUM
NOTE DE SERVICE**

TO
À Community Health Nurses

DATE January 6, 2022

FROM
DE Dr. Chris Sarin, ISC FNIHB Senior Medical
Officer of Health

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SUBJECT: CMOH Order 01-2022, Rapid Antigen Tests, and PPE/N95

We have entered a new phase of the COVID-19 pandemic and recognize there is major uncertainty. There is a decreased focus on testing and reporting of mild disease. Our approach to respond to outbreaks must be targeted to the highest risk settings. This week, changes to COVID-19 case identification and isolation requirements were made. Below is a summary of the CMOH Order 01-2022 and some operational recommendations as the case numbers increase.

Effective January 3, 2022, a person is required to be in isolation if the person is exhibiting COVID-19 symptoms or a confirmed case of COVID-19 (i.e. tested positive on a PCR or take-home rapid antigen test).

Isolation requirements following a lab confirmed or point of care test (POCT)

COVID-19 vaccination status and whether the individual has symptoms will determine the length of isolation for **confirmed cases or symptomatic individuals not tested**:

- **Fully vaccinated:**
 - Individual has symptoms: isolate for 5 days from symptom onset or until symptoms resolve, whichever is longer. Following isolation, wear a mask at all times when in public places or around others until 10 days from symptom onset has passed.
 - Individual does not have symptoms: isolate for 5 days from the date of the positive COVID-19 test. Following isolation, wear a mask at all times when in public places or around others until 10 days from the date of the positive test has passed.
- **Not fully vaccinated:**
 - Individual has symptoms: isolate for 10 days from the start of symptoms or until they resolve, whichever is longer.
 - Individual does not have symptoms: isolate for 10 days from the date of the positive COVID-19 test.
- **Note: continuing care residents**, whether fully vaccinated or not, must isolate from the first day on which the resident exhibits COVID-19 symptoms, or from the day on which an asymptomatic resident tested positive, for a **minimum of ten days** or until the resident's COVID-19 symptoms resolve, whichever is longer. Please see the CMOH Order 01-2022 for additional information.



Rapid Antigen Testing

Rapid antigen testing is becoming more widely available. These tests help detect infections early to limit the spread of infection, and ensures PCR testing is available to those who may benefit from it the most. Additional information on how to use rapid antigen test kits can be found on Alberta Health's website [Rapid Testing at Home](#). Below is some direction on how rapid antigen testing should be operationalized in communities.

- Individuals who test positive on a rapid antigen test should isolate immediately.
- Most individuals do not need a PCR test (lab or POCT) to confirm a positive rapid antigen test, treat the positive rapid antigen test as a confirmed case.
- Individuals that should receive a PCR test (lab test or POCT) to confirm a positive rapid antigen test include:
 - Individuals living or working in a high-risk setting
 - Health care settings
 - Congregate care settings (long term care, designated supportive living, lodges, group homes, hospices)
 - Congregate living settings (corrections, shelters)
 - Individuals that are at a high-risk of severe illness and qualify for Sotrovimab monoclonal antibody treatment. Eligibility criteria for Sotrovimab includes:
 - Unvaccinated and over the age of 55.
 - Unvaccinated and over the age of 18 with a pre-existing health condition, such as diabetes or chronic kidney disease, or if you are pregnant.
 - Fully vaccinated and immunocompromised due to having received a transplant, received a dose of chemotherapy since December 2020, or have an inflammatory condition, such as lupus and rheumatoid arthritis.
- **There is no formal reporting required for positive rapid antigen test results. Communities do not need to complete an Alberta Health reporting form.** Cases detected with rapid antigen tests will not be included in case totals reported by FNIHB to communities.
- Health centres may decide to:
 - Track the number of positive rapid antigen test results as they become aware of them
 - Complete or assist with contact tracing for cases identified through a rapid antigen test if capacity allows
 - Offer a COVID-19 test to contacts if capacity allows
 - Use the rapid antigen test results to determine eligibility for COVID-19 support programs.

Alberta Health's [COVID-19 Rapid Testing Guidelines](#) provides clear direction, and can be handed out to community members.

Actions required by the individual after receiving a **positive rapid antigen test result**

- **Symptomatic, fully vaccinated:** isolate for 5 days from symptom onset or until they resolve, whichever is longer. Following isolation, wear a mask at all times when in

public places or around others until 10 days from symptom onset has passed. PCR test only if the individual meets the high-risk conditions outlined.

