Viral Respiratory Illness Guidance for Community Providers in a COVID-19 Omicron Environment

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Preamble

Intended Audience
Part A (pre-screening): for all community providers including pharmacy, dentistry, optometry, primary care providers, physiotherapy, etc.

Parts B (risk assessment), C (testing) and D (management): for all community providers whose scope of practice includes assessing and treating patients with respiratory symptoms.

Assumptions & principles
The guidance:
- Is meant to be general guidance and not intended to be an explicit algorithm or pathway
- Provides optional links to decision aids and resources
- Leaves significant room for clinical judgement and options to deliver patient centered care
- Is based on currently available information and subject to change based on emerging evidence and government direction
- Should ideally be accessed only through a live link, not printed, due to the risk of changing evidence and direction impacting the guidance

Acronym Dictionary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAB</td>
<td>Monoclonal Antibody</td>
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<tr>
<td>OAV</td>
<td>Oral Antiviral</td>
</tr>
<tr>
<td>PCP</td>
<td>Primary Care Provider</td>
</tr>
<tr>
<td>PCR</td>
<td>Polymerase Chain Reaction (test)</td>
</tr>
<tr>
<td>PCRA</td>
<td>Point of Care Risk Assessment</td>
</tr>
<tr>
<td>POCT</td>
<td>Point of Care Test</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>RAG</td>
<td>Red, Amber, Green</td>
</tr>
<tr>
<td>RAT</td>
<td>Rapid Antigen Test</td>
</tr>
</tbody>
</table>
Part A: Pre-Screening for All Community Providers (Pharmacy, Dentistry, Optometry, Primary Care Providers, Physiotherapy, etc.)

Note: to reduce the spread of the COVID-19 Omicron variant and keep patients and community providers safe, community providers and individuals are encouraged to, as much as possible:

Patient related actions:
- Use virtual care options when appropriate
- Consider masking based on POC risk assessment
- Avoid sending people to ER/Urgent Care unless necessary (eg: do not send well people in for testing)
- Refer people to online self-assessment and how to stay home safely (COVID-19 Self-Assessment [alberta.ca])
- Consult the AMA Simplified Guidance Resource here.

Encourage individuals to safely manage in their home (see: Navigating COVID)

Community Providers and staff:
- UPDATED: Return to Work Guidance

Part B: Viral Respiratory Illness Risk Assessment for Community Providers assessing and treating patients with respiratory symptoms

Is the reason for appointment related to viral respiratory symptoms or suspect COVID-19?

No

Yes

Screen for appropriate care setting (in-person, virtual visit or 9-1-1)

Consider virtual care to minimize risk of viral spread

Patient resources

Proceed with in-person care: take appropriate precautions after point of care risk assessment (PCRA) and encourage mask use by patient and visitor

PCRA tool

PPE

COLD Standard

Vaccine status

Red flags & other considerations

Safety net flags

Continue to Part B dependent on scope of practice
Part C: Viral Respiratory Illness Testing for Community Providers assessing and treating patients with respiratory symptoms

Clinical assessment and differential diagnosis

Based on patient presentation, is there a high likelihood they have COVID-19?

Yes

Does the patient meet PCR testing criteria and/or meet eligibility for Outpatient Treatment?

Yes

Arrange PCR test at AHS Community Assessment Centre; or if not possible, through a physician office

AHS Community Assessment Centre

Physician Office

No

See testing options and resources

No

Outpatient Treatment

Yes

Criteria

Testing

Patient resources

Testing

COLD Standard

Viral Prescription

Positive/ suspected COVID-19

Vaccine hesitancy guidance

Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms

Provincial COVID-19 Primary Care Management Pathways (Adult & Peds)
Expanded Details

**General Red Flags** (see additional maternity and pediatric red flags, below)

- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in chest
- Cold, clammy or pale mottled skin
- New onset of confusion
- Blue lips or face
- Becoming difficult to rouse
- Coughing up blood
- Reduced urine output
- Return of cough after period of improvement (may signal development of COVID-19 pneumonia)
- Return of fever after afebrile period (may signal development of COVID-19 pneumonia)
- Oxygen saturation - helpful tool to indicate disease severity when available
  - If previously healthy lungs or previously documented normal O₂ sat – a new reading of < 92% is a red flag
  - If underlying lung disease with documented low normal O₂ sat at baseline – a new reading of < 90% is a red flag
  - If patient on home oxygen normally and their O₂ requirements increase with COVID-19 illness – this is a red flag

