

novel Coronavirus (COVID-19)

FAQs for Community Physicians

June 28, 2022

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. Note that this document is an amalgamation of three FAQ documents: Immunization FAQs, Infection Prevention & Control and Exposure FAQs, and Patient Care & Testing FAQs.

FAQ List of Topics

*Desktop/laptop users can use "Ctrl +F" to search the document for keywords.

Topics of Current Interest

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- **NEW** RAT test kit ordering
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Topics of Current Interest

1. **NEW** Where can I find information on the COVID-19 preventative medication tixagevimab and cilgavimab (Evusheld)?

AHS is offering a new medication, tixagevimab and cilgavimab (Evusheld), for prevention of COVID-19, to Albertans who are highly immunocompromised. It will be provided through a third-party provider.

Please refer to the links below for more information.

[Outpatient Treatment for COVID-19](#)

Evusheld

- [Patients FAQ](#)
- [Healthcare Providers FAQ](#)

2. **NEW** Where can primary care physicians order RAT test kits?

Primary care physicians can order rapid antigen test kits at no cost from AHS. To ensure you stay fully stocked, feel free to order enough kits to last three to four weeks. More information on the process can be found on this order form: [Covid-19 Rapid Antigen Test Requisition \(albertahealthservices.ca\)](#)

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

Please see [COVID-19 Guidance for Community Providers \(albertahealthservices.ca\)](#)

The No Cost PPE Program has reached its deadline. As such, all PPE supplies should be purchased through your usual process (private vendor or [purchase PPE from AHS order form](#)).

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

4. Under what circumstances are community physicians expected to provide physician notes?

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.

For work leave due to pre-existing conditions (for example, a compromised immune system): A physician's note may be required. 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 mask exemption: Indoor masking is no longer required. However, some workplaces and employers may elect to require the use of masks. Alberta's masking restrictions will continue to be required for staff, patients and visitors in all AHS settings. 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.

Please see the [original announcement and physician note templates](#).

Please see [CPSA guidelines and resources for physicians on masking and exemptions](#).

For vaccine exemption: Please see [CPSA guidelines for physicians on vaccine and 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. Individual employers may elect to require physician notes, but this is not a requirement of Government of Alberta COVID-19 guidance. If a patient insists that they require a physician note, the physician should assess the patient's 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.

For international travel: It is recommended that doctors do not agree to provide a letter unless the patient provides a copy of results from an official positive PCR or rapid test that has been obtained within the past 90 days. Home tests are not proof of prior infection. It is the traveler's responsibility to arrange testing required for travel at a private facility. This is not an insurable service and a charge may be applied. The AMA has provided a [letter template](#) to support clinics receiving these requests.

5. **UPDATED** Is there a mandatory waiting period between recovering from COVID-19 and receiving the vaccine?

No, there is not a mandatory waiting period, however, there are suggested intervals between previous COVID-19 infection and COVID-19 immunization. When considering whether or not to administer vaccine doses using the suggested intervals, biological and social risk factors for exposure (e.g. local epidemiology, circulation of variants of concern, living settings) and severe disease should be taken into account. These intervals are a guide and clinical discretion is advised. Individuals can be immunized at less than the recommended intervals from infection upon request. Please see [Biological Product Information](#) for more information.

6. **UPDATED** What are the current recommendations on COVID-19 vaccine booster doses? First booster dose indications:

Individuals 12 to 17 years of age

- Booster doses can be offered to all individuals 12 to 17 years of age:
 - who have previously received 2 doses of a 2-dose COVID-19 vaccine series (the booster dose is their 3rd dose),
 - with certain immunocompromising conditions who have previously received 3 doses of COVID-19 vaccine for their primary series (the booster dose is their 4th dose).
- It is strongly recommended that a booster dose of COVID-19 vaccine be offered to those 12 to 17 years of age at higher risk for severe COVID-19 outcomes, including:
 - those with certain immunocompromising conditions who received a 3-dose primary series
 - those with underlying medical conditions
 - First Nation, Metis, and Inuit youth
 - residents of congregate living settings
- First booster dose can be given at least 5 calendar months after the last dose of the primary series

Individuals 18 years of age and older

- Booster doses are recommended for those:
 - Who have previously received 2 doses of a 2-dose COVID-19 vaccine series (the booster dose is their third dose),
 - Who have previously received 1 dose of Janssen COVID-19 vaccine (the booster dose is their second dose),
 - With certain immunocompromising conditions who have previously received 3 doses of COVID-19 vaccine for their primary series (the booster dose is their 4th dose)
- First booster doses can be given at least 5 calendar months after the last dose of the primary series.

