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.

This document contains supplementary information for community specialist physicians and community primary care physicians, and their teams, on COVID-19. See the staff FAQ for additional information.

Issued by the PCN Incident Response Task Force for COVID-19

FAQ sections and list of topics
Navigation tips: Click the section heading to jump to that section. Desktop/laptop users can also use “Ctrl +F” to search the document for keywords.

- **Clinic Resources**
  - Patient screening
  - Number of staff and patients in clinic
  - Isolation rooms
  - Language translation
  - Posters, signs & translated materials

- **General Community Physician Questions**
  - NEW International travel pilot project and healthcare workers
  - Influenza immunization and COVID-19
  - Physician’s child or family member is exposed to COVID-19
  - Supporting COVID-19 patients after discharge
  - Physician wellness
  - Return to work & physician experiencing symptoms
  - Working at multiple sites
  - Willingness to be redeployed
  - Care outside normal scope of practice
  - Questions from physicians

- **Infection, Prevention and Control (IPC)**
  - NEW Notification of positive cases and close contacts, including guidance for PCNs and community clinics
  - Asymptomatic cases and physicians as close contacts
  - Ordering PPE and other supplies
  - Alternatives to hand sanitizer and Cavi wipes
  - UPDATED CPR and N95 masks
  - N95 respirator and COVID-19
  - Cleaning protocols
  - Wearing PPE continuously & donning and doffing
  - Scrubs
  - Isolation without hard walls
COVID-19 FAQ for Community Physicians

- **Patient Masking**
  - Doctor's notes and mask exemptions
  - Pediatric patients and adult face masks
  - Patient masking and refusal to wear face coverings

- **Return to School**
  - **UPDATED** Symptoms, isolation and testing
  - Physicians’ notes
  - **UPDATED** Proof of negative tests results
  - Copies of test results
  - Retesting
  - **UPDATED** School exposure
  - Outbreak management
  - **UPDATED** Close contact definitions and close contacts in a school/sports settings
  - **UPDATED** Close contacts, parents and isolation
  - **UPDATED** Parents as close contacts who are healthcare workers
  - Resources for parents
  - Children who have risk factors
  - Child masking guidance

- **Testing**
  - Testing eligibility
  - Ordering routine lab work
  - **UPDATED** COVID-19 specimen collection
  - COVID-19 swab transportation
  - Notification of patient’s COVID-19 test results
  - Serology testing
  - Information on testing protocols, assessment centres and response
  - Advising MOH of COVID-19 swab

- **Treatment and Patient Advice**
  - **NEW** International travel pilot project
  - **UPDATED** Documentation of COVID-19 testing for travel
  - **UPDATED** Assessment tools
  - Information about support-care services
  - Rehab advice line
  - Specialist advice for COVID-19
  - Ibuprofen & NSAIDs
  - Resources for specific conditions including pregnancy
  - Non-medical support
  - Physical distancing
  - Isolation
  - Management of COVID-19 patients
  - Patient recommendations for travel

- **Virtual Care**
  - Billing codes & resources
Clinic Resources

1. **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](#) is designed specifically for use in a community care setting.

2. **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 [Reopening Practice document](#) provides examples of how to prevent the risk of transmission — including restricting the number of staff, volunteers and clients/patients in the setting at any one time; maintaining a two-meter separation between individuals; and spacing out appointments. Review [Appendix A of the reopening document](#) for more examples.

   The College of Physicians and Surgeons of Alberta (CPSA) recommends virtual care should still be used whenever appropriate, such as when a physical examination is not needed (e.g., some routine prescription refills and providing a patient with test results).

3. **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.

4. **Are there preventative COVID-19 resources translated into various languages?**
   For COVID-19 resources translated in 20 different languages, visit the [AHS Translated Resources page](#).

5. **Where can community physicians access language translation services?**
   Community specialist physicians and community primary care physicians can sign up to access language interpretation services over the phone through a service called Language Line.

   Language Line is a professional medical interpretation company contracted by AHS. Language Line provides language translation for over 240 languages and is available 24/7. There is a cost to using this service, so please see [Language Line Interpretation Services for Community Physicians](#) for more information.

6. **Where can I find posters, signs and translated materials?**
   AHS.ca has a page on their external website to help health professionals access current [COVID-19 signage and posters](#). Many posters are available in multiple languages including Arabic, Simplified Chinese, Traditional Chinese, French, Punjabi, Spanish, Tigrinya, Vietnamese and Somali.

General Community Physician Questions

7. **NEW Are healthcare workers eligible to participate in the International Border Testing Pilot Program, which has reduced quarantine periods for travellers?**
   Participants of the International Border Testing Pilot Program cannot work at or visit any setting where healthcare services are provided and there are vulnerable people at risk for severe disease for 14 days. Physicians, including community physicians, should keep this in mind while considering travel plans. More information is available on the [Government of Alberta website](#).

8. **How will COVID-19 impact routine influenza immunization this year?**
   - The 2020-21 Alberta Influenza Immunization program will begin October 19, 2020.
   - All Albertans, six months of age and older, are eligible to be immunized, free of charge; however, this year, AHS is working with pharmacists and physicians to offer immunization to different age groups and demographics.
• AHS will offer vaccine through pre-booked appointment only, to children under five years of age and their family and household members.
  o Those who are eligible to receive influenza immunization through AHS are required to book an AHS appointment using the online booking tool that will be available on AHS.ca/influenza, starting October 13.
  o To ensure clinics can operate safely, there will be no drop-in immunizations at any AHS clinic for influenza immunization.
• Pharmacists may offer vaccine to all Albertans five years of age and older.
• Physicians may offer vaccines to all Albertans nine years of age and older.
  o Some physicians may be offering vaccines to children six months up to and including eight years of age as well. Clinics will need to contact their zone contact if they are interested in providing immunizations to this age group, as there are additional reporting requirements.
• Individuals who do not have a provincial health care number, or who live in a community where there are no other immunizing healthcare providers, can call Health Link to seek immunization through AHS.
• For more information, please visit AHS.ca/influenza.
• Primary Care Networks will receive information through the zones. Community physicians can contact their influenza immunization zone contacts if they have any influenza immunization related questions or if they are interested in providing immunizations.
• Other information about influenza is being shared with Primary Care Networks and community physicians at AHS.ca/flu/communityphysicians.

