What’s happening in Alberta?

Alberta continues to see cases of COVID-19. For the most current information impacting AHS staff, visit the COVID-19 Insite page. For current case count and additional information for all Albertans including visitor restrictions, posters, information on testing and more, please visit www.alberta.ca/covid19.

Staff can also review the COVID-19 Relaunch Playbook which provides information and details to support staff as we move through the next phases of the pandemic.

Additional information for Allied Health Staff can be found here. We encourage all staff to review, as information in the Allied Health document may be useful to healthcare providers beyond that scope.

Other COVID-19 resources:
- 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
- Health Care Aid Wage Supplement
- Infection, Prevention and Control for Healthcare Workers and Proper PPE
  - Outbreaks
  - Restrictions for Staff who Work at Multiple Sites
- Mass gatherings and physical distancing (at work and at home)
- Medical notes
- Mental Health
- Relaunch Strategy to Return to Normal Operations
- Self-isolation and testing for COVID-19
- Staff redeployment
- Training
- Travel
- Vacation
- Virtual Care (this includes information about Allied Health disciplines)
- Visitor restrictions
- Volunteer restrictions
- Working remotely, parking and childcare

The numbers listed below identify new questions or questions that have been updated to provide additional clarity: 15, 63, 82, 124, 166, 168, 174, 177, 208, 222, 223
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 coronaviruses. Novel coronaviruses are new strains of the virus that have not been previously identified in humans.
   - This means people have no immunity against it, and it has no specific vaccine or treatment.

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 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.

4. What are symptoms of COVID-19?
   - The most common symptoms of COVID-19 include:
     - Fever
     - A new cough or a chronic cough that is worsening
     - New or worsening shortness of breath or difficulty breathing
     - Sore throat
     - Runny nose
   - Additional Symptoms of COVID-19 can include:
     - Stuffy nose
     - Painful swallowing
     - Headache
     - Chills
     - Muscle or joint aches
     - Feeling unwell in general, or new fatigue or severe exhaustion
     - Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite)
     - Loss of sense of smell or taste
     - Conjunctivitis, commonly known as pink eye
   - 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
5. Are COVID-19 symptoms in a child the same as an adult? How are they treated?

- In the past several weeks, cases of a new condition called multi-system inflammatory syndrome in children, or MIS-C, have been reported in a number of jurisdictions.
- It is similar to an inflammatory illness known as Kawasaki Disease, and responds to treatments such as steroids.
- MIS-C involves inflammation of multiple organs, including the heart, kidneys, blood and nervous system.
- Fever is a key feature of this syndrome, and other symptoms can include rash, vomiting, diarrhea, and abdominal pain.
- Reported cases involve children and adolescents who have been recently infected with the virus, developing the syndrome several weeks to a month after an infection.
- The early information available suggests that the majority of children who have COVID-19 are not expected to experience this syndrome.
- However, the disease will be reportable in Alberta in order to monitor any possible cases and improve our understanding of this illness.

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

- If you are a healthcare worker in Alberta who is experiencing symptoms please:
  - Stay home and self-isolate – do not go to an ER or clinic
  - Effective Sept. 17, all Albertans who are experiencing symptoms of COVID-19 are eligible for testing.
  - Asymptomatic testing is still available for those that fall into the following risk groups:
    - Albertans who are close contacts of a confirmed case, whether symptomatic or not;
    - Albertans who are linked to a known outbreak, whether symptomatic or not; and,
    - Asymptomatic Albertans who are:
      - School teachers and/or school staff;
      - Healthcare workers;
      - Staff and/or residents at congregate living facilities, including long-term care;
      - Experiencing homelessness; or
      - Require asymptomatic testing for the purpose of travel
  - Testing will be by appointment, which can be booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, 811 can book an appointment.
    - Please note: if you are asymptomatic – meaning without symptoms – you are not required to self-isolate while waiting for your test results. If your test results are negative and you have no symptoms of illness, you also do not need to self-isolate.
  - Healthcare workers can still choose to take Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool.
  - Members of the public can continue to use the online assessment tool developed for them.
- If you need immediate medical attention, call 911 and inform them you may have COVID-19.

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.
o Clean and disinfect surfaces that are frequently touched.
o When sick, **cover your cough and sneezes with your arm**, and then wash your hands.
o Wear a non-medical mask in public when a distance of two metres cannot be easily maintained.

- Limit your public interactions and create **physical distance** of two metres when among others, including when in one of our facilities.
o All healthcare workers who are unable to maintain adequate **physical distancing** measures from patients and co-workers are required to wear a **surgical/procedure facemask**. Additional guidance about this approach is available on [www.ahs.ca/covidppe](http://www.ahs.ca/covidppe), including these **tips** to help manage the discomfort that comes with continuous masking. This includes non-clinical and administrative sites. To ensure you are properly protected, please use the PPE supplied by AHS in AHS facilities.

- **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.
o Effective Sept. 17, all Albertans who are experiencing symptoms of COVID-19 are eligible for testing.
o Asymptomatic testing is still available for those that fall into the following risk groups:
  - Albertans who are close contacts of a confirmed case, whether symptomatic or not;
  - Albertans who are linked to a known outbreak, whether symptomatic or not; and,
  - Asymptomatic Albertans who are:
    - School teachers and/or school staff;
    - Healthcare workers;
    - Staff and/or residents at congregate living facilities, including long-term care;
    - Experiencing homelessness; or
    - Require asymptomatic testing for the purpose of travel
  - Testing will be by appointment, which can be easily booked online by visiting [www.ahs.ca/covid](http://www.ahs.ca/covid). If using the Internet is not an option, **811** can book an appointment online.
o Healthcare workers can still choose to take [Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool](https://www.ahs.ca/covidppe).
o Members of the public can continue to use the [online assessment tool](https://www.ahs.ca/covidppe) developed for them.

- 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. **Is there an app I can use to find out if I have been in contact with someone who has tested positive for COVID-19?**

- The **ABTraceTogether** app, created by the Government of Alberta to support its relaunch strategy, will enhance the current manual contact tracing process and help Albertans protect themselves and their loved ones. Through wireless Bluetooth technology, mobile contact tracing will complement the work of healthcare workers and speed up the current manual tracing process. This means Albertans will be contacted more quickly if they are at risk.

use of the app is voluntary: users opt-in to participate. Only your phone number is collected at the time of registering the app. The application does not track the user’s location and does not use your GPS. Data is only stored on the user’s phone in an encrypted format for 21 days. Users consent to sharing their data if they have tested positive for COVID-19. Users must be within two metres of each other, for a total duration of 15 minutes in a 24-hour period, in order to be notified as a close contact.

- The app is now available to download for free from the [App Store](https://apps.apple.com) and [Google Play](https://play.google.com). More information about the app is available from the Government of Alberta, [here](http://www.ahs.ca/covidppe).

- Read the [FAQs](https://www.ahs.ca/covidppe) about the ABTraceTogether app found on the Government of Alberta’s website.

10. **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.
  o Hands should always be washed and/or sanitized prior to putting on gloves and after taking gloves off.
  o Gloves should be changed when they become soiled or torn.
  o Change gloves if you touch your face – eyes, nose or mouth – or cover a cough or sneeze with your hands while wearing gloves.
  o Disposable gloves should be thrown out and not used again once they have been taken off.
  o Reusable gloves must be cleaned and disinfected after each use.

11. I use hand sanitizer regularly. Is there advice on what I should look for in hand sanitizer products intended for personal use?
• AHS does not individually verify or promote any of these products, but here’s some overarching advice on what to look for when considering hand sanitizer for your personal use:
  o Ensure the product has an alcohol concentration between 60-90 per cent. Public Health Agency of Canada, the Centers for Disease Control and Prevention and the World Health Organization all agree that products in this range are effective.
  o The World Health Organization also recommends inclusion of hydrogen peroxide in the solution, to prevent bacterial spores forming in the container. This may be less important if you are using a small container rapidly, for personal use.
  o Always read the full list of ingredients, to ensure you identify any allergens or irritants to which you know you are sensitive. For example, some products include emollients, which help protect the skin, but may cause allergies in some individuals.
  o Never ingest hand sanitizer and always keep out of reach of children.
  o If you are an AHS healthcare provider, be assured that AHS provides hand sanitizer products that are both safe and effective, at all facilities.

12. I am worried about catching COVID-19. Should I wear a mask if I have to leave my house or when in public?
• Wear a non-medical mask in public when a distance of two metres cannot be easily maintained.
• 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 are in public and are unable to maintain physical distancing and are wearing a non-medical mask or face covering:
  o Ensure your mask is well-fitted and does not gape at the sides.
  o 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.
  o Critically, if you wear a mask, you must wash your hands before putting it on, as well as before and after taking it off.
  o 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.
  o For those wearing 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.
  o 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.

13. I understand that the Government of Alberta will be handing out masks to all Albertans. Where and when do I get one? Why is the government doing this? Is masking going to be mandatory?
• Please refer to this question to learn more about the Government’s plan to distribute masks to all Albertans in support of the re-launch strategy.

14. 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.

15. UPDATED When is it okay to use a non-medical (cloth mask) versus a medical mask?
• Please see the AHS Guidelines for Continuous Masking that outline requirements for continuous masking in healthcare settings and administrative settings.
• HCW are required to wear a surgical/procedure mask continuously, at all times and in all areas of their workplace if they are involved in direct patient contact or cannot maintain a physical distance (of two metres) from patients and co-workers.
• Workers who work in administrative areas with no direct patient contact or patient items are required to wear a mask continuously in all areas of their workplace where they cannot maintain adequate physical distancing. Workers in these areas can choose to wear their own non-medical (e.g. cloth) mask.

16. How do I care for and launder a cloth mask?
• If you are going to wear a cloth mask at work, it is important to bring more than one with you so that you can change it if it becomes soiled or contaminated.
• Store your mask after taking it off in a paper bag or sealed container. Plastic sealable bags are not always the best option as they may promote growth of microorganisms on the mask.
• Always handle your mask by the ear loops and wash your hands before and after touching the mask.
• Launder your mask every day in a hot water wash cycle as you would your work clothes. For more information refer to the Healthcare Attire Information Sheet.

17. Can I reuse my medical mask or cloth mask?
• In a non-clinical setting, it is okay to put your mask upside down (outer side touching a clean surface) for reuse, or on a hook as long as it is not soiled or has become contaminated.
• In a clinical setting, you should be changing and disposing of your medical mask when it is moist, soiled, or after coming into contact with patients on isolation precautions.

18. 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:
  o Personal Protective Equipment (PPE)
  o Point of Care Risk Assessment
  o ILI algorithm to be followed when assessing patients who present with an influenza-like illness
  o IPC Recommendations for COVID-19
• As a reminder, effective immediately, AHS requires all healthcare workers to wear a surgical/procedure 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

To ensure you are properly protected, please use the PPE supplied by AHS in AHS facilities. This includes non-clinical and administrative sites.

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 and eye protection are used when performing aerosol-generating medical procedures or when working with an intubated patient who has suspected or confirmed COVID-19. For more guidance on AGMPs, visit www.ahs.ca/agmp.

Review the PPE checklist and the proper procedures for donning and doffing of PPE.

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

• 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, AHS requires all healthcare workers to wear a surgical/procedure 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. To ensure you are properly protected, please use the PPE supplied by AHS in AHS facilities. This includes non-clinical and administrative sites.

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.

o Hair and shoe coverings are not required PPE. If hair coverings are worn for personal reasons; launder as per the Healthcare Attire Information Sheet.

o 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 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.
  o If you do become symptomatic, self-isolation is required.
  o Effective Sept. 17, all Albertans who are experiencing symptoms of COVID-19 are eligible for testing.
  o Asymptomatic testing is still available for those that fall into the following risk groups:
    ▪ Albertans who are close contacts of a confirmed case, whether symptomatic or not;
    ▪ Albertans who are linked to a known outbreak, whether symptomatic or not; and,
    ▪ Asymptomatic Albertans who are:
      ➢ School teachers and/or school staff;
COVID-19 FAQ for Staff

➢ Healthcare workers;
➢ Staff and/or residents at congregate living facilities, including long-term care;
➢ Experiencing homelessness; or
➢ Require asymptomatic testing for the purpose of travel
  o Testing is by appointment, which can be easily booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, 811 can book an appointment.
  o Healthcare workers can still choose to take Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool
  o Members of the public can continue to use the online assessment tool developed for them.

