Novel Coronavirus (COVID-19)
Frequently Asked Questions – Staff

April 22, 2020

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 travellers, schools, daycares, employers and all Albertans, can also be found at www.alberta.ca/covid19.
Issued by the AHS Emergency Coordination Centre (ECC).

- 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
- Daily Fit for Work screening
- Expedited Return to Work Process
- Infection, Prevention and Control for Healthcare Workers and Proper PPE
  - Outbreaks
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- Working remotely, parking and childcare

- The numbers listed below identify new questions or questions that have been updated to provide additional clarity: 35, 61, 64, 69

ahs.ca/covid
Clinical characteristics of COVID-19

1. 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 coronavirus. 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.

2. 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.

3. 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:
     - fever
     - cough
     - 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:
     - difficulty breathing
     - 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:
     - high blood pressure
     - heart and/or lung disease
     - cancer
     - diabetes

4. What should I do if I have symptoms of COVID-19?
   - If you are a healthcare worker in Alberta who is experiencing symptoms of fever, sore throat, cough, runny nose, shortness of breath or difficulty breathing, please:
     - Stay home and self-isolate – do not go to an ER or clinic
     - Take the Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool to determine next steps and find out if you require testing.
       - Members of the public can continue to use the online assessment tool developed for them.
       - As of March 23 the tool been updated to reflect the change in testing for returning travellers.
   - If you need immediate medical attention, call 911 and inform them you may have COVID-19.

5. Who should use the Healthcare and Shelter Workers/Enforcement Personnel/First Responders Self-Assessment Screening tool?
   - Effective April 4, priority testing for COVID-19 has been expanded to include any members of the following groups, if experiencing symptoms consistent with COVID-19:
Healthcare workers *A healthcare worker is identified as a staff member who works in any AHS or Covenant Health facility where patient care is provided, work in any of the following settings, or provide any of the following services:

- Home Care
- Primary Care
- Diagnostic Imaging or Laboratory Clinics
- Medical Specialty Clinics
- Continuing Care and Licensed Supportive Living Sites
- EMS and Medical First Responders
- Pharmacists and Pharmacy Technicians

- Group home workers and shelter workers
- First responders, including firefighters
- Those involved in COVID-19 enforcement, including police, peace officers, bylaw officers, environmental health officers, and Fish and Wildlife officers
- Correctional facility staff, working in either a provincial or federal facility

Anyone in these groups are urged to use AHS’ online assessment tool, Healthcare and Shelter Workers / Enforcement Personnel / First Responders.

6. 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.

7. How long is a person contagious if they develop COVID-19?
- Current evidence indicates people with mild or moderate disease are no longer infectious by day 10 after symptom onset as long as their symptoms have resolved.
- People known to be sick with COVID-19 must isolate for 10 days from the beginning of symptoms or symptoms resolve, whichever takes longer.
- In addition, healthcare workers should not go back to work in a healthcare setting for 14 days from the onset of symptoms, or until symptoms resolve, whichever is longer.

8. What can I do to prevent the spread of COVID-19 at work, home or in my community?
- Please protect yourself and others by adhering to the same practices we recommend for protecting against all respiratory illnesses:
  - Wash your hands using an alcohol-based rub or soap and warm water for at least twenty seconds.
  - 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.
  - When sick, cover your cough and sneezes with your arm, and then wash your hands.
- Limit your public interactions and create physical distance of two metres when among others, including when in one of our facilities.
  - All healthcare workers who are unable to maintain adequate physical distancing measures from patients and co-workers are advised to wear a surgical/procedural facemask. Additional guidance about this approach is available on www.ahs.ca/covidppe.
- DO NOT work when unwell, with any illness.
- Stay home for a minimum of 10 days with any cold or flu symptoms until feeling well. If symptoms continue past 10 days, isolation should as well.
  - Take the Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool. This will help you determine if you need to be tested for COVID-19 under the new requirements and how long you need to self-isolate if you may have been exposed or are experiencing symptoms.
- Travellers must self-isolate for 14 days upon return, even when feeling fine. If symptoms are experienced during this period of isolation, you must continue to isolate for an additional 10 days following the onset of symptoms, no matter how long you’ve already been in self-isolation.
9. I’m worried about catching COVID-19. Should I wear gloves when outside of my house or in public places?

- Medical gloves are a very important component of Personal Protective Equipment for healthcare workers. However, gloves do not need to be worn by members of the general public during their daily activities, such as when grocery shopping.
- Gloves can create a false sense of security. If not used and disposed of properly, wearing gloves may provide another surface for the virus to live on – potentially encouraging virus transmission.
- Gloves are not a substitute for proper hand hygiene. We recommend frequent and thorough hand washing (with soap and water for 20 seconds), and covering your mouth when coughing or sneezing. Avoid touching your face, nose or mouth regardless of whether gloves are being worn. These remain the best evidence-based ways to prevent the spread of respiratory illness.
- For those who choose to wear gloves, proper glove use must be practiced.
  - Hands should always be washed and/or sanitized prior to putting on gloves and after taking gloves off.
  - Gloves should be changed when they become soiled or torn.
  - Change gloves if you touch your face – eyes, nose or mouth – or cover a cough or sneeze with your hands while wearing gloves.
  - Disposable gloves should be thrown out and not used again once they have been taken off.
  - Reusable gloves must be cleaned and disinfected after each use.

10. I am worried about catching COVID-19. Should I wear a mask if I have to leave my house or when in public?

- Wearing a non-medical mask, such as a homemade cloth mask, has not been proven to protect the person wearing it. However, wearing a non-medical mask may be helpful in protecting others around you.
- This is because face coverings are another way to cover your mouth and nose to prevent respiratory droplets from contaminating other people or surfaces. Additionally, wearing a mask may stop you from touching your nose and mouth.
- If you choose to wear a non-medical mask or face covering:
  - Ensure your mask is well-fitted and does not gape at the sides.
  - Be aware that masks can become contaminated on the outside. Avoid moving or adjusting the mask. Assume the mask has been contaminated and take proper precautions.
  - Critically, if you wear a mask, you must wash your hands before putting it on, as well as before and after taking it off.
  - Cloth masks should be worn only a short time, as there is some evidence that they can trap virus particles after they become damp, which may put the wearer at greater risk.
  - For those choosing to wear non-medical masks, it may be prudent to carry a bag with several clean masks in it, as well as a plastic bag that can be used to safely store used masks until they can be washed at home.
  - It is critical that used masks be carefully handled to avoid spreading infection to others.
- Frequent and thorough hand washing, physical distancing, covering your mouth when coughing or sneezing and avoiding touching your face, nose or mouth remain the best evidence-based ways to prevent the spread of respiratory illness.
- Staff are reminded that they are legally required to self-isolate if you have any symptoms of illness and to review and comply with the AHS Infection Prevention and Control (IPC) standards when treating patients.

11. I want to wear an N95 mask when out in public. Do all brands provide equal protection? What should I look for?

- Health Canada has received reports that fraudulent and uncertified N95 respirators that falsely claim to protect consumers against COVID-19 are being illegally sold to consumers online and in some stores.
- In Canada, N95 respirators are regulated by Health Canada as Class I medical devices and are manufactured or imported by companies that hold a Medical Device Establishment License.
- As a reminder, staff should not bring your own PPE to work, and be advised of the significant risk of relying on potentially fraudulent PPE in any setting.
12. How can I prevent the spread in a clinical or acute care setting?

- We cannot emphasize enough the critical role of healthcare providers not only in treating ill individuals, but in helping to reduce spread of illness.
- We strongly encourage you to review the Infection Prevention and Control (IPC) webpage and additional resources such as:
  - Personal Protective Equipment (PPE)
  - Point of Care Risk Assessment
  - ILI algorithm to be followed when assessing patients who present with an influenza-like illness
  - IPC Recommendations for COVID-19
- As a reminder, effective immediately, the AHS PPE Taskforce is advising all healthcare workers to wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they:
  - provide direct patient care
  - work in patient care areas in both AHS and community settings
  - cannot maintain adequate physical distancing from patients or co-workers; or
  - if entry into patient care areas is required
- Use Routine Practices for all patients at all times and appropriate Personal Protective Equipment (PPE) as needed.
- 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. Note: N95 respirators are not required unless they are performing aerosol-generating medical procedures.
- Review the PPE checklist and the proper procedures for donning and doffing of PPE.

13. I’m worried I may bring the virus home to my family. How can I ensure that I don’t bring it home?

- We understand that you may have concerns about COVID-19 and the impact it may have on your patients, friends, family members, and yourself.
- We are confident that the guidelines and equipment we have in place will protect our workers from exposure to COVID-19.
- It is critical that staff understands and is compliant with AHS Infection Prevention and Control (IPC) standards.
- As a reminder, effective immediately, the AHS PPE Taskforce is advising all healthcare workers to wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they:
  - provide direct patient care
  - work in patient care areas in both AHS and community settings
  - cannot maintain adequate physical distancing from patients or co-workers; or
  - if entry into patient care areas is required
- By protecting yourself and using your PPE properly while at work, you’re also protecting your family members and loved ones.
  - You are also reminded not to bring your own PPE to work.
- The effective and appropriate use of PPE keeps staff uniforms and clothing clean. If scrubs are soiled, staff are directed to change out of them before leaving their place of work.
  - Hair and shoe coverings are not required PPE. If hair coverings are worn for personal reasons; launder as per the Healthcare Attire Information Sheet.
  - Here are some additional recommendations:
    - Washable clothing is preferred in the healthcare setting. Regularly launder clothing in a hot water wash cycle followed by a cycle in the dryer. For more information refer to the Healthcare Attire Information Sheet.
    - Minimize contact between unprotected clothing and patient environments. For instance, do not lean up against walls, countertops, furniture, patient beds/cribs, or medical equipment.
    - Change your clothes at the end of a clinical day, either at the hospital or other facility, or once you arrive at home. If you change at work, transport the clothes you have changed out of into either a disposable plastic bag or a washable cloth bag that can be laundered at the same time as the clothes.
- Healthcare workers who are healthy and not experiencing symptoms can still share spaces with their family including bedrooms and bathrooms.
If you do become symptomatic, self-isolation is required. Take the Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool to determine next steps.