9. What if a physician’s child or family member is exposed to COVID-19 at school or daycare?
Please see the following two questions in the “Return to School” section:
• Do parents of children who are close contacts of confirmed COVID-19 cases need to isolate?
• Are isolation guidelines for close contacts different for parents who are healthcare workers, such as physicians?

10. How can community physicians support COVID-19 patients after discharge from hospital?
Acute and primary care can work together to safely transition COVID-19 patients from home into hospital and back home. This Provincial Pandemic Flowsheet outlines how acute care can link to primary care providers to help keep patients well at home. This Transitions Checklist for Primary Care from the Alberta Medical Association outlines actions primary care teams can take to improve transitions. The Guideline for Monitoring and Managing COVID-19 Patients in Community provides more information and was designed to ensure integration and continuity of care for patients with presumed (probable or suspected) and confirmed COVID-19 who are being monitored and managed in their community, in an independent living environment. The guideline defines the roles and responsibilities of the patient, primary care providers, public health, acute care, and home living and supportive living.

11. What resources are available for community physician wellness during this time?
• The Physician and Family Support Program provides confidential support and help with personal health issues and enhances the quality of patient care and public safety by promoting health and wellness for the medical profession that cares for all Albertans. Call: 1-877-SOS-4MDS (767-4637) or go the Alberta Medical Association’s website here for more information.

• Well Doc Alberta provides short education bulletins with evidence-informed tips to support wellness during this time. Well Doc Alberta and the Alberta Medical Association’s Physician and Family Support Program (PFSP) have a multi-part joint podcast series focused on physician wellness. Throughout the series Dr. Jane Lemaire and Dr. Terri Brandon are joined by Fleur Yumol, a clinical social worker and the administrator of the PFSP’s 24-hour support line, to discuss strategies to promote physician wellness during the pandemic.

• Canadian Medical Association (CMA) Physician Wellness Resources has launched a new learning series to support physicians during the pandemic, on topics such as managing isolation, building resilience and moral distress.
• Alberta Health Services has infographics available that summarize topics such as supporting team members with COVID-19 related losses, focusing on what you can control and more.

12. I have been isolating and have questions about returning to work. Where can I go for information? The COVID-19 Return to Work Guide for Community Physicians and Teams provides guidance on when to return to work following isolation, a COVID-19 test or symptoms. The guide is for primary care providers and specialists within the community setting as well as their teams.

A Health Link physician advice line is also available:
- South of Red Deer: 587-284-5302
- Red Deer and North: 780-910-0385

AHS physicians and staff should refer to the AHS Return to Work Guide.

13. I’m a community physician and am experiencing symptoms of COVID-19. Who do I contact with questions?
- If you’ve recently travelled or been exposed to COVID-19 (e.g., close contact to a patient who has tested positive with COVID-19 and been without appropriate personal protective equipment (PPE) during the interaction), then you are legally required to isolate for a full 14 days.
- 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.
  - This will help you determine if you need to be tested for COVID-19 under the new requirements and how long you need to isolate if you may have been exposed or are experiencing symptoms.
- Health Link has set up two phone lines for community physicians to call with concerns about themselves.
  - It is critical these phone numbers be used by community physicians only and not members of the general public or physician family members. During this time of increased pressure on the health system, we are using these numbers to help ensure community physicians get the advice they need quickly.
    - South of Red Deer: 587-284-5302
    - Red Deer and North: 780-910-0385

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. Many physicians are required to work across multiple sites in the course of their day, by virtue of having call responsibilities at a zone level, scheduled specialized work at multiple sites or acting as a resource to multiple facilities – particularly in rural areas. For these reasons, community physicians are exempt from this restriction and 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.

15. I am a community physician and want to help. How can I put my name forward?
- AHS is maintaining a list of individuals with medical training who are willing and able to be redeployed as the COVID-19 response evolves.
  - Alberta licensed physicians: Licensed physicians and surgeons can register their availability by logging into the CPSA portal. Information gathered by the CPSA will be shared with AHS to guide redeployment planning.
  - Post-graduate year 5 (PGY 5) and retired physicians returning to practice: Contact Bruce.Leisen@cpsa.ab.ca to register your availability.
  - Unlicensed international medical graduates and students: Register your availability by reviewing opportunities on the Doctor Jobs Alberta website.
16. Will I be covered by the Canadian Medical Protective Association (CMPA) if I provide care outside my normal scope of practice?
   • The CMPA has launched a COVID-19 Hub to provide up-to-date medical-legal information, advice and support on questions that arise during the COVID-19 pandemic.
   • The CPSA also has information posted on its site about scope of practice issues.

17. How can community physicians and their teams ask questions related to their role in the COVID-19 response?
Community physicians and their teams can email PHC@ahs.ca for COVID-19 related questions.

