novel Coronavirus (COVID-19) FAQs for Staff

Issued by the AHS Emergency Coordination Centre (ECC)

What’s happening in Alberta?

Alberta continues to see cases of COVID-19. For current case count, visit www.alberta.ca/covid19. Additional information for travelers, schools, daycares, employers and all Albertans, can also be found at www.alberta.ca/covid19.

Click on any topic below to see more information.

- Clinical characteristics of COVID-19
  - This includes a breakdown of what COVID-19 is, how it spreads and symptoms to watch out for.
- Clinical management of suspected, probable or confirmed COVID-19 patients
- Infection, Prevention and Control for Healthcare Workers
  - Proper use of PPE
- Mass gatherings and social distancing
- Medical notes
- Mental Health
- Self-isolation and testing for COVID-19
- Staff redeployment
- Surgical postponements
- Training
- Travel
- Vacation
- Visitor restrictions
- Volunteer restrictions
- Working remotely and childcare

Clinical characteristics of COVID-19

What is novel coronavirus (COVID-19)?

- Coronaviruses are a large family of viruses.
- Some coronaviruses cause respiratory illness in people, ranging from mild common colds to severe pneumonias. Others cause illness in animals only.
- Rarely, animal coronaviruses can infect people, and more rarely, these can spread from person to person through close contact.
- COVID-19 is what is called a novel coronaviruses.
- Novel coronaviruses are new strains of the virus that have not been previously identified in humans.
- This means people have no immunity against it, and it has no specific vaccine or treatment.

How does COVID-19 spread?

- COVID-19 is transmitted through person-to-person spread by:
  - larger droplets, like from a cough or sneeze
  - touching contaminated objects or surfaces, then touching your eyes, nose or mouth
• COVID-19 is not airborne and cannot spread through the air over long distances or times, like the measles.
• Studies suggest that the virus generally only survives for a few hours on a surface, though it may be possible for it to survive several days under ideal conditions.

What are symptoms of COVID-19?

• Symptoms for COVID-19 are similar to those for influenza or other respiratory illnesses. The most common symptoms include:
  o fever
  o cough
  o extreme tiredness
• Most people (about 80%) recover from this disease without needing special treatment.
• However, it can cause serious illness. Those who are older, and those with other medical problems are more likely to develop serious illness, which can include:
  o difficulty breathing
  o pneumonia
• There is a risk of death in severe cases.
• While we are still learning about COVID-19, serious illness appears to develop more often in people who are older or have pre-existing conditions, such as:
  o high blood pressure
  o heart and/or lung disease
  o cancer
  o diabetes

What should I do if I have symptoms of COVID-19?

• If you have any symptoms of an illness, please:
  o Stay home – do not go to an ER or clinic
  o Take the COVID-19 self-assessment to determine next steps and find out if you require testing.
• If you need immediate medical attention, call 911 and inform them you may have COVID-19.

What is the incubation period of COVID-19?

• Current estimates suggest the incubation period for COVID-19 is similar to other novel coronaviruses, between 1 and 14 days.

How long is a person contagious if they develop COVID-19?

• The period of communicability for COVID-19 is not currently known.
• People known to be sick with COVID-19 will be isolated until they are confirmed by medical tests to no longer carry the virus.

What can I do to prevent COVID-19?

• Use Contact and Droplet precautions, as well as routine IPC Practices for all patients at all times
• Wash your hands using soap and water for at least twenty seconds. Refer to hand-washing guidance here: https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-flu-handwash-how-to.pdf
- Avoid touching your face, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Clean and disinfect surfaces that are frequently touched.
- Limit your public interactions and create social distance of two metres when among others.
- Stay at home and away from others if you are feeling ill. Notify Workplace Health and Safety if you think you may be sick with COVID-19.
- DO NOT work when unwell, with any illness.
- When sick, cover your cough and sneeze with your arm, and wash your hands. Refer to respiratory etiquette guidance here: [https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-cover-cough.pdf](https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-cover-cough.pdf)
- Self-isolate for 14 days if you are unwell, or if you are returning from travel outside of Canada or if you were or may have been exposed to COVID-19.

**Should I be worried about COVID-19?**

- AHS and Alberta Health are well prepared for the COVID-19 response in Alberta; however, our response depends on every Alberta doing their own part.
- Dr. Deena Hinshaw stated that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.
- On March 11, the World Health Organization officially declared COVID-19 a global pandemic.
- Alberta declared a public health emergency on March 17.
- Risk is determined by assessing how likely Albertans are to be exposed to the virus in the province.
- We have public health measures in place to quickly identify potential COVID-19 cases and prevent the infection from spreading.

**Are there any predictions for when COVID-19 rates will spike or how long the outbreak will last?**

- We expect to see increases in travel-related cases, and additional cases of spread within our province, not related directly to travel.
- We will need to stay vigilant in order to sustain any positive results and the measures needed in the fall when seasonal illness rates begin to climb again.
- We have been working on predictions for COVID-19, which are based on previous experience with similar outbreaks of other illnesses and the recent COVID-19 experiences in other provinces and countries.

**Where can I find signs to warn patients and their families about the COVID-19 situation?**

- AHS has launched a new page on our external website to help site leadership and health professionals access current COVID-19 signage and posters. Please ensure these signs and posters are being used and up-to-date at your site.