14. What surfaces should I clean at home to help reduce the possibility of accidental transmission of the virus?
   - We recommend regular cleaning of high touch surfaces. High touch surfaces are those touched often and most likely to be contaminated, such as:
     - Tabletops
     - Light switches
     - Door knobs
     - Sink taps
     - Toilet handles
     - Kitchen counter tops.
   - Clean and disinfect high touch surfaces daily or when visibly soiled.
   - Use a "wipe twice" or 2-step process to clean and disinfect. First wipe the surface thoroughly with soap and water to clean and remove soiling and debris. Then wipe again with a clean cloth saturated in a disinfectant to destroy or de-activate COVID-19 and other micro-organisms.
   - Environmental Public Health recommends two disinfectants:
     - Diluted household bleach. Prepare fresh daily; add 80 mL (1/3 cup) of 5% household bleach to 4 litres (16 cups) of water.
     - Accelerated hydrogen peroxide (0.5%), used according to label instructions.
   - AHS has a dedicated page for PPE information developed by the PPE task force, and more information about Infection Prevention and Control measures for personal items and clothing can be found here.

15. 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.
   - The Government of Alberta declared a public health emergency on March 17.
   - We have public health measures in place to quickly identify potential COVID-19 cases and prevent the infection from spreading.

16. What is the predicted timeline to see spikes in positive cases? How long will the outbreak last?
   - On April 7, Premier Kenney addressed Albertans and shared information about modelling for the course of COVID-19 in Alberta. Current predictions outline two scenarios: one is what is most likely, based on the experience of other countries and what we know in Alberta today; the other is more extreme.
   - In the first scenario, the peak of infections would be in mid-May, with as many as 800,000 Albertans contracting COVID-19, and between 400 and 3,100 deaths. The more dire predictions indicate the peak could be earlier in May, with more than one million infections and between 500 and 6,600 deaths.
   - We know that in Alberta, we already have lower hospitalization rates than other large provinces, and the rate at which infections are spreading is lower than other countries have experienced. These are both positive, but to maintain these lower rates, we are absolutely dependent on compliance with public health orders. We must continue to wash our hands frequently and thoroughly, stay home when sick and avoid being in public as much as possible. If you must be in congested public locations, wearing a mask may help reduce the spread of infection.
   - We should expect the public health orders and guidelines to remain in effect until at least the end of May, according to Premier Kenney’s update.

17. Does AHS have enough beds and/or ventilators to support patients if we have a spike in cases?
   - By the end of April, Alberta Health Services will have the following in place to support patients with COVID-19:
COVID-19 FAQ for Staff

- 2,250 acute care beds,
- Nearly 1,100 ICU beds,
- Approximately 760 ventilators.

- This is more than enough to meet the projected demand for hospital services during the peak of the outbreak in Alberta.
- Ongoing measures, such as the postponement of elective surgeries, are creating this additional capacity, which we talk about in more detail further on in this update. AHS is working to expedite training for working in the critical care environment.
- In addition to supplying our hospitals and healthcare centres, we also provide PPE supplies to physician offices, continuing care sites, seniors’ lodges, pharmacists, midwives, emergency shelters and EMS teams across Alberta.
- The Government of Alberta announced today that PPE will be sent – including N95 and procedural masks, gloves, goggles, and ventilators – to our fellow Canadians in Ontario, Quebec, and British Columbia. We are able to keep Albertans safe and help other Canadian healthcare systems to take on the challenges they face in managing COVID-19.

18. What other methods are being used to make room for the potential surge in COVID-19 patients?
- AHS has postponed elective surgeries, is moving seniors out of acute care and into care in the community, where appropriate, and discharging patients as soon as they are well enough to go home.
- By taking these actions we can also use our operating rooms and surgical recovery rooms as ICU spaces, further increasing hospital capacity, and allowing us to redeploy physicians, staff and equipment (including PPE) to areas of greatest need.

19. 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.

20. Where can I find translated COVID-19 materials for our patients and their families?
- AHS has translated several of our COVID-19 resources to make them available in Arabic, Simplified Chinese, Traditional Chinese, French, Punjabi, Spanish, Tigrinya, and Vietnamese, and coming soon - Somali.
- Albertans can access these translated COVID-19 pages on the ahsc.ca website by clicking on the language bar in the top right corner of every page.
  - These pages will also be accessible on the AHS main COVID website at ahsc.ca/covid.

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

21. Who in Alberta is at risk for COVID-19?
- Individuals who meet any of the following COVID-19 Testing and Self-Isolation Criteria should be considered as being at higher risk for having a COVID-19 infection.

22. 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.

23. Who is eligible for testing in Alberta?
- AHS continues to revise testing criteria in Alberta, to reflect enhanced lab testing capacity, and the evolving COVID-19 pandemic. These categories will continue to change in the coming weeks and months as the pandemic evolves.
- Effective April 13, in addition to those already eligible for testing, you are now eligible for testing in Alberta if you have symptoms of cough, fever, shortness of breath, runny nose or sore throat and reside anywhere in Alberta.
- This means that symptomatic residents of all Zones are now eligible for testing.
• Anyone among these groups is urged to use AHS’ online assessment tool:
  o Healthcare and Shelter Workers / Enforcement Personnel / First Responders.
  o Members of the public can continue to use the online assessment tool developed for them. The tool has been updated to reflect the new testing criteria.
• Please note that anyone with a cough, fever, shortness of breath, runny nose, or sore throat not related to a pre-existing illness or health condition is legally required to self-isolate for a minimum of 10 days from the start of symptoms, or until symptoms resolve, whichever is longer; however, these individuals ARE allowed to leave home to come for testing, following the guidance outlined in this Order.
• Note: in addition to the above criteria, outreach testing is occurring for other populations at high risk of community transmission and severe outcomes.

24. Why did testing criteria in Alberta change?
• Effective April 13 (today), the criteria for COVID-19 testing has again expanded in Alberta.
• This expansion reflects our enhanced lab testing capacity, and the evolving COVID-19 pandemic.
• These categories will continue to change in the coming weeks and months, again, to reflect the evolving pandemic.

25. 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.

26. Are there vaccines to prevent COVID-19?
• Not yet, but researchers around the world are exploring this possibility.

27. 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 per cent 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.

28. Are there clinical indicators that predict the need for patient intubation and mechanical ventilation?
• Many clinicians have asked if there are clinical features that reliably indicate the need for intubation and mechanical ventilation, and if, among patients requiring intubation and mechanical ventilation, there are clinical features predicting probability of survival or mortality.
• The AHS COVID-19 Scientific Advisory Group conducted a rapid review in response. This review is based on limited literature and existing published guideline documents, and is limited to adult, non-pregnant patients with confirmed or suspected cases of COVID-19. The report has several recommendations with regard to intubation.
• For more information, please review the Rapid Review report.

29. I have a patient with serious acute illness. What steps should I take to support them in their care goals or end-of-life plans?
• It is important to have advance care planning and goals of care discussions with your clients and/or their alternate decision makers before and/or at the onset of serious acute illness. Advance care planning and goals of care discussions help align care with clients’ wishes and what is medically appropriate.
• Providing goal-concordant care is especially important with severe symptoms and treatment for COVID-19. These conversations should include goals, hopes and fears ahead of sickness, as well as the potential need for hospitalization, ventilation or resuscitation, and Goals of Care Designation orders.
  o We want to avoid, for example, a client who didn’t have goals of care discussions ending up on a ventilator when that isn’t what they would have wanted.
• As appropriate, please visit or share the following online resources:
  o Conversations Matter website – AHS website for advance care planning and Goals of Care Designations for the public and for healthcare providers
  o Conversations Matter Guidebook – this resource outlines the steps in advance care planning and explains Goals of Care Designations in plain language
  o Personal Directive – A personal directive provides instruction for future medical care and identifies an agent to make personal decisions if needed.
  o Green Sleeve video – describes a Green Sleeve, which holds advance care planning and Goals of Care Designation related documents.

30. I’m a physician – are there resources available to guide care decision-making during this pandemic?
• In light of the COVID-19 pandemic, there are a number of important conversations regarding Goals of Care designations, which should be revisited by clinicians. AHS Clinical Ethics has created the Goals of Care Designations during Pandemic Conditions guidance document, intended to support decision-making during COVID-19.

31. Where does the clinical guidance we receive about COVID-19 come from? Where can I find more information?
• AHS COVID-19 Scientific Advisory Group (SAG) is a standing committee which reviews emerging evidence and guidance from national and international bodies, regarding various facets of COVID-19.
• SAG Rapid Response Reports created from these reviews provide recommendations pertaining to COVID-19 and its impacts on patients, providers, community and the health system, with the goal of informing clinical and public health practice, and policy and procedure development.
• The recommendations are intended to be used in addition to clinical judgement.
• More information about SAG and its recommendations is available on the COVID-19 Scientific Advisory Group website. SAG recently released information on intubation as outlined below.

32. I work in labour and delivery. Are all sites still offering maternity services? What has changed?
• In order to ensure there are appropriate space and resources to handle the anticipated surge in COVID-19 patients, the decision has been made to relocate maternity services at the South Health Campus and High River Hospital.
• Effective April 21, 2020, all inpatient obstetrical and neonatal care delivered at High River Hospital and the South Health Campus Family Maternity Place, will be consolidated to the Foothills Medical Centre, Rockyview General Hospital and Peter Lougheed Centre.
• During the pandemic, maternity services at High River Hospital will be temporarily relocated to the Rockyview General Hospital. Services currently provided at South Health Campus will be consolidated at the three aforementioned hospitals.
• Maternity care providers (obstetricians, family physicians, midwives and Primary Care Networks) who have patients scheduled to deliver at the High River Hospital or South Health Campus, on or after April 21, have been asked to contact their patients and make alternative hospital arrangements. Women’s health outpatient clinics at both sites remain open.