Infection, Prevention and Control (IPC)

18. NEW How does AHS notify positive cases and close contacts of positive cases?
When a case of COVID-19 is confirmed by lab testing, AHS’ Public Health team contacts the individual, carries out a case investigation and provides them with direction to isolate. Public Health also works with the individual to determine who they have been in close contact with since their symptoms started — their close contacts.
   • AHS will directly notify close contacts of cases of COVID-19 confirmed in three priority groups only:
     o healthcare workers,
     o minors (parents will be notified if their child has been exposed in a school setting); and,
     o individuals who live or work within congregate or communal facilities.
   • AHS will no longer directly notify close contacts of positive cases that are confirmed outside of these three priority groups, at this time.
   • Instead, Albertans who are not within these priority groups, who have tested positive for COVID-19, will be asked to notify their own close contacts of the exposure.
   • Event organizers will also still be directed by AHS to notify event attendees of an exposure, and workplaces will be informed by AHS of a case, and directed to send out the notification to employees.
   • AHS will continue to directly contact all positive cases of COVID-19 to notify of the result, identify priority contacts that AHS will notify, and provide the case with guidance on notification of their own contacts.
   • AHS has developed a new webpage, ahs.ca/closecontacts, where Albertans can find supports including email templates and scripts to use when notifying their own close contacts, as well as guidelines to help them identify their own close contacts.

19. NEW Will all healthcare workers, including PCN staff and community physicians, be included in the priority group for AHS contact tracing?
Yes, if PCN healthcare workers or community physicians are determined to be a close contact when AHS speaks with a confirmed case of COVID-19, the PCN staff member or physician will be contacted by AHS Public Health Communicable Disease Control, just as other healthcare workers.

20. NEW Is there additional guidance on contact tracing for PCNs and community clinics when it comes to identification and notification of close contacts?
If a confirmed case of COVID-19 (either a staff member or a patient) attends your clinic while infectious, AHS will inform you as an employer and request that you notify workplace contacts and patients who meet the definition of “close contact.”
   It is the role of the clinic, as the employer, to notify staff but AHS case investigators will play a role in speaking to healthcare workers when required.
   For example, if a COVID-19 positive case has been at a clinic, a phone call is made to the medical clinic by an AHS case investigator. The case investigator usually asks to speak with the office manager or a physician in charge to discuss the situation and complete the assessment.
   If the manager or physician states that all staff were wearing appropriate PPE and there were no PPE breaches, then each healthcare worker will not be spoken to individually. If the office manager/physician is
unsure if all staff were wearing appropriate PPE, then the AHS case investigator will speak with each staff member that had contact with the COVID-19 positive case to determine if they meet the definition of a close contact.

21. If someone is asymptomatic when seen by a physician but later tests positive, is the provider considered a close contact of a confirmed case because he or she was only wearing a mask and not full contact and droplet precautions?

- When screening, it is important to ask about all symptoms, even if associated with a chronic condition like allergies, persistent cough, etc. Asking follow-up questions in addition to initial screening may provide an extra layer of certainty in identifying symptomatic patients.
- The answer to this question depends on if the patient was truly asymptomatic at the time of the encounter or not. Once a patient is identified as testing positive for COVID-19, they undergo a comprehensive case investigation through AHS Public Health Communicable Disease Control.
- If in retrospect, the patient identifies even mild COVID-19 symptoms that were present at the time of the visit/patient encounter, then full contact and droplet precautions would have been the appropriate PPE when providing care to that individual, and there is a possibility that the physician will be determined to be a close contact and required to quarantine for 14 days.
- If the patient was truly asymptomatic even on retrospective review during the period of communicability (48 hours before specimen was collected for laboratory confirmed cases who are asymptomatic at testing), and the provider was wearing a surgical/procedure mask and using proper hand hygiene, the healthcare provider would NOT be regarded as exposed and would not be deemed a close contact.
- A surgical/procedure mask and good hand hygiene is considered sufficient PPE for a healthcare worker working with an asymptomatic patient including within the 48 hours prior to developing symptoms. If the time of symptom onset for the patient cannot be reliably ascertained (e.g., patient with cognitive impairment), MOH designate should be consulted regarding period of communicability and its relationship to appropriate PPE use.
- Physicians and other care providers may wish to revise their screening and/or PPE practices to reduce the risk to themselves and their practice when caring for patients that may have very mild symptoms later identified as COVID-19 symptoms. Please see the Community Physician COVID-19 Screening and Testing Algorithm and Masking Guidance in Community Physician Settings during COVID-19 Pandemic.

Please note: All patients who test positive for COVID-19 undergo a comprehensive case investigation through AHS Public Health Communicable Disease Control. Close contacts would be determined through the case investigation conversation. Many factors contribute to whether someone is considered a close contact including proximity, duration and type of contact, PPE worn and whether they are a healthcare worker or non-healthcare worker. If you are identified as a close contact, you will be contacted to further discuss your exposure and next steps.

22. 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 Alberta Health Services (AHS) during the COVID-19 pandemic. 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, PCN members will order through their PCN. Community physicians who are not members of PCNs will order directly through AHS. More information here:

- Ordering process for PCNs and PCN member physicians
- Ordering process for other community physicians who are not members of PCNs (non-PCN primary care physicians and community specialists)
- Current AHS PPE price list

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.
23. I'm out of hand sanitizer and Cavi Wipes and cannot get any more. What should I use?

- To clean environmental surfaces and medical equipment, 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.
- Soap and water can be used for hand washing (hand sanitizer is convenient but not required).
- Community physicians have the option to procure PPE and some cleaning supplies from AHS during the COVID-19 pandemic.
- Community physicians may order hand sanitizer and cleaning supplies through their PPE process.
  - Ordering process for PCNs and PCN member physicians
  - Ordering process for community specialists and primary care physicians who are not a member of a PCN

24. UPDATED How can CPR be done in community settings without N95 masks?

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, the point-of-care risk assessment, with the addition of contact and droplet precautions 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).