**Maternity Patients** (in addition to above red flags)

- Orthopnea or paroxysmal nocturnal dyspnea (PND)
- Fever ≥38°C despite use of acetaminophen
- Weakness limiting activities of daily living (ADLs)
- Persistent nausea and vomiting >12 hours
- Obstetrical complaints such as:
  - Regular uterine contractions
  - Ruptured membranes
  - Vaginal bleeding
  - Decreased fetal movement
- Oxygen saturation:
  - Helpful tool to indicate disease severity when available
  - A reading of <95% is a red flag for all pregnant women
  - If patient on home oxygen normally, and the O₂ requirements increase with viral respiratory illness, this is a red flag

*See pediatric red flags, next page*
Pediatric Patient Red Flags

- Respiratory distress: tachypnea, cyanosis, indrawing, accessory muscle use, grunting
- New onset of acute GI symptoms: abdominal pain, vomiting, diarrhea
- Reduced urine output or signs of dehydration
- Rash, non-purulent conjunctivitis, or muco-cutaneous inflammation
- Fever with temperature > 38°C for three consecutive days or more
  - Signs of shock: lethargy, non-responsiveness, altered mental status

Considerations in determining in-person or virtual visit

Where possible, consider virtual assessment to minimize risk of viral spread. Key factors include:

- Reason for visit
- Patient preference
- Pregnancy
- Patient and provider’s COVID-19 and influenza immunization status
- Physical, mental, cognitive or technology barriers to assessment
- Ability for symptomatic patient to wear mask at in-person appointment
- Age, ethnicity, frailty, socioeconomic status, co-morbidities, immunosuppression
- Local risk factors including outbreaks, immunization rates and Acute Care burden

Vaccine/Immunization Status

- A person is considered partially immunized after 14 days have passed since they received the first of two doses in a two-dose COVID-19 vaccine series. The risk of becoming sick after exposure to COVID-19 and spreading the virus to others is lower for a partially immunized person.
- A person is considered fully immunized (with or without booster) after 14 days have passed since they received the second dose in a two-dose COVID-19 vaccine series. A second dose of vaccine provides longer lasting immunity against COVID-19.
- A person is considered fully immunized (with or without booster) after 14 days have passed since they received the only dose in a one-dose COVID-19 vaccine series.

Safety Net Flags (social considerations)

- Socially isolated (lives alone, unable to connect with others through technology, little to no social network)
- Lack of caregiver support if needed
- Inability to maintain hydration (diarrhea, vomiting, cognitive impairment, poor fluid intake)
- Food/financial insecurity
- Receive homecare support
- Challenges with health literacy or ability to understand treatment recommendations or isolation expectations
- Ability to self-manage
Managing Respiratory Tract Infections (RTIs): Virtual Care and COVID-19

Choosing Wisely: The Cold Standard: Click to download the full toolkit

### Managing Respiratory Tract Infections

<table>
<thead>
<tr>
<th>CAN BE MANAGED VIRTUALLY OR IN PERSON</th>
<th>SHOULD BE ASSESSED IN PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Use Viral Prescription)</td>
<td>(To assess the need for immediate or delayed antibiotics, whether or not antibiotics are prescribed*)</td>
</tr>
</tbody>
</table>

#### SUSPECTED OR CONFIRMED COVID-19
- Fever
- Respiratory symptoms
- No shortness of breath
- Shortness of breath or hypoxia (if monitoring available)
- Concerns of dehydration
- Suspicion of secondary bacterial infection
- Any red flags**

#### EAR PAIN (In children over 6 months of age)
- Symptoms <48 hours
- Fever <39°C
- Pain controlled with oral pain medication
- Otherwise feels well
- Symptoms >48 hours despite adequate pain medications
- Fever ≥39°C
- Feels unwell

#### SORE THROAT
- Mild symptoms <48 hours
- Low suspicion for bacterial pharyngitis, e.g.:  
  - Over 15 or less than 3 years of age
  - No fever
  - Presence of cough or runny nose
- Persistent or worsening symptoms >48 hours, OR
- High suspicion of bacterial pharyngitis, e.g.:  
  - Severe pain
  - No cough or runny nose
  - Fever without alternate cause