**Clinical management of suspected, probable or confirmed COVID-19 patients**

**Who in Alberta is at risk for COVID-19?**

- Individuals who meet any of the following screening criteria should be considered as being at higher risk for having a COVID-19 infection.

**How is COVID-19 diagnosed?**

- Lab testing via nasopharyngeal (NP) swab is available for diagnosis to confirm a suspected diagnosis of COVID-19. Further information on lab testing can be found [here](https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-cover-cough.pdf).
Who is eligible for testing in Alberta?

- As of March 23, testing in Alberta is prioritized for the following symptomatic individuals:
  - people who are hospitalized with respiratory illness;
  - residents of continuing care and other similar facilities;
  - people who returned from travelling abroad between March 8 and March 12 (before the self-isolation protocols were in place); and,
  - healthcare workers with respiratory symptoms (focused testing for this group will begin later this week).

- Anyone with symptoms who does not fit any of these categories should stay home and self-isolate for a minimum of 10 days from the start of their symptoms, or until symptoms resolve, whichever is longer.

- This criteria means that travellers who returned to Alberta from abroad after March 12 and have mild symptoms will no longer be tested for COVID-19, as of March 23.

- Instead, the same advice applied to all Albertans will apply to them - to self-isolate at home and away from others. Anyone who has already been told by Health Link that they'll be tested will still get tested.

Why did testing criteria in Alberta change, as of March 23?

- The testing criteria implemented as of March 23 allows us to focus Alberta’s testing capacity on those most at risk. This is consistent with the approach happening across Canada.

- Our approach allows us to strategically use our testing resources, and reflects the fact that the most important thing anyone can do if they have mild symptoms isn’t to get tested—it’s to stay home and self-isolate. This includes all healthcare workers.

- Alberta is already a world-leader when it comes to testing for COVID-19. We are confident that Alberta’s testing criteria this provides us with our best chance of fighting this pandemic.

- The new testing criteria will help all of us, but only if all of us follow the protocols. If you are sick or do not feel well, stay home for 14 days.

Are we doing anything else differently for returning travelers, as of March 23?

- AHS is building extra capacity to be able to provide advice to returning travellers with symptoms, ensuring they are following proper medical directions including staying home and away from others, and monitoring their symptoms. These resources are expected to be in place late in the week of March 23.

Are there any treatments for COVID-19?

- At this time there are no specific treatments recommended for COVID-19 infections.

- Supportive and symptomatic care is important particularly for those with severe symptoms of COVID-19.

Are there vaccines to prevent COVID-19?

- Not yet, but researchers around the world are exploring this possibility.

What patients are at highest risk for severe COVID-19?

- Older individuals and people with medical co-morbidities, especially related to cardiovascular disease, chronic respiratory illnesses, diabetes and hypertension appear to be at the highest risk.
• Studies demonstrating these risk factors have not assessed the role of age as a confounder for these findings at this time, and the pathophysiology of these risk factors is still under investigation. Progressive illness early after presentation may also be a predictor of a severe clinical course.

• The proportion of individuals who get COVID-19 who develop severe disease is still under investigation, but is under 20% of diagnosed cases. Only a fraction of hospitalized patients will require ventilator support, develop shock, have signs of end-organ damage, or require critical care admission.

What do I do if I suspect my patient has COVID-19?

• If your patient meets the higher risk screening criteria for COVID-19, have the patient wear a procedure mask immediately.

• Place the patient in a separate room with contact and droplet precautions, and proceed with your clinical assessment.

• Zone Medical Officer of Health (MOH) approval is not required for specimen collection unless the patient is to be admitted to hospital because of severity of illness.

• Asymptomatic patients will not be tested.

• A nasopharyngeal swab, collected under strict droplet and contact precautions, transported in viral transport medium, should be submitted. For questions on test appropriateness and information on TDG B shipping requirements, call the ProvLab Virologist on-call (VOC) in Edmonton (780-407-8822) or Calgary (403-333-4942). More information can be found here.

• Use the COVID-19 requisition available within your site’s clinical information system if available. COVID-19 test requests can also be made by submitting respiratory specimens with the Serology and Molecular Testing Requisition and writing “COVID-19” in the bottom box (Specify Other Serology and Molecular Tests).

• Date of symptom onset and travel history, including country of travel and return date, MUST be included for testing to proceed.

• If your patient requires admission to hospital, or if you still would like to the Zone MOH to assist with the risk assessment, call the Zone MOH.

• All patients who are symptomatic but are not hospitalized should be advised to self-isolate. They should not visit any other healthcare facilities, including outpatient imaging or labs, unless they are being admitted to hospital. Self-isolation information can be found here.

Infection Prevention and Control for Healthcare Workers

As a healthcare worker (HCW) caring for a patient under investigation or with probable or confirmed COVID-19, what precautions should I take? What should the patient do?

• Use Routine Practices for all patients at all times, which includes a point of care risk assessment.

• When assessing patients who present with an influenza-like illness (ILI), the ILI algorithm should be followed.

• If a patient is under investigation for COVID-19, or has probable or confirmed COVID-19, then in addition to routine practices, follow the IPC recommendations for COVID-19.

