What's happening in Alberta?
Alberta continues to see cases of COVID-19. For current case count and additional information for travellers, schools, daycares, employers and all Albertans, visit www.alberta.ca/covid19.

Community physicians and their teams can email phc@ahs.ca with questions related to COVID-19.

Other COVID-19 FAQs for community physicians:
- COVID-19 Immunization
- COVID-19 Patient Care and Testing

FAQ Topics on Infection Prevention & Control (IPC) and Exposure
Navigation tips: Click the section heading to jump to that section. Desktop/laptop users can use “Ctrl +F” to search the document for keywords.

Topics of Current Interest
- UPDATED School COVID-19 notifications
- UPDATED Quarantine recommendations for close contacts

Infection Prevention & Control (IPC)
- PPE guidance for variants
- UPDATED Continuous masking and eye protection
- Donning and doffing PPE
- Patient screening
- Disinfecting disposable eye protection
- N95 respirator and COVID-19
- UPDATED Ordering PPE and other supplies
- Cleaning protocols
- Isolation rooms
- Number of staff and patients in clinic
- Pregnant healthcare workers and IPC
- Working at multiple sites

Patient Masking in Community Healthcare Settings
- Patient masking guidance and refusal to wear face coverings
- Pediatric patients and adult face masks

Patient Masking in Non-healthcare Settings
- Doctor’s notes for mask exemptions
- Child masking guidance

Case Investigation, Close Contacts, Quarantine and Isolation
Topics of Current Interest

1. **UPDATED** How are parents being notified of an in school COVID-19 exposure?

Public reporting of COVID-19 cases in schools resumed October 6, with Alberta Health identifying each school with at least 2 COVID-19 cases, online. School COVID-19 outbreaks are reported at 10 or more COVID-19 cases within a 14-day period that were infectious while at school.

Parents are being informed if their child may have been exposed to a COVID-19 case at school during the case’s infectious period.

The AHS Public Health team determines if a COVID-19 case attended school while they were infectious and sends newly identified cases to school superintendents on a daily basis. The school authority identifies classmates and other close contacts exposed to the case. Parents/guardians, students and staff who were exposed will receive a letter from the school or AHS with information and recommendations. More information is available at [staying safe and healthy this school year](#).

2. **UPDATED** What are the quarantine recommendations for close contacts?

Anyone who has returned from travel outside of Canada must follow [federal isolation and quarantine requirements](#).

Close contacts of someone who has tested positive for COVID-19 are no longer legally required to quarantine. It is recommended that you take some actions to have less contact with others to prevent possible spread. This includes people who are:

**Household contacts**

During the time the household contact is exposed to the confirmed COVID-19 case and for 14 days after their last close contact with them:

- Watch for symptoms. If they develop [symptoms](#), isolate and get tested right away.
- Follow [provincial public health restrictions](#) and any local municipal restrictions.
- Take extra precautions such as physical distancing, wearing a mask and washing or sanitizing hands often.
- **If the household contact is not fully immunized, it is strongly recommended they stay home.** Do not leave home to go to work, school, social events, or any other public gatherings.

If the household contact is not able to completely isolate away from the person with COVID-19, they’ll continue to be exposed for their entire isolation period. They are at risk of getting COVID-19 during their isolation period and for 14 days after their last day of isolation. They should follow the above recommendations for the entire time.

**Are not** household contacts
For 14 days following their last close contact with a confirmed COVID-19 case:

- Watch for symptoms. If they develop symptoms, isolate and get tested right away.
- Follow provincial public health restrictions and any local municipal restrictions.
- Take extra precautions such as physical distancing, wearing a mask, and washing or sanitizing hands often.
- If they close contact is not fully immunized, they are also recommended to:
  - avoid public places such as restaurants, sports and recreation activities, social events, or other public gatherings (they can go to school or daycare as long as they do not have symptoms)
  - avoid contact with vulnerable people such as seniors, people with weak immune systems, and those with chronic health conditions
  - avoid non-essential visits to hospitals or continuing care facilities
  - check with their employer about any work restrictions

Learn more about Alberta’s provincial isolation and quarantine requirements and information for close contacts.

---

**Infection Prevention & Control (IPC)**

3. Is PPE guidance different when treating confirmed or suspected variant of concern cases?

There is no difference in PPE guidance for variant strains. Providers should continue to use the same Point of Care Risk Assessment used for the original COVID-19 strain.