33. I have a patient who smokes but is looking for support to quit. Where can I find resources?
• During the COVID-19 pandemic, screening clients and patients for smoking and vaping, and providing cessation support or referral remains a priority.
• AHS offers various programs and services to help Albertans quit smoking, including telephone and online support services.
• Albertaquits.ca is a free, web-based cessation program, which provides self-help information, tools, texts and a community forum to help clients or patients quit smoking and/or vaping.
• The AHS Tobacco Reduction Program is currently working on virtual tobacco cessation programs and opportunities to increase access to free Nicotine Replacement Therapy (NRT) during the COVID-19 pandemic.
  o Use of NRT (patch, gum, etc.) or cessation medications is recommended along with counselling to double the chances of quitting.
• AHS staff and physicians can access their own smoking cessation support and resources on Insite.
Daily Fit for Work screening

34. How is AHS ensuring staff members are well and without symptoms before starting their shifts?
   - All staff, physicians and contractors will be screened to determine if they are fit for work before their shift, either through an online questionnaire tool or an in-person assessment at site.
   - Screening will be implemented by zone and site, based on local requirements, but staff can expect to report to a screening station daily to assess health risks by either showing their online questionnaire results, or completing a paper questionnaire with a screener at site.
   - All staff can use their AHS account login to access to the online questionnaire tool.
     - To add the online tool to your home screen, go to ahs.ca/fitforwork on your mobile device, click the “Fit for Work Questionnaire” button to open the tool, log in, then tap the menu icon in your browser and select Add to Home Screen. The tool will then appear as an icon or bookmark on your home screen. Note: You will still have to log in every time you use the tool.
   - Staff who do not have a mobile device should proceed to the screening station at their workplace to complete the paper questionnaire. A printable copy is available.
   - For more information, see the Daily Fitness for Work Screening Protocols and ahs.ca/fitforwork.

35. NEW Do I need to complete a temperature check as part of the Daily Fit for Work screening?
   - Temperature checks are no longer required as part of the Fit for Work screening process and have been removed from both the online tool and the printable questionnaire.
   - Only some sites continue to optionally take temperatures, although ECC is not endorsing the use of temperature taking, they have left this for local decision.
   - The requirement to complete a temperature check was removed as that symptoms is present in only about 50 per cent of COVID-19 cases.
   - By not taking temperatures, we greatly reduce contact between our staff and screeners.
   - For those still taking temperatures at home, a fever is defined as a temperature over 38 degrees Celsius.

Expedited Return to Work process

36. I’ve had been self-isolating but have no symptoms. When can I return to work?
   - AHS has implemented a new process that will expedite the return to work of critical members of healthcare teams who are self-isolating, but displaying no symptoms.
   - Refer to the Return to Work Guide to find advice which you can use to discuss the timing of your return with your manager. This will only be done in exceptional and limited circumstances, where it is absolutely necessary for that frontline healthcare worker to return to work, there are no other alternatives for coverage, and the worker is not symptomatic.
   - Expedited returns to work will only be considered in exceptional circumstance and must be discussed with your leader and approved by Zone Emergency Operation Centres.
   - Patient and staff safety will be the deciding factor in any approval. You can learn more in the FAQs.

37. What are the conditions for a staff member returning to work after self-isolation?
   - Refer to the Return to Work Guide for more support. Any staff who are approved for an expedited return to work will be required to follow strict conditions, including:
     - Donning a procedural mask at all times
     - Practicing physical distancing where possible
     - Staying six feet from other people while eating
     - Monitoring any change in symptoms, including having their temperature checked before each shift and completing a symptom checklist daily
     - Closely following all Infection, Prevention and Control protocols as well as other steps to ensure the safety of patients, families and other staff.
   - Alberta Health has removed the requirement for laboratory tests to confirm that someone has cleared a COVID-19 infection.
Infection Prevention and Control for Healthcare Workers and Proper PPE

AHS has created a PPE Task Force to consolidate best practice guidelines and information. AHS has also developed a single, dedicated page for all information and support documents on Personal Protective Equipment (PPE) and related Infection, Prevention & Control (IPC) guidelines. Please visit www.ahs.ca/covidPPE to access all PPE and IPC guidelines. Questions? Email ppe@ahs.ca.

38. I work in a position that requires me to be within 2 metres/6 feet of my colleagues despite physical distancing best practices. Do I need to wear PPE?

- AHS has put in place additional controls for workers, physicians and contractors to ensure that workers are reporting to work when they are not ill or exposed to COVID-19.
- These measures include the Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool and the Daily Fitness for work screening.
- All healthcare workers who are unable to maintain adequate physical distancing measures from patients and co-workers are advised to wear a surgical/procedural facemask. Additional guidance about this approach is available on www.ahs.ca/covidPPE.
- Staff are also reminded not to bring your own PPE to work.

39. What precautions should I take when treating patients all patient in general?

- Effective immediately, AHS is advising all healthcare workers providing direct patient care in both AHS and community settings to wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are involved in direct patient contact or cannot maintain adequate physical distancing from patients and co-workers. Additional guidance about this approach is available on http://www.ahs.ca/covidPPE.
- As well as wearing a surgical/procedural mask continuously, staff should continue to 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. (Note: COVID-19 may resemble other respiratory tract infections, grouped together as "ILI").

40. 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 in addition to routine practices when caring for a patient with suspected or confirmed COVID-19, including a procedure mask, gown, gloves 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.
- It is critical that staff should refer to and comply with the AHS Infection Prevention and Control (IPC) standards when treating patients. These standards outline the circumstances and situations where personal protective equipment is required and appropriate in response to COVID-19.
- Review the PPE checklist for contact and droplet precautions and the proper procedures for donning and doffing procedures. The most important thing is meticulous attention to detail.
- 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.

41. What initial steps should I take with a patient that may have COVID-19?

- Note: all healthcare workers are advised to wear a surgical/procedural mask continuously when treating any patient regardless of their COVID-19 status. Additional guidance about this continuous masking approach is available on www.ahs.ca/covidPPE.
- If your patient meets the higher risk screening criteria for COVID-19, have the patient wear a procedure mask immediately.
- Initiate contact and droplet precautions, place the patient in a separate room as soon as possible then proceed with your clinical assessment.
- Zone Medical Officer of Health (MOH) approval is not required for specimen collection.
A nasopharyngeal swab, collected under droplet and contact precautions, transported in viral transport medium, should be submitted.

- COVID-19 specimens no longer need to be shipped according to Transportation of Dangerous Goods (TDG) Category B requirements. For additional concerns, contact the ProvLab Virologist on-call (VOC):
  - Edmonton (780-407-8921)
  - 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).

If your patient requires admission to hospital, or if you would like 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](#).

AHS has created a PPE Task Force to consolidate best practice guidelines and information. AHS has also developed a single, dedicated page for all information and support documents on Personal Protective Equipment (PPE) and related Infection, Prevention & Control (IPC) guidelines.

Please visit [www.ahs.ca/covidPPE](http://www.ahs.ca/covidPPE) to access all PPE and IPC guidelines. Questions? Email ppe@ahs.ca

### 42. Should staff with certain conditions avoid providing care to a patient with a suspected/confirmed case of COVID-19?

- AHS is committed to keeping our people healthy and safe. During this time, healthcare workers who have underlying medical conditions and potential risk factors for severe COVID-19 disease, or are pregnant, may be concerned about their personal risk.

- To protect the health and safety of those healthcare workers with respect to COVID-19, AHS has released the following position statements for general guidance:
  - [Healthcare Workers with Underlying Medical Conditions and Potential Risk Factors for Severe COVID-19 Disease](#)
  - [Pregnant Healthcare Workers and COVID-19](#)

- If you have any questions, please speak with your supervisor or medical staff leader.

### 43. Should staff providing care to a patient with a suspected/confirmed case of COVID-19 be restricted from providing care to other patients?

- Cohorting of COVID-19 probable and confirmed patients in acute care will be required to ensure patient and staff safety. All AHS acute care and community sites are developing plans for patient cohorting, in consultation with Infection Prevention and Control (IPC). This may mean that some sites will have designated COVID-19 units, floors, or rooms.

- Cohorting patients will provide the best protection for our patients and staff, and will help preserve personal protective equipment. All decisions to cohort patients will be done in consultation with Infection Prevention and Control, based on best evidence.

### 44. How is cohorting being determined by site?

- Based on site-specific capacity, facility design, and patient population, each site is developing its own cohorting plan, using the following guiding principles and considerations:
  - The decision to cohort must be made in consultation with IPC.
  - A staged approach to cohorting is based on minimizing risk to the most patients while adhering to IPC principles and practices.
  - Strict adherence to IPC [point-of-care risk assessment, hand hygiene](#), appropriate use of personal protective equipment (PPE), donning and doffing by healthcare providers, adequate spatial separation and appropriate cleaning and disinfection is required.
  - When cohorting patients, consideration should also be given to:
    - underlying patient conditions (e.g., immune-compromised);
- vaccination status, especially for influenza with respect to co-infection;
- Co-infection with other diseases (e.g., influenza).
- Each zone shall develop decision trees/algorithms based on local infrastructure:
  - Decisions regarding the cohorting of suspect and confirmed patients versus COVID-19 only patients on a dedicated unit.
- AHS is not considering dedicated COVID-19 hospitals due to the downstream impact to specialty care services and geographic considerations, including transport concerns, needing confirmed test results of individuals as COVID-19 positive versus having influenza-like-illness, and needing to maximize bed capacity across all sites.

45. When should I use an N95 mask when treating a patient with suspected or confirmed COVID-19?
- When treating any patient including those with suspected or confirmed COVID-19, our healthcare workers are reminded to wear a surgical/procedural mask continuously unless they are performing certain procedures that are considered aerosol-generating medical procedures (AGMP).
- A fit-tested and seal-checked N95 respirator should be worn when performing AGMPs, in addition to gloves, gown, and eye protection.
- You can learn more about when N95 masks should be used in this guidance document for personal protective equipment (PPE).

46. I haven’t been fit tested for an N95 respirator in more than two years. What should I do?
- Please note, during the week of April 6 -10, Alberta Occupational Health and Safety extended the expiry period of existing fit tests on the current respirator model to December 31, 2020.
  - This applies to workers who have completed fit testing in the past two years, for which the fit test certificate expires on or after April 1, 2020. Those workers fit tested to a current respirator model (16,000 healthcare workers) will not need to renew fit testing until December 31, 2020.
- Workplace Health and Safety (WHS) continues to add more WHS Advisors and trained designated testers and increase our supply of fit test kits to support the heightened demand due to this pandemic.
- Contact WHS for details about appointments. We will ensure that all staff and physicians who require fit testing will have access. We appreciate your patience and understanding as we work through this increased demand.

47. I understand we will be given a different style of N95 respirator in the coming weeks. How can I get fit tested to ensure I can safely use it?
- Workplace Health and Safety (WHS) is developing a fit test strategy and implementation plan to support the arrival of new models of N95 respirators.
- As the respirators are a different style than previously used, they will need to be fit tested to our workers. As part of the plan, once the shipments arrive, WHS will begin fit testing of the new respirator models for healthcare workers in critical areas.

48. 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.
- This position has been adopted by all health jurisdictions in Canada and a recent decision by Alberta Labour and Occupational Health and Safety supported the AHS stance that an NP swab is not an AGMP (March 29).