• Some points to highlight from the IPC recommendations for COVID-19:
  o Patients should be given a procedure mask as soon as possible and placed in a private room as soon as possible;
  o HCWs should don Contact & Droplet personal protective equipment (PPE), including gloves, gown, procedure mask, and eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield). Note: personal eye glasses are not sufficient eye protection;
A fit-tested and seal-checked N95 respirator should be worn when performing aerosol-generating medical procedures (AGMPs), in addition to gloves, gown, and eye protection (Note: doing an NP swab is not an AGMP);
- Proper donning and doffing procedures for PPE must be followed.

What if I am in a community-based clinic and don’t have contact and droplet precaution supplies (gloves, gowns, mask, eye protection)? What if I don’t have the supplies or skills to take a nasopharyngeal swab?

- If you are a community physician and you are unable to safely assess the patient or take an NP swab for any reason, advise clinically stable patients to immediately self-isolate at home and call Health Link at 811 for assessment and testing in the community.
- They should, when possible, avoid taking public methods of transportation home, including buses, taxis, or ride sharing. Self-isolation information can be found here.
- If your patient is unwell enough to require hospital admission, call the Zone MOH.

For patients who are under investigation for COVID-19, or who are probable or confirmed cases of COVID-19, should staff access to the patient room be limited in any way?

- When caring for a patient who is under investigation for COVID-19, or who is a probable or confirmed case of COVID-19, staff access to the patient room should be minimized to only those who are essential for directly providing patient care. It is preferable that “teaching rounds” (i.e. with multiple students, residents, etc.) not be conducted in the patient room.

Should certain staff avoid providing care to a patient who is under investigation for COVID-19, or who is a probable or confirmed case of COVID-19?

- Staff and students (including those who are pregnant, immunocompromised, or have underlying medical conditions) do not need to be restricted from providing care to patients who are under investigation for COVID-19, or who have probable or confirmed COVID-19, so long as the staff member or student is able to demonstrate proper use and fit of personal protective equipment, including donning and doffing procedures and can competently adhere to the IPC recommendations for COVID-19.
- Individuals who are unable to competently adhere to the IPC recommendations for COVID-19 (e.g. skin condition that precludes proper hand hygiene practices) should not provide care to patients who are under investigation for COVID-19, or who have probable or confirmed COVID-19.

Should staff who are providing care to a patient who is under investigation for COVID-19, or who is a probable or confirmed case of COVID-19, be restricted from providing care to other patients?

- There is no requirement for staff cohorting at this time, in which a team of staff would: (a) focus on caring for patients who are under investigation for COVID-19, or who have probable or confirmed COVID-19; and (b) limit contact with other patients.

Why doesn’t AHS follow the CDC (Atlanta) Personal Protective Equipment (PPE) guidelines?

- AHS follows the national guideline developed by the Public Health Agency of Canada (PHAC) and the provincial guideline developed by Alberta Health. PHAC consults with provincial and territorial public health authorities to develop national evidence-informed guidelines to guide the Canadian response to the global COVID-19 outbreak. These guidelines developed within the Canadian context help ensure
consistency in messaging and actions to be taken to protect the public and health care providers across Canadian jurisdictions.

- AHS guideline regarding PPE use for suspected or known COVID-19 patients is consistent with the World Health Organization’s interim guidance.

**Should my department start ordering extra Personal Protective Equipment (PPE) supplies to prepare for suspected or known COVID-19 patients? Who do I contact if I have questions about PPE requirements and supply ordering processes?**

- Protective measures for COVID-19 are the same as the droplet and contact precautions that staff should already be practicing for Influenza-like illness (ILI).
- An N95 mask is the required PPE only if an Aerosol Generating Medical Procedures (AGMP) is required for the care of the patient. AHS maintains robust inventories of PPE associated with all levels of protection.
- These inventories are actively being managed within AHS and there is no need for areas to accumulate supplies outside of normal operational requirements. Accumulating supplies beyond normal operational requirements makes it very difficult for AHS to manage its PPE inventory.
- Should you have any questions regarding PPE requirements for COVID-19 related work functions please consult with your local Workplace Health and Safety Advisor.
- Questions regarding supply ordering processes should be directed to your local CPSM Site Services Supervisor.

**I’ve heard on the news that retail stores are seeing large increases in their sales of facemasks. Will this impact Alberta Health Services (AHS)?**

- Alberta Health Services (AHS) maintains robust operating inventories as well as an all hazards inventory stockpile of supplies that is inclusive of those required for protection of staff for Contract and Droplet Precautions and Aerosol Generating Medical Procedures (AGMP). AHS proactively works with its suppliers to ensure its operating inventories and stockpiles are maintained at levels consistent with foreseeable requirements at a provincial level.
- We are closely monitoring the COVID-19 situation and requests for supplies to ensure sufficient PPE is available. In order to most effectively manage our ordering processes and on hand inventory of PPE, CPSM is proactively reviewing all inventory and direct purchase order (DPO) requests to ensure they are consistent with historical use patterns.
- Requests for supplies that are inconsistent with historical use may be referred to Workplace Health and Safety (and/or the Emergency Coordination Centre) for review prior to processing.

**What facemasks should EMS staff use?**

- Often the pre-hospital care paramedic has no way of knowing what pathogen is the causative agent and must make a quick reactive decision to determine what PPE is required during a time sensitive emergency event in a confined space. By using the N-95 respirator, paramedics will have the proper protection in an enclosed environment that is unpredictable in nature.
Proper use of PPE

What type of precaution should I use when treating a patient with suspected or confirmed COVID-19?