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.

25. 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 wear a surgical/procedural mask continuously, unless performing an aerosol-generating medical procedure on a known, suspect or at risk (i.e., screening criteria positive) COVID-19 patient. Visit ahs.ca/covidPPE for more information on using PPE appropriately.

26. Is there a specific protocol we should 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.


27. Do I need to wear PPE my entire shift? Should I be wearing PPE continuously?

If you or your staff are unaccustomed to wearing PPE, consider doing this online module.

The AHS PPE Taskforce is advising all healthcare workers wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they:
• Provide direct patient care
• Work in patient care areas in both AHS and community settings
• Cannot maintain adequate social distancing from patients or co-workers; or
• If entry into patient care areas is required

This approach reflects the emerging evidence of COVID-19 transmission, and related risks to patients and healthcare providers. This recommendation is based on emerging evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals can transmit COVID-19.

This change was made to protect patients from inadvertent exposure from a healthcare worker who could be without symptoms but still infectious. This will also minimize risk of an asymptomatic or pre-symptomatic healthcare worker exposing other healthcare workers to COVID-19 illness. Additional guidance about this approach is available on www.ahs.ca/covidppe.

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:
   a. All patients with Respiratory Symptoms or ILI
   b. Individuals where language barriers, altered mental status, severe illness or cognitive factors impact the accuracy of the PCRA
   c. Individuals who have been directed to isolate (e.g., travellers and contacts of probable or confirmed cases of COVID-19)
4. Use of a fit-tested N95 Respirator replaces a surgical/procedure mask for Aerosol-Generating Medical Procedures (AGMPs).

For more information see:
• Masking Guidance in Community Physician Settings during COVID-19 Pandemic
• Guidelines for Continuous Masking in Home Care and Congregate Living Settings

Special Note: Effective and appropriate use of PPE keeps staff uniforms and clothing clean. Staff should change out of any soiled clothing before leaving the healthcare facility and take home in a plastic or washable bag. Soiled uniforms/clothing do not need any special handling in the laundry.
28. Are there videos or posters to demonstrate proper donning and doffing of PPE?
   - Donning and doffing narrated slide show
   - Donning poster
   - Doffing poster

29. Do I have to wear scrubs when performing a task that requires PPE?
   In alignment with the Public Health Agency of Canada (PHAC) recommendations, normal clothing can be worn under PPE, unless scrubs are clinically necessary to your specialty; hair nets and scrubs are not required outside of surgical settings.

30. What about locations that don’t have hard walls to properly isolate symptomatic patients?
   The World Health Organization (WHO) has reinforced that COVID-19 spreads by contact and droplet unless an aerosol-generating medical procedure is being done. Therefore, as long as proper contact and droplet precautions are followed, curtained areas are sufficient.

Patient Masking

31. Are primary care physicians expected to provide doctor’s notes to patients seeking a mask exemption?
   The CPSA has provided the following guidance to the public on this issue in their Patient FAQs for COVID-19: Medical Care:
   - Doctors are not expected to write notes exempting people from wearing masks unless you fall into one of the identified categories at risk for wearing a mask — children under two years of age, people who are unable to remove masks without assistance or those with trouble breathing. Talk to your doctor: based on your medical history, your doctor will know if you are part of a risk category.
   - If your doctor decides it is medically necessary for you to be exempt from wearing a mask, they may opt to provide you with a note. However, if you do not fall into one of the identified risk categories, your doctor is not obligated to provide you with a note saying you don’t have to wear a mask in public.
   - Please be aware that you will have to pay a fee for a doctor’s note, as this is not a service covered under the Alberta Health Care Insurance Plan.

32. Is there guidance for community care settings when patients refuse to wear face coverings?
   Yes, CPSA has developed guidance for this specific situation found in their COVID-19 Reopening document.
   Advice specific to community physicians and their teams is available in this document called Patient Refusal to Wear Face Coverings during COVID-19: Guidance for Community Physicians and Teams.
   There is also more information from the AHS COVID-19 Scientific Advisory Group on the Evidence of Harm from Mask Use for Specific Populations.

33. Can pediatric patients wear adult face masks?
   Yes, when a pediatric mask isn’t available, you can follow the steps in this video 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.

34. Is there guidance on patient masking in community care settings?
   Yes, this Masking Guidance in Community Physician Settings provides guidance for community primary and specialty physician care settings to assist in masking decisions for patients and providers. It provides the following masking guidance for patients:
   - Procedure mask for patients with ILI symptoms or confirmed/suspect COVID-19): Hand hygiene and procedure mask at entrance and wears for full visit
• Mask (any type) for all patients and essential companions (without ILI symptoms or confirmed/suspect COVID-19): Hand hygiene and mask at entrance and wears for full visit

This guidance is based on direction from the Chief Medical Officer of Health and Alberta Health Services. Providers should consider practice environment risk assessments, clinical judgement and professional association guidance in addition to this guidance.

Return to School

35. UPDATED Under what circumstances do children need to stay home from school, isolate or be tested for COVID-19?
The COVID-19 Daily Symptom Checklist are found here. Parents should follow the isolation and testing directions provided on the checklist.

Additional resources for parents about what to do if their child feels unwell and/or has been notified by AHS they are a close contact of a confirmed case of COVID-19 can be found at ahs.ca/parentcovidguide.

