Billing Codes

1. I'm a physician and have provided virtual care. What billing code(s) should I use?
   On March 23, Alberta Health announced new temporary billing codes have been added to the Schedule of Medical Benefits. Physicians providing virtual care are encouraged to use these codes to receive compensation. Review this bulletin to find more information.

Clinic Resources

2. Are primary care clinics considered an essential service and able to remain operational?
   Yes. Family medicine and other “frontline” medical staff are deemed essential during the COVID-19 outbreak. Check the Government of Alberta website for the full list of essential services as well as information on proper risk mitigation measures.

3. Where can I find posters, signs and translated materials for my clinic?
   AHS.ca has launched a new 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.

Communications about COVID-19 Response

4. Where can Primary Care Network (PCN) staff and physicians find the most accurate and up-to-date information on COVID-19?
   We encourage all healthcare providers to review ahs.ca/covid for the most accurate information on COVID-19. PCNs should review the Information for Primary Care Providers page for supplementary information.
The ACFP, AMA, CPSA and PCNs (through the COVID-19 PCN Incident Response Task Force) are all working together to direct providers to a single source of truth: ahs.ca/covid

**Infection, Prevention and Control (IPC)**

5. **UPDATED Do I need to wear personal protective equipment (PPE) my entire shift? Should I be wearing PPE continuously?**

Effective immediately, the AHS PPE Taskforce is advising all healthcare workers 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

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 Influenza-Like Illness
   b. Individuals where language barriers, altered mental status, severe illness or cognitive factors impact accuracy of PCRA
   c. Individuals who have been directed to self-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).

Appropriate and judicious use of all PPE, including surgical/procedure masks is critical to help conserve supplies and ensure availability through this COVID-19 pandemic.

For more information see:
- Guidelines for Continuous Masking in Healthcare Settings
- 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.
6. **Updated** 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.

7. **Updated** 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, or you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water
- Soap and water can be used for hand washing (hand sanitizer is convenient but not required)
- AHS is supplying PPE and cleaning supplies to primary care to support the response to the COVID-19 pandemic
- PCNs may order small amounts of hand sanitizer and disinfectant wipes through the established PPE process for both PCN and non-PCN use in primary care by adding to the “other” section of order form
  - Disinfectant wipes: 160/container
  - Hand sanitizer: 400ml bottle
- **There is no guarantee of ongoing supply availability. We appreciate your judicious use of supplies to ensure availability across the system.**
- All other supply inquiries should be directed to CPSMOperations.EOC@ahs.ca

8. **Updated** 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, or you can prepare a bleach water solution with 100 ml of unscented household bleach per 900 ml of water to clean environmental surfaces and medical equipment
- Cleaning supplies should be used following contact and droplet precautions
- 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 (RTU) 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
- **More infection prevention and cleaning tips available on the Infection Prevention & Control: Emerging Issues page.**

9. 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.

10. How do PCNs and non-PCN primary care clinics access/order PPE and other supplies for COVID-19?

- PCN member clinics: All PCNs can order PPE from AHS for their member clinics.
- Non-PCN primary care clinics: Seven zonal PCN hubs are also distributing PPE to non-PCN primary care clinics who meet criteria outlined here.
11. 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.

12. Are there videos or posters to demonstrate proper donning and doffing of PPE?
   - Donning and Doffing demonstration video
   - Donning poster
   - Doffing poster

**Physician Questions**

13. NEW I work in a congregate living setting and we have a resident with ILI symptoms. Who can I call for help?
Residents who are feeling unwell and/or answer yes to any question on the COVID-19 Resident Questionnaire should be self-isolated in the facility (in their room or an available isolation room). AHS coordinated COVID-19 response must be contacted as soon as there is a person showing symptoms of COVID-19 for additional guidance and decision making support. The phone number for the COVID-19 Coordinated Response Line for Congregate Living Setting Operators is 1-844-343-0971.

14. NEW I have been self-isolating and have questions about returning to work. Where can I go for information?
The COVID-19 Assessment Tool For HealthCare Workers will help you understand when it is appropriate to return to work after you have experienced symptoms, been tested for COVID-19 or have been self isolating. 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 the AHS return to work guide.