- **Symptomatic, not fully vaccinated:** isolate for 10 days from the start of symptoms or until they resolve, whichever is longer. PCR test only if the individual meets the high-risk conditions outlined.
- **Asymptomatic, regardless of vaccination status:** Isolate immediately. Take a second rapid test 24 hours after the first test:
 - If second test is negative, isolation can end unless symptoms develop.
 - If second test is positive, continue isolating as above and inform all close contacts.
- Individuals who are confirmed positive with a rapid antigen test should notify all close contacts from the previous 48 hours that they should monitor for symptoms and be cautious about going to any high risk settings like continuing care facilities or crowded indoor spaces. Contacts should be encouraged to get tested for COVID-19.

Actions required by the individual after receiving a **negative rapid antigen test result**

- **Symptomatic:** isolate for 24 hours. Take a second rapid test in 24 hours after the first test.
 - If repeat test is negative, continue isolating until symptoms resolve before cautiously resuming normal activities.
 - If repeat test is positive, see isolation requirements for a symptomatic individual above.
- **Asymptomatic:** a negative result does not rule out infection. Isolation is not required but continue monitoring for symptoms and follow all public health guidelines.

Critical Worker Exception

Schedule A of the CMOH Order 01-2022 reviews the criteria for critical work exemptions for the owner or operator of a business, sector, or service that determines that certain workers are critical to continued safe operations or that a substantive disruption of services would be harmful to the public. This exception is only permitted when:

- services provided by the business or entity are critical for the ongoing operation of services that impact the public interest;
- any substantive service disruption will be detrimental to the public interest;
- the individuals otherwise required to be in isolation are asymptomatic or mildly symptomatic; and
- all other means of staffing critical worker positions have been exhausted.

Owners or operators seeking an exception must have a plan for the workers identified and must meet the criteria in Schedule A of the CMOH Order 2022-01 and are encouraged to notify the FNIHB MOH.

Healthcare Worker COVID-19 Immunizations

For your protection, and to reduce the spread of COVID-19, I strongly recommend health centre staff members be fully immunized as soon as the scheduling allows.

Personal Protective Equipment

Evolving evidence on COVID-19 transmission has necessitated the need to simplify PPE guidance for health care workers in Alberta. It incorporates and balances a number of perspectives including the precautionary principle and evolving guidance from the Public Health Agency of Canada (PHAC) and the World Health Organization (WHO) in their positions on the use of PPE.

- Continuous Masking and Eye Protection
 - To reduce the transmission of the omicron variant within health centres, the FNIHB Medical Officers of Health (MOHs) have re-implemented mandatory continuous eye protection and masking for all health centre staff who work within 2 metres of patients, and/or coworkers, regardless of immunization status. **This means, all healthcare workers must continuously wear a surgical/procedure mask and eye protection at all times when engaged in patient or staff interactions that occur within two metres.** This includes ALL patient AND coworker interactions that occur within two metres. For additional information, please see the FNIHB MOH memo dated December 24, 2021 and the *N95 Masks* section below.
- N95 Masks
 - If the point of care risk assessment (PCRA) indicates a suspicion or concern about an individual having a COVID-19 infection, workers are advised to substitute a fit-tested N95 respirator for the procedure mask.
 - All clinical and non-clinical health care workers who enter the room/space or are within two meters of a patient with **suspected, presumed, or confirmed COVID-19** will wear a fit-tested N95 respirator, gown, gloves, and eye protection.
 - EMS personnel are required to wear N95 respirators in all ground and air ambulances.
 - All clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol generated medical procedures is anticipated, where there is a high density of COVID-19 patients, or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).
 - Employers and employees have the responsibility to ensure that employees are fit-tested for a N95 respirator and the employees understand how to wear them effectively.
 - Requests for utilization of a N95 respirator by any health care worker shall not be denied and access to a N95 respirator shall be provided as soon as possible upon request.

It is most important to protect essential workers, like yourselves, and essential functions in the communities. Please get your third dose if you have not already done so. Increase the precautionary measures you take and that you advise the communities to take. Most importantly, seek balance in your work and personal lives. We will get through this phase together. Don't hesitate to reach out to your case manager or MOH with any questions. We do expect additional changes to public health approaches in the near future. As always we value your work in the community and you have our absolute support.