20. 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:
     o Tabletops
     o Light switches
     o Door knobs
     o Sink taps
     o Toilet handles
     o 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:
     o Diluted household bleach. Prepare fresh daily; add 80 mL (1/3 cup) of 5% household bleach to 4 litres (16 cups) of water.
     o 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.

21. I eat at work. Is there a document that provides guidance on how to be safe when bringing food in or when ordering take-out or delivery?
   • To continue to ensure the health and safety of our staff and patients, Nutrition Food Linen and Environmental Services (NFLES) has created a guidance document for staff bringing food to AHS sites for personal consumption.
   • This includes both food brought from home, or from external sources such as take-out or delivery.
   • While we discourage all Albertans from sharing food or beverages at this time, the guidance document also outlines steps to lower the risk if staff choose to share external food with one or more staff members.
   • We continue to remind all staff not to accept donated food for personal consumption, or to distribute donated food to other AHS staff.

22. Are staff allowed to accept food donations from companies when working on site?
   • Sites will now be able to accept certain food donations from companies, provided the items are shelf-stable and individually wrapped, such as a single-serving cookie in its own packaging, or items that can be consumed with acceptable food safety timelines, such as single-serve ice cream cups or individually packaged meals.
   • Each site will be responsible for the management of these donations and must work within appropriate COVID-19 protocols to ensure the safe distribution of these items to staff members.
   • If sites have questions about this process, please contact Corinne Senetchko with the Office of the VP, Clinical Operations.
   • Wherever possible and appropriate, donations should be made through the appropriate health foundation. If you have questions about how to contact your local foundation, please contact Foundation Relations.

ahs.ca/covid
23. 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 and on June 1, declared that the state of emergency would end on June 15.

24. What is the predicted timeline to see spikes in positive cases? How long will the outbreak last?
   • The government provided updated modelling scenarios to better predict the impact of COVID-19 in Alberta, which include a new “low” modelling scenario estimating 298 Albertans will require hospitalization, and 95 will require critical care when the virus reaches its peak.
   • If current trends continue, this scenario will become the most likely scenario for Alberta.
   • Updated modelling scenarios continue to estimate that Alberta's outbreak will reach its peak in late May.
   • However, the number of Albertans hospitalized at the peak of the virus is predicted to be lower than originally estimated.
   • This reflects Alberta’s experience over the past few weeks and the proportion of cases actually entering hospital and intensive care units.
   • More information about the predicted modelling is available here.

25. 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.

26. 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 11 different languages.
   • Albertans can access these translated COVID-19 pages on the ahs.ca website by clicking on the language bar in the top right corner of every page.
     o These pages will also be accessible on the AHS main COVID website at ahs.ca/covid.
   • As always, interpretation services continue to be available, 24/7 through 811 and language lines. Use standard processes to access this service from the frontline.

27. The way I work, how I connect with clients and where I work has changed because of COVID-19. Is there a place where I can share my thoughts on what is working well and could be used in the future?
   • COVID-19 has unquestionably changed the way we work. In some cases, the changes will be temporary, and in others, they could have a lasting impact. We want to hear about amazing, innovative solutions and problem-solving that can serve us well beyond our COVID-19 response.
   • That’s why we are launching Beyond COVID as a way for our people to share the creativity and innovation they continue to demonstrate at AHS.
   • We encourage you to share how you and your teams have adapted during the pandemic and how it could improve our practices in the future.
   • You can send your ideas to BeyondCOVID@ahs.ca where they will be reviewed to see how we can adopt what we’ve learned into other areas of AHS.

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

28. 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.
29. 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.

30. What have we learned about the virus since the discovery of our first case in Alberta?

- Details about COVID-19 cases can be found at alberta.ca/covid19, but some of the findings include:
  - COVID-19 has affected every age group with the average age of 41.5 years.
  - The most frequent symptom identified is a cough, with roughly 62 per cent of all cases reporting this.
  - The next highest recorded symptoms in Alberta are sore throat at 33 per cent, followed by fever at 28 per cent.

31. What did we learn from the asymptomatic patient pilot study?

- On April 9, as part of a COVID-19 pilot study, AHS began performing COVID-19 testing on patients admitted to hospital through the emergency department for reasons unrelated to COVID-19 illness, and who did not have symptoms of COVID-19.
- Taking place at three acute care sites, including the Peter Lougheed Centre in Calgary, the Royal Alexandra Hospital in Edmonton and the Red Deer Regional Hospital, more than 1,500 tests were conducted on consenting patients throughout the course of the project, which concluded today.
- We are pleased to report that there were no asymptomatic patients who tested positive for the virus.
- While more detailed communication about this study will become available, preliminary observations demonstrate two important conclusions from this work:
  - We confirmed something we already knew - our Emergency Department (ED) teams are exceptional at their jobs. ED teams have been extremely adept at applying their skills and knowledge to identify patients with COVID-19, based on rigorous symptom assessment, even under difficult conditions. Well done!
  - The risk of undetected COVID-19 patients being admitted through EDs in the first wave of the pandemic has been slight or none. This has significant implications for the rest of the hospital, including the use of personal protective equipment (PPE), effective assignment of isolation spaces and the confidence of our staff and patients in the safety of the environment. It also provides some comfort in outpatient settings - clinical assessment is very good at identifying patients unlikely to have COVID-19.

32. Who is eligible for testing in Alberta?

- Effective Sept. 17, all Albertans who are experiencing symptoms of COVID-19 are eligible for testing.
- Asymptomatic testing is still available for those that fall into the following risk groups:
  - Albertans who are close contacts of a confirmed case, whether symptomatic or not;
  - Albertans who are linked to a known outbreak, whether symptomatic or not; and,
  - Asymptomatic Albertans who are:
    - School teachers and/or school staff;
    - Healthcare workers;
    - Staff and/or residents at congregate living facilities, including long-term care;
    - Experiencing homelessness; or
    - Require asymptomatic testing for the purpose of travel
  - Testing is by appointment, which can be easily booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, 811 can book an appointment.
  - Healthcare workers can still choose to take Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool
  - Members of the public can continue to use the online assessment tool developed for them.
  - Please note: if you are asymptomatic – meaning without symptoms – you are not required to self-isolate while waiting for your test results. If your test results are negative and you have no symptoms of illness, you also do not need to self-isolate.
  - Please note that anyone with a cough, fever, shortness of breath, difficulty breathing, 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.

33. Why did testing criteria in Alberta change?
• This year, our health system will need to respond to both COVID-19, influenza disease and other respiratory viruses. We must prepare for a surging demand for tests.
• In addition to potentially contracting COVID-19, Albertans will have a greater chance of catching a cold or the flu, which have similar symptoms to COVID-19. This means more people may experience symptoms that require them to get tested.
• Winter will also bring more Albertans indoors and potentially increase the risks of exposure and the need to access quick and timely testing.
• Ensuring quick and timely access to COVID-19 testing is crucial to supporting the health of Albertans, now and in the months ahead.
• This approach is the best way to limit the spread of COVID-19 and protect the health of Albertans during the coming months.
• The spread of COVID-19 will continue to be monitored, and our testing strategy will be adapted as needed.

34. Is there an option for expedited testing? When is expedited testing appropriate?
• Expedited testing with turnaround times less than six hours is a limited resource.
• Please see the following guidance for clinicians and laboratory staff intended to clarify when expedited testing is most likely to have an impact on clinical management, resource utilization, and follow-up actions (such as rapid response activities to an outbreak).

35. 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.

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

37. Is there clinical trials regarding PPE, serology or medication that can help a patient with COVID-19?
• Clinical trials are also focusing on COVID-19. Some of these include studies that test the effectiveness of hydroxychloroquine, compare different types of protective masks, and look at whether the blood plasma of recovered COVID-19 patients can benefit other patients.
• The Alberta HOPE COVID-19 Trial is a large provincial study testing the effectiveness of hydroxychloroquine to prevent a worsening of COVID-19.
• To find out more about clinical trials being conducted in Alberta, visit betecure.ca, albertacancerclinicaltrials.ca and ahs.ca/participateresearch.

38. 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.

39. Where does the clinical guidance we receive about COVID-19 come from?
• 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 release information on:

- Clinical indicators of the need for intubation or mechanical ventilation.
- Predicting positive tests for COVID-19
- Non-steroidal Anti-inflammatory Drugs (NSAIDs) Safe in COVID-19
- Safely Discharging COVID-19 Patients from Hospital
- Risk factors for severe COVID-19 outcomes
- Role of children in the transmission of COVID-19 in communities

The full reports for these reviews and others are available on the SAG Recommendations pages at ahs.ca/covid.

**40. Can actions like singing increase the risk for transmission of COVID-19?**

- While limited in quantity, published literature suggests that singing may generate more respiratory particles (including aerosols) than normal talking.
- The Scientific Advisory Committee found it was unclear whether the risk of transmission of COVID-19 that has been documented associated with singing was caused by aerosolization of respiratory particles, large droplets being expelled, or through a combination of both, or if other social behaviors associated with being in close quarters (close contact, handshaking) could have also contributed.
- Although the evidence was limited, the committee agreed that the possibility that singing could lead to COVID-19 transmission could not be excluded.
- There was agreement that restrictions on singing should be maintained while COVID-19 is circulating within the community, even when relaxations start to be introduced.
- For more information, see the Rapid Review.
- Find more details on how to stay safe when performing other activities such as diaphragmatic breathing or therapeutic activities in the Allied Health FAQ.

**41. I work with seniors. Is there a resource on how to recognize early symptoms of COVID-19 in this vulnerable population?**

- An information poster on how to recognize early symptoms of COVID-19 in seniors and clients in continuing care, congregate or home living is now available. This visual aid includes important observations of behaviour, signs and symptoms, sudden changes, as well as information on reporting early symptoms or any other changes, to site leadership and a regulated healthcare provider.

**42. 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.

**43. 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.
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:
  - Conversations Matter website – AHS website for advance care planning and Goals of Care Designations for the public and for healthcare providers
  - Conversations Matter Guidebook – this resource outlines the steps in advance care planning and explains Goals of Care Designations in plain language
  - Personal Directive – A personal directive provides instruction for future medical care and identifies an agent to make personal decisions if needed.
  - Green Sleeve video – describes a Green Sleeve, which holds advance care planning and Goals of Care Designation related documents.

44. 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.

45. I work in palliative and end-of-life care. What resources can I use when treating patients with or without COVID-19?

- Several resources have been developed to guide healthcare providers on providing PEOLC to patients and families, including but not limited to those infected with COVID-19.
- The following is a list of resources and information on PEOLC and COVID-19:
  - AHS COVID website with provincial PEOLC resources approved by the Emergency Coordination Centre
  - Continuing Care Connection website
  - The Provincial PEOLC team has developed a PEOLC COVID-19 SharePoint site that is accessible to AHS and Covenant Health staff. If you would like to access this site, please email palliative.care@ahs.ca.
  - For more information on PEOLC, visit the Palliative Care webpages on MyHealth.Alberta.ca. This website is a reliable, clinically relevant and evidence-based accessible source of PEOLC interdisciplinary information for both healthcare providers and the public.
  - If you have questions or would like to connect with the provincial PEOLC team, please email palliative.care@ahs.ca.

46. I’ve been asked by a patient to witness the signing of wills or a personal directive. Where can I find guidance on dealing with requests such as these?

- There has been an increase in requests for AHS staff to witness the signing of wills, personal directives (PD) and enduring powers of attorney (EPOA) for patients and families.
- This guidance document developed by AHS contains information on factors to consider if a patient requests a health care professional witness any of these personal documents, as well as the process for lawyers to access AHS sites to provide legal services to patients and clients.
- The guidance document also contains links to important resources, including the Personal and Financial Decision Making Toolkit for Frontline Staff, for staff to consult when choosing to witness a PD, EPOA or other personal document.
- Find more on staying safe when supporting a patient to complete documentation in the Allied Health FAQ.

47. I provide care to pediatric patients. What guidelines should I follow when caring for hospitalized pediatric patients with COVID-19?

- Guidelines are now available to give Alberta providers of inpatient pediatric care guidance for the basic care of patients with known or suspected COVID-19 infection. This will help ensure these patients receive optimal, consistent and equitable care. Please review the guidance document to learn more.
48. I have a COVID-19 patient who has a secondary infection. What are the recommendations for anti-microbial use for these patients?