49. Which swabs are the correct ones to use for COVID-19 testing, and where do we find instructions on correct method for sample collection? Why are we using alternate collection devices to collect nasal and throat samples?
- On April 11, Alberta Precision Laboratories (APL) provided updated recommendations for COVID-19 specimen collection and clarified instructions for the use of various types of swabs.
The standard practice for collecting COVID-19 samples had previously been to swab a patient’s nose - either a deep nasal swab or deeper nasopharyngeal (NP) swab. However, our provincial public health labs were finding variability in the quality of the samples coming in to the lab on the deep nasal swabs. The lab has confirmed that a throat sample collected on the Aptima swabs we are using now is effective at detecting the virus. Going forward, swabbing the NP or the throat will now be the recommended standard, not the nose.

Instructions on which sites are to use the various swabs, and instructions on sample collection are available at the links below:

- Use a FLOQSwab® and Universal Transport Medium to collect a normal nasopharyngeal swab
  - Directions for use of a FLOQSwab® and Universal Transport Medium - red top tube with pink fluid
- Use a APTIMA® Unisex Swab Specimen Collection Kit (blue swab) and APTIMA® Multisite Swab Specimen Collection Kit (pink swab)
  - Use these to collect a throat swab and deeper nasopharyngeal (NP) swab (directions on page 3 of the April 10, 2020 lab bulletin).

Instructions on proper collection techniques, and the swabs that are most appropriate for various sites are available here.

50. What if I am in a community-based clinic and don’t have contact and droplet precaution supplies?

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, use the online assessment tool and call Health Link at 811 for next steps including to confirm your possible exposure, a referral for testing, and next steps.
- 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.

51. I am worried about catching COVID-19. Should I wear a medical mask?

- Effective immediately, the AHS PPE Taskforce is advising all healthcare workers to wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they:
  - provide direct patient care
  - work in patient care areas in both AHS and community settings
  - cannot maintain adequate physical distancing from patients or co-workers; or
  - if entry into patient care areas is required

- Our recommended PPE approach reflects the emerging evidence of COVID-19 transmission, and related risks to patients and healthcare providers. This recommendation is based on emerging evidence that asymptomatic, pre-symptomatic or minimally symptomatic individuals can transmit COVID-19.

- We are making this change to protect patients from inadvertent exposure from a healthcare worker who could be without symptoms, but is still infectious. This will also minimize risk of an asymptomatic or pre-symptomatic healthcare worker exposing other healthcare workers, to COVID-19 illness. Additional guidance about this approach is available on www.ahs.ca/covidppe.

- As well as wearing a mask continuously, staff are reminded to continue using the following practices for every patient, every time:
  1. Follow Infection Prevention and Control (IPC) protocols including hand hygiene and using additional personal protective equipment when delivering patient care according to the AHS point-of-care risk assessment (PCRA).
  2. Every patient interaction begins with a Point of Care Risk Assessment (PCRA). In turn, this directs appropriate measures to protect both healthcare workers and patients.
  3. Having patients with respiratory symptoms wear a procedure mask is a source control strategy with strong evidence of reduction in viral shedding. This should be standard in the ED setting and considered in other settings.
  4. Contact and Droplet Precautions in addition to Routine Practices should be used for:
     a. All patients with Respiratory Symptoms or Influenza-Like Illness
b. Individuals where language barriers, altered mental status, severe illness or cognitive factors impact accuracy of PCRA

c. Individuals who have been directed to self-isolate (eg. travellers and contacts of probable or confirmed cases of COVID-19)

5. Use of a fit-tested N95 Respirator replaces a surgical/procedure mask for Aerosol-Generating Medical Procedures (AGMPs)

- We continue to remind all healthcare workers that appropriate and judicious use of all PPE, including surgical/procedure masks is critical to help conserve supplies and ensure availability through this COVID-19 pandemic.
- For more information and guidance on continuous use of other PPE, please click here.

52. Is there a maximum time a procedure mask should be worn before it is changed to ensure it remains effective?

- The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the healthcare worker feels it may have become contaminated and after care for any patient on Contact and Droplet Precautions (i.e. suspected or confirmed influenza-like illness or COVID-19).

53. I have seen or recently used masks that are different (look, smell and fit) than what was available previously. Are these masks safe? Will they protect me from COVID-19?

- As the regular supply chain for procurement of procedure masks cannot meet the required demand during this response, staff may see 10 or more new brands of masks over the coming weeks.
- These masks are all safe, certified, and meet ATSM Level 1 filtration requirements.
- We are working on addressing specific concerns about odour and fit from one new model of mask deployed.
- Some of the procedure masks from a new supplier are sealed in a plastic covering immediately after manufacturing, to prevent contamination.
- This creates an odour, as the masks are sealed immediately after they come off the production cycle.
  - AHS is working on an internal process whereby the masks will be removed from plastic before being distributed to our frontline workers, as this will reduce the odour before use.
  - We are also working with the supplier on modifying the size and fit over the nose area.
- As healthcare workers may find the masks different in fit and feel, we are here to support staff questions on fit and use. Please email PPE@ahs.ca with any questions.

54. I work at a continuing care site. Do I have to wear a mask continuously?

- Additional steps are being taken to prevent the spread of illness in continuing care facilities.
- All workers in these sites will be required to wear masks at all times when providing direct patient care or working in patient care areas.
- We are making this change to protect patients from inadvertent exposure from a healthcare worker who could be without symptoms, but still be infectious. Continuous masking will also minimize the risk of an asymptomatic or pre-symptomatic healthcare worker exposing other workers to the illness.
- For more information see: Guidelines for Continuous Masking in Home Care and Congregate Living Settings

55. 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.

56. I wear scrubs at work. Can I have scrubs issued to me during the pandemic?

- In order to ensure scrubs are supplied to areas where they are clinically necessary, effective the week of April 16, LS will only provide AHS-issued attire (scrubs) to staff on COVID-19 designated units who provide direct patient care.

ahs.ca/covid
Staff and physicians in a designated COVID-19 unit, wearing AHS-issued attire are still required to wear Personal Protective Equipment (PPE) for Contact and Droplet precautions. Please visit the AHS website for more information.

- LS will continue to supply AHS-issued attire to other areas where required by departmental policies. Please see the Healthcare Attire Information Sheet for details.

57. How can I reduce the risk of self-contamination and transmission of the COVID virus from personal items and clothing?

- PPE, including scrubs, are worn to protect clothing from contamination. By protecting yourself and using your PPE properly at work, you’re also protecting your family members and loved ones.
  - You are also reminded not to bring your own PPE to work.
- Hair and shoe coverings are not required PPE. If hair coverings are worn for personal reasons; launder as per the Healthcare Attire Information Sheet.
- Here are some additional recommendations:
  - Washable clothing is preferred in the healthcare setting. Regularly launder clothing in a hot water wash cycle followed by a cycle in the dryer. For more information refer to the Healthcare Attire Information Sheet.
  - Minimize contact between unprotected clothing and patient environments. For instance, do not lean up against walls, countertops, furniture, patient beds/cribs, or medical equipment.
  - Change your clothes at the end of a clinical day, either at the hospital or other facility, or once you arrive at home. If you change at work, transport the clothes you have changed out of into either a disposable plastic bag or a washable cloth bag that can be laundered at the same time as the clothes.
- In addition to the above IPC recommendations, physical distancing is being practiced in work spaces to help reduce the spread of COVID-19 at AHS.
- AHS has a dedicated page for PPE information developed by the PPE task force, and more information about Infection Prevention and Control measures for personal items and clothing can be found here.

58. Who should I call to transfer a safe, timely transfer of patient during this pandemic?

- All providers in all zones are asked to use RAAPID when seeking patient transfer or accessing services of providers in another facility in Alberta.
- Calling RAAPID early to identify the available destination recourse is paramount for initiating optimal care and response for urgent and high acuity patient transport.
- During our COVID-19 crisis, RAAPID is an essential tool to use to access appropriate and timely advice, referral, admission, repatriation and consultation for patients.
- As a reminder, to access RAAPID, there are different contact numbers depending on your location. The contact numbers are below for your reference:

![RAAPID](image)

- If you encounter any difficulties getting the level of service required, please ask to speak with the RAAPID manager on call. For less timely inquiries, email RAAPID.Leadership@ahs.ca.

59. 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 guidelines regarding PPE use for suspected or known COVID-19 patients are consistent with the World Health Organization’s interim guidance.
60. I’ve heard concerns about the level of supplies. Do we have enough?

- We take procurement and supply extremely seriously. A healthcare system needs two things for it to operate – staff, and the required equipment and supplies. We are in a good position, because we plan for these sorts of events.
- AHS has successfully secured significant amounts of personal protective equipment (PPE) through contracts with global distributors. The additional orders will help ensure frontline healthcare providers have access to the appropriate PPE to respond to the anticipated surge in patients with COVID-19.
  - The PPE includes face shields, procedure masks, surgical gowns, and three shipments of N95 respirators. The three separate N95 shipments will add 25 million N95 respirators to Alberta’s stockpile
- These shipments were secured outside of AHS’ usual procurement channels, and are another example of AHS’ commitment to the safety of our frontline providers, and the Albertans for whom they provide care.
- Required PPE will be provided to AHS frontline healthcare workers, as well as external partners such as government ministries, contracted providers and independent physician offices.
- Also, effective April 14, AHS will also begin collecting used N05 model 1870+ respirators from AHS Intensive Care Units in the Calgary and Edmonton Zones, for decontamination, a process of sterilization, and storing.
  - AHS is proactively collecting this supply of used 1870+ models, in the unlikely event that demand exceeds our supply of single-use N95 respirators, in the months ahead.
- Appropriate and considered used of our PPE supply continues to be the single most important element to conserving our PPE supply in Alberta. We ask that you continue to use PPE according to guidelines.

61. UPDATED Who do I contact if I have questions about PPE requirements and/or supply ordering processes?

- The Personal Protective Equipment (PPE) taskforce is now operational, and will provide a trusted source of information for use across the organization.
- AHS staff, physicians and partners are encouraged to email their questions on PPE to PPE@ahs.ca.
- Please note that while this email address doesn’t replace the guidelines and advice already available at ahs.ca/covid, it is another route for you to ask further questions.
- All other PPE requests can be submitted via to AHS Contracting, Procurement & Supply Management (CPSM) at CPSMOperations.EOC@albertahealthservices.ca.
  - Primary Care Network (PCN) member clinics: All PCNs can order PPE from AHS for their member clinics.
  - Non-PCN primary care clinics: Seven zonal PCN hubs are distributing PPE to non-PCN primary care clinics who meet criteria outlined here.
  - Community obstetricians, gynecologists and pediatricians: Request PPE through geographic hubs using this method.
  - Community specialist physicians: A revised process for requesting PPE through zone-specific contacts is here.