36. Under what circumstances are community physicians expected to provide physician notes to teachers or children?

For isolation: No physician’s note required. As of March 5, 2020, employees don’t need a medical note in order to access job-protected leave for quarantine due to COVID-19, and according to The Alberta Teachers’ Association, most school boards have waived the requirement for a doctor’s note.

For work leave due to pre-existing conditions (for example, a compromised immune system): A physician’s note will likely be required. The Alberta Teachers’ Association suggests teachers discuss their situation with their doctor. If they are required to be absent from work due to medical reasons, they should acquire a medical note to access medical leave. Medical notes are required in most collective agreements for teachers. Patients can also use this COVID-19 personal risk severity assessment to better understand their risks.

For mask exemption: Please see this question for information on medical notes for mask exemptions.

For return to work or school:
• The Government of Alberta has no expectation that physician notes are provided for exempting individuals from return to work or return to school.
• No requirement on physician notes exists in the Government of Alberta guidance related to return to work or return to school. The guidance actually advises employers and school authorities against requiring a physician note to exempt individuals. Individual employers and school authorities may have elected to require physician notes but this is not a required or recommended practice in COVID-19 guidance.
• If a patient insists that they require a physician note, the physician should assess the patients request and if appropriate issue the note. A fee can be charged to the patient for this service. Physician notes are not covered under the Alberta Health Care Insurance Plan.

For care of a loved one: No physician’s note required. As of March 17, 2020, employees are entitled to a job-protected leave for a period of time that is necessary to meet the employee’s family responsibilities to care for ill or isolated family members, or children affected by school and daycare closures. A medical note is not required to go on leave.

37. UPDATED Do children need to show proof of negative results to return to school or daycare?
No, there is no Government of Alberta requirement to provide evidence of negative results prior to returning to school for a student, teacher or staff member. AHS Public Health will contact all confirmed cases and provide them clear direction on isolation. Even with a negative COVID-19 result, parents should follow the guidance at ahs.ca/parentcovidguide if their child feels unwell and/or has been notified they are a close contact of a confirmed case of COVID-19.
38. What do I advise patients who want a copy of their children’s test results?
   - Individuals will not receive written or email documentation of their test results from AHS Public Health.
   - Primary healthcare providers can provide a copy of a child’s COVID-19 results as per your normal processes.
   - Parents and guardians can now access the COVID-19 test results for children under the age of 18 through MyHealth Records. To access children’s test results, parents need to provide their personal health number and the date of their child’s COVID-19 test.
   - Albertans age 14 and older could already access their COVID-19 test results on MyHealth Records immediately after signing up without waiting for mail-out verification.

39. If a patient tests negative and then develops new COVID-19 symptoms should they be retested?
   Yes. If they develop new symptoms then AHS recommends they are retested. The only caveat is people with a previous positive COVID-19 test. AHS generally doesn’t recommend retesting within 90 days of previous lab confirmed COVID-19 result.

40. Updated What do I tell parents who are concerned their child has been exposed to COVID-19 at school?
   Children may attend school if they are well unless notified that they are a contact of a confirmed case. If a child or staff member becomes a confirmed case of COVID-19, AHS or the school will notify them that they are close contacts and provide direction on what to do.

   If staff or children have not been identified as a close contact of a confirmed COVID-19 case but develop symptoms as listed in the COVID-19 Daily Symptom Checklist, they should immediately isolate, get tested and notify the school as per School Board processes if testing is positive.

41. How will school outbreaks be managed?
   School alerts will be initiated after one confirmed case of COVID-19 and school outbreaks will be initiated once there are two or more confirmed COVID-19 cases.

   It is important to know that any two cases of COVID-19 who were present at school while infectious would meet the outbreak definition. This could include cases within the same household. There does not have to be any evidence of transmission within the school. In addition to this, AHS would also include cases in the outbreak that acquired disease in the school. For example, a close contact of a school case that then becomes a case themselves, should be included in the outbreak although hopefully they are in isolation and would not be at school while infectious.
42. UPDATED What is a “close contact” and what are the isolation requirements?

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 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

- Lived with or otherwise had close prolonged contact (i.e., for more than 15 minutes cumulatively and within two metres) with a case without consistent and appropriate use of PPE up to 48 hours prior to symptom onset or while the case was symptomatic and not isolated.

A healthcare worker in an occupational setting wearing the recommended PPE is not considered to be a close contact. AHS Public Health will work with COVID-19 positive cases to identify and notify healthcare workers who are close contacts.

View isolation requirements for close contacts here.

43. What is considered a close contact in a school?

When there is a case of COVID-19 in a school, a close contact is anyone who:
• has been within two metres of that person for more than 15 minutes (cumulative) while they are infectious
• shared food or drink or had contact such as hugging or kissing

In addition, generally, all individuals who share a classroom with the case are considered close contacts.

44. NEW What is considered a close contact for sports?
For sports that involve close, sustained or intermittent and repeated contact, all members of the teams playing each other are considered close contacts when there is a case on a team.

45. UPDATED How will close contacts be determined in a school setting?
AHS Public Health will work with schools to contact students/parents/guardians about students who have been in close contact with a positive case (e.g., grade-level cohorts or other class groups), and to determine which school staff members are close contacts.

46. What is considered a close contact on a bus?
Anyone seated within two rows on a bus (either in front of, behind or beside the case) could be considered a close contact. If students move around the bus or don’t stay in their seat, then all individuals on the bus would be considered close contacts.

47. UPDATED Do parents of children who are close contacts of confirmed COVID-19 cases need to isolate or quarantine?
The requirements for quarantine of parents and other household contacts depend on the status of the child who is a close contact.