- Staff and physicians are advised to use Contact and Droplet precautions when caring for a patient with suspected or confirmed COVID-19, including a procedure mask, gown, eye protection and gloves.
- Review the PPE checklist and the proper procedures for donning and doffing of PPE.
- These guidelines are in alignment with both the Public Health Agency of Canada and the World Health Organization, and with other provinces and territories in Canada.

When should I use an N95 mask when treating a patient with suspected or confirmed COVID-19?

- As recommended by WHO and PHAC, N95 respirators are not required unless performing certain procedures that can cause droplets from the nose or mouth to become airborne.
- Staff should refer to and comply with the AHS Infection Prevention and Control (IPC) standards when treating patients.

Why is an N95 respirator not required for Nasopharyngeal Swab?

- According to the Public Health Agency of Canada guideline, a Nasopharyngeal Swab does not generate aerosols that can lead to transmission.
- As the swabs do not generate aerosol, the PPE requirements within Contact and Droplet precautions are appropriate.

I’ve heard concerns about the level of supplies. Will we have enough to get through this outbreak?

- AHS continues to carefully monitor and assess supply levels on a daily basis and are implementing inventory access and control measures at all sites to ensure a sustainable supply across the province.
- There is no shortage of infection prevention supplies in Alberta, but we must continue with the responsible use of supplies such as N95 respirators and hand sanitizer for clinical purposes only.
- We ask that staff help us ensure these supplies remain at AHS facilities and available for use in the healthcare system.

Mass Gatherings and social distancing

What restrictions have been put in place to slow the spread of the virus?

- On March 17, significant new restrictions on public spaces and events were announced by the Government of Alberta, including declaring a state of public health emergency in Alberta.
- These restrictions are necessary to protect our communities from further transmission.
- Healthcare facilities are exempt from the restrictions; however, we strongly encourage you to familiarize yourself with the new restrictions, to understand the impact they may have on your day-to-day life and that of your family. Details can be found at the link above and also at www.alberta.ca/covid19.
Why are we putting restrictions on public gatherings?

- We know that limiting contact between people is the only means we have as a community to prevent this virus from spreading.
- This method is especially important to protect the health of older Albertans and those with chronic health conditions who tend to have poorer health outcomes. We must break the chains of transmission to prevent COVID-19 from reaching these groups.

I work with others. What can measures can I take to achieve social distancing?

- Moving in-person meetings to a virtual format – Skype, teleconference etc.
- Postpone in-person meetings and non-critical group activities. Additionally, work areas will be asked to review their non-essential meetings and reduce as appropriate.
- Physical distance – where possible, employees are to maintain at least two metres (six feet) distance between themselves and others.
- Individuals will be encouraged to cease physical contact (e.g. shaking hands) and substitute greetings with a wave, a nod, a bow or an elbow bump.
- Where possible, employees should take stairs rather than elevators.
- Work from home where possible and operationally feasible.

Is social distancing the same as self-isolation?

- 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 (the length of a bicycle) from others when going out for groceries, medical trips and other essential needs
  - Limit the number of times you leave your home for errands
  - Try to shop at less busy times
  - Order online to have groceries or other items delivered if possible
  - 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

Medical Notes

I’m not feeling well. Do I have to provide a medical note to my leader for any missed work?

- During this period, AHS will not be asking staff to get a medical note for proof of illness. This helps reduce an already strained healthcare system.
- If you are calling in sick because you are experiencing respiratory or flu-like symptoms, please self-isolate, contact your leader, and be tested for COVID-19. Please refer to the Symptoms and Travellers Guidance and complete the assessment before contacting Workplace Health and Safety.
Mental Health

I’m struggling with my mental health – where can I get some help?

- We know this is a stressful time at home and work as we navigate this outbreak. The health, safety, and well-being of AHS workers is important to us.
- If you, or your loved ones are struggling, know that you are not alone and reach out for help.
- Speak with your Workplace Health and Safety Advisor, available 24/7 at 1-855-450-3619
- If you need to talk with someone and seek support, please check the Employee and Family Assistance Program resource guide or reach out to the Employee & Family Assistance Program at 1-877-273-3134 for professional supports. It is a free, flexible and confidential service available 24/7.
- Supporting your mental health and psychological safety
- Supporting you with kids at home
- Working remotely during COVID-19
- Check out Help in Tough Times.
- AHS has more resources to look after your mental health at ahs.ca/covid.

What are some tips to help deal with the stress/fear/anxiety I’m experiencing?

- We know this is a stressful time and it brings with it strong emotions including fear and anxiety.
- Make sure you are taking care of yourselves, your families and reach out to friends and neighbours, virtually for support.
- Doing the following things may help:
  - Eat well-balanced meals
  - Take a walk or exercise at home
  - Make time for activities you enjoy
  - Call your family, friends - connect with others. Talk with people you trust.
  - Take a break from news and social media.
  - Employee & Family Assistance Program at 1-877-273-3134

Is there any podcasts I can listen to that share ways to deal with mental health issues stemming from COVID-19?

