

COVID-19 Guidance for Community Providers

Table of Contents

<u>Preamble</u>	2
<u>Acronym Dictionary</u>	2
<u>Pathway: Viral Respiratory Illness Guidance for Community Providers in a COVID-19 Omicron Environment</u>	3-4
<u>Part A: Pre-Screening</u> for All Community Providers (Pharmacy, Dentistry, Optometry, Primary Care Providers, Physiotherapy, etc.)	3
<u>Part B: Viral Respiratory Illness Risk Assessment</u> for Community Providers whose scope of practice includes assessing and treating patients with respiratory symptoms	3
<u>Part C: Viral Respiratory Illness Testing</u> for Community Providers whose scope of practice includes assessing and treating patients with respiratory symptoms	4
<u>Part D: Management</u> of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers whose scope of practice includes assessing and treating patients with respiratory symptoms	4
<u>Expanded Details</u>	5-13
<u>Red Flags (General, Maternity, Pediatric)</u>	5
<u>Considerations for In-Person or Virtual Care</u>	6
<u>PPE</u>	8
<u>Options for Testing</u>	8-10
<u>What to do with Test Results</u>	10
<u>References</u>	12-13
<u>Background</u>	14
<u>Provider Resources</u>	15
<u>COVID-19 and Influenza Immunization Resources</u>	15
<u>Patient Resources</u>	16-17

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 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

MAB	Monoclonal Antibody
PCP	Primary Care Provider
PCR	Polymerase Chain Reaction (test)
PCRA	Point of Care Risk Assessment
POCT	Point of Care Test
PPE	Personal Protective Equipment
RAG	Red, Amber, Green
RAT	Rapid Antigen Test

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

Quick Links:
(ctrl-click)

[COVID-19 Testing](#)

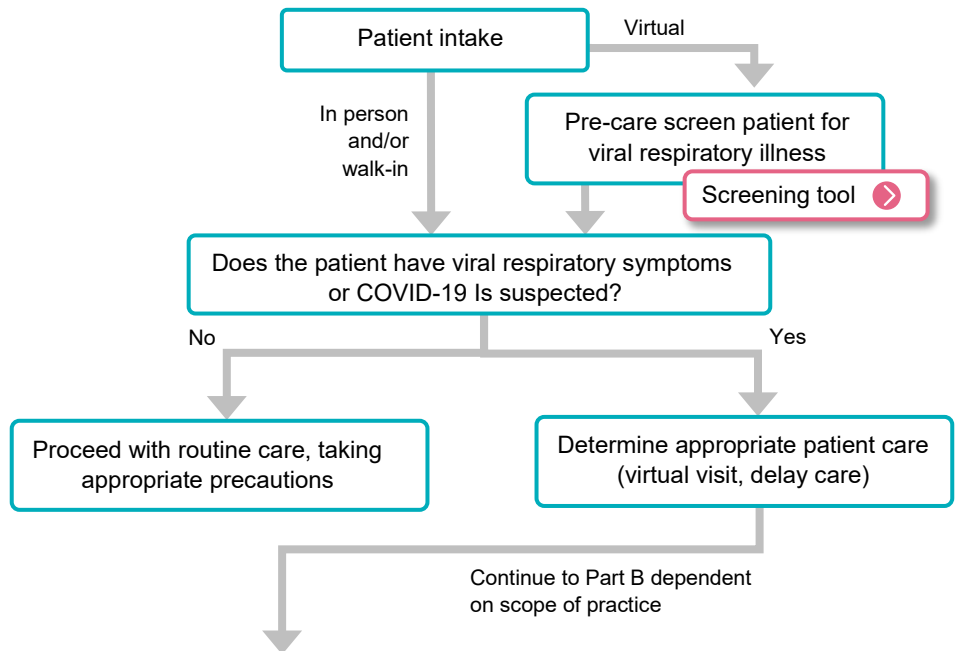
[Provider Resources](#)

[Patient Resources](#)