15. UPDATED Are physicians still allowed to work at multiple sites during the pandemic?
Physicians are not currently required to restrict their activities to a single site.

Starting April 16, workers in long-term care and designated supportive living sites will only be allowed to work at one location. This requirement must be fully in place by April 23. However, 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, physicians are exempt from this restriction and are not currently required to restrict their activities to a single site. No physicians should be providing care to patients if they have any new symptoms that may be consistent with an infectious disease.

All physicians working at multiple sites are asked to observe specific measures during the COVID-19 response.

16. I am a family 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.

17. I’m a 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 during the interaction), then you are legally required to self-isolate for a full 14 days.
   - As a healthcare worker, you will be tested for COVID-19 if you have any of fever, cough, shortness of breath, difficulty breathing, sore throat or a runny nose. 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 self-isolate if you may have been exposed or are experiencing symptoms.
   - Health Link has set up two phone lines for physicians to call with concerns about themselves.
     - It is critical these phone numbers be used by 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 physicians get the advice they need quickly.
       - South of Red Deer: 587-284-5302
       - Red Deer and North: 780-910-0385

18. 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.

19. How can primary care providers ask questions related to their role in the COVID-19 response?
Primary care providers can email PHC@ahs.ca for COVID-19 related questions.

**Testing**

20. **NEW** What are the recommendations for COVID-19 specimen collection?
Due to a global shortage of NP swabs, deep nasal swabs were recommended by Alberta Provision Laboratories for COVID-19 testing, especially in the setting of community-based screening at COVID-19 assessment centres. Nasopharyngeal (NP) and throat swabs are now recommended over nasal swabs for COVID-19 testing. Acceptable specimen types for COVID-19 testing include NP swab, throat swab (deep nasal swab can be collected instead if a throat swab is not possible), NP aspirate, endotracheal tube (ETT) suction/sputum, or bronchoalveolar lavage/bronchial wash (BAL/BW).

Additional information, including specimen collection type by setting and patient group can be found in the APL bulletin.

21. **UPDATED** Who is considered priority testing for COVID-19?
AHS continues to revise testing criteria in Alberta to reflect enhanced lab testing capacity and the evolving COVID-19 pandemic. This will continue to change in the coming days, weeks and months as the pandemic evolves. The Alberta Health website provides information on current testing criteria. Physicians and other healthcare workers are among the groups being prioritized for testing.

The following groups can use AHS’ online assessment tool to help determine whether they need to be referred for testing, if appropriate:
   - Healthcare and Shelter Workers / Enforcement Personnel / First Responders
   - Members of the public can continue to use the online assessment tool developed for them
22. Under what circumstances am I allowed to order lab work right now?
Alberta Precision Laboratories (APL) and DynaLIFE strongly recommend cessation of routine laboratory testing (as determined clinically) for stable community patients. Patients who require laboratory tests required for immediate management will be served and all testing ordered on the requisition will be performed. No patients will be denied service and all necessary specimens will be collected. Clinical judgment and prudent use of limited laboratory resources are the ordering provider’s responsibility. Please review this bulletin to learn more.

Action required:
- Discontinue ordering of routine and non-essential tests immediately, based on your clinical judgment.
- Limit all orders, including standing (recurring) orders, to those which are required for immediate patient management.

23. Under what circumstances can I order diagnostic imaging right now?
Effective immediately, AHS is postponing some diagnostic imaging procedures. Imaging that is deemed to be non-urgent by the ordering physician will be postponed. Anyone needing an urgent or emergent outpatient CT or MRI scan will still receive one. AHS will evaluate all semi-urgent and routine CT and MRI requests, and those requiring immediate imaging will be re-scheduled at an outpatient, non-hospital site. Any imaging not related to immediate patient treatment will be rescheduled.

24. How do I get information on testing protocols, assessment centres and response?
Zone Emergency Operation Centres (ZEOCs) have now 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.