- Dr. Nicholas Mitchell, AHS Provincial Medical Director for Addiction and Mental Health, has a series of short or short Mental Wellness Moment videos in which Dr. Mitchell talks about a variety of topics from managing childcare, dealing with loss and the need to create a daily schedule.
  - Mental wellness and ways to talk to our kids about COVID-19 and the changes and concerns they may be experiencing
  - Dealing with the feelings that come with death and loss
  - Protecting your mental health in a time of pandemic
  - Having and sticking to a daily schedule is helpful during a time of crisis
  - How to deal with disappointment and how to console others
- AHS has more resources to look after your mental health at ahs.ca/covid.

Self-isolation and testing for COVID-19

I’m feeling ill and think I may have COVID-19. What should I do?

- If you are experiencing cough or fever, please self-isolate by staying home and avoiding close contact with other people.
- Take the simple online assessment tool to help you decide whether you need to be tested for COVID-19.
Available at [ahs.ca/covid](https://ahs.ca/covid), this tool asks questions about symptoms and will take you through steps to help determine whether you should call Workplace Health & Safety or Health Link at 811 for testing. If you need immediate medical attention, call 911 and inform them that you may have COVID-19.

Who is the online tool for?

- The [self-assessment tool](https://ahs.ca/covid) is to help determine if you need to be tested for COVID-19 based on the latest recommendations.
- The tool was updated as of March 23, to reflect the new testing criteria in place as of March 23.

When should I call Workplace Health and Safety to let them know I'm feeling unwell?

- Staff must refer to the [Symptoms and Travellers Guidance](https://www.ahs.ca/covid-19) and complete the assessment, prior to calling Workplace Health and Safety (WHS). It provides direction regarding whether individuals need to self-isolate at home, and when to contact WHS or Health Link 811.
- WHS continues to experience an extremely high volume of calls. Completing this assessment will help ensure staff are getting the support they need.

Who is considered priority testing for COVID-19?

- Starting March 23, testing will be prioritized for individuals with symptoms, in the following categories:
  - people who are hospitalized with respiratory illness
  - residents of continuing care and other similar facilities
  - people who returned from travelling outside of Canada, between March 8 and March 12 (before the self-isolation protocols were in place)
  - healthcare workers with respiratory symptoms (testing will begin later this week and details will be shared as we have them).
- Anyone with symptoms who does not fit the categories above should stay home and self-isolate for a minimum of 10 days from the start of their symptoms, or until their symptoms have cleared, whichever is later.

I've been on the phone over an hour, waiting for Health Link (about COVID-19).

- Health Link is experiencing extremely high call volumes, and our staff are doing their best to answer calls as quickly as possible.

I had an assessment with Health Link but have not been contacted for testing.

- Health Link is experiencing high call volumes and staff are working as quickly as possible to arrange testing appointments; however given the high volume, there can be delays.
- Please be assured: you will be contacted to arrange for testing. In the meantime, please follow self-isolation procedures to reduce the risk of transmission.

I am waiting for my test results. How long will it take?

- Staff are working to provide test results as quickly as possible. Positive COVID-19 test results are being prioritized at this time in the interest of public health.
- Staff continue to work to reach all Albertans tested to provide their results, however given the high volume of test results, there can be delays.
Please be assured you will be contacted directly with your results. In the meantime, please follow self-isolation procedures to reduce the risk of transmission.

When should I go to the hospital?

- If you need immediate medical attention and you think you may have COVID-19, call 911 and inform them that you may have COVID-19.

Where can I get tested for COVID-19?

- Symptomatic healthcare workers are eligible for testing.
- Testing still takes place through a referral process, and AHS determines the most appropriate location for the testing, based on demand and resources in any given community.
- We continue to establish assessment centres as one route for this testing; however, we also continue to provide testing in-home, where needed, to ensure testing is completed rapidly. A public health nurse completes in-home testing – this is not a self-testing option.
- There is no self-testing for COVID-19.

Is AHS testing for any other virus beyond COVID-19? Will we be told if we have another virus?

- The number of COVID-19 tests being done in Alberta is increasing daily.
- To ensure our laboratory resources continue to be directed to the areas of greatest need and meet the increasing demand for rapid COVID-19 testing, Alberta Precision Laboratories will test only for COVID-19 on swabs that are taken in community settings.
- These swabs will not be tested for influenza.
- Swabs that are taken from hospitalized patients or patients seen in our emergency departments will still be tested for influenza.
- This approach balances the need for COVID-19 testing with the need for sustained compressive testing for the more ill individuals being seen in an acute care environment.

Are pharmacists going to be allowed to screen and/or refer patients for COVID-19 testing?

- On March 19, Alberta Health announced new billing codes to enable pharmacists to assess, screen and share information about COVID-19. These include direct referrals for testing and will be added support to Health Link 811 to help address Albertans’ needs.

Do you have any recommendations for people who are self-isolated?

- If you need to self-isolate, follow these guidelines:
  - stay home - do not attend work, social events or any other public gatherings
  - avoid close contact with other people - especially seniors and people with chronic conditions or compromised immune systems
  - watch for symptoms in yourself or a family member
- Monitor your symptoms
  - stay home - do not go to an ER or clinic
  - take the COVID-19 self-assessment to determine next steps and find out if testing is required
- Find additional self-isolation guidelines here, or check the Alberta Health website and Health Canada website.
What are your recommendations for people who are immune compromised?

- Consider avoiding busy public places, or reschedule your visit for non-peak periods.
- Wash your hands [insert link]
- Avoid touching your face, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick
- Clean and disinfect surfaces that are frequently touched
- Stay at home and away from others if you are feeling ill
- When sick, cover your cough and sneezes and then wash your hands [insert link]

I have asthma. What should I do?