If the close contact is asymptomatic:
In this case, the contacts of the close contact do not need to quarantine.

If the close contact develops one or more List A symptoms [fever (over 38 degrees Celsius), new onset/exacerbation of: cough, shortness of breath/difficulty breathing, loss of sense of smell or taste]:
• That child’s close contacts including parents and other students in the household must stay home and not attend a public place.
  o If the symptomatic close contact child tests negative for COVID-19, the child’s close contacts do not have to isolate further as long as they are asymptomatic. The symptomatic child who is a close contact must continue to isolate for 14 days from last exposure to the case and can return to school after that, when feeling better.
  o If the symptomatic child who is a close contact does not get tested and has the above List A symptoms, they are considered a “probable case” and would need to isolate for 10 days from onset of symptoms. The close contacts of that probable case would also need to isolate for 14 days from when they were last exposed to them.

If the close contact develops List B symptoms (new onset of chills, sore throat/painful swallowing, stuffy/runny nose, headache, muscle/joint ache, feeling unwell/fatigue/severe exhaustion, nausea/vomiting/diarrhea, or conjunctivitis):
• That child’s close contacts including parents and other students in the household do not have to quarantine as long as they are asymptomatic. The child who is a close contact must continue to isolate for 14 days from last exposure to the case.

Please direct parents to ahs.ca/parentcovidguide to find specific information about what to do if your child feels unwell and/or has been notified by AHS they are as a close contact of a confirmed case of COVID-19. The infographics on this page are an excellent resource to print for reference in your clinic as well.
48. What if a family member, such as a parent, becomes sick while a child in the household is on isolation as a close contact of a confirmed case?

If a family member develops symptoms of COVID-19 while the child is in quarantine due to being a close contact of a confirmed case, the symptomatic family member should isolate, seek testing and follow the standard isolation requirements for any Albertan with symptoms.

49. UPDATED Are isolation guidelines for close contacts different for parents who are healthcare workers, such as physicians?

For healthcare workers who are close contacts of confirmed cases, the isolation requirements are the same as close contacts who are non-healthcare workers.

Please use this tool for healthcare workers to determine if you should return to work.

50. What COVID-19 return to school resources are available for parents?

- The Government of Alberta has developed resources in several languages at alberta.ca/returntoschool.
- ahs.ca/covidschools has resources dedicated to COVID-19 and return to school.
- ahs.ca/parentcovidguide has specific information about what to do if their child feels unwell and/or has been notified by AHS that they are a close contact of a confirmed case of COVID-19.

51. How do I advise parents of children with pre-existing medical conditions or who have risk factors?

Physicians and parents should discuss the health risks and make a decision that will best support the child. If a child develops new symptoms, see this question. Parents may also want to assess the risk of experiencing severe health outcomes from COVID-19 by using the COVID-19 personal risk severity assessment.

If a child has symptoms related to allergies or a pre-existing medical condition, the child should have at least one negative COVID-19 test result while they are experiencing these symptoms before returning to school. These symptoms would then be considered their baseline health status. The child can attend school as long as the symptoms stay the same.

52. 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.

For more information, review this AHS COVID-19 Scientific Advisory Group report on Evidence of Harm from Mask Use for Specific Populations.

Testing

53. Who is eligible for testing in Alberta?

- Effective Oct. 20, COVID-19 testing is now only offered to Albertans in the groups listed below.
  - Albertans with symptoms of COVID-19
  - Albertans who are close contacts of a confirmed case, whether symptomatic or not
  - Albertans who are linked to a known outbreak, whether symptomatic or not
  - All healthcare workers who are symptomatic, are a close contact of a COVID-19 case or are linked to an outbreak will still receive testing.
- Testing will be by appointment, which can be booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, 811 can book an appointment.
- Healthcare workers can use the Self-Assessment Tool for Healthcare Workers and School Teachers and/or School Staff.
- Members of the public can continue to use the online assessment tool developed for them.
• Please note that anyone with a cough, fever, shortness of breath, difficulty breathing, runny nose, or sore throat not related to a pre-existing illness or health condition is legally required to isolate for a minimum of 10 days from the start of symptoms, or until symptoms resolve, whichever is longer; however, these individuals ARE allowed to leave home to come for testing, following the guidance outlined in this Order.

54. Why did testing criteria in Alberta change?
• COVID-19 testing criteria has changed in an effort to reduce wait times and to speed up access to results for those at greatest risk of illness.
• As this new testing approach will support more rapid turnaround of test results, AHS anticipates that healthcare workers will be better supported in effectively managing symptoms or potential exposures.
• The spread of COVID-19 will continue to be monitored, and the testing strategy will be adapted as needed.

55. Under what circumstances am I allowed to order lab work right now?
• APL’s Patient Service Centres and collection locations are resuming services and are currently able to operate at approximately 70 per cent of pre-pandemic capacity.
• APL continues to ask physicians to ensure they are ordering lab work truly necessary for their patients.
• Due to current demands on the province’s laboratories, if you determine that lab work is required for your patients as clinically necessary, please remind patients to book their required lab work as early as possible.
• Local community and site memos will be distributed and will outline hours of operation, details on appointment bookings and availability of any special collection options available. Patient Instruction Sheets will accompany local memos.
• More information in this laboratory bulletin.

56. UPDATED What are the recommendations for COVID-19 specimen collection?
APL is asking physicians to use nasopharyngeal or throat swabs recommended and distributed by APL/AHS specifically for COVID-19 testing. This COVID-19 Collection Kit Guidance provides instructions for how to use different kinds of collection kits.