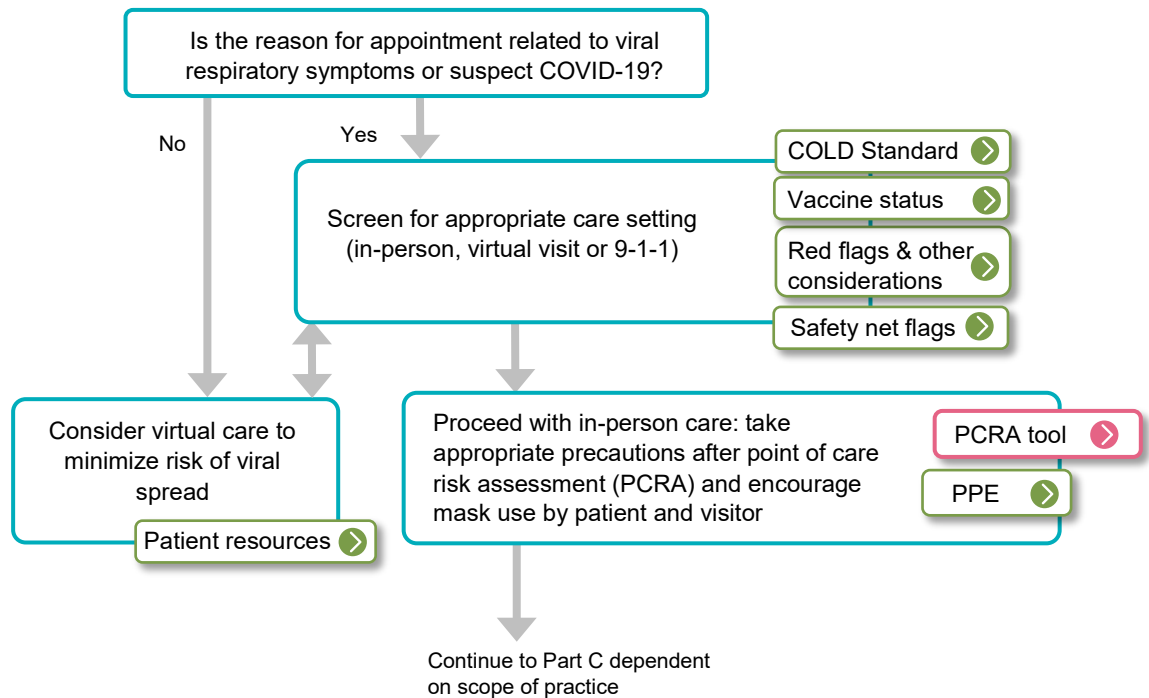
Part A: Pre-Screening for All Community Providers (Pharmacy, Dentistry, Optometry, Primary Care Providers, Physiotherapy, etc.)

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:

- Use virtual care options when appropriate
- 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](#))