- This review by the Scientific Advisory Group (SAG) was requested to assess current data on the incidence of co-infections at presentation, or bacterial or fungal superinfection, to inform guidelines around anti-microbial use in patients with COVID-19.
- In their review, SAG noted the apparent under-utilization of microbiologic testing to assess for secondary infection, while also noting that broad spectrum antibiotics are given to the majority of COVID-19 patients.
- This supported recommendations to acquire specimens before antibiotic therapy and use antibiotics more judiciously, guided by clinical assessment.
- Antibiotic use in patients with COVID-19 has not been proven to improve clinical outcomes, but unnecessary antibiotic use in the stewardship literature has been proven to be associated with an increased risk of *C difficile*, and other adverse drug effects.
- For more information, see the Rapid Review.

49. I’m a Nurse Practitioner. How does the new ministerial order impact my role?

- A Ministerial Order has been enacted, temporarily permitting Nurse Practitioners (NP) to practice to their full scope within Alberta long-term care sites.
- Changes remain in effect until Aug. 14, 2020, unless the order is terminated earlier, or the public health emergency is reduced or extended.
- The changes enable NPs to:
  - Have the authority to independently assess and direct care, including writing orders and prescribing treatment.
  - Provide care as the most responsible provider (MRP). While this is in an NP’s scope, it is a significant practice change in a long-term care setting. To support NPs in the interim, it’s recommended they use applicable sections of the *Medical Staff Rules - Part 4* as a guiding document to outline the expectations and accountability of an MRP.
- AHS will initiate stakeholder engagement to develop a provincial NP-specific framework, which supports the change and implementation.
- Although the order is temporary to support the COVID-19 response, work has been ongoing to make permanent changes to the legislation since 2018.
- If you have questions about these changes, please contact advancedpracticenursing@ahs.ca.

50. Is there an advice line I can share with patients or community members who are living with disabilities and need support?

- In May, a new Rehabilitation Advice Line, 1-833-379-0563, became available for Albertans over the age of 18 who are recovering from injury, orthopedic surgery, COVID-19, or managing a neurological condition.
- The line gives callers information about:
  - Activities and exercises that help with physical concerns
  - Strategies to manage the day-to-day activities affected by these concerns
  - Rehabilitation services that are open for in-person and/or virtual visits
  - Community-based organizations
- An Alberta-only line, the Rehabilitation Advice line will be answered by allied health clinicians and will operate every day from 10 a.m. to 6 p.m. Calls outside this time will be redirected to Health Link (811).

51. Where can I find additional guidance to support those living with severe disabilities?

- AHS has developed new guidance related to unique infection prevention and control considerations for individuals living with severe disabilities, as well as a COVID-19 Communication Rights Toolkit, which provides resources and supports for people living with hearing/speech issues.
- The Rehabilitation Advice phone line can be reached at 1-833-379-0563, and all other resources can be accessed through ahs.ca/covid under “Resources for Specific Health Conditions”.

52. What criteria for discharge should we follow for patients hospitalized with COVID-19?

- Common criteria for discharge for COVID-19 patients within guidelines from health organizations and health regions include;
o afebrile without use of fever-reducing agents for at least 48 hours
o improving hypoxia and respiratory symptoms (particularly shortness of breath, since up to 29% of patients may have persistent cough for up to 3 weeks)
o able to adhere to self-isolation recommendations until predominant symptoms and fever are completely resolved.

- For more information, please review the recommendations section of the Rapid Review.

53. Are there guidance documents that support the discharge of a patient hospitalized with COVID-19?
- Guidance is now available for acute care staff and physicians to support the consistent and safe discharge of COVID-19 patients. These documents are available on the COVID-19 pages, on the staff and physician resources Insite table:
  o Provincial Pandemic Flowsheet
  o COVID-19 Safe Patient Discharge Checklist
  o Safe Patient Discharge Checklist Appendices
  o My Discharge Checklist (for patients)
- A guideline is also available that defines how patients, primary care, public health, acute care, and home living and supportive living can work together to coordinate care to ensure patients have the support they need throughout their COVID-19 health journey – including their transition back home.
- Read the full guideline for more information.

54. Is there a checklist I should share with COVID-19 patients before discharge?
- Before discharge, patients should be given the My Discharge Checklist to complete. This checklist was created by patient for patients. It will help patients feel confident to manage their health after discharge. The checklist includes sections on:
  o Ways to have someone support hospital discharge conversations
  o Medications they will need and how they will get them
  o Their follow-up appointments and options to get medical advice
  o Questions they may want to ask us before they leave
  o Sources of information about COVID-19
- This document is available on the COVID-19 pages, on the staff and physician resources Insite table.

55. 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:
  o standardized online patient education
  o discharge instructions at the point of care
  o 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.

Daily Fit for Work screening

56. How is AHS ensuring staff members are well and without symptoms before starting their shifts?
- To minimize the spread of COVID-19, daily fit for work screening is required for all staff, physicians, volunteers and contractors. It is important for all workers to stay home when they are sick.
- Following the standards set out in the Fit for Work Screening Protocol, zones/sites will determine how to screen staff, physicians, visitors, volunteers, and contractors before starting a shift for their fitness to work. This will be done through the completion of a questionnaire to assess symptoms and health risks.
- Although following a consistent standard, the implementation of these screening protocols will vary from site to site.
• Staff, physicians, volunteers or contractors who refuse to be screened will not be permitted to attend work as scheduled. For more information, see the Fit for Work Screening Protocol and ahs.ca/fitforwork.

• You can use your AHS account login to access the online questionnaire tool.
  o 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.

• If you do not have a mobile device, consult with your manager/supervisor for instructions on your site’s screening requirements.

• Specific screening questions for staff working at continuing care facilities (hospice, long-term care, designated supportive living or congregate living) have been updated to meet requirements from the latest Chief Medical Officer of Health Orders.

• Information related to screening for people visiting residents and patients is available at ahs.ca/visitation.

• Note: If you have any other new symptoms or a change from your usual symptoms, then you should stay home and minimize contact with others until you are feeling better. Complete the Healthcare Worker Self-Assessment Tool to determine your need for COVID-19 testing.

• For more information, see the Daily Fitness for Work Screening Protocols and ahs.ca/fitforwork.

57. Do I need to complete a temperature check as part of the Daily Fit for Work screening?
• Temperature checks are required in continuing care (long term care, designated supportive living and congregate living) facilities for all staff and essential visitors in accordance with Chief Medical Officer of Health Orders.
• For non-continuing care workplaces, temperature checks are not required as part of the Fit for Work screening process.
• Data shows that the symptom of fever is present in only about 50 per cent of COVID-19 cases. Temperature checks also introduce additional contact risks.

58. I noticed a co-worker with symptoms at work. What should I do?
• When staff come to work sick, they risk spreading the infection to everyone they come into contact with. We all have a shared responsibility to keep our workplace safe, so speak up if you think someone is coming to work sick.
• Learn more in the How to Address a Workplace Concern and How to Stay Safe and Be Respectful resources.

59. How is AHS ensuring visitors as well enough to attend a continuing care facilities?
• There is a separate paper questionnaire specific for visitors to continuing care facilities.
• Information related to screening for people visiting residents and patients is available at ahs.ca/visitation.

**Expedited Return to Work process**

60. 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.
61. **What are the conditions for a staff member returning to work after self-isolation?**

- Refer to the [Return to Work Guide](https://www.ahs.ca/covid) 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, including 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](https://www.ahs.ca/covidipc) 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](https://www.ahs.ca/covid).

**Health Care Aid Wage Supplement**

62. **Who does the Health Care Aide wage supplement apply to?**

- On April 20, 2020, the Government of Alberta [announced increased funding](https://www.ahs.ca/covid) to help with pressures in contracted continuing care facilities, including a wage supplement for health care aides at contracted sites.

- The additional pay is to support hiring of additional staff at these continuing care sites, which have been hit the hardest by COVID-19.

- At this time, the wage supplement only applies to health care aides who work at contracted long term care and designated supportive living sites and does not apply to health care aides who work for AHS, Covenant Health, Carewest or Capital Care. It also does not apply to other healthcare worker roles.

- We will continue to work with the government and our unions to find ways to support our staff throughout the COVID-19 response and will keep you informed of any developments.

**Infection Prevention and Control for Healthcare Workers and Proper PPE**

AHS has created a [PPE Task Force](https://www.ahs.ca/covidppe) 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](https://www.ahs.ca/covidPPE) to access all PPE and IPC guidelines. Questions? Email [ppe@ahs.ca](mailto:ppe@ahs.ca).

63. **UPDATED** I work in a position that 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](https://www.ahs.ca/covidhealth) and the [Daily Fitness for work screening](https://www.ahs.ca/covidhealth).

- HCW are required to wear a [surgical/procedure mask continuously](https://www.ahs.ca/covidppe), at all times and in all areas of their workplace if they are involved in direct patient contact or cannot maintain a physical distance (of two metres) from patients and co-workers.
  - Workers who work in administrative areas with no direct patient contact or patient items are required to wear a mask continuously in all areas of their workplace where they cannot maintain adequate physical distancing. Workers in these areas can choose to wear their own non-medical (e.g. cloth) mask.
  - Additional guidance about this approach is available on [www.ahs.ca/covidppe](https://www.ahs.ca/covidppe).

- Staff are also [reminded not to bring your own PPE to work](https://www.ahs.ca/covidppe). To ensure you are properly protected, please use the PPE supplied by AHS in AHS facilities. This includes non-clinical and administrative sites.

- As we begin to return to normal operations and staff return to working onsite, all site should be prepared with proper signage as well as provide appropriate PPE, hand sanitizer and waste disposal in instances where physical distancing cannot be achieved and where access to soap and water is limited.

[ahs.ca/covid](https://www.ahs.ca/covid)
What precautions should I take when treating all patients in general?

- Effective immediately, AHS requires 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/procedure 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").

64. Should I preform COVID-19 testing on an asymptomatic patient before treating them or before accepting a patient who is being transferred from another site?

- We would like to clarify that it is not necessary to perform COVID-19 testing on an asymptomatic patient before providing routine, urgent, or emergent health services, or before accepting a patient who is being transferred from another site.
- The following outlines the rationale behind this guidance:
  1. Prevalence of COVID-19 in the general asymptomatic patient is relatively low.
  2. If testing were provided, the burden of virus may be below the detectable threshold at the time of collection, but could increase above the detectable threshold when the health service is provided, which could lead to a false negative. This false negative could lead to less adherence to precautions and proper use of PPE in the event that symptoms develop.
  3. Delaying health services while awaiting a swab result may result in unnecessary morbidity or mortality, without adding value to the decision-making process.
- This approach ensures patients receive the care they need when they need it. For more information, please visit ahs.ca/covid.

65. 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.

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

Note: all healthcare workers are required to wear a surgical/procedure 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 deeper nasopharyngeal (NP) swab collected under droplet and contact precautions and transported in viral transport medium OR a throat swab in a tube of sterile saline should be submitted.
  - Note: universal transport medium and NP swabs will continue to be preferentially distributed to bone marrow transplant, solid organ transplant, hematology/oncology, and critical care wards. Polyester and cotton-tipped throat swabs with tubes of sterile saline will be distributed for COVID-19 and respiratory pathogen panel (RPP) testing.
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.

- Review the lab bulletins page for the most up-to-date info on swabs and required processes.
  - When collecting an NP swab from a patient on a bone marrow transplant, solid organ transplant, hematology/oncology, and critical care ward 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 nasopharyngeal or throat swabs distributed for COVID-19 testing.
    - APTIMA Collection Kits/Swabs and COPAN ESwabTM Collection Kits/Swabs are to be discontinued for COVID-19 testing.

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.

67. 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?
- Alberta Precision Laboratories (APL) provided updated recommendations for COVID-19 specimen collection and clarified instructions for the use of various types of swabs.
- Going forward, swabbing the deeper nasopharyngeal (NP) or the throat will now be the recommended standard, not the nose.
- Effective immediately, polyester and cotton-tipped throat swabs with tubes of sterile saline will be distributed for COVID-19 and respiratory pathogen panel (RPP) testing.
- Instructions on which sites are to use the various swabs, and instructions on sample collection are available at the links below:
  - Review the lab bulletins page for the most up-to-date info on swabs and required processes.
  - When collecting an NP swab from a patient on a bone marrow transplant, solid organ transplant, hematology/oncology, and critical care ward 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 nasopharyngeal or throat swabs distributed for COVID-19 testing.
    - APTIMA Collection Kits/Swabs and COPAN ESwabTM Collection Kits/Swabs are to be discontinued for COVID-19 testing.