Second booster dose indications:

Second booster doses of the COVID-19 vaccine are recommended for:

- Everyone 70 years or over
- First Nations, Métis and Inuit people 65 years or over
- All seniors in congregate care regardless of age
- Note: Second booster doses will correspond to a fourth dose for immunocompetent individuals who received a 2-dose primary series, but will correspond to a fifth dose for immunocompromised individuals who received a 3-dose primary series.

More information can be found here: [Vaccine Eligibility and Scheduling](#)

7. Should serology testing be completed to determine an immune response to COVID-19 vaccination?

It is not recommended that serology testing be completed to determine if an immune response to COVID-19 vaccine has been mounted. It is still unknown what antibody level correlates with protection against COVID-19, and serology testing in many labs may also not detect antibodies developed as a response to vaccine. Serology testing should not be used as evidence to inform whether vaccine doses have been effective.

Please see this [APL Lab Bulletin](#) with updated info about serology testing for COVID-19, including an updated [FAQ](#).

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

The following guidance about masking and eye protection is considered best practice in Alberta. It is also followed by Alberta Health Services, Alberta Precision Laboratories and Covenant Health. All physicians, staff, and volunteers in both patient care areas and common spaces (including breakrooms and waiting rooms) are still required to wear a mask. Continuous masking remains in place at all acute care, continuing care and community locations, including immunization and lab collection sites provincewide.

Patients seeking or receiving care are more vulnerable than the general population. Masking is an additional safeguard (i.e. as source control) to protect both patients and healthcare workers.

In addition to masking, all patients and accompanying individuals should perform hand hygiene, physical distancing and health screening upon entry to the clinic.

For more information, see [AHS Directive: Use of Masks during COVID-19](#).

Similar to AHS, continuous eye protection must be maintained in any setting where:

- frequent or unanticipated exposures to COVID-19 may occur; or
- it is an initial point of contact for patients and/or the public; or
- there is greater risk of exposure or transmission.

See:

- [AHS Personal Protective Equipment \(PPE\) Frequently Asked Questions](#)
- [IPC PPE Table for Community Providers/Clinics during COVID-19](#) (non-virtual appointments)
- [COVID-19 Guidance for Community Providers](#)

9. UPDATED What information is available for Paxlovid™ treatments for patients with COVID-19?

Family physicians can prescribe Paxlovid™ to eligible patients who have tested positive for COVID-19. If you are unable to assess and treat a patient (virtually or in-person) within five days of symptom onset, you can refer them to the [AHS Outpatient COVID Treatment Program](#) (OCTP) at 1-844-343-0971. Physicians working with the OCTP are also available through the [Referral, Access, Advice, Placement, Information and Destination \(RAAPID\)](#) program to assist family physicians.

Please see the website [COVID-19 Outpatient Treatment | Alberta Health Services](#) and FAQs for Healthcare Providers to learn more.

Key resources include:

- [COVID-19 Information for Community Physicians | Alberta Health Services](#)
- [Paxlovid Testing Advice for Primary Care Providers](#)
- [Criteria information: COVID-19 Outpatient Treatment | Alberta Health Services](#)
- [Step-by-Step Paxlovid Prescribing Guide](#) from the Alberta College of Family Physicians
- [FAQs for Healthcare Providers on Paxlovid™](#)

Immunization

10. How can patients book their immunization appointment?

Check the [Government of Alberta website](#) to see if your patients are currently eligible for immunization and to view current booking options. Options may include:

- Book appointments at AHS clinics or pharmacies online at: bookvaccine.alberta.ca/vaccine/s/
 - Call Health Link at 811 to book an appointment through a Health Link nurse.
- Walk-in to a local pharmacy or [AHS COVID-19 Immunization Clinic](#)
- Albertans can search [AlbertaFindADoctor.ca](#) to see if their primary care provider is offering immunization.
- Some AHS clinics across the province are providing pediatric vaccines for children aged five to 11 on a walk-in basis. The list of clinics and hours will be available on the AHS website.
 - Approximately 150 pharmacies and some physician offices will also offer pediatric vaccines. Some pharmacies may also offer pediatric vaccines on a walk-in basis.

Please review these [frequently asked questions on vaccine booking](#) for more information.

When booking a vaccine appointment, everyone will need the date of their previous immunizations and type of vaccine they received. We ask that you bring your proof of immunization/immunization record to your appointment if it is at a different provider than your first.

For Indigenous peoples and communities:

Check the [Government of Alberta website](#) for immunization eligibility for First Nation, Métis and Inuit people and for information on online booking or by calling Health Link at 811.