4. UPDATED What is the latest guidance regarding continuous masking and eye protection for healthcare workers?

AHS updated its continuous eye protection guidance for fully vaccinated healthcare workers.

Healthcare workers who are fully vaccinated and have reached two weeks following their second dose can now choose not to wear eye protection continuously. Please note that continuous eye protection will continue to be maintained for all workers in COVID-19 units and in settings experiencing COVID-19 outbreaks, patients on contact and droplet precautions or when within two meters of a patient with COVID-19, suspected COVID-19 or who is experiencing symptoms consistent with a respiratory tract infection. More information can be found here.

As well as wearing a mask continuously, staff are reminded to continue using the following practices for every patient, every time:

1. Every patient interaction begins with a Point of Care Risk Assessment (PCRA). In turn, this directs appropriate measures to protect both healthcare workers and patients.
2. Having patients with respiratory symptoms wear a procedure mask is a source control strategy with strong evidence of reduction in viral shedding.
3. Contact and Droplet Precautions in addition to Routine Practices should be used for:
   - All patients with Respiratory Symptoms or ILI
   - Individuals where language barriers, altered mental status, severe illness or cognitive factors impact the accuracy of the PCRA
   - Individuals who have been directed to isolate
4. Use of a fit-tested N95 Respirator replaces a surgical/procedure mask for Aerosol-Generating Medical Procedures (AGMPs).

This guidance is considered best practice for AHS healthcare workers. Please consult with your professional college for PPE guidance. The CPSA has developed a Guidance document for community medical clinics: Stage 3 Reopening.

5. Are there videos or posters to demonstrate proper donning and doffing of PPE?

- Donning and doffing narrated slide show
- Donning and doffing PPE video (nine minutes)
- Donning poster
6. **What tool should we be using in our clinic to screen patients for COVID-19 and determine if they need testing?**

This [Community Physician COVID-19 Screening and Testing Algorithm](https://ahs.ca/covid) is designed specifically for use in a community care setting.

7. **Are disposable face shields and goggles reusable?**

Yes, healthcare workers may preserve the use of disposable face shields and eye goggles. Please see [IPC COVID-19 PPE Recommendation for the Preservation and Reuse of Eye Protection](https://ahs.ca/covid) for more information on disinfecting disposable eye protection.

8. **Do I need an N95 respirator when treating a patient with suspected or confirmed COVID-19?**

When treating any patient including those with suspected or confirmed COVID-19, healthcare workers are reminded to follow [contact and droplet precautions](https://ahs.ca/covid) — which includes hand hygiene, procedure mask, eye protection, gown and gloves — unless performing an [aerosol-generating medical procedure](https://ahs.ca/covid), when additional precautions are required including a N95. Visit [ahs.ca/covidPPE](https://ahs.ca/covidPPE) for more information on using PPE appropriately.

**CPR:** AHS has completed a thorough review of current practices in place across Canada, as well as scientific best practices, regarding the need for N95 respirator use by healthcare workers completing manual (hands-only) chest compressions. AHS has also sought the feedback of front-line providers. This review has determined an N95 respirator is not required to initiate hands-only chest compressions.

Healthcare workers completing manual chest compressions are directed to continue to wear recommended PPE in alignment with [continuous masking guidance](https://ahs.ca/covid), [continuous eye protection](https://ahs.ca/covid), the [point-of-care risk assessment](https://ahs.ca/covid), with the addition of [contact and droplet precautions](https://ahs.ca/covid) for patients with known or possible COVID-19.

Specifically, healthcare workers responding to a cardio-respiratory arrest should:

- Call for help;
- Place loose clothing/sheet over the mouth and nose of the patient, as airway source control while awaiting help; and,
- Initiate hands-only chest compressions until you are relieved by individuals who are wearing PPE, including fit-tested N95 respirators.

Only these relief individuals, wearing N95 respirators, should manage the airway and complete full cardiopulmonary resuscitation (CPR).

**Fit testing:** If you are interested in N95 fit testing for your staff, AHS recommends community physicians and their teams hire a private occupational health contractor to do the fit testing.

9. **UPDATE How do community physicians order PPE and other supplies for COVID-19?**

Community physicians have the option to procure PPE and some cleaning supplies from AHS during the COVID-19 pandemic, extended until March 31, 2022. As we move into a different phase of the pandemic response, AHS has moved to a cost-recovery model for distribution of PPE to community physicians not located in AHS-operated spaces.