- Follow your primary healthcare provider’s advice, including taking medications as prescribed.
- Call your primary health provider for additional advice as needed.
- Call 911 if you are seriously ill and need immediate medical attention. Inform them that you may have COVID-19.

My loved one has COVID-19 and we live in the same house. How can I take care of them and not get sick myself?

- Wash your hands
- Have everyone cover their coughs and sneezes
- Avoid sharing household items like dishes, drinking glasses, cups, eating utensils, towels and pillows.

Staff redeployment

Are staff going to be redeployed to support the response to COVID-19?

- There has been an overwhelming positive response from AHS staff offering their assistance in response to the COVID-19 efforts. Thank you for your support. It’s a testament to your desire to contribute to AHS’ COVID-19 response.
- If you have already submitted your interest to be redeployed to support Health Link and WHS, but have not heard back, please be patient. Teams are working as quickly as possible to respond.
- Non-union staff are encouraged to log on to e-People and complete the skills inventory. The skills inventory can be accessed as follows: Main Menu > Self Service > Learning and Development > Personal Development > Skills Inventory. The skill inventory contains information that may be of assistance in potential for redeployment.
- If you have questions, reach out to your manager.

Surgical postponements

I heard that surgeries and procedures are being postponed. Is this true?

- AHS is taking action to ensure our system can sustain its pandemic response. We are decreasing some of our regular activities in anticipation of an increase in Albertans needing hospital care.
- We have postponed all scheduled and elective surgeries. Urgent and emergency surgery, as well as oncology and scheduled caesarean procedures, will continue.
- AHS will be contacting Albertans scheduled for procedures and will reschedule as soon as possible.
• Doing this will help ensure AHS has the staff, equipment (including personal protective equipment) and beds available for the expected increased demand on our healthcare system.

Will staff be redeployed to help with response to COVID-19?

• Yes, frontline teams will be redeployed to other areas of the healthcare system to meet demand and ease pressure points.
• Leaders will connect with staff about redeployment opportunities.

Training

Have training courses been cancelled in response to COVID-19?

• We have taken a revised approach to training and as of today, any face-to-face staff training, not directly related to support of AHS’ COVID-19 response, will be suspended until further notice.
• This includes all employee and leadership development training, as well as clinical training (unless needed for COVID-19 response).
• We will continue to reassess this decision as the situation evolves. Please connect with your manager if you are unsure as to how this affects you.

I was scheduled to take Basic Life Support training. Will this still be offered?

• With the direction to suspend any face-to-face staff training not directly related to support of AHS’ COVID-19 response, Basic Life Support (BLS) courses are not being offered at this time.
• AHS employees who require BLS training will be permitted to continue to work in circumstances where individual CPR certification has expired.
• You will continue to be supported to maintain certification through full courses or the Prerequisite Challenge Exam.
• AHS is in conversations with The Canadian Heart and Stroke Foundation regarding a grace period on renewal and will update you when we have new information about this.
• Please check Insite for updates and further information about BLS courses.

Travel

Where can I go to get the latest advice for travellers?

• You can find general advice on travel and related restrictions at www.alberta.ca/covid19, but we also recommend you visit:
  • Public Health Agency of Canada
    o PHAC IPC Guidelines
    o Travel Health Notices
  • World Health Organization
  • WHO Travel Advice

Should I change or cancel my travel plans outside of Canada?

• Travel outside Canada is not recommended at this time.
• On March 16, the Government of Canada announced additional travel advisories for Canadians travelling or planning to travel abroad.
Given the rapid global spread of COVID-19, it is no longer possible to assess health risks for the duration of the trip.

- Public Health Agency of Canada's Travel Health Advisories
- World Health Organization's bulletins

What should I do if I have recently returned from travelling outside of Canada?

- Effective March 12, all Albertans currently outside of the country, or who returned on or after March 12, are required to self-isolate on their return for 14 days, regardless of what country they were visiting.
  - Please refer to: Returning Traveler Guidance for AHS Employees and Members of the Medical and Midwifery Staffs. This document provides direction on whether individuals need to self-isolate at home, and when to contact WHS or Health Link 811.

What should I do if I recently returned from travelling and am feeling unwell?

- If you recently returned from travel outside Canada or have symptoms - cough, fever, fatigue or difficulty breathing:
  - stay home – do not go to an ER or clinic
  - take the COVID-19 self-assessment
  - call Health Link 811 for further assessment if the tool indicates you should do so.

Can I travel within the country or the province?

- At this moment, travel within Canada is not restricted. However, people are encouraged to avoid non-essential travel as per the Chief Medical Officer of Health announcement to take all appropriate steps to socially distance themselves during day-to-day life.
- In order to help protect against the spread of respiratory illnesses including the flu and COVID-19, people should stay home and avoid social or other outings that are not essential.

I travel as part of my job at AHS. Is travel still allowed?

- All AHS business travel outside the country and province is suspended until further notice.
- Essential travel may be approved at the discretion of the applicable Vice President.

I recently travelled, how do I find out if someone on my flight tested positive for COVID-19?