62. Are there any concerns about medication supplies?

- The COVID-19 pandemic is placing significant strains on resources worldwide, including medication supplies. AHS Pharmacy Services is working to ensure that we have the necessary medication supplies to care for our patients.
- With the anticipated increase in patients requiring intubation due to severe acute respiratory distress syndrome as a result of COVID-19, re-evaluation of how medications are being used is important to ensure adequate supplies throughout the pandemic period.
- We ask for your awareness and support as we look at ways to conserve medications used for intubated patients. This could include reduced doses or alternative medications or interventions, wherever possible and clinically appropriate.
- Specifically, we ask for your assistance in conserving supplies of the following medications:
  - Cisatracurium Ketamine
  - Dexmedetomidine Midazolam
  - Epoprostenol Propofol
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- Fentanyl
- Rocuronium
- Hydromorphone
- Succinylcholine
- Phenylephrine
- Ephedrine

- More details about conserving these important medications is available here.

63. Have cleaning standards changed in response to COVID-19?

- During this pandemic, keeping our facilities clean is critical to patient and staff safety, therefore we are enhancing our approach to cleaning protocols.
- Cleaning and disinfection is a shared responsibility by both healthcare workers and Environmental Services teams. We ask that routine practices include the cleaning and disinfection of surfaces, especially high-touch surfaces, to reduce the spread of infection.
- Managers should consider assigning designated staff to complete enhanced environmental cleaning.
  - IPC Best Practice Guidelines | Equipment Cleaning, Disinfection & Storage
  - Environmental Services Policy and Practice Documents
- More details about enhanced environmental cleaning can be found here.

Outbreaks

Starting April 21, the Government of Alberta is posting online the location and facility name of active outbreaks in the province. The information can be found at alberta.ca/covid19.

The outbreaks being posted are at any sites where there have been two or more confirmed cases of COVID-19. This is usually an indication that a transmission has occurred within a facility.

64. NEW When are care sites required to report an outbreak?

- All congregate care sites in the province are required to report to public health if they have even one resident or staff member with any COVID symptoms.
- An outbreak is declared if even one staff or resident is confirmed to have COVID.
- Having a low threshold for reporting and outbreak measures ensures public health is immediately involved to support the facility to protect residents and staff from spread of the virus.

65. What are the outbreak standards?

- New outbreak standards are now in place for operators, managers and staff at all congregate health settings, including all hospitals, nursing homes, designated supportive living and long-term care facilities, seniors lodges and facilities in which residential addiction treatment services are offered, to help manage COVID-19 transmission.
- The new standards provide operators with direction on how to deploy staff and resources where most needed, how to implement isolation measures, and ensure staff have up-to-date training on care and personal protective equipment.

66. What is the protocol if an outbreak occurs in an AHS facility? Who do we contact?

- AHS has created a Coordinated COVID-19 Response team, made up of zone operations, Infection Prevention and Control, Medical Officer of Health, Public Health Nursing, and Safe Health Environments, to support any site that is experiencing an outbreak.
- This team will ensure the containment of the virus and reduce the spread as quickly as possible.
- A new 1-800 number answered 24/7 is available for sites to report a resident who has symptoms of influenza-like illness and facilitate immediate notification to all appropriate zone and provincial resources, to initiate:
  - Site support for implementation of outbreak management and control measures, including isolation protocols, staffing, PPE and education
  - Communications support
  - Affected resident testing and assessment
67. Are staff allowed to work at multiple facilities if there is an outbreak at one of the sites they work at?
   - No, staff who work at a site that experiences an outbreak will be restricted to working at only that site.
   - Staff who may work at multiple facilities are required to immediately inform their supervisors if they have worked at, or are working at, a facility where there is a confirmed or suspected case.

68. Who is being tested if an outbreak occurs at a continuing care site?
   - To help protect continuing care and seniors' residents, going forward all residents and staff in continuing care facilities with current outbreaks will be tested, whether or not they are displaying symptoms.

69. New When is an outbreak declared over?
   - An outbreak is declared over only when four weeks have passed with no new cases.

Restrictions for Staff who Work at Multiple Sites

70. I work at multiple sites. Is this still allowed?
   - On April 10, 2020, Chief Medical Officer of Health, Dr. Deena Hinshaw issued an order to take effect April 23, 2020, requiring staff who work in long-term care and designated supportive living settings to work in one facility only for the duration of the pandemic.
   - This order replaces previous direction and only applies to staff working in long-term care and designated supportive living settings.
   - As we work toward an implementation date of April 23, it is very important that all staff continue to remain in their existing roles with all of their employers, working at multiple sites as necessary, until they are officially notified by their manager or human resources teams.

71. I'm a midwife and often work out of several sites. Am I restricted to working out of one site during the pandemic?
   - Many registered midwives are required to provide primary care across multiple sites (including hospitals and community settings, including midwifery community practice and client homes) in the course of their day.
   - For these reasons, registered midwives are not currently required to restrict their activities to a single site.
   - No registered midwife should be providing care to patients/clients if they have any new symptoms that may be consistent with an infectious disease.
   - All registered midwives working at multiple sites are asked to observe a number of measures.

Mass Gatherings and physical distancing (at work and at home)

72. What restrictions have been put in place to slow the spread of the virus?
   - On March 27, the Government of Alberta announced further restrictions to limit gatherings to 15 people or fewer and restrictions from accessing “close contact” services. A complete list of these restrictions is available here.
   - On March 17, the Government of Alberta declared a state of public health emergency.
   - Healthcare facilities are considered an essential service and are exempt from these restrictions.
   - The businesses and services on the essential services list can continue to provide services at locations accessible to the public and must have proper risk mitigation measures in place, such as sanitation stations and appropriate distancing between customers.

73. 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.

74. I work with others. What can measures can I take to achieve physical distancing?
• Review the Physical Distancing at work, COVID-19 worker support resource
• 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.
  o As a reminder, all healthcare workers are advised to wear a surgical/procedural mask continuously, at all times and in all areas of the workplace if they:
    ▪ provide direct patient care
    ▪ work in patient care areas in both AHS and community settings
    ▪ cannot maintain adequate physical distancing from patients or co-workers; or
    ▪ if entry into patient care areas is required
• 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.

75. Is physical distancing the same as self-isolation?
• Physical 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:
  o Keep at least 6 feet from others when going out for groceries, medical trips/other essential needs
  o Limit the number of times you leave your home for errands
  o Try to shop at less busy times or order online to have groceries or other items delivered
  o Go for a walk in your neighborhood or park while maintaining distance from others
  o Avoid overcrowding in elevators or other enclosed spaces
  o Follow Alberta’s recommendations on mass gatherings
  o Wash or sanitize your hands after touching communal surfaces

Medical Notes

76. 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 complete the Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool.

Mental Health

77. I’m struggling with my mental health – where can I get help?
• 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.
• Helplines:
  o Mental Health Helpline at 1-877-303-2642 available 24/7.
  o Addiction Helpline
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- Kids Help Phone
- Community and Social Services Helpline (Alberta 211).

- Additional resources:
  - Resilience, Wellness and Mental Health Resource guide
  - Self-Care Tip Sheets
  - Supporting Your Mental Health
  - Wellness Check-in Overview

- Going Home Checklist (whether you are physically leaving work or ending your shift at home)

- Working from home:
  - Healthy Together is AHS’ guide to family and home life during COVID-19.
  - 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.

78. I need to talk to a psychologist about the stress and anxiety I feel. What support options are available?
- AHS workers can find support through the Employee & Family Assistance Program, available 24/7 at 1-877-273-3134.
- In addition, the Psychologists’ Association of Alberta and Canadian Psychological Association are now connecting frontline healthcare providers who may be feeling stressed, overwhelmed or distressed as a result of the COVID-19 pandemic, with members who are providing pro bono psychological services. Please visit these organizations’ websites to learn more.

79. I’m experiencing stress/fear/anxiety. Are there tips you can share to help me deal with these emotions?
- 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.
- A weekly digest providing the latest literature and resources regarding the effect of COVID-19 on addiction and mental health is available. Every Monday, the newest evidence and resources will be shared and compiled by the AHS Provincial Addiction and Mental Health Knowledge Exchange team. You can subscribe to receive the latest updates.
- 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

80. Does AHS have any podcasts that share ways to deal with mental health issues?
- Dr. Nicholas Mitchell, AHS Provincial Medical Director for Addiction and Mental Health, has a series of 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.
- AHS has more resources to look after your mental health at ahs.ca/covid.

Reprocessing of N95 Respirators

81. Why is AHS/Covenant Health re-using N95 respirators?
- AHS/Covenant Health is starting to collect and decontaminate 1870+ N95 respirators that have been used in ICUs in Calgary and Edmonton, to store as contingency inventory in the event a shortage of N95 respirators arises during the pandemic.
N95 respirators are essential to protect healthcare workers who are exposed to COVID-19 positive patients undergoing aerosol-generating medical procedures (AGMP), such as intubation and nebulization.

82. Why is AHS/Covenant Health only re-using 1870+ N95 respirators?
- AHS/Covenant Health will decontaminate 1870+ N95 respirators at this time as they are the most commonly used N95 respirators. In the future, other models of N95s, could be decontaminated.

83. How do I know if I'm using an 1870+ N95 respirator?
- Your fit testing card will have written the model of N95 that you have been fitted for.
- The type of N95 respirator is written on the text on the front of the respirator, or on the box it is stored in.
- Remember, check what type of N95 respirator you are using while it is still packaged to avoid contamination.

84. When will staff start using re-used 1870+ N95 respirators?
- At this time, AHS/Covenant will only be decontaminating and storing 1870+ N95 respirators. If this contingency plan of re-using N95’s is required, you will be informed by AHS/Covenant.