#### SINUS CONGESTION
- Mild symptoms <7 days
- No red flags***
- Presence of red flags***

#### COPD EXACERBATION
- Patient able to do their activities of daily living
- Patient known to provider and reliable for virtual follow-up
- Patient is too short of breath to do their activities of daily living

#### SUSPECTED PNEUMONIA
- Assess in person
- Assess in person

#### INFLUENZA-LIKE ILLNESS, BRONCHITIS, COMMON COLD, ASTHMA
- High fever controllable with antipyretic
- Cough
- Congestion
- Body aches
- Mild GI symptoms
- Concerns of dehydration
- Suspicion of secondary bacterial infection
- Any red flags**

---

*See table on role of antibiotics*

**Red flags for patient with viral infection:**
- For children, may include fast breathing or trouble breathing, bluish lips or face, ribs pulling in with each breath, chest pain, child refuses to walk, signs of dehydration, history of seizure, any fever in child <12 weeks of age.
- In adults, may include difficulty breathing or shortness of breath, acute chest pain or abdominal pain, dizziness, confusion, signs of dehydration.

***Red flags for patient with sinusitis:**
- Altered mental status, headache, systemic toxicity, swelling of the orbit, change in visual acuity, neurologic deficits.
PPE/Infection Prevention and Control
Consider the following best practices for in person:

Refer to the AHS Infection Prevention Control PPE Table for Community Providers/Clinics and CPSA Guidance for Community Medical Clinics including Point of Care Risk Assessment (PCRA)

Indoor masking is no longer a provincial requirement. Clinic staff may request that patients wear a medical mask upon entering the clinic. Note that PPE guidance for all AHS operated and contracted facilities including continuing care sites remains unchanged.

Where do I get PPE? (UPDATED)

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).

Please email PHC@ahs.ca if you have any questions.

Options for COVID-19 Testing

1. Rapid testing for Primary Care physician and staff testing

   WHO:
   - Asymptomatic staff for workplace health and safety screening
   - Symptomatic staff should do a rapid test at home and NOT come to work

   HOW:
   - Staff/physicians should do a rapid self-test or book through AHS if they meet the criteria outlined
   - Primary Care employer may access free rapid tests through government of Alberta: Rapid testing program for employers and service providers | Alberta.ca

   REPORTING:
   - Advise staff member of test result and to follow instructions (see below)
   - Interim guidance on the use of rapid antigen detection tests for the identification of SARS-CoV-2 infection: Health Canada
   - Do NOT report staff or your personal rapid test results to AH/AHS Public Health

2. Patient testing (UPDATED)

Rapid Tests for patients in Primary Care: RAT test kits used for clinical diagnosis of COVID-19 and treatment of patients can be ordered through AHS CPSM (Contracting, Procurement and Supply Management): Requisition order form. New evidence indicates that swabbing of both mouth and nose is more effective at detecting COVID-19 when using a RAT. See table below for further instructions.
- Non-AHS Primary Care sites must follow the CPSA POCT guidelines:  
  Performance of Point-of-Care Testing in Unaccredited Settings: A Guideline for Non-laboratorians

<table>
<thead>
<tr>
<th>Who should test</th>
<th>Patient rapid self-test</th>
<th>PCR through AHS testing sites</th>
<th>PCR/ RAT in physician office</th>
</tr>
</thead>
</table>
| **Patient**     | People with COVID-19 symptoms | For people who:  
  • meet AHS testing criteria  
  • may be eligible for Outpatient Treatment  
  • can’t access AHS PCR testing, are present in clinic, AND either:  
    • meet AHS testing criteria OR  
    • are eligible for Outpatient Treatment; OR  
    • are high risk  
| **Patient**     | Patient without symptoms for workplace screening | Patient books online at COVID-19 Testing / Online Booking | Patient calls PCP to determine if appropriate to do PCR test in office |

| Access to the test | **Patient** gets free rapid tests through:  
  Rapid testing at home | **Patient** books online at  
  COVID-19 Testing / Online Booking | **Patient** calls PCP to determine if appropriate to do PCR test in office |
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<tbody>
<tr>
<td></td>
<td>Alberta.ca</td>
<td>Alberta Health Services</td>
<td>811</td>
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<tr>
<td></td>
<td></td>
<td>Check for latest testing options and process at Symptoms and testing</td>
<td>Alberta.ca</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient books online at COVID-19 Testing / Online Booking</td>
<td>811</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alberta Health Services</td>
<td>811</td>
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</table>