- On March 14, Alberta’s Chief Medical Officer of Health, Dr. Deena Hinshaw, announced that the Government of Alberta will now be posting the flight information for any flight, or portion of a flight where passengers may have been exposed to COVID-19.
- Travellers on these flights will not be directly contacted and Albertans are asked to check the Alberta government website for this information, which will include the flight number, date and any seats that might be at risk of exposure to COVID-19.
- At-risk passengers are encouraged to self-isolate and monitor for symptoms for 14 days after arrival in Canada.

I was on a flight where there was someone who looked sick. Am I at risk?

- You are required to self-isolate for 14 days if you are returning from any destination outside of Canada.
Returning travellers on international flights may be screened at the airport:

If any cases are diagnosed among travellers to Alberta, Public Health will be following up with anyone who was exposed.

How is AHS informing people about COVID-19 who have just returned from travelling?

Starting March 16, AHS has deployed staff, on a volunteer basis, to connect with returning international travellers at the Calgary and Edmonton International Airports.

We have recognized this immediate need for returning international travellers to be informed of the province’s latest public health measures and travel recommendations. All returning international travellers are recommended to self-isolate for 14 days following return from travel. This means avoiding situations where they could infect other people.

Precautions are being taken to ensure our staff are protected. Staff will not be in close contact with returning travellers, but only in casual contact. Only staff who have volunteered will be participating in this work.

Vacation

I had vacation scheduled but am being called in to cover shifts? What should I do if I had vacation plans but have been told to self-isolate?

• Employees should speak to their leader directly for approval to delay or reschedule vacation time.

Visitor restrictions

Should my department restrict the number of visitors?

• Effective immediately, AHS has taken further steps to restrict visitors to hospitals, including the following:
  o Only one visitor will be allowed at a time
  o All visitors will need to be completely symptom free
  o Children will be restricted from visiting (exceptions will be reviewed and approved by unit manager or nursing staff)
  o Visitors cannot visit if they are on self-isolation for COVID-19 or because they are being tested for COVID-19
  o If a visitor tested positive for COVID-19, they should be isolating at home and cannot visit until they have clearance from medical officials
  o On March 20, additional visitation restrictions were put in place at seniors’ facilities, which include visitation by only one designated individual who must undergo a health screening prior to entering a facility. More details about these measures are available here.

Are people who may be or are ill allowed to visit an acute care, long-term or continuing care?

• No individual who is ill will be permitted to visit a patient in any AHS facility. This includes patients ill with known or suspected cases of COVID-19, or any other illness.
• Visitors must be feeling well on the date/time of visit.
• All visitors are asked to complete a screening questionnaire to ensure they are well and have not been exposed to respiratory illness prior to entering a facility.
• Visitors will also NOT be allowed to visit if you meet any of the following criteria:
You have an illness that can be transmitted (symptoms including fever, cough, loose stools, rash, or feeling unwell); OR
- You are immunocompromised; OR
- You are on self-isolation for COVID-19; OR
- You are being tested for COVID-19

- If you have tested positive for COVID-19 you will not be allowed to visit until you have recovered and receive clearance from medical officials.

Are there any exceptions to allow visitors?

- Exceptions to this restriction in certain circumstances would be considered, but will require review and approval by the unit manager or nursing staff on a case-by-case basis.

What can I say to families who are upset by these restrictions?

- We recognize these visiting restrictions may be difficult for families and loved ones but we must do all we can to minimize the risk of infection to our residents and staff.
- Please ask families to coordinate visiting schedules that allow for one person to be at the hospital at a time.
- Encourage them to consider alternate methods for communication, such as a phone call or video calling such as Facetime or Skype, to connect with the patient.

Who is allowed to visit at a Seniors Lodge, Long-Term or Continuing Care facility?

- Effective March 20, visitors to any continuing care, long-term care and seniors lodges in Alberta are limited to a single individual designated by the resident or guardian.
- Each essential visitor must be verified and undergo a health screening prior to entering the facility. This may include a temperature check or a questionnaire.
- Essential visitors are defined as those providing care necessary for the well-being of the resident, and those attending to a resident who is dying.
- Facilities must have security staff or a greeter to conduct this screening and verify the visitor is designated.
- Exceptions to these essential visitor rules will be made for family members to visit a person who is dying, so long as only one visitor enters the facility at a time.
- The restrictions apply to all long-term and supporting sites owned and operated by AHS.
- Additionally, no children will be allowed to visit. Exceptions to this restriction would be considered in certain circumstances, but will require review and approval by a unit manager or nursing staff on a case-by-case basis.

Volunteer restrictions

Are volunteers going to be asked to support the COVID-19 response?

- All regularly occurring volunteer programs in facilities, in community and in homecare environments will be suspended until further notice. This includes, but isn’t limited to:
  - All direct and indirect patient care programs provided by volunteers (e.g. patient visitation, entertainment groups)
  - Pet therapy/visitation programs
  - All ancillary revenue generating operations, including gift shops, hair salons, bookshops and cafés
• These measures are necessary to protect the health of our volunteers, and reduce any potential transmission within our facilities.
• We recognize that certain initiatives still need volunteer support. For that reason, volunteers will only be redeployed, if needed, for the COVID-19 response. This redeployment will be voluntary – no volunteer will be redeployed without their agreement.
• More details about the changes to our volunteer programs are available here.

Working from home and childcare

I am not a frontline healthcare worker. Am I allowed to work from home?