COVID-19 vaccine is also being offered within First Nations communities and Métis settlements. For more information, please see the [AHS Indigenous Peoples & Communities page](#) and the [AHS Indigenous Health Vaccine Frequently Asked Questions](#).

11. What is the Vaccine Awareness Program billing update?

Retroactive from May 1, 2021, a payment through the COVID-19 Vaccine Awareness Program (CVAP), submitted through the Claims Assessment System (CLASS) using Health Service Code (HSC) 03.01CC, may be claimed by all physicians in Alberta who call their patients via telephone or videoconference to address concerns related to COVID-19 vaccine, by providing education or counselling. Please [Medical Bulletin 248](#) for more information.

12. Are there resources available for healthcare providers and patients in regards to needle fears and vaccine hesitancy?

Commitment to Comfort (CTC) is an evidence-based quality improvement initiative, which was initially developed at the Alberta Children's Hospital in 2014 and has since been expanded to support adult populations. CTC reduces pain and distress with any needle or medical procedure to improve comfort and overall client experience.

- Patient resources can be found [here](#).
- Provider resources can be found [here](#).

The Alberta Medical Association has developed a [Be a Vaccine Positive Clinic Toolkit](#) to support family physicians and practice teams in conversations with patients about COVID-19 immunization.

The Centre for Effective Practice has also developed resources to help healthcare providers address immunization hesitancy with patients. Please see:

- [Answering Questions about COVID-19 Vaccines: A Guide for Healthcare Providers](#)

- [ProTCT Plan for the COVID-19 Vaccine Discussion](#)

The University of Calgary along with multiple stakeholders have developed the web resource which includes scripts and resources for clinicians to use for various types of vaccine hesitancy.

- [COVID-19 Vaccine Hesitancy Guide](#)

13. What questions are patients asked before they receive their immunization?

Prior to receiving the COVID-19 vaccine, patients will be asked a series of questions as outlined in this [Fit To Immunize Assessment for COVID-19 Vaccine](#). Based on client responses, further assessment of the individual's health status may be required prior to immunization.

14. Where can I get information on COVID-19 vaccines, such as possible side effects and vaccine components?

The websites below outline product information, including possible reactions, as well as information being given to patients receiving the vaccine.

- [AHS COVID-19 Health Professional Immunization Information page](#)
- [Government of Canada information on authorized vaccines](#)

15. How do the COVID-19 vaccines work?

There are different types of COVID-19 vaccines.

mRNA vaccines

- [Pfizer-BioNTech](#) and [Moderna vaccines](#)
- Learn more about [COVID-19 mRNA vaccines](#).

Viral vector-based vaccines

- [AstraZeneca/Covishield](#) (no longer available in AB) and [Janssen \(Johnson & Johnson\)](#)
- Learn more about [viral vector-based vaccines for COVID-19](#).

Protein based vaccines

- [Novavax](#)
- Learn more about [protein based vaccines for COVID-19](#)

Plant based vaccines

- [Medicago](#)
- Learn more about [plant based vaccines for COVID-19](#)

16. What do I do if one of my patients has an Adverse Events Following Immunization (AEFI)? Where do I report this?

Any healthcare provider who becomes aware of an adverse event following any immunization must report the event to the AHS Provincial AEFI Team using [this process](#).

- Patients who experience an adverse event following an immunization may also call Health Link to report it.
- It is Alberta Health policy that any healthcare provider who becomes aware of an adverse event following any immunization report the event to the AHS Provincial AEFI Team, even if the patient has also called Health Link to report it. It is known that one reaction may be reported more than once by multiple health providers and AHS can tell if that happens within our system. Duplicates are noted within the AEFI database and the AHS Provincial AEFI Team will only action reported events that are new.
- The AEFI team will then review the case and provide advice to the client/guardian/physician about recommendations for future doses.

17. If I need specialist advice related to COVID-19 vaccine for my patient, who can I contact?

Two COVID-19 tele-advice services are available for primary care providers in Alberta. Providers can request specialist advice on COVID-19 vaccines. Please see this [COVID-19 Tele-advice for Primary Care](#) document for more information on how to request advice in your zone.

18. Where can physicians find information about learning events and webinars related to COVID-19, including immunization?

The following organizations offer regular learning opportunities for physicians on COVID-19 topics:

- [Alberta College of Family Physicians \(ACFP\)](#)
- [Alberta Medical Association \(AMA\)](#)
- [University of Alberta](#)
- [University of Calgary](#)
- Check your local PCN for zonal events

Infection, Prevention & Control and Exposure

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

Yes, the following resources are available:

- [Donning and doffing narrated slide show](#)
- [Donning and doffing PPE video \(nine minutes\)](#)
- [Donning poster 1](#)
- [Donning poster 2](#)
- [Doffing poster 1](#)
- [Doffing poster 2](#)

20. 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](#) for more information about disinfecting disposable eye protection.