85. Are re-used 1870+ N95 respirators safe?
- Studies have shown that N95 respirators can be safely decontaminated after being exposed to COVID-19.
- AHS completed testing to ensure the virus is deactivated after decontamination and that the fit of decontaminated 1870+ N95 respirators is still effective in providing protection against airborne particles.
- It is accepted by the scientific community that the virus is deactivated upon 70 degrees Celsius.
- The process used by the Medical Device Reprocessing Departments (MDRD) will achieve 121 degrees Celsius.
- AHS has completed fit-testing on 30 healthcare providers, using portacount process. Portacount are the industry standard for objectively evaluating the fit of a particular respirator to an individual, also called quantitative fit testing,
  - o portacounts compare the concentration of particles in the surrounding air to the particles found within the area of the breathing zone of the respirator.
  - o AHS traditionally uses the equally permissible qualitative fit testing, but that is a subjective approach to determining fit of the respirator. For this effort we wanted to be as precise as possible and have used portacounts instead.
- All other studies that have reviewed respirator fit after N95 decontamination also used portacounts to determine effectiveness of fit.

86. How many times will 1870+ N95 respirators be decontaminated for re-use?
- Studies have shown that N95 respirators can be safely decontaminated up to 10 times.
- At this time, AHS/Covenant has not determined how many times 1870+ N95 respirators will be decontaminated for re-use.

87. How are 1870+ N95 respirators decontaminated?
- Respirators are decontaminated using steam sterilization.
- This method was deemed preferable as other decontamination methods like vaporous hydrogen peroxide can cause respirator discoloration, a strong odor, and skin irritation. Plus, other methods cannot provide a large volume of decontamination like steam sterilization can.

88. Where will 1870+ N95 respirators be collected for re-use?
- At this time, AHS/Covenant Health is only collecting 1870+ N95 respirators for re-use from Intensive Care Units (ICUs) in Calgary and Edmonton.
- MDRD will be responsible for transporting used 1870+ N95 respirators from ICUs directly.
- Once the process has been confirmed, using the ICUs as a prototype, this contingency program will be further established in other ICUs in the province, and other units in which N95s are used.
89. How will 1870+ N95 respirators be collected from units for re-use?

- Before donning PPE, healthcare providers are required to mark their 1870+ N95 respirator with a tally mark using a permanent black sharpie, by the right seam of the respirator.
- After providing patient care, healthcare providers are asked to doff PPE while keeping their 1870+ N95 respirator on.
- To avoid contamination, healthcare providers should use a mirror or a buddy to determine if the 1870+ N95 respirator is visibly soiled, ripped or torn, or if the elastics have been damaged.
  - 1870+ N95 respirators that are damaged should be disposed of in the garbage; respirators that are not soiled, ripped/torn, and that have their elastics intact should be placed into a labelled, designated 1870+ N95 respirator collection bucket located outside of the patient room.
- At unit designated times, or when the 1870+ N95 respirator collection buckets are full, healthcare workers (HCWs) will don contact and droplet PPE, and place lids on all the 1870+ N95 respirator collection buckets outside of COVID-19 patient rooms.
  1. HCWs will transport these closed buckets to the unit’s dirty utility room/designated room.
  2. Once in the dirty utility room/designated room, HCWs will wipe down the outside of the closed, collection buckets with a disinfectant wipe.
  3. HCWs will then doff PPE and place clean 1870+ N95 respirator collection buckets from the unit’s clean utility room outside of COVID-19 rooms.
- MDRD will work with units to determine designated drop-off/pick-up times where they will drop off clean 1870+ N95 respirator collection buckets in the unit’s clean utility room and pick-up full buckets of used 1870+ N95 respirators using a closed, concealed transport cart from the unit’s dirty utility room/designated room.

90. How will staff know if an 1870+ N95 respirator has been re-used?

- Re-used 1870+ N95 respirators will have a black tally mark by the right seam of the respirator.
- It is essential that healthcare providers mark 1870+ N95 respirators with a tally mark near the right seam, using black permanent sharpie before donning the respirator.
- If a staff member has forgotten to place a tally mark on the respirator before providing patient care, and the respirator is not visibly soiled, ripped or torn, and the elastics are intact, staff should still place the 1870+ N95 respirator in the labelled, designated collection bucket. Do NOT mark the respirator after it has been used for patient care.

91. How can units managers help to facilitate the decontamination of used 1870+ N95 respirators?

- Unit managers should facilitate education of staff and physicians on the process to decontaminate used 1870+ N95 respirators.
- Managers should ensure health care providers are aware of their role in marking the respirators and placing them in the designated, labelled 1870+ N95 respirator collection buckets if they are re-usable (not visibly soiled, torn or ripped, and elastics are intact), and that healthcare workers are aware of their role in sealing and transporting 1870+ N95 respirator collection buckets to the dirty utility room/designated room in time for MDRD pick-up.
- Unit managers should work with their MDRD contacts to determine unit drop-off/pick-up times.

92. How does MDRD transport used 1870+ N95 respirators from units to the sterilization area?

- MDRD staff will pick-up designated buckets of 1870+ N95 respirators from the unit’s dirty utility room/designated room using a closed, concealed transport cart. MDRD will take the closed, concealed transport cart to the MDRD staging area, where they will decant buckets and wipe down the interior and exterior of the transport cart.
- MDRD will then take the buckets of used 1870+ N95 respirators to the designated MDRD clean/dirty area. There, two processors will don contact and droplet PPE.
  1. Processor 1 will hold a self-seal pouch for processor 2, to prevent contamination of the pouch.
  2. Processor 2 will open the buckets, inspect the used 1870+ N95 respirators to ensure they are not visibly soiled, ripped or torn, and the elastics are intact. Re-usable respirators will be placed into the self-seal pouch held by processor 1. Damaged respirators will be disposed of in the garbage.
- The self-sealed pouch will be sealed and placed into a sterilizer container. The sterilizer container will be passed through to the sterilization area to be processed.

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93. Where will decontaminated 1870+ N95 respirators be stored?
- Decontaminated 1870+ N95 respirators will be stored in a designated location at each site.
- Decontaminated 1870+ N95 respirators will be stored in plastic containers to prevent damage.

Self-isolation and testing for COVID-19

94. I’m feeling ill and think I may have COVID-19. What should I do?
- Healthcare workers with symptoms are being asked to complete the Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool. This will help you determine if you need to be tested for COVID-19 under the new requirements and how long you need to self-isolate if you may have been exposed or are experiencing symptoms.
  - Members of the public can continue to use the online assessment tool developed for them. The tool will continually be updated to reflect any changes to assessment.
- Stay home for a minimum of 10 days with any cold or flu symptoms until feeling well.
- If symptoms continue past 10 days, isolation should also continue.
- If you have life-threatening symptoms, go to an emergency department or call 911.
- Travellers must self-isolate for 14 days upon return, even when feeling fine. If symptoms are experienced during this period of isolation, you must continue to isolate for an additional 10 days following the onset of symptoms, no matter how long you’ve already been in self-isolation.
- The Return to Work Guide can help you and your manager confirm when it is appropriate to return to work if you’ve been self-isolating, had symptoms, or been tested.
- Please visit ahs.ca/covid for the complete guidelines on self-isolation.

95. What steps do I take if the HCW assessment determines that I may need to be tested for COVID-19?
- If you complete the HCW assessment and it determines that you may need to be tested for COVID-19, you must:
  - Self-isolate until you receive further instruction
    - You will be contacted to confirm your possible exposure, a referral for testing, and next steps.
  - Do not visit a hospital, physician’s office, lab or healthcare facility without consulting Health Link at 811 first.
  - Don’t go to any public places. Stay at home, and don’t have any visitors.
  - Do not attend work, school, social events, or any other public gatherings.
  - Don’t share personal items like dishes, utensils, or towels.
  - Wash your hands often.
  - Avoid close contact with other people, especially those with chronic conditions, a compromised immune system, or seniors (over 65 years of age).
  - If your symptoms worsen, call 811.
  - Call 911 if you are seriously ill and need immediate medical attention. Inform them that you may have COVID-19.

96. When should I call Workplace Health and Safety to let them know I’m feeling unwell?
- Staff must refer to the Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool. This will help you determine if you need to be tested for COVID-19 under the new requirements and how long you need to self-isolate if you may have been exposed or are experiencing symptoms.
- If the assessment determines that you may have COVID-19 you will be contacted to confirm your possible exposure, a referral for testing, and next steps.

97. Who is considered priority testing for COVID-19?
- Effective April 13, in addition to those already eligible for testing, you are now eligible for testing in Alberta if you have symptoms of cough, fever, shortness of breath, runny nose or sore throat and reside anywhere in Alberta.
- This means that symptomatic residents of all Zones are now eligible for testing.
Anyone in the following groups are urged to use AHS’ online assessment tool, Healthcare and Shelter Workers / Enforcement Personnel / First Responders.

- Healthcare workers *A healthcare worker is identified as a staff member who works in any AHS or Covenant Health facility where patient care is provided, work in any of the following settings, or provide any of the following services:
  - Home Care
  - Primary Care
  - Diagnostic Imaging or Laboratory Clinics
  - Medical Specialty Clinics
  - Continuing Care and Licensed Supportive Living Sites
  - EMS and Medical First Responders
  - Pharmacists and Pharmacy Technicians
- Group home workers and shelter workers
- First responders, including firefighters
- Those involved in COVID-19 enforcement, including police, peace officers, bylaw officers, environmental health officers, and Fish and Wildlife officers
- Correctional facility staff, working in either a provincial or federal facility

Members of the public can continue to use the online assessment tool developed for them. The tool has been updated to reflect the new testing criteria.

- Please note that anyone with a cough, fever, shortness of breath, runny nose, or sore throat not related to a pre-existing illness or health condition is legally required to self-isolate for a minimum of 10 days from the start of symptoms, or until symptoms resolve, whichever is longer; however, these individuals ARE allowed to leave home to come for testing, following the guidance outlined in this Order.

- Note: in addition to the above criteria, outreach testing is occurring for other populations at high risk of community transmission and severe outcomes.

98. Why did testing criteria in Alberta change?
- Effective April 13 (today), the criteria for COVID-19 testing has again expanded in Alberta. This expansion reflects our enhanced lab testing capacity, and the evolving COVID-19 pandemic. These categories will continue to change in the coming weeks and months, again, to reflect the evolving pandemic.

99. 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.

100. I have been referred for testing by WHS or Health Link, but haven’t been contacted yet
- If WHS or Health Link has referred you for COVID-19 testing, you will receive a call from Public Health to book an appointment to have a nasal swab at one of the province’s Assessment Centres.
- It may take several days for Public Health to contact you. Please be assured, you will be contacted to arrange for testing. In the meantime, please follow appropriate self-isolation procedures.