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



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

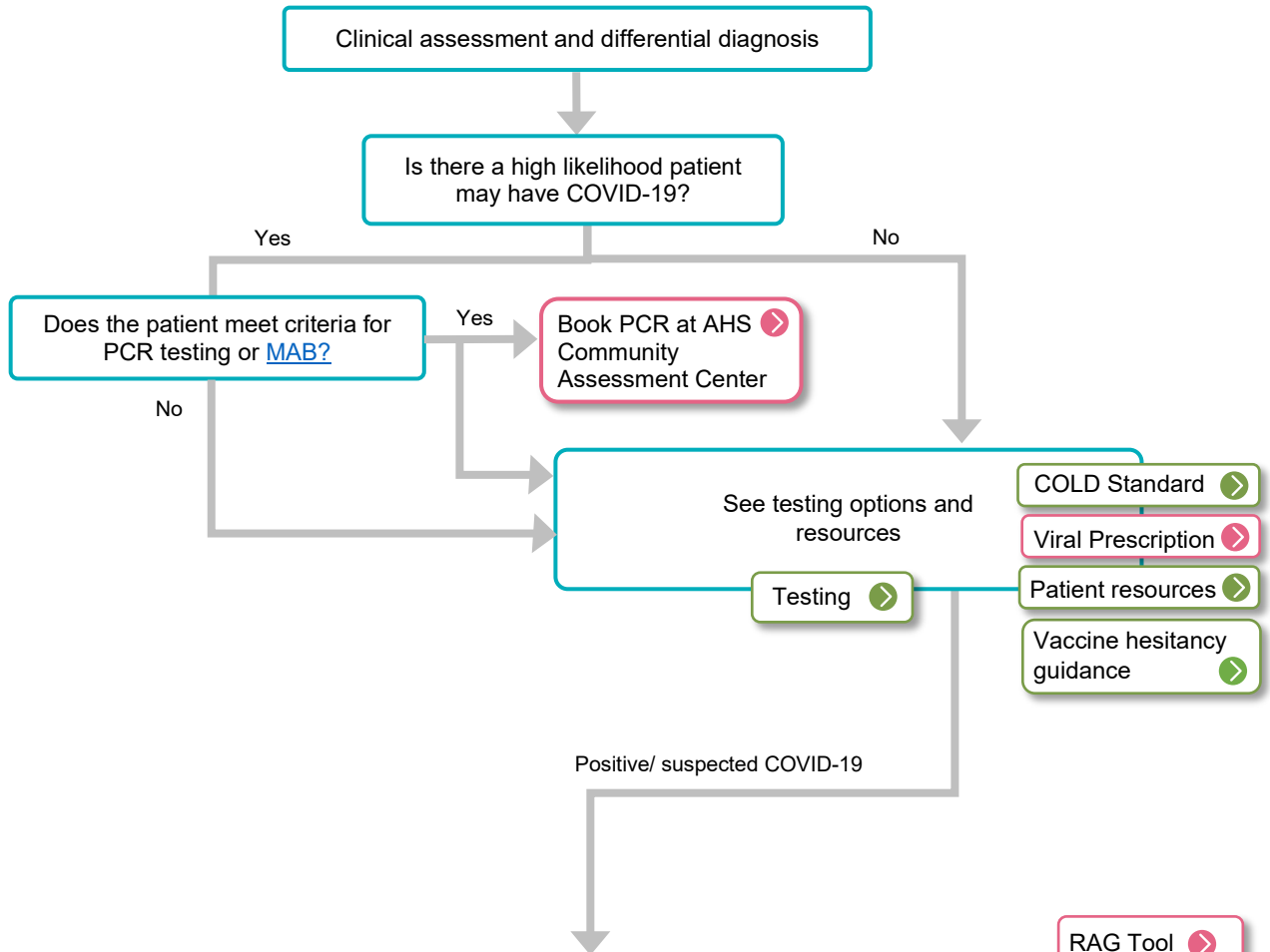
Quick Links:

[COVID-19 Testing](#)

[Provider Resources](#)

[Patient Resources](#)

Part C: Viral Respiratory Illness Testing for Community Providers assessing and treating patients with respiratory symptoms



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 $\geq 38^{\circ}\text{C}$ 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

Virtual assessments of all COVID-19 concerns is preferred as a first step

- 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, frailty, 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 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 after 14 days have passed since they received the only dose in a one-dose COVID-19 vaccine series.
- [COVID-19 Vaccine Frequently Asked Questions | Alberta Health Services](#)

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](#)