• AHS has encouraged leaders to allow temporary arrangements for employees to work from home, where it is operationally feasible.
• Please refer to the COVID-19 Temporary Alternate Workplace Arrangement Guide and discuss with your leader if working from home is appropriate in your situation.
• If you have questions about any of these measures or how they apply to you, please speak with your leader.

Where can I get more information about the tools I need to work effectively from home?

• Information has been posted on Insite to explain the technical options for working from home and for accessing applications remotely.

I’m working from home but I’m having issues with Skype and other programs. Where can I get help?

• Like many organizations across Canada, AHS is experiencing intermittent issues with the availability of Skype for inbound and outgoing phone calls, due to an unprecedented volume of calls nationwide. The vendor for Skype has made it a high priority to resolve this issue for their healthcare clients.
• This does not impact Skype-to-Skype calling, 911, 811, or the availability of any other AHS phone-based clinical service.
• Staff and physicians are using other tools when Skype is not available, including direct phone calls, and other teleconference options to ensure there is no delay to critical clinical processes.
• Watch for updates as this resolves. For any other Skype for Business issues, contact the IT Service Desk.

Can I forward calls from my desk phone to my cell or skype?

• With so many staff working from home to ensure social distancing, adjustments to our phone systems are required to maintain reliability and avoid any additional risk.
• AHS Telecommunications is restricting requests to use ‘external call-forwarding’ on AHS desk phones.
• Please update the voicemail greeting on your desk phone to guide callers to direct-dial your preferred out-of-office number.
• Questions? See Insite. Need support? Contact AHS.Telecom@ahs.ca.
I think I received a spam email about COVID-19? What should I do?

- Cybercriminals are using phishing emails to prey on our fears about COVID-19.
- Please use caution when opening any external email. These scam phishing emails often mimic legitimate COVID-19 information sources, to lure you into opening attachments or clicking links that install malware on computers. They may also ask for credentials to access information for fraudulent purposes. Don't be fooled.
  - Always check for AHS’ external email warning — it signals extreme ‘caution’
  - Never click on unexpected email links, open attachments or give information
    - Always go to ahs.ca/covid for official updates
    - Report suspicious emails using the “Report Phishing” icon on the Outlook menu bar, or forward to stop.spam@ahs.ca and delete it
- See InfoCare to learn more about COVID-19 email phishing scams.

I received a phone call asking for credit card information in order to release my COVID-19 test results. Is this legitimate?

- There have been recent reports of Albertans receiving phone calls by people saying they are representatives of AHS or Alberta Health and asking for credit card or other financial information. Disturbingly, sometimes this is under the guise of providing COVID-19 test results.
- Please be assured that we would not phone anyone requesting this information for any reason.
- Any such calls should be reported to police on a non-emergency line.

What privacy and security steps should I take when working from home?

- To help protect privacy and confidentiality when discussing patient, health and AHS business information, only use approved and secured conferencing tools to ensure our compliance with the Health Information Act and Freedom of Information and Protection of Privacy Act.
- Remember: only access the least information needed to perform your direct AHS job duties. Learn more with InfoCare.

Are there any plans to move to video-conference or teleconference methods for physicians to treat patients?

- AHS has extended its use of tools to help clinicians working remotely from one another, or their patients, including AHS Skype for Business and Zoom videoconferencing.
- Please see the AHS Bytes Blog and the Connect Care Physician Manual for more information.
- Additional guidance for access to AHS Virtual Care will soon be available for AHS clinicians requesting access to virtual tools to provide patient care during the COVID-19 pandemic.

I'm a parent and I've just been told that my daycare is closing. What should I do?

- As outlined in the AHS guideline on Temporary Alternate Workplace Arrangements, staff may be given the opportunity to work from home to address critical child care needs, where possible, with manager approval.
- To ensure we can continue to provide essential health services to Albertans, we encourage staff to look at immediate and longer term child care options. Possible options staff may want to consider:
  - Engaging the support of family or friends;
  - Developing a voluntary parent or colleague network to share child care responsibilities.
- Requests must be considered on a case by case basis, considering all of the circumstances in place at the time.
I heard some childcare facilities are reopening. Where can I find out more information?

- On March 20, it was announced that the province will begin re-opening select licensed child care centres to provide child care for core service workers.
- Up to 15,000 child care spaces will be opened to ensure child care is available for those providing services that Albertans rely on during the COVID-19 pandemic.
- Access will be prioritized to healthcare practitioners and critical infrastructure workers.
- The centres will be limited to 30 people, including staff, and will have to adhere to strict sanitization practices.
- Additional information on how these changes impact staff requests regarding child care arrangements will be provided to managers in the next few days.
- Staff are encouraged to talk to their manager if their situation has changed.
- More information about these plans is available here at the Government of Alberta website.

I’m struggling to balance my work responsibilities with the needs of my children and/or family. Where can I get more resources or support?

- We care about the health and wellbeing of our workforce. Please know that you are not alone and that there are many options to support you during this challenging time.
- Take the time to listen to Dr. Nicholas Mitchell podcasts:
  - Mental wellness and ways to talk to our kids about COVID-19 and the changes and concerns they may be experiencing
- If you need to talk with someone and seek support, please check the Employee and Family Assistance Program resource guide or reach out to the Employee & Family Assistance Program at 1-877-273-3134 for professional supports. It is a free, flexible and confidential service available 24/7.
- Supporting you with kids at home
- Working remotely during COVID-19