To obtain PPE, please see the following:

- Ordering process for [All Physicians](https://ahs.ca/covidPHC)
- Current [AHS PPE price list](https://ahs.ca/covidPHC)

AHS is just one option for community physicians to order PPE. They can source from any supplier of their choice.

Physicians working in AHS or contracted facilities who have questions regarding the PPE ordering process should contact their local [CPSM Site Services Supervisor](https://ahs.ca/covidPHC). (Insite link.)
10. Is there a specific protocol we can use when cleaning exam rooms, equipment and garbage disposal?

- Use any disinfectant that has a Drug Identification Number (DIN) and a virucidal claim. Alternatively, you can make a 1000ppm bleach water solution by mixing 20 ml (4 teaspoons) of unscented, household bleach with 1000 ml (4 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute.
- Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently.
- High touch surfaces and areas where COVID-19 presumptive or positive patients are being cared for should be cleaned at least three times per day.
- Pay particular attention to door knobs, light switches, staff rooms, desktops, washrooms and other high touch surfaces.
- Dedicate patient equipment to a single patient. Clean and disinfect reusable patient equipment before use by another patient.
- Consider assigning designated staff to complete enhanced environmental cleaning.
- All cleaning activities should go from clean to dirty and from high to low areas.
- Cleaning cloths and/or ready-to-use wipes should be changed and/or disposed of when the cloth and/or wipe is visibly soiled or is no longer wet enough to allow for appropriate contact time.
- Please see the Environmental Cleaning during COVID-19 in Community Clinics guide for more information.


11. Should we continue to have an identified isolation room?

Yes, during the COVID-19 pandemic isolation rooms should be used in the community setting for patients presenting with influenza-like illness (ILI). Please see Contact and Droplet Precautions for Isolation Rooms during COVID-19 for Community Physicians and Teams for more information.

Curtained areas are sufficient if hard walls are not available to properly isolate patients who are symptomatic.

12. Is there a limit to how many staff and patients we can have in the clinic at a time?

Preventing the risk of transmission amongst staff, volunteers and patients remains important. The College of Physicians and Surgeons of Alberta’s Stage 3 Reopening Guidance provides information for community medical clinics and other resources.

13. Are there special circumstances that pregnant healthcare workers should not provide care to patients with suspected or confirmed COVID-19?

AHS has a Position Statement on Pregnant Healthcare Workers and COVID-19, to provide general guidance.

The physical changes that can occur in pregnancy (particularly those in the third trimester after 28 weeks gestational age) may make it more difficult for pregnant healthcare workers to adhere to the PPE precautions noted in the IPC recommendations for COVID-19. In circumstances where PPE cannot be adhered to, the pregnant healthcare worker should not provide care to patients with suspected or confirmed COVID-19 or any other patients where the wearing of PPE is required.

If you are an AHS healthcare worker, whether pregnant or not, and require a workplace accommodation due to a medical condition, please speak with your supervisor or appropriate Medical Staff leader regarding the workplace accommodation process.

14. Are community physicians still allowed to work at multiple sites during the pandemic?

Community physicians are not currently required to restrict their activities to a single site. No community physicians should be providing care to patients if they have any new symptoms that may be consistent with an infectious disease.
All community physicians working at multiple sites are asked to observe specific measures during the COVID-19 response.

**Patient Masking in Community Healthcare Setting**

15. **Is there guidance on patient masking in community care settings, including patients who refuse to wear face coverings?**
   Yes, CPSA has [updated guidance for physicians on mask use](https://www.cpsa.ca/public-health-care/patient-mask-usage) by patients in the clinic. The guidance outlines which Albertans are exempt from wearing masks and provides approaches for patients who express mask use concerns. The CPSA also outlines advice in their [Challenging Situations During COVID-19](https://www.cpsa.ca/public-health-care/challenging-situations-during-covid-19) guidance.

16. **Can pediatric patients wear adult face masks?**
   Yes, when a pediatric mask isn’t available, you can follow the steps in [this video](https://www.cpsa.ca/public-health-care/challenging-situations-during-covid-19) to adjust an adult size mask to fit a child’s face. A small variation can also help create a better fit for a small adult face.