	 INDICATIONS FOR VIRTUAL VISIT	 INDICATIONS FOR IN-PERSON VISIT
SUSPECTED OR CONFIRMED COVID-19	<ul style="list-style-type: none"> • Fever • Respiratory symptoms • No shortness of breath 	<ul style="list-style-type: none"> • Shortness of breath or hypoxia (if monitoring available) • Concerns of dehydration • Suspicion of secondary bacterial infection • Any <u>red flags</u>**
EAR PAIN (In children over 6 months of age)	<ul style="list-style-type: none"> • Symptoms <48 hours • Fever <39°C • Pain controlled with oral pain medication • Otherwise feels well 	<ul style="list-style-type: none"> • Symptoms >48 hours despite adequate pain medications • Fever ≥39°C • Feels unwell
SORE THROAT	<ul style="list-style-type: none"> • Mild symptoms <48 hours • Low suspicion for bacterial pharyngitis, e.g.: <ul style="list-style-type: none"> ○ Over 15 years of age ○ No fever ○ Presence of cough or runny nose 	<ul style="list-style-type: none"> • Persistent or worsening symptoms >48 hours, or • High suspicion of bacterial pharyngitis, e.g.: <ul style="list-style-type: none"> ○ Severe pain ○ No cough or runny nose ○ Fever without alternate cause
SINUS CONGESTION	<ul style="list-style-type: none"> • Mild symptoms <7 days • No <u>red flags</u>*** 	<ul style="list-style-type: none"> • Presence of <u>red flags</u>***
COPD EXACERBATION	<ul style="list-style-type: none"> • Patient able to do their activities of daily living • Patient known to provider and reliable for virtual follow-up 	<ul style="list-style-type: none"> • Patient is too short of breath to do their activities of daily living
SUSPECTED PNEUMONIA	<ul style="list-style-type: none"> • Should be assessed in-person 	<ul style="list-style-type: none"> • Assess clinically
INFLUENZA-LIKE ILLNESS, BRONCHITIS, COMMON COLD, ASTHMA	<ul style="list-style-type: none"> • High fever controllable with antipyretic • Cough • Congestion • Body aches • Mild GI symptoms 	<ul style="list-style-type: none"> • Concerns of dehydration • Suspicion of secondary bacterial infection • Any <u>red flags</u>**

PPE/Infection Prevention and Control

Please refer to the [AHS Infection Prevention Control PPE Table for Community Providers/Clinics](#)

- Limit attendance in your clinic to the patient in all circumstances possible
- [CPSA Guidance for Community Medical Clinics](#) including Point of Care Risk Assessment (PCRA)

Where do I get PPE?

For a limited time, from January 4th until Feb 28th, [AHS will distribute no-cost PPE](#) to primary care physicians and their staff, pediatricians and their staff for the following:

- Gowns
- Shields
- K-N95 respirators

All other PPE and supplies should be purchased through your usual process (private vendor or [purchase PPE from AHS order form](#)) while supplies last N95 respirators are available for purchase through AHS.

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
 - o 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](#)
- 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](#)

REPORTING:

- Advise staff member of test result and to [follow instructions, below](#)
- Refer to Health Canada's [Interim guidance on the use of rapid antigen detection tests for the identification of SARS-CoV-2 infection](#)
- Do NOT report staff or own rapid test results to AH/AHS public health

2. Patient testing

Rapid Tests for patients in Primary Care: not currently available, details to be provided when available

	Patient rapid self-test	PCR through AHS testing sites	PCR in physician office
Who should test	People with COVID symptoms Patient without symptoms for workplace screening	For people who: <ul style="list-style-type: none"> • meet AHS testing criteria • may be eligible for MAB 	For people who: <ul style="list-style-type: none"> • can't access AHS PCR testing, are present in clinic, and either: <ul style="list-style-type: none"> • meet AHS testing criteria OR • are eligible for MAB OR • are high risk
Access to the test	Patient gets free rapid tests through: Rapid testing at home Alberta.ca	Patient books online at COVID-19 Testing / Online Booking Alberta Health Services or calls 811 Check for latest testing options and process at Symptoms and testing Alberta.ca	Patient calls PCP to determine if appropriate to do PCR test in office
How to do the test	Follow package instructions	n/a	How to do a PCR test in clinic
What to do with test results	Patient: <ul style="list-style-type: none"> • Call PCP if feel unwell • Follow RAG tools Patient and Provider: *See instructions below Follow up PCR ONLY for people who: <ul style="list-style-type: none"> • meet AHS testing criteria OR • are eligible for MAB OR • are high risk 	Patient: <ul style="list-style-type: none"> • Follow AHS instructions • Call PCP if feel unwell • Follow RAG tools Patient and Provider: *See instructions below	
	Provider: <ul style="list-style-type: none"> • Follow COVID pathways: COVID adult pathway COVID pediatric pathway • Consider other therapies for COVID-19 • Consider monoclonal antibody 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