68. I collect COVID-19 using throat swabs. Is there an instructional resource I can use to ensure I am performing the collection and transportation properly?
- Alberta Precision Laboratories (APL) has developed a new instructional resource for staff who collect COVID-19 or other respiratory virus samples using throat swabs.
- The instruction sheet and short demonstration video show how to ensure samples collected on throat swabs are fully contained within saline transport tubes and properly sealed for safe transport to the lab.
- The throat swabs used for sample collection do not have a designed ‘break-point’. This can make detachment of the sample for transport a bit tricky.
The video will show how you can cut or break off the swabs to ensure the swab is fully contained within the transport tube.

This resource may prove helpful for staff at assessment centres, continuing care facilities, hospitals, and other sites responsible for collecting samples using throat swabs.

69. I work in a continuing care facility. What are the new public health orders I must follow to protect my patients and co-workers?
- Dr. Deena Hinshaw, the province’s Chief Medical Officer of Health, announced new public health orders on April 29th, which amend existing directives for continuing care facilities. The orders are designed to ensure continued protection of residents in long-term care and supportive living, as well as improve their quality of life.
- In these facilities, anyone with the mildest symptoms — such as a hoarse throat or muscle aches — must immediately be isolated and tested for COVID-19.
- In addition, as soon as a COVID-19 case is identified, all residents in the same unit are now required to be tested, even if they are feeling fine and show no symptoms.
- Review the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders to find more information on how the order on single site employment impacts staff who work at a Long Term Care (LTC) or a Designated Supportive Living (DSL) facility with a confirmed outbreak.

70. I work in a continuing care facility. What level of PPE protection should I wear when treating an isolated resident?
- To protect the health of workers, any staff member caring for an isolated resident must also wear eye protection, along with all other appropriate PPE, including a gown, mask, visor and gloves.
- Other measures remain in place, such as requiring all staff to wear masks through the duration of their shifts in all of these facilities, as well as requiring workers in long-term care and designated supportive living facilities to work at only one location.

71. 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.

72. 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.
- Review the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders to find more information on how the order on single site employment impacts staff who work at a Long Term Care (LTC) or a Designated Supportive Living (DSL) facility with a confirmed outbreak.

73. 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:

ahs.ca/covid
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.

74. 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 required to wear a surgical/procedure mask continuously unless they are performing an aerosol-generating medical procedures (AGMP), or when working with an intubated patients who has suspected or confirmed COVID-19.
- 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).
- For more guidance on AGMPs, visit www.ahs.ca/agmp.

75. 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 prioritize fit-testing across all clinical areas to ensure required staff are fit-tested for alternate models of N95 respirators.
- You will be notified by Workplace Health and Safety when it is time to schedule fit-testing in your area. Please make this a priority in your schedule.
- To learn more about when to use N95 respirators in your frontline work, visit www.ahs.ca/covidppe. You can also learn more about the Respiratory Protection program here.
- Questions? Contact WHS.
- If you are a community partner who works in a non-AHS setting, please reach out to any organization that offers safety training to receive FIT testing for you or your staff.

76. 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.
- These respirators are a different model/style than the 1870+ model the majority of AHS workers are used to wearing.
- Workplace Health and Safety (WHS) is kicking off a COVID-19-specific fit testing initiative, to ensure that all healthcare providers are properly fit in the new products and feel confident in using them.
• Please note that though we are expecting the new models of respirators to arrive soon, we will complete a quality and acceptability review before rolling out the targeted fit-testing initiative. If you have any questions regarding this initiative, please contact WHS.
• If you are a community partner who works in a non-AHS setting, please reach out to any organization that offers safety training to receive FIT testing for you or your staff.

77. I was successfully fit tested for one N95 respirator model, and recently re-fit tested for another model. Both models are on my area’s supply cart. Can I wear both?

• No. Staff must only wear the make and model of N95 respirator that they have most recently been fit tested for and use only that model.
• This ensures frontline healthcare workers continue to have the protection they need to work safely.
• Additional and frequent use of N95 respirators may require staff to transition to a different model but with the same trusted protection.

78. 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).
• For more guidance on which procedures constitute an AGMP, visit www.ahs.ca/agmp.

79. How can I find out if the procedure I’m performing is considered to be aerosol-generating?

• As we continue to work to ensure that all staff have the Personal Protective Equipment (PPE) and guidance they need to feel safe, and protect themselves and their patients, we have developed an online tool to support the decision-making process around Aerosol Generating Medical Procedures (AGMPs), and related PPE requirements.
• This new AGMP look-up tool is now live and available at ahs.ca/covidppe, or directly at ahs.ca/AGMP.
• Including a list of all procedures currently considered AGMPs, the tool provides links to related guidance which reflects current evidence.
• This list will evolve, as it remains under constant review, in order to consider emerging information and evidence.
• If you have questions or suggestions about PPE, please email ppe@ahs.ca.
• Learn more about the difference between droplets, airborne particles and particles generated by an AGMP in the Allied Health FAQ.

80. What should I do if I’m a community physician and don’t have contact and droplet precaution supplies?

• Community physicians that are unable to safely assess patients or who don’t have access to proper PPE should first determine if virtual care is an option.
  o The Alberta Medical Association has resources to help providers understand virtual care options.
  o The CPSA has also issued advice on virtual care during the COVID-19 pandemic including what care can be provided virtually, consent, documentation, billing and resources.
• Community physicians unable to safely assess patients who have symptoms of COVID-19 should advise clinically stable patients to immediately self-isolate at home. Testing will be by appointment, which can be easily booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, 811 can book an appointment online for individuals who require testing.
• These patients 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.
• Physicians should refer to this question to understand the new PPE ordering process during the relaunch.
81. I work in the lab at a rural hospital. Are outpatient labs like mine moving to appointment-only services for outpatient lab work in response to COVID-19? Is this change permanent?

- Effective Monday, May 4, all rural hospital and urgent care outpatient labs will temporarily move to appointment-only service for outpatient lab work. This change will:
  - better control the flow of outpatients into our hospitals, keeping vulnerable patients safe
  - enhance physical distancing
  - provide more certainty of service for patients and reduce/eliminate wait times for lab work
  - allow high-risk patients (such as those with compromised immune systems) to be served in a more controlled and safe setting
  - ensure the efficient use of our laboratory staff resources during the pandemic
- This is not a reduction or a loss of service in rural communities. It is a temporary change that will enhance safety and efficiency during the pandemic.
- Patients or physicians can book appointments via telephone or through an online booking system.
- Each impacted community around the province will have received specific details earlier today about the website and phone numbers to use for bookings.
- All patients requiring laboratory work will continue to receive it. No patients will be turned away or denied service.

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

- AHS requires all healthcare workers to wear a surgical/procedure mask continuously.
- Guidance for healthcare workers, and workers in administrative settings, is available in the AHS Guidelines for Continuous Masking document.
- Mask continuously in patient care areas, common and corporate settings AND in all areas where you cannot maintain a minimum physical distance of two metres or six feet at all times.
- Essentially, all staff, physicians and volunteers are required to mask continuously in all areas where they may come in contact with patients, families, visitors, or the public. Examples include elevators, common areas and gift shops.
- This applies to all patient care, common and corporate settings in all AHS facilities, as well as subsidiary and contracted facilities in all Zones.

83. Along with continuous masking, what other tips or preventative measures should I follow to keep safe at work?

- Masks should complement – not replace – other prevention measures. Please remember to:
  - Wear appropriate PPE at all times. This varies depending on the precautions for each patient. Don and doff your PPE appropriately. Posters available on AHS Insite provide good guidance for appropriate donning and doffing. Ask a partner for assistance, if required.
  - When physical distancing is not possible, such as in staff common areas, masks help prevent transmission. This means that if you need to remove your mask to eat or drink, and there isn’t room to social distance, you must find another location.
  - Ensure all patients are masked when leaving their inpatient unit to attend services within other areas of the hospital. They should first perform hand hygiene before donning a mask.
  - Take your daily health screening very seriously and pay attention to your physical health. Do not come to work sick.
  - Practice frequent hand hygiene.
  - Please gently remind your peers when you notice they might be forgetting good practices, and be grateful if they point out you are doing the same.

84. I’m experiencing some discomfort wearing a mask continuously. Is there tips or guidance that can help?

- We understand and appreciate that staff may experience discomfort as they wear masks for long periods of time.
- To help manage this impact, Workplace Health & Safety has collaborated with Infection Prevention and Control, as well as frontline providers from our Clinical & Support Advisory group, to create a new support document, outlining tips and guidance to improve your comfort with continuous masking, found here.
- Watch this video, or refer to this question for tips when using a mask extender.
85. 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/confirmed influenza-like illness or COVID-19).

86. 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.
   • 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.

87. I understand Vanch masks, which staff previously expressed concerns about, are being reintroduced into PPE supply. Has the mask been redesigned to address the previous issues?
   • AHS Contract, Procurement and Supply Management (CPSM) worked closely with the Vanch mask manufacturer, and produced a redesigned mask that will better meet the needs of AHS frontline workers.
   • The redesigned Vanch masks, which are rolling out across the province now, directly reflect all feedback from staff related to odor, skin irritation, and fit.
   • Prior to the ongoing roll-out to the front-lines, the improved Vanch mask was evaluated by members of AHS Quality Review Group. The group includes RNs and LPNs, nurse clinicians, sonographers, radiation therapists and nursing attendants, as well as individuals from Respiratory. They wore the new masks for multiple shifts in May and June to ensure the product was well evaluated.
   • Feedback from this group has been overwhelmingly positive. Improvements to fit, comfort and skin irritation were proactively noted in feedback from our group members, with reports on overall wearability and confidence in product significantly improving.
   • AHS front-line staff will be able to identify these “new” Vanch masks by noting the colour and slight alterations to the layout on boxes. Specifically, the improved Vanch masks come in a white box, whereas the old Vanch masks came in a blue box.

88. I provide direct patient care. What should I do if I am having mask fit issues?
   • If you are providing direct patient care and are experiencing mask fit issues, we would suggest that you add a face shield to offer extra protection.
   • For patients suspected or known to have COVID-19, face shield/goggles, mask, gown and gloves should always be used.

89. Do patients, their families and visitors also have to wear a mask?
   • We require all patients and visitors to be masked when leaving any inpatient room to move to other areas in the facility. Masks must cover the nose and mouth.
   • We understand that staff are experiencing some resistance from some patients regarding the continuous masking requirements. It is imperative that we consider the health of patients, and our duty to provide care, in all circumstances. No patient shall be denied service in AHS because they cannot or will not wear a mask.
   • To manage these situations safely:
     ○ Screen all patients thoroughly for symptoms of, and risk factors for, COVID-19.
     ○ If patient refuses a mask or is medically exempt:
       ▪ Have the patient clean their hands using alcohol based hand rub.
       ▪ Offer the patient a face shield to don in place of a face mask.
       ▪ Escort the patient to a private care space and apply contact and droplet precautions until a thorough symptom and risk factor history can be obtained.
     ○ Asymptomatic patients without risk factors can leave their room/care space as long as they can don a face shield.
     ○ Symptomatic patients, or those with risk factors, should not leave their room/care space without a mask, other than in an emergency or medically necessary situation.
In this event, the patient should be transported in such a manner as to limit contact with other patients or staff, and the receiving department should be prepared in advance to clear the area of non-essential personnel. Environmental Services should be engaged to ensure appropriate cleaning of surfaces.

- Upon discharge, patients who cannot/will not use a face shield or a mask should be escorted off property using a route which is less travelled, and less likely to expose others to disease.

90. How is AHS responding to the concerns about the quality of some items of PPE, including masks?
   - To keep you informed about this issue, and the response, we have created a dedicated section on the PPE webpage – [ahs.ca/covidppe](https://ahs.ca/covidppe).
   - In this section you will find information outlining our response, our commitment to involving the frontline in field testing new products, and more on safety and procurement processes.

91. 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.
   - For more information see:
     - Guidelines for Continuous Masking in Home Care and Congregate Living Settings

92. What face masks 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.

93. I use a mask extender to ease the strain of the typical mask strap on my ears. What are some tips for the safe and effective use of a mask extender?
   - AHS has learned that there are numerous types of mask extenders in use, and is undertaking a further review to ensure mask extenders can be removed and reused safely and effectively.
     - You can find the survey results and more information on continuous masking on the PPE page.
   - In the meantime, watch this video, or review these tips the most safe and effective use of an extender:
     - Don and doff your mask extender properly to avoid self-contamination.
     - Wash your hands both before you don and before you doff your mask extender with your mask. Many of the types currently in use are difficult to clean, which means the virus may remain on the surface. Touching your face after touching the mask extender may increase the risk of self-contamination with the virus.
     - Disinfect/clean your mask extender right after taking off your mask. If this is not possible, then you should discard that mask extender, and use a clean/new mask extender when putting on a new mask.
     - Mask extenders must NOT be used with N95 respirators, as they may impact the fit and seal. Please contact your local WHS office if you have any questions or concerns regarding the fit of your N95 respirator.