- **How to do the test**  
  Follow package instructions and Refer to How to test information

- **What to do with test results**  
  Patient:  
  • Call PCP if feel unwell  
  • Follow RAG tools  
  **Patient and Provider:**  
  *See instructions below*

  Follow up PCR ONLY for people who:  
  • meet AHS testing criteria; OR  
  • are eligible for Outpatient Treatment, OR  
  • are high risk

  Patient:  
  • Follow AHS instructions  
  • Call PCP if feel unwell  
  • Follow RAG tools  
  **Patient and Provider:**  
  *See instructions below*

  Provider:  
  • Follow COVID pathways:  
    COVID-19 adult pathway  
    COVID-19 pediatric pathway  
  • Consider other therapies for COVID-19  
  • Consider Outpatient treatment if eligible  
  • Follow normal clinic documentation processes

- **Additional reporting to Public Health/MOH is NOT required for positive or negative COVID-19 PCR tests done in Primary Care settings (outside of Continuing Care or Acute Care)**

**When to test high risk people** *(UPDATED)*

*For specimen collection within physician offices:*

The information below is to help guide your practice as you apply clinical judgment. Individuals who may require testing for respiratory illnesses in-office may meet the following criteria:

- Are **symptomatic**, there is a high likelihood they have COVID-19 AND a confirmed diagnosis will impact the clinical plan of care or outcomes for the person e.g., person is deteriorating and confirmed diagnosis may inform medical management
- Meet the **treatment criteria** and may benefit from outpatient COVID-19 treatment
• Are most susceptible to severe outcomes of viral respiratory infection, especially those who are not fully vaccinated for COVID-19 or influenza
• Older adults (>60 years)
• People with existing chronic medical conditions (e.g., cardiovascular and liver disorders, lung disease, diabetes, high blood pressure, kidney disease, sickle cell disease, dementia or stroke) or immune compromising conditions or on immunosuppressing medication.
• Individuals with a body mass index (BMI) ≥35
• Pregnant women (may also be at an increased for adverse pregnancy outcomes, e.g., preterm birth)
• Symptomatic caregivers and employees in high-risk settings (e.g., Continuing Care, Acute Care, other settings)
• Asymptomatic individuals such as:
  o Scheduled transplant donors and recipients as per guidelines
  o Starting on immunosuppressing medication

Serology Testing

COVID-19 Advice for People Tested for COVID-19 | Alberta Health Services

• Serology testing for COVID-19 should NOT be used for diagnosis of acute COVID-19 infection or determining immune status. It is only available for very select clinical situations
• Serology testing is also being done in Alberta for surveillance serosurveys and research use

What to do with test results (COVID-19 Rapid Testing Guidelines)

Please visit: Rapid testing at home | Alberta.ca

For more details visit: www.alberta.ca/covid19

Performing In-Lab Polymerase chain reaction (PCR) Testing for Samples Collected at Primary Care

• For PCR testing, APL recommends that physicians use a nasopharyngeal (NP) swab in universal transport media “UTM/VTM” distributed by APL/AHS specifically for SARS-CoV-2 PCR and other respiratory virus testing.
  o Note: NP swabs are more reliable for influenza than throat swabs
  o If used, throat swabs in UTM should only be used when only COVID-19 testing is requested
• When ordering COVID-19 testing use:
  o The COVID-19 and Other Respiratory Viruses Requisition OR
  o One of the AHS clinical information systems (e.g., Connect Care, Sunrise Clinical Manager, Meditech)
• Do NOT use APTIMA ® Multitest or Unisex Swabs or Copan Eswabs 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 as these swabs are in short supply due to global demand

- RPP (respiratory pathogen panel) mostly used for Acute Care and Congregate Care, is ordered only rarely if clinically indicated and meets the criteria.
- How to collect an NP swab
  - Written directions: Collection of a Nasopharyngeal and Throat Swab for Detection of Respiratory Infection | AHS
  - Video: Swab Tube Demo
- Follow your normal specimen labelling and transport processes
- The ordering provider is responsible for informing the patient of the COVID-19 PCR result
  - If the ordering physician is an MOH, notification will come through the public health system

Outpatient Treatment for COVID-19 (UPDATED)
- Outpatient Treatment for COVID-19 | Alberta Health Services
- For Paxlovid™ prescribing, the viral respiratory testing advice can be used to guide Community Providers whose scope of practice includes assessing and treating patients with respiratory symptoms
- Prevention: AHS is offering a new medication, tixagevimab and cilgavimab (Evusheld), for prevention of COVID-19 in eligible immunocompromised patients. For more information, see COVID-19 Outpatient Treatment | Alberta Health Services
References


Background

About this guidance
This guidance was developed at the direction of Alberta Health to assist community providers to screen, test and manage patients with viral respiratory illness in a COVID-19 Omicron Environment.