People who otherwise cannot access rapid tests or [testing through AHS](#) and at least one of:

- 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
- 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:
 - Scheduled transplant donors and recipients as per guidelines
 - Starting on immunosuppressing medication

Private testing

Private testing is available, for a fee, for testing related to:

- Travel
- Accessing businesses or events participating in the [Restrictions Exemption Program](#)

More information: [COVID-19 Testing / Online Booking | Alberta Health Services](#)

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

Monoclonal Antibody Treatment (MAB)

- [Outpatient Treatment for COVID-19 | Alberta Health Services](#)
- <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sotrovimab-faq-hcw.pdf>
- <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sotrovimab-faq-patient.pdf>

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

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

- Review [When to test \(PCR in physician office\)](#) for viral respiratory illness
- For PCR testing, APL recommends that physicians use a nasopharyngeal (NP) swabs in universal transport media “UTM/VTM” distributed by APL/AHS specifically for SARS-CoV-2 PCR and other respiratory virus testing.
 - Note: NP swabs are more reliable for influenza than throat swabs
 - If used, throat swabs in UTM should only be used when COVID-19 only testing is requested

- When ordering COVID-19 testing use:
 - The [COVID-19 and Other Respiratory Viruses Requisition](#) OR
 - 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

References

1. CPSA Advisory Committee on Laboratory Medicine. Performance of Point-of-Care Testing in Unaccredited Settings: A Guideline for Non-laboratorians. College of Physicians & Surgeons of Alberta. <https://cpsa.ca/wp-content/uploads/2020/09/Point-of-Care-Testing-Guidelines.pdf>. Published 2020. Accessed August 8, 2021.
2. AHS. Novel Coronavirus (COVID-19) FAQ on Patient Care and Testing for Community Physicians. <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-faq-care.pdf>. Published 2021. Accessed August 8, 2021.
3. Alberta Health. Alberta public health disease management guidelines : coronavirus – COVID-19. <https://open.alberta.ca/dataset/a86d7a85-ce89-4e1c-9ec6-d1179674988f/resource/05b3a10f-5bde-46a8-a896-b7299488cbc5/download/health-disease-management-guidelines-covid-19-2021-07.pdf>. Published 2021. Accessed August 8, 2021.
4. Alberta Health. Adapting COVID-19 measures to support Albertans. <https://www.alberta.ca/release.cfm?xID=7962654912AD7-EFD7-89F5-1AA4E31447E892D2>. Published 2021. Accessed August 8, 2021.
5. Alberta Health Services. COVID-19 Scientific Advisory Group Rapid Evidence Report: Updated Review of Prolonged Symptoms after Acute COVID-19 Infection. Calgary; 2021. <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-chronic-symptoms-of-covid-rapid-review.pdf>.
6. Centers for Disease Control and Prevention. Interim Guidance for Antigen Testing for SARS-CoV-2. CDC. <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>. Published 2021. Accessed August 7, 2021.
7. CPSA Infection Prevention & Control. Infection Prevention and Control: General standards. College of Physicians & Surgeons of Alberta. <https://cpsa.ca/wp-content/uploads/2020/07/General-IPAC-Standards.pdf>. Published 2020. Accessed August 8, 2021.
8. European Centre for Disease Prevention and Control. Options for the use of rapid antigen tests for COVID-19 in the EU/EEA and the UK. ECDC. https://www.ecdc.europa.eu/sites/default/files/documents/Options-use-of-rapid-antigen-tests-for-COVID-19_0.pdf. Published 2020. Accessed August 8, 2021.
9. Kanji JN, Proctor DT, Stokes W, et al. Multicentre post-implementation assessment of the positive-predictive value of SARS-CoV-2 antigen-based point-of-care tests used for asymptomatic screening of continuing care staff. J Clin Microbiol. July 2021. doi:10.1128/JCM.01411-21
10. Kiran T. Ramping up in-person office visits in primary care in the aftermath of covid-19. CMAJ Blogs. <https://cmajblogs.com/ramping-up-in-person-office-visits-in-primary-care-in-the-aftermath-of-covid-19/>. Published 2021. Accessed August 8, 2021.