94. 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.
     - 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.
95. **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. To ensure you are properly protected, please use the PPE supplied by AHS in AHS facilities. This includes non-clinical and administrative sites.
- 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.

96. **I've seen different coloured isolation gowns on floor. Do these new gowns provide the same level of protection?**

- There are different ratings for isolation gowns, with several standards of performance, including fluid resistance.
  - Level 1 rated gowns are moderately fluid resistant, while a level 2 or 3 gown provides increased fluid resistance.
  - The reusable gowns being used in AHS are level 2 rated gowns, and are suitable for isolation precautions.
  - Both reusable and disposable gowns are safe and effective PPE.
- You may start to see level 2 disposable isolation gowns on your carts. These are absolutely safe for use with COVID-19 positive patients or suspected cases, and for all types of interactions.

97. **I work in an operating room. Where can I find posters that show how to perform proper donning and doffing of PPE?**

- Informational posters on how to don and doff personal protective equipment (PPE) in the operating room are now available. For the latest information and updates regarding use of PPE during the COVID-19 pandemic, please visit ahs.ca/covidppe.

98. **I heard that we may be using different hand sanitizer now or in the future. Is this new hand sanitizer as safe as the previous brand used?**

- Health Canada has recently approved the use of technical-grade ethanol in the manufacturing of some hand sanitizer products, in place of pharmaceutical-grade ethanol.
- With this change, Health Canada has released a new risk assessment, as well as new labelling requirements. This will impact Microsan-brand hand sanitizer products used in AHS facilities.
- We have done a thorough review of the Health Canada assessment and completed additional research, confirming that the risk of technical-grade ethanol, now being used in place of pharmaceutical-grade ethanol in the manufacturing of the product, is very low.
- Although risk is considered low, we anticipate that staff may notice a stronger or different odour associated with the products manufactured with technical-grade ethanol.
- The FAQ provides additional information and outlines Health Canada’s new assessment and related interpretation for human health.

ahs.ca/covid
• If you would like to consider reducing your use of the hand sanitizer products impacted by this new assessment, we suggest that you replace use of hand sanitizer with warm water and soap, where practical and possible. For more detail, see the FAQ.
• AHS recently assessed the degree of exposure to acetaldehyde when using hand sanitizer containing technical-grade ethanol. For more information, please see the full assessment report and a discussion document that reviews acetaldehyde exposure from the use of hand sanitizer.
• For ongoing updates, visit ahs.ca/handsanitizer.

99. Why are we using hand sanitizer that uses technical-grade ethanol in the manufacturing process? Are these products labelled?

• The change to technical-grade ethanol from pharmaceutical-grade ethanol is temporary, as manufacturers work to find alternatives during a worldwide shortage.
• In addition to the information we provided to staff previously on our risk assessment associated with use of these products (available at www.ahs.ca/handsanitizer), AHS has implemented labelling and posters to alert all staff, physicians and patients of any product that contains technical-grade hand sanitizer.
• You will see labelling on all impacted bottles of hand sanitizer, and posters located near all dispensers of impacted products.
• Areas that are using technical-grade hand sanitizer will have labels applied to the dispensers. Areas that are using pharmaceutical grade hand sanitizer do not have labels. As technical grade hand sanitizer is replaced by pharmaceutical grade hand sanitizer, labels will also be removed.
• If you have questions about the labelling of hand sanitizer or the hand sanitizer product used in your area, please contact PPE@ahs.ca.

100. I've seen different disinfectant wipes available for use during the pandemic. Are these new products as safe and effective as previously available brands?

• Access to our usual ready-to-use (RTU) disinfectant wipes and RTU liquid product formulations for surface disinfectant supplies may vary during the pandemic; however, all AHS provided product substitutions are confirmed to be effective for COVID-19.
• Although CaviWipes™ are currently constrained for stock in RTU wipe and liquid formulations, AHS has sufficient supply of other formulations of RTU wipes and liquid disinfectant. Again, all of these are effective against COVID-19.

101. How do I know which type of ready-to-use disinfectant wipes I should use?

• Here are some simple tips to guide selection and use of products:
  o RTU disinfectant wipes and dry wipes provided with RTU liquid disinfectants are most appropriate for cleaning and disinfecting non-critical medical devices, non-medical items such as electronic devices and some environmental cleaning tasks where a quick turn-around-time is required, e.g., bed and immediate patient environment after discharge.
  o Depending on availability, dry wipes provided with RTU liquid disinfectants may be used for cleaning and disinfecting environmental surfaces. For more information, refer to resources available on our Infection Prevention and Control (IPC) External Website, Equipment Cleaning, Disinfection and Storage tab, such as Principles of Environmental Cleaning and Disinfection, Cleaning and Disinfection during the COVID-19 Pandemic: Addressing Disinfectant Supply Challenges and Ready-to-Use Disinfectant Wipes.
  o As recommended in the Cleaning and Disinfection during the COVID-19 Pandemic: Addressing Disinfectant Supply Challenges, if RTU disinfectants are not available, are not appropriate for the task, or the manufacturer's instructions are not available, consult with the CPSM site supervisor.

102. 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 time-sensitive referral/advice, patient transfer or accessing services of providers in another facility in Alberta.
• This summary outlines the types of calls that need to involve RAAPID and those that would be considered out of scope.
• Calling RAAPID early to identify the available destination recourse is paramount for initiating optimal care and response for urgent and high acuity patient transport.
• As a reminder, to access RAAPID, there are different contact numbers depending on your location. The contact numbers are below for your reference:
  o North: 1-800-282-9911 | 780-735-0811
  o South: 1-800-661-1700 | 403-944-4486
• 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.

103. I’ve heard concerns about the level of supplies. Do we have enough?
  • 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.
    o 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.
  • The Alberta government announced on May 25 that the supply of critical PPE will now be focused on organizations at the highest risk of exposure to COVID-19.
    o This includes hospital workers, first responders, and those working in publicly funded or contracted homeless shelters, seniors care facilities, and disability agencies.
  • Also, starting April 14, AHS/Covenant Health began to collect used 3M 1870+ model N95 respirators for decontamination and storing.
    o This is a contingency plan that will allow the preservation of respirators for potential reuse, if additional supply is required in the months ahead.
  • Appropriate and considered use 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.
  • See ahs.ca/covidppe for more information on that initiative, and to learn if it applies to your area.

104. Where can I find out more information regarding the reprocessing of N95 respirators?
  • Review the Reprocessing of N95 Respirators in the PPE FAQ for details regarding the collection, preservation and processing of N95 respirators.

105. 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.
  • You can also review www.ahs.ca/agmp for more guidance on what procedures constitute an AGMP.

  • If you are a frontline AHS staff member or leader –
    o PPE requests should be directed to your Contract, Procurement and Supply Management contact. Please refer to ahs.ca/covidppe for more information.
    o Leaders with questions regarding supply ordering processes or physicians working in AHS or contracted facilities, should submit them via email to AHS Contracting, Procurement & Supply Management (CPSM) at CPSMOperations.EOC@albertahealthservices.ca.
  • If you are a AHS staff member or leader working at a non-clinical site
    o Sites and facilities that do not provide direct patient and client care can now order Personal Protective Equipment (PPE), as needed, through a new form. The COVID-19 PPE Inventory Requisition is available on insite.ahs.ca/orderppe, along with tips and guidelines to help sites determine their PPE requirements.
    o PPE and supplies required to help manage the spread of COVID-19 are in high demand, so administrative sites should only order supplies as necessary and in situations where there is a strong business case for returning to the workplace.
    o For more information about PPE guidelines, refer to the latest version of the COVID-19 Relaunch Playbook.

ahs.ca/covid
• If you are a **AHS-operated or contracted care providers**, please note that:
  o PPE supply, including the delivery of masks every two weeks, will continue to be distributed as usual for the following groups:
    ▪ Long term care facilities, designated supportive living facilities and home care services, which are operated or contracted by Alberta Health Services; and
    ▪ Publicly funded lodges, mental health housing, residential addiction treatment facilities, and shelter operators.
  o For these groups listed above, requests for additional PPE including N95 respirators for use by staff performing an AGMP must be submitted to CPSMOperations.EOC@ahs.ca.
  o To ensure appropriate use of PPE and safeguard supplies, AHS reserves the right to request additional information and rationale for the type and quantities of supplies requested.
  o Refer to the Continuing Care PPE FAQ for more information.

• If you are a **non-contracted provider**, please note:
  o On July 1, non-contracted providers (i.e. private lodges, private retirement communities, private assisted/supportive living, group homes, senior’s apartments and private home care) will be required to order PPE supplies from their own suppliers. There are two platforms that can help connect providers with suppliers; however AHS does not endorse any particular vendor nor is it responsible for the product or prices offered on either site. The platforms are:
    ▪ Rapid Response Platform Canada
    ▪ ATB Nexus
  o Refer to the Continuing Care PPE FAQ for more information.

• If you’re unsure which category you fall into and need more support, please email ppe@ahs.ca.

**NOTE:** As of July 1, 2020, businesses and non-Alberta Health Services (AHS) organizations will be required to access PPE directly through suppliers. Information on PPE suppliers is available on Alberta Biz Connect to help organizations and businesses source their own PPE supply. For more information, visit the Alberta Emergency Management Agency web page.

106. **How will PPE distribution change during the re-launch? How will it work for physicians’ offices?**

• For physician and specialist offices, we are moving to a cost recovery model. AHS has an ability to source the required equipment and has supply chain mechanisms in place to maintain supply, and procure in bulk. Ordering and securing PPE through AHS will continue as it has to date during the pandemic response.

• Community physicians have the option to procure Personal Protective Equipment (PPE) and some cleaning supplies from Alberta Health Services (AHS) during the COVID-19 pandemic. As we move into a different phase of the pandemic response, AHS has moved to a cost-recovery model for distribution of PPE to community physicians not located in AHS-operated spaces.

• To obtain PPE, PCN members will order through their PCN. Community physicians who are not members of PCNs will order directly through AHS. More information here:
  o Ordering process for **PCNs and PCN member physicians**
  o Ordering process for other **community physicians who are not members of PCNs** (non-PCN primary care physicians and community specialists)
  o Current **AHS PPE price list**

• AHS is just one option for community physicians to order PPE. They can also order PPE through the Government of Alberta’s Provincial Operations Centre until July 1, or they can source from any other supplier in the market.

• Physicians working in AHS or contracted facilities who have questions regarding the PPE ordering process should contact their local **CPSM Site Services Supervisor**.
107. **Are there any concerns about medication supplies?**
   - 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
     - Fentanyl Rocuronium
     - Hydromorphone Succinylcholine
     - Phenylephrine Ephedrine
   - More details about conserving these important medications is available [here](#).

108. **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. Staff performing cleaning duties are to follow all cleaning process and principles:
     - [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

On April 10 the Chief Medical Officer of Health put in place an [order on single site employment for Long Term Care (LTC) or a Designated Supportive Living (DSL) facilities](#). Review the [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#) to find more information on how this order impacts staff who work at a LTC/DSL facility with a confirmed outbreak.

In addition, starting April 21, the Government of Alberta is posting online the location and facility name of active outbreaks in the province. 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. The information can be found at [alberta.ca/covid19](#).

109. **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.

110. **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.

ahs.ca/covid
111. 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
  - Rapid tracing and testing of close contacts, where required
  - Further follow-up on lab test results
  - Access to additional consultative expertise

112. Are staff allowed to work at multiple facilities if there is a confirmed outbreak at one of the sites they work at?

- Yes, unless the staff member works in multiple long term care (LTC), designated supportive living (DSL), lodge or residential treatment services facility.
- Note: there are a number of positions that are exempted from this order and are permitted to continue working in multiple LTC, DSL, lodge or residential treatment services facilities with a confirmed outbreak.
- Note: Staff who work at multiple LTC, DSL, Lodge or residential treatment 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.
- Review the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders to find more information on how the order on single site employment impacts staff who work at a Long Term Care (LTC) or a Designated Supportive Living (DSL) facility with a confirmed outbreak.

113. 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.
- Effective April 28, asymptomatic healthcare staff working at long-term care and supportive living facilities, currently under COVID-19 outbreak declarations, can now set an appointment for testing for COVID-19, through the Healthcare Worker online self-assessment tool at ahs.ca/covid.