APL is implementing a process for visual identification of priority specimens for COVID-19 testing. This will require testing sites to indicate priority specimens prior to transportation to their corresponding COVID-19 lab for processing. All specimens are processed within the laboratory as quickly as possible but, in order to improve testing efficiency, the following samples should be visually marked with an “X”:
• Outbreak Investigations by Public Health
• Close Contacts identified through Public Health Contact Tracing
• Healthcare workers (symptomatic or outbreak/close contact investigation through Public Health)

Please review this Visualization Process for Priority Specimen Identification.

Please note: Do not use APTIMA® Multitest or Unisex Swabs for COVID-19 testing. APTIMA® swab specimen collection kits are the only collection kits available for Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) nucleic acid testing in Alberta. These swabs are in short supply due to global demand. More information in this laboratory bulletin.

57. How should COVID-19 swabs be transported?
COVID-19 specimens no longer need to be shipped according to Transportation of Dangerous Goods, Category B requirements. Follow the labelling and transport instructions given in the collection kit insert. More information on specimen collection can be found in this COVID-19 Collection Kit Guidance.

For additional concerns, contact the switchboard numbers below and request to page the ProvLab Virologist on call:
• Calgary (FMC) at 403-944-1110
• Edmonton (UAH) at 780-407-8822
58. Will I be notified of my patient’s COVID-19 test results?
If the patient has listed your name as their family doctor when filling out the COVID-19 Testing/Online Booking form or when being referred for testing, you will receive test results via your preferred method of lab communication (Netcare, fax, etc.) as you would any other lab results. If you have not been listed on the requisition form, you will still have access to patient COVID-19 results in Netcare.

59. Has AHS or the Government of Alberta found a reliable method to test Albertans to determine if they have antibodies to COVID-19? I.e., Serology testing?
• The Government of Alberta has announced a $10 million investment into targeted serology testing. See press release for more information.
• Beginning July 2, serology for COVID-19 will be available primarily for serosurveys and research use. More information in this lab bulletin from Alberta Precision Laboratories (APL).

60. How do I get information on testing protocols, assessment centres and response?
Zone Emergency Operation Centres (ZEOCs) have been established in each zone. Clinics should contact their PCNs for guidance on how the response is being organized in their zone. PCNs are communicating regularly with the ZEOCs.

61. Do I need to let a Medical Officer of Health (MOH) or Communicable Disease Control (CDC) know that I have sent a swab for COVID-19 testing?
There is no need to advise the MOH/CDC (Public Health) that a COVID-19 test has been ordered. Public Health is working with Alberta Precision Laboratories to closely monitor test results from across the province.

Treatment and Patient Advice

62. NEW What do I tell patients if they ask about the new international travel pilot project?
A pilot project between the Government of Alberta and the Government of Canada launched Monday, November 2, providing a new option for travelers entering Alberta through either the Calgary International Airport or the Coutts Border Crossing.
Asymptomatic international travelers arriving at the Calgary International Airport or the Coutts Border Crossing (between 0900 and 2100hrs), and either residing in Alberta or staying within Alberta for the duration of their visit to Canada, will be provided with the opportunity to sign-up for this pilot and be excluded from the full duration and scope of the mandatory 14 day isolation period currently in place for all international travelers coming into Canada. Travellers who choose to participate will be tested for COVID-19 at the border.
• If the test is negative, travellers will be allowed to leave quarantine as long as they get a second test six or seven days after arrival at a participating community pharmacy.
• Participants will be closely monitored daily for symptoms and must follow enhanced preventive health measures, such as wearing masks in public places and avoiding visiting high-risk groups.

63. UPDATED What do I tell patients who ask for documentation of COVID-19 testing for travel outside of Canada?
If patients are travelling outside of Canada and require testing as proof of negative COVID-19 status, all Albertans can access a new COVID-19 travel testing service, offered by Dynalife Medical Labs, for $150/traveler.

64. UPDATED Are there tools for community physicians to use when determining if patients with suspected/confirmed COVID-19 need to be assessed in the emergency department?
Some zones have developed pathways to help physicians stratify COVID-19 patients as high, average or lower risk. Here are some examples:

Calgary Zone
  o Pediatric COVID-19 Primary Care Pathway
  o Adult Presumed/Confirmed COVID-19 Positive Primary Care Pathway
Central Zone:
  o Adult Presumed/Confirmed COVID-19 Primary Care Management Pathway

Edmonton Zone:
  o Adult Presumed/Confirmed COVID-19 Primary Care Management Pathway

The AHS COVID-19 Scientific Advisory Group also conducted this rapid review of risk tools or tests that can assist in deciding who is at risk of clinical deterioration and should be assessed in the emergency department.

65. Where can community physicians find information about support-care services for patients during COVID-19?

COVID-19 Patient Resources: A Guide for Albertans is a resource developed with patient advisors and AHS volunteers to assist community providers and their teams in finding links to supportive care services in the community during the COVID-19 pandemic. The guide provides basic information that can be shared with Albertans and their families and helps address the social determinants of health.

66. Where can I refer patients with rehabilitation needs who are having challenges accessing community supports during the COVID-19 pandemic?