Over 150 individuals were engaged in the development of this guidance including:
- Primary Care Physicians across all zones
- Primary Care Networks and Zone COVID-19 committees
- Alberta Medical Association and Accelerating Change Transformation Team
- Alberta College of Family Physicians
- Canadian College of Family Physicians and Choosing Wisely
- Alberta Health Services leadership including
  - Zone Operations
  - Executive Leadership Team
  - Public Health
  - Infection Prevention and Control
  - Emergency Coordination Center
  - Corporate Communications
  - Health Link
  - Workplace Health and Safety
  - Legal
  - Maternal Newborn Child and Youth Strategic Clinical Network
  - CPSM (Contracting, Procurement and Supply Management)
- Alberta Precision Laboratories
- Alberta Health
- Indigenous Health and FNIHB
- Alberta Federation of Regulated Health Professions
- Alberta Pharmacists Association
- College of Physicians and Surgeons of Alberta
- TARRANT

Authors and conflict of interest declaration
This pathway was reviewed in January 2022. Names of participating reviewers and their conflict of interest declarations are available on request.

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# PROVIDER RESOURCES

<table>
<thead>
<tr>
<th>AHS community physician webpage</th>
<th><a href="http://www.ahs.ca/covidphc">www.ahs.ca/covidphc</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AH Billing codes</strong></td>
<td><a href="http://www.alberta.ca/bulletins-for-health-professionals.aspx">www.alberta.ca/bulletins-for-health-professionals.aspx</a></td>
</tr>
<tr>
<td><strong>Choosing Wisely Cold Standard</strong></td>
<td><a href="https://choosingwiselycanada.org/perspective/the-cold-standard">https://choosingwiselycanada.org/perspective/the-cold-standard</a></td>
</tr>
<tr>
<td><strong>Alberta Medical Association (AMA)</strong></td>
<td><a href="https://www.albertadoctors.org/about/COVID-19">https://www.albertadoctors.org/about/COVID-19</a></td>
</tr>
<tr>
<td><strong>ACFP</strong></td>
<td><a href="https://acfp.ca/tools-resources/covid-19-resources/">https://acfp.ca/tools-resources/covid-19-resources/</a></td>
</tr>
</tbody>
</table>

# COVID-19 AND INFLUENZA IMMUNIZATION RESOURCES

<table>
<thead>
<tr>
<th>AHS</th>
<th>COVID-19 Immunization FAQ for Community Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Influenza Immunization</td>
</tr>
<tr>
<td>Government of Alberta</td>
<td>COVID-19 vaccine: questions and answers</td>
</tr>
<tr>
<td>Alberta Medical Association</td>
<td>Be a Vaccine Positive Clinic (toolkit)</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.albertadoctors.org/about/COVID-19/vaccine-positive-clinic-toolkit">www.albertadoctors.org/about/COVID-19/vaccine-positive-clinic-toolkit</a></td>
</tr>
<tr>
<td>Centre for Effective Practice</td>
<td><a href="https://www.cmaj.ca/content/199/18/1011">Answering Questions about COVID-19 Vaccines: A Guide for Healthcare Providers</a></td>
</tr>
<tr>
<td>Canadian Medical Protective Association (CMPA)</td>
<td><a href="https://www.cmaj.ca/content/199/18/1011">How to Address Vaccine Hesitancy and Refusal by Patients or Their Legal Guardians</a></td>
</tr>
<tr>
<td></td>
<td><a href="https://www.cmaj.ca/content/199/18/1011">https://www.cmaj.ca/content/199/18/1011</a></td>
</tr>
<tr>
<td>University of Calgary</td>
<td>Vaccine Hesitancy Guide</td>
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<td><a href="http://www.vhguide.ca/">www.vhguide.ca/</a></td>
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**Back to algorithm**
## PATIENT RESOURCES (1 of 2)