114. What are the guidelines for asymptomatic testing of residents or staff in a supportive living setting?

- At the direction of the Chief Medical Officer of Health, from April 23, 2020, once either a resident or staff member tests positive and has a confirmed case of COVID-19 in any licensed supportive living setting, including lodges, or long-term care sites, there is a requirement to offer swabbing to all asymptomatic residents for COVID-19 on the affected unit(s).
- A guidance document has been created and emailed to all operators. It will also be available on the Continuing Care Connection site and ahs.ca/covid.
- Within the document, the process to follow is outlined for all facilities. Of particular note:
  - If a swab is positive, contact and droplet isolation is required in providing care for those residents.
  - For residents whose swabs are negative, enhanced monitoring for development of symptoms is recommended.
  - Asymptomatic staff whose swabs are negative can return to work and do not need to self-isolate.

115. 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

On April 10, the Chief Medical Officer of Health put in place an order on single site employment for Long Term Care and Designated Supportive Living (LTC/DSL) sites. This order mandates that all staff who work in a LTC or DSL facility will be required to work at only one LTC or DSL facility for the duration of the pandemic. The original implementation date of April 23 was changed to allow for further planning. The effective date will be rolled out in waves for those sites that are ready to implement the Single Site Order.

For more information, please see the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders.

116. Will I be impacted by the single site order?
• To limit the spread of COVID-19, staff that typically work at multiple sites may be temporarily be restricted to work at a single site.
  o On April 10, Alberta’s Chief Medical Officer of Health put in place an order on single site employment for Long-Term Care and Designated Supportive Living (LTC/DSL) sites.
• There are three different ways that staff may be restricted from working at multiple sites, in multiple positions, and/or for multiple employers: Single site Orders, Confirmed Outbreak Orders, and Exclusion Orders.
• For more information, please see the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders.

117. Do the single site orders apply to staff at acute care sites?
• The current CMOH Order 10-2020 does not apply to staff who work at acute care sites, and therefore staff are not restricted from working at more than one acute care site.
• A staff member who is working at one LTC/DSL site can also work at acute care sites, unless there has been an outbreak declared at that LTC/DSL site.
• For more information, see the Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders.

118. I travel between facilities for work. Is this allowed? What do I need to know to keep myself safe?
• Leaders and staff are encouraged to avoid travel between facilities unless operationally required.
• Refer to Travel between facilities information captured in the Preparing our people section in the COVID-19 Re-launch Playbook and Planner for more information and additional resources.
• Midwives and Nurse Practitioners are asked to observe specific measures to ensure their own safety, as well as that of colleagues and patients.

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

119. What restrictions have been put in place to slow the spread of the virus?
• On June 9, the Government of Alberta announced a change in gathering restrictions. Check the GOA site for the most updated information.
• Check the restricted and non-restricted services GOA page for the most recent information on which business are able to open and what restrictions must be followed.

120. 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
• Work from home where possible and operationally feasible.
• 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/procedure 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
  o To ensure you are properly protected, please use the PPE supplied by AHS in AHS facilities. This includes non-clinical and administrative sites.
• As we begin to return to normal operations and staff return to working onsite, all sites should be prepared with proper signage as well as provide appropriate PPE, hand sanitizer and waste disposal in instances where physical distancing cannot be achieved and where access to soap and water is limited.
  o Refer to the Preparing the facility section in the COVID-19 Re-launch Playbook and Planner for more information including on elevator capacity and use protocols or the Resources for Staff section for information on safe work practices.

121. 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
  o To ensure you are properly protected, please use the PPE supplied by AHS in AHS facilities. This includes non-clinical and administrative sites.

Medical Notes

122. 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

123. UPDATED I’m struggling with my mental health – where can I get help?
• EFAP Supports:
  o 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.
  o EFAP offers an online cognitive behavioural therapy program called i-Volve. It's a self-paced, web-based treatment program for depression and anxiety. See a full description here. You can access i-Volve by calling 1-877-273-3134 or by visiting homeweb.ca or e-AP.
  o EFAP Life Smart Coaching
  o EFAP counselling services
• Physicians and their families can access supports offered by the Alberta Medical Association’s Patient and Family Support program (PFSP) by calling the 24/7 confidential phone line 1-877-767-4637 or visiting the Alberta Medical Association.
• Midwives supports can be accessed by visiting the Alberta Association of Midwives.
• Choose from a variety of mental health resources on the Wellness Together Canada Portal.
• Helplines:
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- Mental Health Helpline at 1-877-303-2642 available 24/7.
- Addiction Helpline
- Kids Help Phone
- Community and Social Services Helpline (Alberta 211)

- Virtual support network – Big White Wall (BWW)
  - A free online mental health support network BWW is available for Albertans 16+ to share, support and chat in a safe space. It’s anonymous, free and offers peer-to-peer support to everyone.
  - To access AHS’ new virtual support network, visit: www.ahs.ca/virtualmentalhealth

- Togetherall — a free, online network that offers anonymous, peer-to-peer mental health services 24 hours a day, seven days a week. You can sign up for Togetherall at ahs.ca/virtualmentalhealth.

- Additional supports:
  - Resilience, Wellness and Mental Health Resource guide
  - Self-Care Tip Sheets
  - Supporting Your Mental Health, or take the MyLearning Link course, information here.
  - Wellness Check-in Overview
  - Orientation to Stress
  - COVID-19: Self-care Strategies (EFAP Wellness Seminar)
  - Going Home Checklist (whether you are physically leaving work or ending your shift at home)

- Parenting/working from home:
  - Healthy Together is AHS’ guide to family and home life during COVID-19.
  - Supporting you with kids at home or talking to your kids about COVID-19.
  - Helping teens adapt to the new normal
  - Working remotely during COVID-19
  - Helping Your Child Succeed at School (EFAP Wellness Seminar)
  - Foundations of Effective Parenting (E-learning) – a 120-minute course through our EFAP’s Homeweb.

- Sleep and nutrition resources:
  - Many things can affect our appetite and how we eat. Learn more from our Healthy Together story.
  - Whether you had sleeping problems before COVID-19 or since, we offer concrete steps that can help you and your family sleep more soundly. See our Sleeping & Napping story for details.

- Check out Help in Tough Times.
- Listen to Dr. Nicholas Mitchell address different, relevant topics on the Mental Wellness Moment series.
- AHS has more resources to look after your mental health at ahs.ca/covid including the Text4Hope campaign.

124. **Where can I find mental wellness apps that I can use to support myself and guide my patients to use during this difficult time?**
- The Provincial Addiction and Mental Health team has developed several resources to address stress, anxiety and mental wellness during COVID-19.
- Mobile Tools to Promote Mental Wellness is a resource for service providers and the public, which highlights free evidenced-based mental wellness apps and questions to ask when choosing an app to use.
- COVID-19 and Stigma is a great resource for healthcare providers to help understand the stigma related to COVID-19 and how we can help stop it.

125. **Are there any wellness seminars specific to COVID-19 that I can attend?**
- New wellness seminars are now available. Topics include working from home, foundations of positive parenting, healthy sleep habits, self-care strategies and more.
- AHS employees can participate in these one-hour sessions hosted via Skype.
- For more, check out the wellness seminar series schedule.
- Search ‘COVI’ or ‘wellness seminars’ on MyLearningLink to register. Registration is based on a first come, first served basis.
- To book an online group session, managers can email wellness@ahs.ca.
- For self-paced learning, visit homeweb.ca.
126. 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.

127. I’m experiencing stress/fear/anxiety. Are there tips you can share to help me deal with these emotions?
   - Make sure you are taking care of yourselves, your families and reach out to friends and neighbours, virtually for support.
   - We all experience stress and anxiety differently. You may be working long work hours, caring for your family and yourself, or feeling fatigued. Regardless of what’s happening in your life right now, more than ever, taking care of yourself is key.
   - 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.
   - A weekly digest providing the latest literature and resources regarding the effect of COVID-19 on addiction and mental health is available compiled by the AHS Provincial Addiction and Mental Health Knowledge Exchange team. You can subscribe to receive the latest updates.
     - Employee & Family Assistance Program at 1-877-273-3134 or try their online cognitive behavioural therapy program called i-Volve. It’s a self-paced, web-based treatment program for depression and anxiety. See a full description here. You can access i-Volve by calling 1-877-273-3134 or by visiting homeweb.ca or e-AP.

128. I’m experiencing grief from the loss of a loved one. Are there resources available to support me?
   - Please reach out to the Employee & Family Assistance Program (EFAP) at 1-877-273-3134 for professional counselling support. It is a free, flexible and confidential service available 24/7.
   - AHS employees can also access Grief and Loss Coaching through the EFAP Life Smart Coaching services to help provide support and guidance if you are experiencing grief or loss.
   - Review supporting each other after a loss as an additional resource for more support.

Relaunch Strategy to Return to Normal Operations

The COVID-19 Relaunch Playbook will help our leaders and staff meet the Government of Alberta guidelines and public health recommendations, incorporate existing practices such as personal protective equipment and physical distancing into their daily work, and learn what steps AHS is taking to keep our people healthy and safe moving forward.

Please review the playbook to determine which measures and requirements are applicable to your team and what steps will need to be taken at your specific site. You can submit any questions or feedback to COVIDRelaunch@ahs.ca. If you have questions about the timing of your specific team or unit’s return to the workplace, please contact your leader.

129. What is the Government of Alberta’s strategy for gradual re-launch/return to life as normal?
   - The Government of Alberta announced plans for Stage two. The plan places safety first, and outlines a gradual lift of restrictions.
There are new guidelines in place for all to maintain physical distancing to the extent possible. Complete details are available at alberta.ca/covid19.

This strategy includes the continuation of important health supports, such as:
  - increasing testing and surveillance
  - contact tracing
  - support for those who have tested positive
  - stronger border controls
  - guidance for the use of masks
  - maintaining protection for the most vulnerable
  - rapid responses to outbreaks

130. **How does the GOA’s relaunch strategy effect AHS? What happens if there is an outbreak?**

   - The re-launch strategy is dependent on monitoring the healthcare system, with careful attention to COVID-19 hospitalizations and ICU admissions throughout this period.
   - Confirmed cases and rates of new infections will be monitored on an ongoing basis to inform proactive responses in localized areas of the province. Decisions will be applied at both provincial and local levels, where necessary.
   - While restrictions are gradually eased across the province, an outbreak may mean that they need to be strengthened temporarily in a local area.
   - During the phases of re-launch, we must still continue to practice health recommendations including hand washing, staying home when sick and maintaining physical distance.
     - Refer to the Working together to stop the spread information captured under the Resources for staff section of the Re-launch playbook.

131. **How is AHS crafting or adjusting its policies and procedures to align with the guidance provided by the Government during the re-launch strategy.**

   - All workplaces in Alberta are expected to develop and implement policies and procedures in alignment with the guidance provided by the Government of Alberta to prevent the spread of COVID-19.
   - In addition to the guidelines around essential services, AHS must also comply with the General workplace guidance for business owners re-opening or continuing operations and the Guidance support for non-essential health services.
   - Review the Appendix II in the Re-launch playbook to understand these changes.

132. **Has AHS begun to resume normal operations or performing scheduled surgeries, procedures, exams and appointments?**

   - In response to the COVID-19 pandemic, AHS delayed all non-urgent scheduled surgical activity across Alberta.
   - However on May 4, AHS resumed non-urgent scheduled day surgeries and procedures. These will include cataracts, gynecological procedures, general day surgery, nose surgery, reconstructive plastic surgery, and vascular and urology procedures.
     - AHS and Covenant Health are resuming some ambulatory care and diagnostic imaging (DI) services beginning this week, starting May 11.
   - On May 22, The Government of Alberta announced the AHS plan to expand the resumption of surgery to include day surgeries and those requiring overnight and short stays.

133. **How will AHS decide which surgeries, procedures, exams and appointments will proceed? How will these be booked or communicated to patients and care teams?**

   - We will continue to ensure emergent and urgent surgeries are maintained, while steadily increasing the number of surgeries.
   - As we do this, we will balance the safety of patients and staff with the need to resume surgeries for Albertans waiting for care.
   - We are addressing the backlog as quickly as we can, and also maintaining our ability to respond to the healthcare needs of the COVID-19 pandemic.
   - Decisions on which surgeries proceed are based on clinical need, with those most in need and waiting longest booked first.
• These decisions are being made at the zone level, and are also informed by the pandemic response in different parts of the province. Patients will be contacted directly regarding surgery times.
• A centralized booking office will coordinate surgery and procedure planning in each zone. Through the centralized booking office, we will begin contacting Albertans currently on wait-lists in the coming days to reschedule their procedures.
• DI will coordinate exam booking in each zone, contacting Albertans currently on wait-lists in the coming days to reschedule their exams.