25. 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. For additional concerns, contact the ProvLab Virologist on-call (VOC) to arrange appropriate shipping:
- Edmonton (780-407-8921)
- Calgary (403-333-4942)

26. What are the expectations for primary care involvement to support COVID-19 assessment centres?
Assessment centres are being rolled out across AHS Zones. Centre operations will be based on local need, resources and the evolving situation. Staffing considerations are part of the planning. Physicians concerned about a patient experiencing symptoms of COVID-19 should encourage them to take the online assessment tool developed for them. Healthcare workers should take the AHS’ online assessment tool for Healthcare and Shelter Workers / Enforcement Personnel / First Responders.

27. 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

28. NEW I have heard that hydroxychloroquine is being investigated as a potential early intervention for COVID-19? What is the latest information?
University researchers in Calgary and Edmonton, with the support of AHS and Alberta’s Strategic Clinical Networks, are launching a study to see if the drug hydroxychloroquine (HCQ) is effective as an early intervention against COVID-19. The clinical trial Alberta Hope COVID-19 will enroll the first 1,600 Alberta patients who test positive for COVID-19. The study aims to determine whether a prescribed five-day treatment of HCQ can prevent hospitalization for those with underlying medical conditions and at the highest risk of developing a severe illness. The study is a placebo-controlled clinical trial. Please see the Alberta Health media release for more information.
For information on using HCQ as a treatment and prophylaxis, read this rapid response report from the COVID-19 Scientific Advisory Group.

29. What should I tell patients who have returned from travel?
Travellers must self-isolate for 14 days upon return, even when feeling fine. If symptoms are experienced during this period of isolation, they must continue to isolate for an additional 10 days following the onset of symptoms, no matter how long they’ve already been in self-isolation.
Healthcare workers have additional requirements and may not work in any healthcare setting until 14 days have passed since symptoms started AND symptoms have resolved, whichever is longer.

30. What do I tell people who want to visit my clinic?

Scenario 1
Patient meets screening criteria.
Advise patient:
- Not to visit a hospital, physician’s office, lab or healthcare facility.
- Take the online COVID-19 self-assessment.
- Patients can then call Health Link (811) if instructed to on the assessment.

Scenario 2
Patient has:
- ILI (Influenza-like Illness) symptoms,
- does not meet screening criteria
Advise patient:
- To self-isolate for a minimum of 10 days from the start of symptoms - cough, fever, shortness of breath, runny nose or sore throat. If symptoms extend past the 10 days, self-isolation should as well.
- Healthcare workers may not work in any healthcare setting until 14 days have passed since symptoms started AND symptoms have resolved, whichever is longer.
- Patient should call 811 if their symptoms worsen or call 911 if they are seriously ill and need immediate medical attention.

Scenario 3
Patient has:
- ILI (Influenza Like Illness) symptoms,
- does not meet screening criteria,
- needs to be seen for another issue
Provider should:
- Determine the patient doesn't need COVID-19 testing
- Consider if virtual care is an option.
- If virtual care is not an option and your clinic has contact and droplet PPE, you can advise the patient to don a mask.
- Patients and essential visitors need to wear a mask as well.
- Patient will need to be isolated as per contact and droplet precautions immediately upon entering the clinic.
- Providers will need to wear PPE as per point of care assessment and routine practice recommendations.
- Proceed with usual care.

Continuity of care:
Patients should connect with their doctor to discuss any concerns they have, whether they’re experiencing COVID-19 related symptoms or an unrelated health issue. Physicians should explore if virtual care would be appropriate when providing patient care.

Important resources:
Screening Criteria | Member of the public online health assessment tool | Healthcare and Shelter Workers / Enforcement Personnel / First Responders | Influenza-like Illness | Self-isolation | Health Link at 811

ahs.ca/covidPHC
31. 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.”

32. 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.

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

Social distancing involves 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 self-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

34. Where do I find the latest self-isolation guidelines?
You can find the latest self-isolation information from Alberta Health.

35. 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.

36. 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 self-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 self-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

37. What resources are available to help me provide virtual care to my patients?
There are telephone options to support continuity of care for your patients, as appropriate.

- 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.