### COVID-19 Websites & Self-Management Resources

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<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government of Alberta Isolation and quarantine requirements</td>
<td><a href="https://www.alberta.ca/isolation.aspx">https://www.alberta.ca/isolation.aspx</a></td>
</tr>
<tr>
<td>COVID-19: Information for Albertans (AHS)</td>
<td><a href="https://www.albertahealthservices.ca/topics/Page16944.aspx">www.albertahealthservices.ca/topics/Page16944.aspx</a></td>
</tr>
<tr>
<td>COVID-19: What you need to know (MyHealth.Alberta.ca Network)</td>
<td><a href="https://myhealth.alberta.ca/Alberta/Pages/COVID-What-you-need-to-know.aspx">https://myhealth.alberta.ca/Alberta/Pages/COVID-What-you-need-to-know.aspx</a></td>
</tr>
</tbody>
</table>

### Post-COVID-19 Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>Alberta Healthy Living Program: COVID-19 classes for Albertans - Helping You Feel Better After COVID-19</td>
<td>These classes are open to <strong>all zones/any Albertan</strong> over the age of 18 and are free of charge. <a href="https://www.albertahealthservices.ca/assets/programs/ps-cdm-calgary-after-covid-19-online-courses.pdf">www.albertahealthservices.ca/assets/programs/ps-cdm-calgary-after-covid-19-online-courses.pdf</a></td>
</tr>
<tr>
<td>Getting Healthy After COVID-19</td>
<td><a href="https://www.albertahealthservices.ca/topics/Page17397.aspx">www.albertahealthservices.ca/topics/Page17397.aspx</a></td>
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### COVID-19 Translated Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Details</th>
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<tbody>
<tr>
<td>How to care for a COVID-19 Patient at Home (available in different languages)</td>
<td><a href="https://www.albertahealthservices.ca/topics/Page17026.aspx">www.albertahealthservices.ca/topics/Page17026.aspx</a></td>
</tr>
<tr>
<td>Translated resources: COVID-19 videos, webinars, podcasts available in multiple languages</td>
<td>Alberta International Medical Graduates Association (HealthHub for Newcomers): <a href="https://aimga.ca/healthhub">https://aimga.ca/healthhub</a></td>
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### Mental Health Resources

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<tr>
<th>Resource</th>
<th>Details</th>
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<tbody>
<tr>
<td>Mental Health resources (AHS)</td>
<td><a href="https://www.albertahealthservices.ca/topics/Page17311.aspx">www.albertahealthservices.ca/topics/Page17311.aspx</a></td>
</tr>
<tr>
<td>Mental Health Helpline</td>
<td>Phone 1-877-303-2642 for 24/7 assistance</td>
</tr>
<tr>
<td>Togetherall</td>
<td>A safe community to support your mental health, 24/7</td>
</tr>
<tr>
<td>• Clinically moderated free online peer-to-peer mental health community</td>
<td><a href="https://togetherall.com/en-ca">https://togetherall.com/en-ca</a></td>
</tr>
</tbody>
</table>

*Patient resources continue on next page*
## PATIENT RESOURCES (2 of 2)

<table>
<thead>
<tr>
<th>Mental Health Resources cont’d</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Text 4 Hope</strong></td>
</tr>
<tr>
<td>• Free daily text messaging</td>
</tr>
<tr>
<td>services</td>
</tr>
</tbody>
</table>

### Smoking Cessation Resources

<table>
<thead>
<tr>
<th>Smoking cessation</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is increasing evidence that smoking cessation may help to reduce the impact of COVID-19.</td>
</tr>
<tr>
<td><a href="http://www.albertaquits.ca/topics/smoking-vaping-covid-19">www.albertaquits.ca/topics/smoking-vaping-covid-19</a></td>
</tr>
</tbody>
</table>

### Advanced Care Planning

<table>
<thead>
<tr>
<th>Advanced care planning</th>
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</thead>
<tbody>
<tr>
<td>Patients should also be counseled on advanced care planning, including: choosing an agent, communicating their values and documenting these in a Personal Directive.</td>
</tr>
<tr>
<td><a href="http://www.conversationsmatter.ca">www.conversationsmatter.ca</a></td>
</tr>
</tbody>
</table>