134. How will Alberta and AHS address the backlog of surgeries created by the pandemic?
• On Sept. 10, Alberta Health and AHS announced a plan to clear the surgical backlog created during the pandemic, by increasing surgical activity volume to 150 per cent in order to meet the 2023 Alberta Surgical Initiative (ASI) commitment of providing all scheduled surgery within clinically acceptable times. This plan will support surgical activity in both urban and rural communities across the province.
• For more information, see the news release.

135. Are staff who were redeployed from surgical services being brought back to their original position?
• Staff and physicians redeployed from surgical services during the surgical postponement are being deployed back to their previous areas of work wherever possible.

136. When will ambulatory care and diagnostic imaging services begin again?
• AHS and Covenant Health are resuming some ambulatory care and diagnostic imaging (DI) services begin on May 11.
• The incremental re-launch of ambulatory care and DI services is being done at the same time as the reopening of other healthcare services, including some scheduled, non-urgent day surgeries, which resumed May 4.
• During the pandemic, we reduced ambulatory care patient visits across the zones by up to 60 per cent, which was supported by an increase in virtual patient visits. This was done to protect patients, staff and physicians, and to minimize risk of transmission.
• Re-launching ambulatory services is expected to increase activity of these services by approximately 20 to 40 per cent.
  o Review the Adult Ambulatory Services Provincial Pandemic Plan, or contact phc@ahs.ca for information on these plans.

137. How will physicians decide if a patient should be seen virtually or in-person?
• Physicians will be asked to review and triage patients, with the preferred assessment completed through virtual appointment.
• For patients unable to be adequately assessed virtually, we will increase our ability to do face-to-face appointments, while following all infection prevention and control, and proper personal protective equipment procedures.
  o Please visit the Virtual Health page on Insite for more information. You can also review the Virtual Care (including information for allied health disciplines) questions and answers in this document for more support and resources.

138. Will AHS screen patients before appointments to ensure they are not ill with COVID-19?
• Patients attending a scheduled, face-to-face appointment, appointment will receive a pre-screening phone call to assess fitness to attend appointments and will be given instruction for attendance based on provincial public health guidelines.
• Patients attending appointments for ambulatory care or DI will also need to follow the AHS visitor guidelines.

139. How will AHS ensure staff safety while resuming normal operations?
• The safety of patients and staff within our facilities continues to be our priority, as we respond to the COVID-19 pandemic.
• To ensure we maintain adequate resources over and above the requirements for COVID-19, we will conduct weekly assessments of the service resumption plans and adapt as required.
The resumption of any services will be done in a cautious, phased approach.

We will maintain all current COVID-19 public health orders and infection prevention and control standards and processes, including physical distancing and visitor guidelines.

At all times we will continue to reserve sufficient capacity to respond to the pandemic.

Refer to the COVID-19 Re-launch playbook and planner for more information.

140. Has the Government of Alberta lifted any other restrictions on allied health services?

The Government of Alberta announced a plan to lift some restrictions on some allied health services.

Dental and other regulated healthcare workers such as physiotherapists, speech language pathologists, respiratory therapists, audiologists, social workers, occupational therapists, dieticians and more can resume services, as long as they follow approved guidelines set by their professional colleges.

141. When will staff be allowed to return to work at their office/site?

When determining return to work options, leaders will evaluate which functions need to occur at the workplace and what work can continue to occur remotely.

- Refer to the Capacity Planning and Staffing section of the COVID-19 Re-launch Playbook and Planner for more details including how many people can return at once or adjusting schedules to enable physical distancing.

At this time, staff are still advised to work from home where possible and operationally feasible. Refer to the COVID-19 Temporary Alternate Workplace Arrangements Guide for more information.

Staff will be notified in advance and provided new guidance on temporary alternate work arrangements.

Staff members who are returning to the workplace or have changing personal circumstances may request to work remotely based on personal medical health conditions or dependent care requirements.

Additional information including how to request this or a longer-term solution can be found in the Managing Accommodation information captured under the Preparing our people section of the Re-launch playbook.


142. I’ve been working from home during the pandemic. Will my computer work when I am told to return to the office? What steps do I take to ensure it functions properly? Do I need to clean my equipment before bringing it back into the office?

Please read the following scenarios as a guide to get your computer working at an AHS site:

- Computers that were left powered on receive updates automatically over the AHS network, and there will be no disruption in using these devices once you return to your AHS workplace.

- Computers that were powered off, with no AHS network connection for 90 days or less will be automatically updated after you first log on at your AHS workplace. You will be prompted to reboot your computer when the updates are complete.

- Computers that were powered off, with no AHS network connection for more than 90 days will be deactivated for security reasons. Once you return to your AHS workplace, your computer can quickly and easily be reactivated by calling the IT Service Desk – improved IT processes will ensure reactivation in just a few minutes. Your computer will be automatically updated after you first log on and you will be prompted to reboot.

All equipment should be cleaned and disinfected prior to returning to the workplace and again when arriving at the workplace. Refer to the Best Practice Guidelines for cleaning and disinfecting computers and electronic devices.

143. How will cleaning and disinfection requirements be met once staff return to working on site?

Enhanced cleaning and sanitation practices will be more important than ever. Everyone must follow the cleaning, disinfection and hand sanitation guidelines in place for their site.

Refer to the Planning the facility section of the COVID-19 Re-launch Playbook and Planner for more details on topics including staff cleaning responsibilities, signage, and break rooms. In addition, the information captured under the Resources for staff section offers details on safe work practices, physical distancing and hand hygiene.
144. **I’m a community physician/other provider. Is lab work that is not deemed immediately medically necessary still on hold?**

- In March, APL and DynaLIFE strongly recommended cessation of non-essential and routine laboratory testing in an effort to enhance patient safety within lab collection sites and to relieve the strain on the lab system.
- We are continuing to ask our community physicians and other providers to only order lab work for patients that is immediately medically necessary (based on the physician’s clinical opinion).
  - Please refer to the [lab bulletin](#) posted today for further details.
- Providers and patients should be assured that patients who require lab work critical to their immediate care will continue to receive testing.

145. **When will regular lab work return?**

- Until physical distancing restrictions are lifted, APL and DynaLIFE will not be able to return to pre-pandemic patient volumes.
- Providing safe distancing within waiting areas, screening patients for symptoms before they enter the lab, and offering safe environments for high-risk patients are all considerations as we plan for the resumption of full lab collection services.
- APL and DynaLIFE continue to assess and monitor the situation and will provide updates on our websites as the situation evolves.

146. **Is the Government of Alberta going to maintain providing PPE to organizations beyond AHS?**

- The Alberta government announced on May 25 that the supply of critical PPE will now be focused on organizations at the highest risk of exposure to COVID-19. This includes hospital workers, first responders, and those working in publicly funded or contracted homeless shelters, seniors care facilities, and disability agencies.
- As of July 1, businesses and non-AHS organizations will be required to access PPE directly through suppliers. For more information, visit the [Alberta Emergency Management Agency web page](#).
- Refer to [this question](#) to understand how the re-launch will impact PPE distribution.

147. **How will visitor restrictions change as the re-launch moves forward?**

- As we move forward with Alberta’s re-launch, we are reviewing visitor policies, and considering changes that would allow more visitation, while still protecting patients and staff from the ongoing COVID-19 risk.
- This is an important balance to strike. COVID-19 continues to present a significant risk to vulnerable patients, but we know that seeing family and loved ones is also very important to the health of our patients.
- In the meantime, we ask that you continue to reference existing [visitation guidance](#). If you are feeling threatened onsite as you have these discussions, please do not hesitate to call Protection Services for support.

148. **Many construction projects paused during the pandemic. When will those restart?**

- In the coming weeks AHS Capital Management will be working with site administration to gradually re-initiate construction projects at our sites.
- We will ensure vendors and contractors returning for projects do not disrupt any clinical work or put staff, patients and visitors at risk.
- All vendors and contractors, currently working or returning to AHS sites, will be subject to [FIT testing](#), must follow safety protocols and are to follow usage of appropriate Personal Protective Equipment (PPE), where and when necessary.

149. **Is AHS reviewing the actions of any other hospital to guide how the re-launch strategy can be done in the most safe and effective manner possible?**

- A recent article published in the New Yorker magazine may be of interest to AHS staff and physicians as we move into re-launch across the province.
- It describes the approach to returning to work post-COVID-19 taken by Massachusetts General Hospital in Boston.
• The article notes that success is dependent on a combination of four very familiar key strategies: hygiene measures, screening, distancing, and masks.
• As we move into establishing new normals in our places of work and in our lives outside of work, this provides a clear description of what it could look like and also illustrates some hope for success. The full article is available [here](#).

150. **Does the Government of Alberta have resources to support business during the reopening stage?**
• To support businesses reopening during stage one of Alberta’s phased relaunch, the Government of Alberta is launching a new resource to help them keep their staff and customers safer.
• The new [alberta.ca/bizconnect](http://alberta.ca/bizconnect) webpage will provide business owners with information on health and safety guidelines for general workplaces and sector-specific guidelines for those able to open in stage one of re-launch, to ensure businesses can reopen safely during the COVID-19 pandemic.
• The site outlines guidance on public health orders for many services and businesses, including homeless shelters, non-essential health services and disability service providers.
• More information is available, [here](#).

151. **What are some tips to stay safe as the re-launch continues?**
• Continue to practice physical distancing – that means keeping at least two metres distance from people outside your household or cohort family.
• Still try to limit the number of times you need to leave the house for errands.
• Limit indoor gatherings to no more than 15 people and outdoor gatherings to no more than 50. In both cases, do not share food or drinks and always maintain physical distance.
• As being in the same car does not provide two metres distancing, carpooling is not recommended at this time. If you must share a car with someone outside of your household for an essential need, please ensure there are no more than two people in the car, one in front and one in back, to improve distancing.
• Many families are taking advantage of restaurants opening up again. Please be respectful and mindful of the precautions restaurants have in place. This includes tables of no more than six individuals and spacing of at least six feet between all tables. We also recommend ordering your own food and not eating from shared plates.
• Continue to wash your hands regularly with soap and warm water, or clean hands with hand sanitizer when on the go.
• If you feel ill, stay home and use our [online self-assessment tool](#) to determine if you should be tested. Even if you are just feeling generally unwell, you should use the tool to assess your situation.
• At this time, we ask those who are able to continue to work from home within their role to do so.
• For those who continue to be in the workplace or are returning to the workplace, follow all guidelines in place for your site. The best way to continue to protect yourself and those around you are point-of-care risk assessments, appropriate PPE use, and physical distancing when close proximity is not required to deliver patient care.
• Additionally, hand hygiene continues to be critical to our staff and patients. Please be sure to wash hands at all stages of donning and doffing PPE, and regularly throughout all shifts, as per usual, and regularly clean high-touch surfaces.
• Additional information on timing and support for staff returning to the workplace will be available in the coming weeks.
• Stay informed. Information and guidance on the re-launch can be found on the Government of Alberta’s site and [alberta.ca/covid19](http://alberta.ca/covid19). For more from AHS, continue to visit [AHS.ca/covid](http://AHS.ca/covid).
Asymptomatic Albertans who are:

- School teachers and/or school staff;
- Healthcare workers;
- Staff and/or residents at congregate living facilities, including long-term care;
- Experiencing homelessness; or
- Require asymptomatic testing for the purpose of travel

- Testing is by appointment, which can be easily booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, 811 can book an appointment.
- Healthcare workers can still choose to take Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool
- Members of the public can continue to use the online assessment tool developed for them.
  - Please note: if you are asymptomatic – meaning without symptoms – you are not required to self-isolate while waiting for your test results. If your test results are negative and you have no symptoms of illness, you also do not need to self-isolate.

### Steps to take if you are experiencing symptoms of COVID-19

- **Self-isolate**
- 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.
- 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.
- 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.

### 153. Who is considered priority testing for COVID-19?

- Testing in Alberta will shift to focus on those with symptoms of COVID-19, coupled with asymptomatic testing for only those in the risk groups outlined below.
  - Albertans who are close contacts of a confirmed case, whether symptomatic or not;
  - Albertans who are linked to a known outbreak, whether symptomatic or not; and,
  - Asymptomatic Albertans who are:
    - School teachers and/or school staff;
    - Healthcare workers;
    - Staff and/or residents at congregate living facilities, including long-term care;
    - Experiencing homelessness; or
    - Require asymptomatic testing for the purpose of travel
- Asymptomatic testing is no longer be recommended for Albertans who don't fall into these risk groups.

