Alberta Health Services

Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19

Complete if patient's **COVID-19 symptoms are resolved/ improved*** for at least 48 hours.

*Patients may have a new baseline (new baseline O₂ requirement, persistent cough, etc).

Use Form 21616 COVID-19 Symptom Identification and Monitoring to identify and monitor COVID-19 patient symptoms.

	alternate (non-COVID-19) clini	-		•	
Alternate Diagnosis	□ No Risk Factors as below	Physician/Nurse Practitioner		Date/Time IPC Notified (as per site process)	
1 Have patient's sy	mptoms resolved/improved or return	ned to baseline for 4	18 hours?	1	
	NO YES, go to #2 COVID-19 test result?		 Maintain Contact and Dru Reassess in 24 hours 	oplet Precautions	
	POSITIVE, go to #3 NEGATIVE, go to #4				
\frown	VID-19 positive patients, have there	been 14 days sinc	e onset of symptoms?		
	□ NO		 Maintain Contact and Droplet Precautions Reassess 14 days after patient's symptoms onset date 		
(4) Does patient have	e ANY COVID-19 Risk Factors below	N?			
 days before ti Travelled any Had laborator Associated w <u>COVID-19 ou</u> Positive COV **A close contact is si Provided care fo physical contact Lived with or oth 	where outside of Canada within the last ry exposure to biological material known ith any healthcare unit/facility, congregat ttbreak/cluster 'ID-19 test within the last 14 days omeone who: r the individual, including healthcare workers, with the person without consistent and appro ierwise had close prolonged contact (within 2 ict with infectious bodily fluids of the person (e	14 days to contain COVID-19 te living or other <i>(e.g.,</i> , family members or othe priate use of personal p metres) with the person	virus workplace or social gathering, er caregivers, or who had other sin rotective equipment, OR while the person was infectious, C	r) nilar close DR	
	□ NO, go to #5				
	U YES-		 Maintain Contact and Dru Reassess 14 days after t exposure date 		
5 Is patient immuno norovirus, etc.)	osuppressed <u>OR</u> on Additional Preca	autions (Isolation) fo			
	 NO		 If no other concerns, Con Precautions may be disc Notify IPC as per site pro Follow Routine Practices continuous masking) 	continued ocess	
	dditional Precautions (Isolation) C as per site process				
Assessment Date (dd	-Mon-yyyy) C				
21624(2020-05)					

Last Name (Legal)			First Name (Legal)			
Preferred Name Last First			DOB(dd-Mon-yyyy)			
PHN	ULI □ Same as PHN		s PHN	MRN		
Administrative Gender Male Female Non-binary/Prefer not to disclose (X) Unknown						