A new toll-free Rehabilitation Advice Line, 1-833-379-0563, is available for Albertans over the age of 18 who:

• Have existing health conditions that affect muscles, bones and joints – including those awaiting or recovering from surgery
• Have existing disabilities related to neurological conditions (e.g., Parkinson’s, Spinal Cord Injury, MS, Brain Injury, Stroke)
• Are recovering from COVID-19

The Rehabilitation Advice Line gives callers information about:

• Activities and exercises that help with physical concerns
• Strategies to manage the day-to-day activities affected by these concerns
• Rehabilitation services that are open for in-person and/or virtual visits
• Community-based organizations

How the line keeps patients connected to primary care:

• The Rehabilitation Advice Line will provide referral letters back to a caller’s primary care provider outlining the reason for their call and the recommendations/advice that was provided.
• Those callers without a primary care provider will be encouraged to call Health Link 811 to be connected with a provider in their area.

An Alberta-only line, the Rehabilitation Advice line is answered by Allied Health clinicians and operates every day from 10 a.m. to 6 p.m.

67. Where can community primary care physicians go for specialist advice on caring for patients who are presumed or confirmed with COVID-19?

Two COVID-19 tele-advice lines are available for primary care providers in Alberta. Providers can phone for specialist advice on caring for presumed and confirmed COVID-19 patients who are recovering at home. Please see this COVID-19 Tele-advice for Primary Care document for more information and the number to call in your zone.

68. Can ibuprofen and other non-steroidal anti-inflammatory drugs (NSAIDs) be used to treat patients who have tested positive for COVID-19?

AHS has not changed its position on ibuprofen to address symptoms commonly associated with respiratory illnesses, including COVID-19. As per Health Canada’s information update released March 20, there is no scientific evidence that establishes a link between ibuprofen and the worsening of COVID-19 symptoms.

Guidance from Canadian sources and the European Medicines Agency state that patients who take prescribed NSAIDs prior to developing COVID-19 should continue to take their medication. Canadian, British and American sources have consistently suggested that acetaminophen should be used as the first-line treatment for fever. This
is recommended out of an abundance of caution due to the absence of evidence regarding ibuprofen in COVID-19, but also because NSAIDs carry a risk of acute kidney injury in people who are sick.

For more information, see the Rapid Review.

69. What patient resources are available for specific conditions and COVID-19, including pregnancy?
AHS has a section on their website for Guidance on Specific Health Conditions during COVID-19.

70. What resources are available to patients who need non-medical support?
211 connects Albertans to a full range of community, government, social and health services 24/7 via phone, text and chat. It’s free, confidential and available in over 170 languages. Text and online chat services are available province-wide and its phone service is available to over 60 per cent of Albertans:

To reach 211, dial 2-1-1, text INFO to 211 or visit www.ab.211.ca and click “live chat.”

71. What advice can I give patients about physical distancing?
Refer patients to the Alberta Health fact sheet, or encourage them to watch AHS’ video which explains the concept of physical distancing and outlines how it can help prevent the spread of the virus.

Physical distancing taking steps to limit the number of people you come into close contact with. It can help you reduce the risk of getting sick. This is not the same as isolation. You do not need to remain indoors, but you do need to avoid being in close contact with people.

- To protect yourself and others:
  - Keep at least 6 feet from others when going out for groceries, medical trips/other essential needs
  - As a reminder, all healthcare workers are advised to wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they:
    - Provide direct patient care
    - Work in patient care areas in both AHS and community settings
    - Cannot maintain adequate social distancing from patients or co-workers; or
    - If entry into patient care areas is required
  - Limit the number of times you leave your home for errands
  - Try to shop at less busy times or order online to have groceries or other items delivered
  - Go for a walk in your neighborhood or park while maintaining distance from others
  - Avoid overcrowding in elevators or other enclosed spaces
  - Follow Alberta’s recommendations on mass gatherings
  - Wash or sanitize your hands after touching communal surfaces

72. Where do I find the latest isolation guidelines?
You can find the latest isolation information from the Government of Alberta.

73. Where can I find guidance on the management of confirmed, suspect or persons under investigation of COVID-19?
You can use the Alberta Public Health Disease Management Guidelines for COVID-19 for guidance.

74. What should I recommend to patients regarding travel?
- An official global travel advisory is in effect.
  - Avoid non-essential travel outside Canada and all cruise ship travel
  - Canadians abroad should return home as soon as possible. Financial help to return may be available from the Government of Canada.
- All travellers returning from outside Canada are:
  - Legally required to isolate for 14 days, and
  - Monitor for symptoms: cough, fever, shortness of breath, nasal congestion or sore throat
  - If you become sick during this time, you must isolate for at least 10 additional days from all other members of your household from the beginning of symptoms or until you are feeling well, whichever takes longer.
Virtual Care

75. I’m a community physician and have provided virtual care. What billing code(s) should I use?
   - In March, the Government of Alberta introduced new and expanded billing codes for virtual care to aid in the response to the COVID-19 pandemic.
   - Community physicians providing virtual care were encouraged to use these codes to receive compensation.
   - In June, the Government of Alberta announced that virtual care codes introduced in response to the COVID-19 pandemic will remain in the Schedule of Medical benefits permanently.
   - Permanent billing codes include patient visits, consultations and mental health services provided over the phone or through secure video conference.
   - Please see this bulletin from the Government of Alberta for more information.
   - The Alberta Medical Association (AMA) also has more information on billing codes here.
   - CPSA recommends virtual care should still be used whenever appropriate, such as when a physical examination is not needed (e.g., some routine prescription refills and providing a patient with test results).

76. What resources are available to help me provide virtual care to my patients?
   - The Alberta Medical Association has resources to help providers understand virtual care options.
   - The CPSA has also issued advice on virtual care during the COVID-19 pandemic including what care can be provided virtually, consent, documentation, billing and resources.
   - To learn more about the evidence on the impact of virtual visits compared with in-person visits, the AHS COVID-19 Scientific Advisory Group has conducted a rapid review on virtual vs. in-person visits.