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

Please see:

- [IPC PPE Table for Community Providers/Clinics during COVID-19 \(Non-virtual appointments\)](#)
- [COVID-19 Guidance for Community Providers](#)

CPR: AHS has completed a thorough review of current practices 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 a N95 respirator is not required to initiate hands-only chest compressions.

Healthcare workers completing manual chest compressions should continue to wear recommended PPE in alignment with [continuous masking guidance](#), [continuous eye protection](#), the [point-of-care risk assessment](#), and the addition of [Modified Respiratory Precautions](#) (replaces 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).

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.

22. Should we continue to have an identified isolation room for COVID-19 patients?

The College of Physicians and Surgeons of Alberta [COVID-19 guidance for community medical clinics](#) suggests considering the use of a dedicated exam room for patients needing to be isolated. However, this is not a requirement.

Any exam room in the clinic should be capable of managing a patient on isolation. See [Modified Respiratory Precautions](#) (replaces Contact and Droplet Precautions) for more information.

Clean and disinfect all clinic exam rooms between patients. See [Environmental Cleaning Guidelines during COVID-19 for Community Physicians and Teams](#).

Curtained areas are sufficient if hard walls are not available to properly isolate patients who are symptomatic. Launder curtains at least every 6 months, or if visibly soiled.

23. Is there guidance on patient masking in community care settings, including patients who refuse to wear face coverings?

Effective March 1, 2022, indoor masking is no longer a provincial requirement. The Minister of Health has noted that patients visiting community healthcare settings (like a family doctor's office, physiotherapy clinic or pharmacy) can continue to expect to be asked to wear a mask. See the [CPSA website for updated masking guidance](#) and for [masking posters](#). Note that PPE guidance for all AHS operated and contracted facilities, including continuing care sites, remains unchanged. Details: [AHS information on PPE for community providers](#).

The CPSA also outlines advice in their [Challenging Situations During COVID-19](#) guidance on which Albertans are exempt from wearing masks, and provides approaches for patients who express mask use concerns.

24. 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](#).

- 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 [COVID-19 Daily Fit for Work Screening for Community Physicians](#) and [Return to Work Guide during COVID-19 for Community Healthcare Practices](#).

Patient Care and Testing

25. What information is currently available to help me care for patients with persistent, long-term, post-COVID-19 symptoms?

[Getting Healthy after COVID-19](#) is a webpage that has many patient and provider resources available such as:

- [How to Support Your Recovery and Rehabilitation After COVID-19](#): This is a resource to help patients understand the effects of COVID-19 and cope with the health challenges they may have after COVID-19. It can also help them make a plan with you, their healthcare provider, to improve their health and manage their symptoms.
- The Alberta Healthy Living Program in Calgary Zone has recently added new Post-COVID health education classes entitled [Helping You Feel Better After COVID-19](#). These classes are open **to all zones/any Albertan** over the age of 18 and are free of charge. For more details or to register: Register through our [online Course Catalog](#) or call 403-943-2584 (long distance charges may apply).
- AHS has developed the resource [Long COVID-19 Symptoms or Health Concerns for Patients FAQ](#)

As well, a list of provider resources can be found [here](#):

- [Rehabilitation & Allied Health Practice Considerations: Post COVID-19](#) is a guidance document created for Allied Health practitioners, to assist clinicians in treating post COVID-19 patients.
- Long COVID-19 Symptoms posters are now available in sizes [8.5x11](#) and [11x17](#).

- [Post COVID-19 Rehabilitation Response Appendices: Pathways, Toolkit & Resources](#) includes a list of provider resources in Appendix J.
- A [Nutrition Guideline for Post-COVID-19: Nutrition for Recovery and Rehabilitation](#): The guideline provides:
 - Health professionals with consistent, evidence-based messaging for adults following a COVID-19 infection.
 - Answers to commonly asked questions.
 - Awareness for currently known nutrition-related post-COVID-19 side effects that may put adult patients at increased nutrition risk.
- As well, AHS has developed the resource [Long COVID-19 Symptoms of Health Concerns for Healthcare Providers FAQ](#)

26. What post-COVID-19 recovery clinics are available with a referral from a family physician?

The following clinics assess and follow adult post-COVID-19 patients discharged from hospitals or referred from the community, to detect and treat COVID-19 complications (symptoms that last longer than 12 weeks) as early as possible.