101. Where can I get tested for COVID-19?
- 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.

102. 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.

103. 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. Please be assured you will be contacted directly with your results. Review the new Guidance While Waiting for a Return Call information.
- The Return to Work Guide can help you and your manager confirm when it is appropriate to return to work if you’ve been self-isolating, had symptoms, or been tested.

104. Will I receive an auto-dial response if I test negative for COVID-19?
- As of April 14, AHS announced that Albertans being tested for COVID-19 will be provided with the option to receive negative test results via the auto-dialer, at the time they are referred for testing.
- Positive result confirmations from swabs taken at Assessment Centres will still be delivered by a direct phone call from AHS Public Health in all zones of AHS.

105. I received a call asking for my credit card number to release my testing results. Is this a scam?
- Recently, we’ve received reports of suspicious automated calls claiming to be from AHS and advising the recipient of the call to immediately isolate due to a COVID-19 exposure. This message is fraudulent.
- Please be assured that AHS or Alberta Health will never ask for personal or credit card information over the phone or by email. Suspicious calls/texts can be handled in the following ways:
  o Do not respond as it only confirms your phone number as an active target.
  o Report any threats to your personal safety to the RMCP.
  o Ignore or block non-threatening calls/texts which do not attempt to steal information.
  o Block calls/texts that attempt to solicit personal, credit or financial information and report these to the Canadian Anti-Fraud Centre.
  o If you have been a victim of fraud, contact your local police.

106. Do I need to have a test to confirm that I don’t have COVID-19 before I can return to work?
- Alberta Health has removed the requirement for laboratory tests to confirm that someone has cleared a COVID-19 infection.
- Anyone with COVID-19 symptoms is legally required to isolate themselves for 10 days from the onset of symptoms and until their symptoms have resolved.
- If a healthcare worker is confirmed to be infected with COVID-19, in addition to these requirements, they must also not attend work in any setting for an additional four days, as outlined in the Return to Work Guide.
- This extra measure provides a margin of safety to protect our most vulnerable and also helps ensure that our testing resources are used where they can provide the most value, including diagnosing clients in congregate care environments, acute care settings, and healthcare workers with new symptoms.

107. 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.

108. Is self-isolation guidelines the same across Canada?
- As of March 30, a uniform health guideline has been put in place across Canada regarding self-isolation.
- To align with new federal rules under the Quarantine Act, Albertans under mandatory self-isolation are now required to remain inside and can only go for walks on their own property, such as their backyard, for the duration of their self-isolation.
  o They can no longer go for walks in their neighbourhoods or through parks until their self-isolation period ends.
People who live in apartment buildings or highrises must stay inside and cannot use the elevators or stairwells to go outside.

- This applies to everyone in mandatory self-isolation – those who are feeling well and those who have symptoms of COVID-19 including cough, fever, shortness of breath or a runny nose.
- Albertans are legally required to self-isolate for 14 days if they:
  - returned from travel outside of Canada after March 12
  - are a close contact of a person who tested positive for COVID-19 (provides care, lives with or has close physical contact, or comes into direct contact with infectious body fluids)
- If you become sick during this time, you must self-isolate for an additional 10 days from the beginning of symptoms or until you are feeling well, whichever takes longer. Read more about how to self-isolate.

109. **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 Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool to determine next steps and find out if testing is required
- Find additional self-isolation guidelines here, or at the Alberta Health and Health Canada website.

110. **What resources do we have for patients to better understand the symptoms of COVID-19 or self-care after leaving an AHS facility?**

- These two patient care handouts provide concise COVID-19 related general health information and home care advice. The health information has been reviewed by AHS medical experts and is approved for use by healthcare providers across Alberta to provide:
  - standardized online patient education
  - discharge instructions at the point of care
  - home care advice by Health Link tele-triage staff
- MyHealth.Alberta.ca team currently is working to make the handouts available through ahs.ca/covid online resource as well as in Connect Care system for discharge workflow.

111. **Can I report someone who is not following self-isolation rules?**

- As of March 25, the Government of Alberta has put legally binding rules in place through a ministerial order, to protect the health and safety of Albertans.
- Law enforcement agencies have been granted full authority to issue fines for those who are not complying with the current public health orders, including those for self-isolating and limiting mass gatherings.
- These are not suggestions or guidelines – they are now the law and must be followed.
- For more information on what you need to do to protect yourself and others, visit ahs.ca/covid.

112. **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**
- 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

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113. 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

114. Why is AHS redeploying staff?
   - In order to support the COVID-19 pandemic and ensure that AHS can continue to provide needed care during the pandemic, we are reducing services in some areas, and preparing to meet increased needs in other areas.
   - Staff working in areas where services are temporarily reduced or paused, may be redeployed to areas across AHS to enable increased service demands and/or continuation of services where staffing needs and pressures are identified. To learn more, see:
     - COVID-19 Redeployment for Non-Union Exempt Employees FAQ
     - COVID-19 Redeployment for Unionized Employees FAQ

115. Will I be deployed to work in another area?
   - Whether or not you will be deployed to work in another area depends upon whether or not your skills and experience are matched with an area of high needs. Possible redeployment also depends upon a number of other factors, including if you:
     - Work in an area where services are discontinued, reduced or paused during the pandemic
     - Have specialized skills or experience in an area of high demand
     - Have expressed an interest in being redeployed
     - Are needed to replace others who are being redeployed
     - Are needed to replace in other areas/locations experiencing staff shortages due to employees who are unable to work due to being ill or ordered to self-isolate.
   - For any individual redeployment, all or a portion of these factors may be considered.

116. How is it determined where I will be deployed to?
   - Redeployment will be prioritized based on areas of resource need which is determined by Site and Zone Operations.
   - Staff being temporarily redeployed will be assessed based on existing skills and matched to areas of need.
   - Staff deployment and scheduling needs may vary by type of service, geography and over the course of the pandemic cycle.

117. What information is available about child care options?
   - See this question for more info.

118. Will I be looking after confirmed COVID-19 patients?
   - Depending on where you have been temporarily redeployed, you may be providing care to patients with COVID-19.
   - If this occurs, you will be provided with the necessary education and appropriate personal protective equipment (PPE) to support you in your work.
   - See this question for more info.

119. Will I go back to my normal work when the pandemic is over?
   - Yes. It is anticipated that employees will return to their former position when the pandemic is over, unless there are some exceptional considerations.
   - However, much like redeployment had to ramp up to match rising patient needs during the progression of COVID-19, it is anticipated that employees will gradually be returned to their pre-redeployment positions.
   - You will be notified with as much advance notice as possible when you will be returned.
Surgical and diagnostic imaging postponements, ambulatory clinic changes

120. 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.

121. Is there any resources I can review to understand how I can support this change and communicate more effectively with concerned patients?
   - A COVID-19 operating room algorithm, operating room/surgical task list and a Frequently Asked Questions document for surgical teams have been updated and are now available for staff and physicians working in surgical areas.
   - Ensuring staff and patient safety is our utmost concern. These guidelines do not replace clinical judgement based on point of care risk assessments.
   - All of this information and more is now available on a new Clinical Guidance for Surgical Services Insite page.

122. I work in Cancer Control. What resources are available to help staff and patients understand the surgical postponements?
   - An updated pandemic cancer surgery triage principles document is available.
   - Surgeons, Medical Office Assistants and AHS Surgical booking staff can also access a standardized communication regarding cancer surgery postponements and key messages regarding cancer surgery postponement to aid in their discussions with patients and their families, as well as a memo outlining the surgical consent process during the pandemic, including Infection Prevention and Control recommendations.
   - These documents will continue to be updated and recirculated as new evidence becomes available and as the pandemic response evolves.

123. Are diagnostic imaging procedures being postponed as well?
   - As of March 26, AHS is postponing some diagnostic imaging procedures as part of our efforts to reduce the spread of COVID-19.
   - Imaging that is deemed non-urgent by the ordering physician will be postponed.
   - Anyone needing an urgent or emergent outpatient CT or MRI scan will still receive one.
   - AHS will evaluate all semi-urgent and routine CT and MRI requests, and those requiring immediate imaging will be re-scheduled at an outpatient, non-hospital site.
   - Any imaging not related to immediate patient treatment will be rescheduled.

124. What changes have been made to ambulatory clinics?
   - Due to the evolving COVID-19 situation, all non-urgent AHS ambulatory (outpatient) clinic visits will be postponed as of April 1, until after April 30, 2020.
   - AHS will re-evaluate the status of the pandemic in mid-April to determine if extension of this timeline is required. Essential services and urgent patient visits will continue to be accommodated.
   - Patients will be contacted directly by AHS if their visits are being postponed. Referring providers will be contacted directly by AHS if their patient’s appointment has been postponed.
   - Postponed visits will be rescheduled once COVID-19 activity begins to decline. New ambulatory services referrals will be reviewed to determine urgency.
125. Is there an option to offer virtual care for non-urgent ambulatory care patients who have had appointments postponed?

- AHS clinicians should consider whether virtual care is an option in cases where patient appointments have been postponed as a result of this change.
- Please visit the Virtual Health page on Insite for more information.
- You can also review the Adult Ambulatory Services Provincial Pandemic Plan, or contact phc@ahs.ca for information on these plans.

**Training**

126. 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.

127. 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.

128. Is there a video resource available with information specific to COVID-19?

- On March 24, the AHS eSIM team shared their key learnings from over 75 acute care simulations across the province, including critical care, team roles, PPE and more. You can view this information here.
- As we continue to evolve our understanding of COVID-19 best practices, recommendations will likely change. To be most up-to-date with current recommendations, please continue to find the latest information on Insite or health professionals COVID-19 webpage on ahs.ca.

129. What resources are available from Practice Wise in relation to COVID-19?

- Practice Wise has introduced virtual learning sessions focused on the evolving COVID-19 response, aimed at keeping AHS staff and leaders up-to-date.
  - Sessions happen every Thursday from 12 to 1 p.m. and are hosted by clinicians from across AHS. The following session are happening in April:
    - April 23 – Living with uncertainty: Spiritual practices to support healthcare providers.
    - April 30 – Into to Zoom for Allied Health professionals.
- If you’re unable to participate in the session live, they are also recorded and posted Insite.