11. Klein JAF, Krüger LJ, Tobian F, et al. Head-to-head performance comparison of self-collected nasal versus professional-collected nasopharyngeal swab for a WHO-listed SARS-CoV-2 antigen-detecting rapid diagnostic test. *Med Microbiol Immunol*. 2021;210(4):181-186. doi:10.1007/s00430-021-00710-9
12. AHS Medicine SCN. Respiratory Management of Adult Patients with Confirmed or Suspected COVID-19. Calgary; 2021. <https://insite.albertahealthservices.ca/Main/assets/tls/ep/tls-ep-covid-19-respiratory-management-of-adult-patients.pdf>.
13. CDC National Center for Immunization and Respiratory Diseases. Underlying Medical Conditions Associated with High Risk for Severe COVID-19: Information for Healthcare Providers. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html#anchor_1618433687270. Published 2021. Accessed August 8, 2021.
14. Ontario Ministry of Health. COVID-19 Guidance: Primary Care Providers in a Community Setting. https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf. Published 2021. Accessed August 8, 2021.
15. Public Health. Interim guidance on the use of rapid antigen detection tests for the identification of SARS-CoV-2 infection. Government of Canada. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/use-rapid-antigen-detection-tests.html#a1>. Published 2021. Accessed August 8, 2021.
16. Stokes W, Berenger BM, Portnoy D, et al. Clinical performance of the Abbott Panbio with nasopharyngeal, throat, and saliva swabs among symptomatic individuals with COVID-19. *Eur J Clin Microbiol Infect Dis*. 2021;40(8):1721-1726. doi:10.1007/s10096-021-04202-9
17. Thériault G, Ostrow O, Leis J, Grill A, Day D. The Cold Standard: How to Care for Ambulatory Patients with Respiratory Tract Infections: A Toolkit for Using Antibiotics Wisely in the Era of COVID-19 and Virtual Care. Choosing Wisely Canada The College of Family Physicians of Canada. <https://choosingwiselycanada.org/perspective/the-cold-standard/>. Published 2020. Accessed August 8, 2021.
18. World Health Organization. Recommendations for national SARS-CoV-2 testing strategies and diagnostic capacities. WHO. <https://www.who.int/publications/i/item/WHO-2019-nCoV-lab-testing-2021.1-eng>. Published 2021. Accessed August 8, 2021.

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
 - o Zone Operations
 - o Executive Leadership Team
 - o Public Health
 - o Infection Prevention and Control
 - o Emergency Coordination Center
 - o Corporate Communications
 - o Health Link
 - o Workplace Health and Safety
 - o Legal
 - o Maternal Newborn Child and Youth Strategic Clinical Network
 - o 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.

Copyright information

This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license. You are free to copy, distribute and adapt the work for non-commercial purposes, as long as you attribute the work to Alberta Health Services and Primary Care Networks and abide by the other license terms. If you alter, transform, or build upon this work, you may distribute the resulting work only under the same, similar, or compatible license. The license does not apply to content for which the Alberta Health Services is not the copyright owner.



© 2021 Alberta Health Services, Primary Health Care

PROVIDER RESOURCES

AHS community physician webpage	www.ahs.ca/covidphc
AH Billing codes	<ul style="list-style-type: none"> • www.alberta.ca/bulletins-for-health-professionals.aspx • https://open.alberta.ca/publications/bulletin-alberta-health-care-insurance-plan-medical-services
Choosing Wisely Cold Standard	https://choosingwiselycanada.org/perspective/the-cold-standard
Alberta Medical Association (AMA)	https://www.albertadoctors.org/about/COVID-19
ACFP	https://acfp.ca/tools-resources/covid-19-resources/
CPSA	<ul style="list-style-type: none"> • https://cpsa.ca/news/resources-for-physicians-during-covid-19 • https://cpsa.ca/wp-content/uploads/2020/07/General-IPAC-Standards.pdf