**Patient Masking in Non-healthcare Setting**

17. **Are primary care physicians expected to provide doctor’s notes to patients seeking a mask exemption?**
   Any Albertan seeking a medical exemption from mask use due to a verified health condition must have an exemption letter from a physician, nurse practitioner or psychologist. Masks are a critical public health measure and only certain health conditions exempt from wearing a mask indoors or in public settings. More information and the physician note template can be found [here](https://www.cpsa.ca/public-health-care/challenging-situations-during-covid-19).

18. **How do I provide guidance about a child’s ability to wear a mask in school or public places?**
   Parents may be concerned about their child’s ability to wear a mask in non-healthcare settings, including school and indoor public places, based on the child’s pre-existing medical conditions. Based on your assessment of the child’s abilities, you may assist the parent in deciding whether the medical condition makes them unable to wear a mask.


**Case Investigation, Close Contacts, Quarantine and Isolation**

19. **What is a “close contact”?**
   A close contact is anyone who, during the [infectious period of the case](https://www.cpsa.ca/public-health-care/challenging-situations-during-covid-19):
   
   - lived with or was within two metres of a person who has COVID-19 for 15 minutes or more of cumulative contact over a 24 hour period, i.e. multiple interactions for a total of 15 minutes or more, even if a mask was worn during that contact, or
   - had direct contact with infectious bodily fluids of a person who has COVID-19 (e.g., shared items such as drinks, personal hygiene items, cigarettes, vapes, lipstick, eating utensils, etc.) or was coughed or sneezed on, or
   - provided direct care for a person who has COVID-19, or
   - had physical contact with a person who has COVID-19, such as handshake, hugging, kissing, or sexual activity

   Anyone who falls into any of the above categories is considered a close contact of a confirmed case of COVID-19. Wearing a mask is not sufficient to exempt you from being considered a close contact. A healthcare worker in
an occupational setting wearing the recommended PPE and practicing frequent hand hygiene is not considered to be a close contact.

View Information for Close Contacts of a COVID-19 Case.

20. UPDATED What is the current process for case investigation?

• Patients who test positive for COVID-19 receive their notification via text message or autodialer, if they have provided consent to be informed by automated messaging. Otherwise they are notified of their result by a phone call.

• A Public Health case investigator will contact positive individuals by phone to carry out an interview. The case investigator will determine their specific period of isolation based on the assessment of their symptoms. The individual is instructed to contact 811 or their healthcare provider if they have questions or concerns regarding symptoms.

• Primary care providers are not expected to lift isolation. However, some patients may need clinical guidance. Consult the COVID-19 Primary Care Pathways.

• Patients receive from Public Health case investigators a toll-free number to call with isolation questions. They can also call Health Link at 811 for general questions.

• Please encourage your patients to visit ahs.ca/isolation for general guidance.

• Positive individuals will receive a text from AHS when they are released from isolation.

21. UPDATED What is the current process for notification of close contacts?

• Cases are asked to identify and inform their household and close contacts of possible exposure.

• Close contacts do not need to quarantine. They should monitor for symptoms for 14 days and get tested if they develop symptoms.

• Public Health does not routinely conduct follow-up of close contacts because they are no longer legally required to quarantine. Close contact information is collected if the case is connected to a high-risk setting such as acute and continuing care facilities.

Community physicians can reach a Communicable Disease Control Unit Lead or an Assistant Head Nurse for clinical inquiries (including isolation/quarantine information for patients) via:

• Email: cdccovid@ahs.ca This email is to be used for any COVID-19 clinical questions and will be answered by a Unit Lead or an Assistant Head Nurse. This email is monitored from 8 a.m. to 9 p.m., 7 days a week. General inquiries will not be responded to.

• CDC COVID Contact Line: 1-888-522-1919, this line will be answered by an Administrative Assistant who will direct your clinical question to a Unit Lead or an Assistant Head Nurse. The line is available 7 days a week from 8 a.m. to 9 p.m. Wait times will vary dependent on call volume. General inquiries will not be responded to.

This process is subject to change.

22. I'm a community physician and am experiencing symptoms of COVID-19. What should I do?

• As a healthcare worker, you will be tested for COVID-19 if you are experiencing symptoms. Please take the online assessment tool for Healthcare and Shelter Workers / Enforcement Personnel / First Responders.

  o This will help you determine if you need to be tested for COVID-19 and how long you need to isolate if you are experiencing symptoms.

• Review the Return to Work Guide for Healthcare Workers and the Return to Work Decision Chart for Healthcare Workers to help you understand when it is time to return to work.