- Inter-Professional Outpatient Programs (IPOP) Clinics
 - North, Edmonton, and Central Zones (north of Red Deer Hwy 11/12): Long COVID Clinic - Kaye Edmonton Clinic
 - Referrals: send the relevant documentation and clinic notes to the Kaye Edmonton Long COVID Clinic
 1. For sites not live on Connect Care please fax the referral form along with relevant documentation to 780-492-4483.
 2. For sites live on Connect Care please submit a referral called “Ambulatory Referral to General Internal Medicine” with the Referred To Department of “EDM-UAH-KEC-Long Covid CL”
 - Central (south of Red Deer Hwy 11/12), Calgary and South Zones: Long COVID Follow Up Clinics - Rockyview Hospital & Peter Lougheed Centre
 - Referrals: submit referrals through Alberta Referral Directory - select [South Long COVID Central Access and Triage](#)
 - If access to ARD is unavailable, submit Referral by Fax to the South Long COVID Central Access and Triage number: 403-592- 3130
- Edmonton area or North Zone: [Edmonton North PCN - COVID-19 Recovery Clinic](#) (COVID-19 assessment & referral to correct supports for adults with symptoms persisting after 10 weeks)
- [Community Accessible Rehabilitation - Post-COVID-19 Rehabilitation](#)

27. Is there a phone number my patients can call if they have rehabilitation needs while recovering from COVID-19 or if they have other rehabilitation concerns?

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, or
- Have existing disabilities related to neurological conditions (e.g., Parkinson’s, Spinal Cord Injury, MS, Brain Injury, Stroke), or
- 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.

As well patients may access these 24/7 phone supports:

- Health Link (811)
- Addiction and Mental Health Helpline (1-866-332-2322)

28. Are there pathways for community physicians to use when determining how to care for patients with suspected/confirmed or post COVID-19?

There are provincial pathways to help physicians stratify patients with COVID-19 as high, average or lower risk. The pathways provide clinical guidance for managing patients who test positive or have post COVID-19 symptoms and include options for accessing specialist advice.

Here is where you can access the provincial pathways:

- [Adult COVID-19 Primary Care Pathway](#)
- [Pediatric COVID-19 Primary Care Pathway](#)
- Also found here: [COVID-19 Guidance for Community Providers](#)

29. What resources are available for individuals who require translation support?

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 - a professional medical interpretation company contracted by AHS. Language Line provides language translation for over 240 languages and is available 24/7 for a cost. Please see [Language Line Interpretation Services for Community Physicians](#) for more information.

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. For COVID-19 social distancing videos, visit the [AHS Translated Resources page](#).

30. How can community physicians support safe care transitions after patients are discharged from hospital?

Acute and primary care can work together to safely transition COVID-19 patients from home into hospital and back home. This [Transitions Checklist for Primary Care](#) from the Alberta Medical Association outlines actions primary care teams can take to improve transitions. Patients receive the COVID-19: [My Discharge Checklist](#) before leaving the hospital. This guide will make it easier for patients and families to find answers to questions like what's coming next, how to take care of yourself and who to contact for more information or support.

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

Please see [COVID-19 Guidance for Community Providers](#).

32. 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 and resources.
- More information can be found here: [COVID-19 Guidance for Community Providers](#)
- 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.
- The Canadian Medical Protective Association has multiple telehealth and [virtual care resources](#).
- See below for billing information.

33. I'm a community physician and have provided virtual care. What billing code(s) should I use?

- In March 2020, 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 2020, 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 the [Alberta Health Care Insurance Plan Medical Service Bulletin Webpage](#) for their listings of the following:
 - **Bulletin 252: Enhanced Virtual Care Codes**
 - **Bulletin 248: COVID-19 Vaccine Awareness Program**
- The Alberta Medical Association (AMA) also has more information on billing codes [here](#).
- Review the [College of Physicians and Surgeons of Alberta guidance](#) on providing virtual care during the COVID-19 pandemic.

34. What is the current guidance for testing?

Please see [COVID-19 Guidance for Community Providers \(albertahealthservices.ca\)](#). At their discretion, primary care providers can accept a positive COVID-19 rapid antigen test (RAT) result as the basis for prescribing Paxlovid™ to eligible patients. This includes RATs conducted at home by the patient, or in clinic by healthcare workers. If needed for clinical treatment, PCR testing continues to be available through the AHS booking system. Details on testing: [Paxlovid Testing Advice for Primary Care Providers \(albertahealthservices.ca\)](#).

- [PCR testing for Albertans](#) is available only for those who have clinical risk factors for severe outcomes and those who live and work in high-risk settings effective immediately.
- [Free rapid antigen test kits](#) are available for at-home use.