COVID-19 AND INFLUENZA IMMUNIZATION RESOURCES

AHS	<p>COVID-19 Immunization FAQ for Community Physicians</p> <ul style="list-style-type: none"> • https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-faq.pdf <p>Influenza Immunization</p> <ul style="list-style-type: none"> • www.albertahealthservices.ca/influenza/influenza.aspx
Government of Alberta	<p>COVID-19 vaccine: questions and answers</p> <ul style="list-style-type: none"> • www.alberta.ca/assets/documents/covid-19-vaccine-q-and-a-health-care-practitioners.pdf
Alberta Medical Association	<p>Be a Vaccine Positive Clinic (toolkit)</p> <ul style="list-style-type: none"> • www.albertadoctors.org/about/COVID-19/vaccine-positive-clinic-toolkit
Centre for Effective Practice	<ul style="list-style-type: none"> • Answering Questions about COVID-19 Vaccines: A Guide for Healthcare Providers • ProTCT Plan for the COVID-19 Vaccine Discussion
Canadian Medical Protective Association (CMPA)	<ul style="list-style-type: none"> • https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2017/how-to-address-vaccine-hesitancy-and-refusal-by-patients-or-their-legal-guardians • https://www.cmpa-acpm.ca/en/covid19/vaccination
University of Calgary	<p>Vaccine Hesitancy Guide</p> <ul style="list-style-type: none"> • www.vhguide.ca/

PATIENT RESOURCES (1 of 2)

COVID-19 Websites & Self-Management Resources	
Government of Alberta Isolation and quarantine requirements	https://www.alberta.ca/isolation.aspx
COVID-19: Information for Albertans (AHS)	www.albertahealthservices.ca/topics/Page16944.aspx
COVID-19 info for Albertans (Government of Alberta)	www.alberta.ca/coronavirus-info-for-albertans.aspx
COVID-19: How to Manage Symptoms (MyHealth.Alberta)	Coronavirus disease (COVID-19): How to manage symptoms (alberta.ca)
COVID-19: Care Instructions (MyHealth.Alberta.ca Network)	Coronavirus disease (COVID-19): Care instructions (alberta.ca)
COVID-19: What you need to know (MyHealth.Alberta.ca Network)	https://myhealth.alberta.ca/Alberta/Pages/COVID-What-you-need-to-know.aspx
Post-COVID-19 Resources	
Alberta Healthy Living Program: COVID-19 classes for Albertans - 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 www.albertahealthservices.ca/assets/programs/ps-cdm-calgary-after-covid-19-online-courses.pdf
Getting Healthy After COVID-19	www.albertahealthservices.ca/topics/Page17397.aspx
COVID-19 Translated Resources	
How to care for a COVID-19 Patient at Home (available in different languages)	www.albertahealthservices.ca/topics/Page17026.aspx
Translated resources: COVID-19 videos, webinars, podcasts available in multiple languages	Alberta International Medical Graduates Association (HealthHub for Newcomers): https://aimga.ca/healthhub
Mental Health Resources	
Mental Health resources (AHS)	www.albertahealthservices.ca/topics/Page17311.aspx
Mental Health Helpline	Phone 1-877-303-2642 for 24/7 assistance
Help in Tough Times – resource page	www.albertahealthservices.ca/amh/Page16759.aspx
Togetherall <ul style="list-style-type: none"> Clinically moderated free online peer-to-peer mental health community 	A safe community to support your mental health, 24/7 <ul style="list-style-type: none"> https://togetherall.com/en-ca

Patient resources continue on next page

PATIENT RESOURCES (2 of 2)

Mental Health Resources cont'd	
Text 4 Hope <ul style="list-style-type: none">Free daily text messaging services	COVID-19 Supporting Mental Health & Wellness <ul style="list-style-type: none">www.albertahealthservices.ca/topics/Page17019.aspx
Smoking Cessation Resources	
Smoking cessation	There is increasing evidence that smoking cessation may help to reduce the impact of COVID-19. www.albertaquits.ca/topics/smoking-vaping-covid-19
Advanced Care Planning	
Advanced care planning	Patients should also be counseled on advanced care planning, including: choosing an agent, communicating their values and documenting these in a Personal Directive. www.conversationsmatter.ca