130. Are student placements to continue during the pandemic? Where can I get more information?

- Emergency and crisis situations are an integral part of healthcare education. Where appropriate and safe to do so, we are supporting the continuation of student placements in AHS facilities.
- Clinical operations are encouraged to facilitate student placements, particularly for those students in their final weeks of placements, to enable completion of the requirements for graduation and subsequent licensure or registration.
- The principles document can be used to guide decision-making for safe, student placements.
- If you are considering making changes to your student placements, please contact Teri Langlois or Jacqueline Albers.
Travel

131. **Where can I go to get the latest advice for travellers? Should I change or cancel my travel plans outside of Canada?**
- An official global travel advisory is in effect.
  - Avoid non-essential travel outside Canada and all cruise ship travel.
  - Canadians abroad should return home as soon as possible. Financial help to return may be available from the Government of Canada.
- 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
  - PHAC IPC Guidelines
  - Travel Health Notices
  - World Health Organization | WHO Travel Advice

132. **What should I do if I have recently returned from travelling outside of Canada?**
- All travellers returning from outside Canada are:
  - legally required to self-isolate for 14 days, and
  - monitor for symptoms: cough, fever, shortness of breath, nasal congestion, or sore throat
  - If you become sick during this time, you must self-isolate for at least 10 additional days from all other members of your household from the beginning of symptoms or until you are feeling well, whichever takes longer.

133. **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 Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool and wait to be contacted to confirm your possible exposure, a referral for testing and next steps.
    - Members of the public can continue to use the online assessment tool developed for them.

134. **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 physically 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.

135. **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.

136. **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.
137. 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 a traveller to Alberta tests positive for COVID-19, Public Health will follow up with anyone who was in close contact and considered exposed.

138. 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.

Vacation

139. What do I do if I had/have vacation scheduled but am being called in to cover shifts or told to self-isolate?
   • Employees should speak to their leader directly for approval to delay or reschedule vacation time.

Virtual care (this includes information for Allied Health disciplines)

140. Are there plans to move to video-conference or teleconference for clinicians to treat patients?
   • AHS clinicians are now able to begin using Zoom video conferencing to support virtual care encounters with patients, including those who are in self-isolation, those unable to attend an AHS Clinic and those located in rural and remote areas.
   • Clinicians are encouraged to use the most appropriate virtual tools (telephone, secure messaging) to connect with patients and use videoconferencing when necessary.
   • To help protect privacy and confidentiality when discussing patient, health and AHS business information, only use AHS approved teleconferencing tools: Skype, Telehealth and Zoom.
   • Visit Virtual Health on Insite to learn more about accessing these services.

141. I’m a physician – do we have resources with advice to work from home?
   • The AHS Chief Medical Information Office (CMIO) has produced a new manual and guide offering practical advice about how physicians can work remotely, while remaining mindful of organizational, legislative and professional obligations.
   • To learn more, please see the latest CMIO blog article on the Connect Care Bytes Blog.

142. I work in Allied Health. What guidance should we follow when providing care to patients virtually?
   • Many AHS programs and services have transitioned from face-to-face appointments, to telephone and other virtual platforms to provide care during the COVID-19 pandemic.
   • The Virtual Practice Guidance for Allied Health Disciplines lists key areas to consider, including patient safety, informed consent, privacy, equipment and clinical strategies, to help allied health managers and providers adapt clinical care to virtual delivery.
   • The guidance document was developed in consultation and collaboration with clinicians and leaders across a variety of sectors, as well as colleagues in Virtual Health, Allied Health Professional Practice and Education, Health Professions Strategy and Practice, Legal and Privacy and Communications.
   • For questions or more information, contact practice.consultation@ahs.ca or visit Insite.
Visitor restrictions

143. **Are people allowed to visit patients in an acute care, long-term or continuing care centre?**
- Given the increasing spread of COVID-19 in Alberta, the difficult decision to enhance visiting restrictions in hospitals, long-term care, supportive living, congregate living, lodges, licensed group homes and residential addiction treatment programs.
- Effective immediately (April 3), **no visitors** will be permitted in these facilities.
- We know this will be difficult and disappointing news to Albertans. Together, we continue to make these difficult decisions in order to keep our most vulnerable citizens safe from illness.
- All AHS acute care and continuing care staff along with residents of continuing care facilities are being screened daily for symptoms, including temperature checks.
- These measures, while necessary to protect patients, residents, and staff, will be extremely difficult for everyone.

144. **Are there any exceptions to allow visitors?**
- Exceptions will be made for visitors attending to a resident or patient who is dying, or the visitor is essential for delivering care which cannot be delivered by staff.
  - An essential visitor, designated by the resident, patient or guardian (or other alternate decision maker), may be a family member, friend or paid caregiver over 18 years of age.
- Exceptions Include:
  - Going forward, in some situations, special consideration will now be made in pediatric and maternity situations to allow for more than one visitor at a time. These decisions will be made by the patient’s care team.
  - In end-of-life situations, the patient’s care team will determine the appropriateness of one visitor at a time.
  - Emergency Department and Urgent Care patients may be accompanied by one visitor if they have specific challenges such as mobility, hearing, visual or memory impairment.
- All approved visitors are now required to wear a mask when visiting a patient in a healthcare facility, including, maternity, pediatric and dying patients and residents.
- Visitors who are approved under these exceptions must be verified and undergo a health screening prior to entering the facility. This may include a temperature check or a questionnaire. They will be escorted by staff to their family member’s room and must remain there; they are not permitted to visit other residents, patients or move about within the facility.

145. **Are visitors allowed to attend to a loved one who is passing away?**
- In end of life situations when there may be a critical need to visit a loved one, visitors with/or without symptoms may be provided with Personal Protective Equipment (PPE) and escorted to and from the room.
- Staff are advised to contact their local Infection Prevention and Control office for guidance in these situations.

146. **Are there any restrictions that would not allow an essential visitor to visit with a patient?**
- If you are an essential visitor, you will NOT be allowed to visit if you meet any of the following criteria:
  - Have an illness that can be transmitted (symptoms including fever, cough, or feeling unwell);
  - Are immunocompromised
  - Are on self-isolation for COVID-19
  - Are being tested for COVID-19;
  - Have tested positive for COVID-19. You will not be allowed to visit until you have recovered and receive clearance from medical officials.
  - In end of life situations when there may be a critical need to visit a loved one, visitors with/or without symptoms may be provided with Personal Protective Equipment (PPE) and escorted to and from the room.
147. **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.
- 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.
- A list of alternative ways to communicate with loved ones to assist visitors: [Using Technology to Connect with Your Loved Ones](https://www.ahs.ca/covid)

148. **What supports have been put in place at these facilities?**
- We are forming Rapid Response Teams, which will be available soon to all long-term, continuing care and seniors’ lodges.
- At first sign of influenza-like illness, these teams can be deployed to ensure all necessary measures and supports are in place.
- We have also established a dedicated COVID-19 email for operators of long-term, continuing care and seniors’ lodges in Alberta to provide immediate advice and guidance to operators to help them understand and manage potential illness at their site(s).

149. **How is Protective Services supporting visitors and entry restrictions during the pandemic?**
- Starting April 20th, Protective Services is launching the Safety Ambassadors program in response to increased requests for support during the COVID-19 pandemic.
- Safety Ambassadors will be responsible for screening, greeting and educating visitors on current AHS visitation policies, helping with wayfinding, and sharing information on any COVID-19 related expectations or policies.
- Although part of Protective Services, Safety Ambassadors are not peace officers or security guards, and will not have the authority to engage directly in security-related activities.
- Safety Ambassadors will be deployed to select acute and urgent care sites in Calgary Zone and Edmonton Zone to start, with the potential to expand provincewide.
- All requests for Protective Services support, either for a Safety Ambassador, or for emergency or enforcement needs, should still be made through each site’s Protective Services office.

**Volunteer restrictions**

150. **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](https://www.ahs.ca/covid).

**Working from home, parking and childcare**

151. **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](https://www.ahs.ca/covid) and discuss with your leader if working from home is appropriate in your situation.
152. 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.
   • Review the Technology Best Practices for Working Remotely for more advice.

153. Am I allowed to bring home my computer equipment from the office or work site?
   • With manager approval, staff authorized to temporarily work from home may transport and use their individually assigned AHS laptops and basic accessories (monitor, keyboard, mouse, cable, Skype headset, docking station).
     o You may not take home a shared-use computer or IT equipment, a desktop computer, or any AHS printer.
   • Employees are responsible for the transport, home set-up and connection of assigned AHS IT equipment and any related accessories.
   • Before removing your laptop from an AHS facility, check your list of applications to confirm that NetMotion is installed. If it is not installed, please request NetMotion through the IT Customer Service Portal. After it is installed, please test NetMotion while onsite.

154. I’m having issues with Skype and other programs. Where can I get help?
   • Nationwide, cellular networks and toll-free phone lines are facing unprecedented demand. Because of this, callers have been experiencing dropped calls, busy signals, or voice intercept ‘call back’ messages at times.
   • You can help lessen this demand, and ensure better connectivity, by joining Skype meetings online through the “Join Skype Meeting” link.
   • If you cannot join a conference call via the internet and must dial-in, please use the local-number provided, instead of the toll-free number (1-800, 1-877).
   • If you need to contact the IT Service Desk and cannot get through on the phone line, please use the email or chat option available here.

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

156. 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.

157. Have parking fees been removed for staff at all AHS sites?
   • Beginning April 3, AHS will temporarily suspend all parking fees for staff and the public at all facilities provincewide. Staff are not required to take any action to activate this change.
   • While parking will be free at all AHS sites, we do ask that staff continue to be respectful of the parking spaces allocated to visitors, as well as spaces reserved for emergency personnel, physicians, barrier free stalls, pick-up and drop-off zones, and fire lanes.
   • More information on these changes to parking are available here.

158. 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 be 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.

159. I heard some childcare facilities are reopening. Where can I find out more information?
- On March 20, the Government of Alberta 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.
- The centres will be limited to 30 people, including staff, and will have to adhere to strict sanitization practices.
- An updated list of reopened centres by community is available on Insite.

160. How do I find out if my child can be placed in one of the re-opened childcare centres?
- We encourage parents who meet the criteria of providing critical healthcare services, and are in urgent need of a childcare solution, to contact the reopened centres directly to request a space as soon as possible, as space is limited.
- At this time, parents will be required to self-identify if they consider their role at AHS critical.
- More information about these plans is available here at the Government of Alberta website.

161. 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.
- Healthy Together is AHS’ guide to family and home life during COVID-19. Our tips can help with day-to-day life in these challenging times.
- Supporting you with kids at home
- Working remotely during COVID-19