### 154. Why did testing criteria in Alberta change?

- Effective Sept. 17, Alberta is shifting to targeted COVID-19 testing to reduce testing wait times, speed up access to results and support Albertans during respiratory virus and influenza season in the winter months ahead.
- Albertans with symptoms remain the highest priority for testing, with targeting asymptomatic testing for specific risk groups as identified below. This is the best way to limit the spread of COVID-19 and protect the health of Albertans during the coming months.
• Anyone with symptoms, close contacts of a confirmed case and those linked to an outbreak will continue to be tested. These are our top priorities.
• The spread of COVID-19 will continue to be monitored, and our testing strategy will be adapted as needed.

155. Is there an option for expedited testing? When is expedited testing appropriate?
• See this question under clinical management of COVID-19 cases for more information on when expedited testing is appropriate in a clinical setting.

156. Once the school year starts will there be an expedited process for testing front line workers and students so that people can get back to school and work sooner?
• Decisions about testing priorities are made by the Alberta government. Up to date information on testing and the School Re-Entry Plan is available on the Government of Alberta website.
• Where staff are asymptomatic and otherwise able to return to the workplace, the Expedited Return to Work process may also apply.

157. I’ve taken the online assessment and determined that I need to be tested. Is there a way to book an appointment online to be tested for COVID-19?
• On May 29, AHS launched a new feature to allow Albertans taking an online self-assessment to book an appointment online, if they need to be tested.
• Testing will be by appointment, which can be easily booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, 811 can book an appointment online.
• Once an Albertan completes the online self-assessment, they will be presented with an option to book an appointment online if they live within 50 kilometres of a testing assessment centre.
• The symptomatic individual will be presented with the closest location, available appointment dates and times for testing.
• Upon selecting their chosen date and time, they will receive a booking confirmation and at the same time, the booking will show up in the schedule at the testing assessment centre.
• The online booking feature will help free up AHS’ resources and will help Albertans access testing more conveniently.

158. Is AHS offering to test patients for COVID-19 who visit the Emergency Department or an Urgent Care Centre?
• As of May 30, AHS is providing COVID-19 testing for any patient in Alberta seeking care in an emergency department (ED) or urgent care centre (UCC) who:
  o is being discharged home,
  o is asymptomatic for COVID-19, and
  o requests, and verbally consents to receiving a swab.
• Communication materials regarding the availability of this asymptomatic testing have been made available to EDs and UCCs across the province.
• Testing for asymptomatic patients is part of the overall COVID-19 screening currently underway in Alberta to help AHS understand the virus and its transmission and determine the number of infections in the community.

159. What does the testing of asymptomatic Albertans reveal?
• Asymptomatic testing will now only be available for those in the risk groups outlined below.
  o Albertans who are close contacts of a confirmed case, whether symptomatic or not;
  o Albertans who are linked to a known outbreak, whether symptomatic or not; and,
  o Asymptomatic Albertans who are:
    ▪ School teachers and/or school staff;
    ▪ Healthcare workers;
    ▪ Staff and/or residents at congregate living facilities, including long-term care;
    ▪ Experiencing homelessness; or
    ▪ Require asymptomatic testing for the purpose of travel
• Testing can only determine whether a person has COVID-19 at the time testing, even if they are asymptomatic.
• Tests cannot reliably determine whether someone has previously had COVID-19. They also cannot assess immunity to COVID-19.
• Please be aware that anyone who was asymptomatic when tested and who tests positive for COVID-19 is legally required to self-isolate for 10 days after the swab was taken. Close contacts of people with positive test results will also have to self-isolate.

160. **What did asymptomatic testing achieve?**
• We thank all Albertans who received asymptomatic testing in recent months. This testing helped us move forward with the relaunch of Alberta, and prepare for the challenges ahead.
• Despite widespread asymptomatic testing, we found the likelihood of having a positive test in those without known exposure or linked to an outbreak was extremely low. Only 0.07% of the more than 213,800 voluntary asymptomatic tests were positive.
• The significant number of asymptomatic tests have helped our health system prepare for any potential surge in testing, in the months ahead.
• We will continue offering voluntary asymptomatic testing for groups who pose the greatest risk of being linked to outbreaks, as well those at greatest risk of exposing vulnerable Albertans to COVID-19. These groups include: teachers and school staff, staff and residents in continuing care centres, health care workers, and those experiencing homelessness.

161. **Is AHS testing for any other virus beyond COVID-19? Will I be told if I have another virus?**
• 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.

162. **When did AHS begin testing for COVID?**
• We began to offer COVID testing in Alberta on Jan. 23. Since then, we have progressed significantly in our approach, hitting many other milestones, including:
  o January 2020: dedicated COVID testing available in Alberta
  o March 2020: first Alberta case confirmed
  o March 2020: online assessment tool goes live
  o April 2020: testing offered to all symptomatic Albertans, and auto-dialer delivery of negative test results across the province
  o May 2020: testing eligibility expanded to asymptomatic close contacts of confirmed positive cases
  o June 2020: testing eligibility expanded to all Albertans, symptomatic or not
  o May 2020: new online feature to book a COVID-19 test went live as an extension to the online assessment tool
  o August 2020: partnership with pharmacies including Shoppers Drug Mart, to expand accessibility of asymptomatic testing.

163. **I am waiting for my test results. How long will it take?**
• AHS staff are doing their best to provide results as quickly as possible, however given the high volume of test results, there can be delays.
• If you chose to opt-in during testing and have negative results, you will be contacted by the auto dialer or by text message.
• People who don’t choose the text or automated call methods will receive their results by a phone call from an AHS team member.
• As part of standard contact tracing process, anyone who tests positive for COVID-19 will also be contacted by phone by AHS’ Public Health team, for further follow-up and support.
• In the meantime, you can review the new Guidance While Waiting for a Return Call information and please follow self-isolation procedures to reduce the risk of transmission. You can find self-isolation guidelines here.
• 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.

164. Is there any other ways I access my test results?
• On Aug. 27, Alberta Health announced Albertans age 14 and up can now access the MyHealth Records (MHR) tool immediately after signing up online, without waiting for mailed verification.
• Albertans need to sign up for a MyAlberta Digital ID to use this service.
• Albertans who sign-up for MyHealth Records are able to see their COVID test results – as well as other lab work and immunization records - as soon as they are ready.
• Check this question for more information on requesting test results for travel.

165. UPDATED Will I receive an auto-dial response if I test negative or positive for COVID-19?
• Albertans can now receive their COVID-19 test results — either positive or negative — through a text message or an automated phone call.
• As of September 10, people can opt-in to have texted or automated call results if they book a COVID-19 test through ahs.ca/covid or are tested on a drop in basis at an AHS assessment centre.
• People who don’t choose the text or automated call methods will receive their results by a phone call from an AHS team member.
• Albertans who opt for a text message are advised results are texted any time of the day, seven days a week. Automated phone calls are made between 7 a.m. and 11 p.m., seven days a week.
• Parents and guardians will also be able to consent to receive automated test results for dependents (aged 17 years and younger). Each test result is delivered by a dedicated call or text. This could mean multiple calls or texts are delivered to a single number provided for a family.
• As part of standard contact tracing process, anyone who tests positive for COVID-19 will also be contacted by phone by AHS’ Public Health team, for further follow-up and support.
• As of Oct. 7, AHS started notifying parents of close contacts in schools by email rather than by phone.

166. 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.

167. NEW I got the flu shot and am now experiencing symptoms after getting immunized. Am I allowed to go to work? What should I do?
• Staff who receive the flu shot may experience side effects from the vaccine. These reactions are typically mild, develop within 24 hours and can last up to 48 hours after immunization.
• While the reactions that can occur are typical, they are similar to symptoms of COVID-19.
• Staff who experience symptoms would not be consider fit to work. Staff should stay home, and contact their leader and review the Post Influenza Immunization After-care Guidance.
• This guidance document provides direction for staff if they experience symptoms and outlines when they can return to work in alignment with the return to work decision chart.
168. Where can I find COVID-19 statistics on healthcare workers?
- We continue to update the testing data for healthcare workers in the AHS Healthcare Worker COVID-19 Testing dashboard.
- These statistics provide the total number of AHS, Covenant Health and Alberta Precision Laboratories (APL) employees and physicians tested, including a breakdown of the number of positive tests and those who have been confirmed to have been exposed in the workplace.
- To see more details on daily testing and how these numbers compare to testing across the province, see the new Healthcare Worker COVID-19 Testing infographic and dashboard.

169. Has AHS or the Government of Alberta found a reliable method to test Albertans to determine if they have antibodies to COVID-19? I.e. Serology testing?
- On May 12, Health Canada authorized the first COVID-19 serological test for use in Canada, the DiaSorin LIAISON®.
- There has been much work occurring in recent weeks right across the country to find a serological test (which tests for antibodies) that is safe, effective, and can be scaled for use in testing the population.
- Health Canada approval of the first COVID-19 serological test is a positive step forward for Canada and for Alberta in our collective efforts to better understand this virus.
- Alberta Precision Laboratories (APL) is now in the final stages of evaluating and validating various serology tests, including the DiaSorin test.
- Even with Health Canada approval, APL must always independently validate any serological test before it is used in Alberta; other jurisdictions are doing similar independent evaluations.

170. Why is serological testing important?
- Serological testing is important because it enables us to see who within the population has antibodies to this specific virus and, therefore, who has had previous exposure.
- It will be a crucial part of our COVID-19 response efforts moving forward because it enables us to observe how COVID-19 has been behaving and transmitting in our communities. Serological testing:
  - can help determine who within our population may have partial immunity
  - will be useful in further study of the virus and in clinical research into potential treatments and vaccinations
  - will provide critical data for public health officials in evaluating how well our public health strategies have been working thus far
  - will inform future public health advice for our policymakers.

171. When will serology/antibody testing be available?
- A provincial serology advisory group has been established and is meeting to discuss next steps.
- We look forward to sharing the conclusions of the advisory group and how its plans will be linked to recommendations and advice from the national task force that has also been established to help guide this important work.
- There is no definitive timeline for when widespread serology testing may be available for Albertans.

172. 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.
  - 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)
173. **UPDATED** Will staff have to self-isolate if there is a confirmed case or outbreak at their child’s school? Are staff required to self-isolate when their children are self-isolating?

- This is determined by the Government of Alberta. Staff should consult the Government of Alberta’s [School Re-Entry Plan](https://www.education.gov.ab.ca/schoolhealth/schoolentryplan) for more information on how schools will be handling any potential cases of COVID-19 at schools. Additional information if there is a case of COVID-19 at school is available on the Government of Alberta website.
- Staff who have children who are self-isolating should refer to the [Return to Work Decision Chart for Healthcare Workers](https://www.ahs.ca/covid) to determine whether they need to self-isolate or be tested.
- Anyone with symptoms that are not related to a pre-existing illness or health condition is required to stay home and self-isolate. Take the online assessment to [arrange for testing](https://www.ahs.ca/covid). Refer to the Government of Alberta website for additional information and requirements around self-isolation and testing.
- Review the [Guidance for Parents of Children Attending School and/or Childcare](https://www.ahs.ca/covid). The new resource provides specific information about what to do if a child feels unwell and/or has been notified by AHS as a close contact of a confirmed case of COVID-19.

174. **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](https://www.ahs.ca/covid) to determine next steps and find out if testing is required
- Find additional self-isolation guidelines [here](https://www.ahs.ca/covid), or at the [Alberta Health](https://www.ahs.ca) and [Health Canada website](https://www.canada.ca).

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

- As of March 25, the Government of Alberta has put [legally binding rules](https://www.ahs.ca/covid) 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.
- If you are concerned someone is not following public health orders, you can:
  - remind the person that not following public health orders is against the law and puts people at risk
  - submit a complaint to AHS public health inspectors online or leave a message at [1-833-415-9179](https://www.ahs.ca/covid)
  - [Submit a complaint](https://www.ahs.ca/covid)
- 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](https://www.ahs.ca/covid).

176. **UPDATED** I or a family member must self-isolate but don’t have paid leave or other income support. What options for funding is there?

- Government financial aid plans may be available for those that are unable to come to work due to self-isolation that do not have access to paid leave or other income support.
- Staff can be directed to information provided by the [Government of Alberta](https://www.gov.ab.ca) and the AHS [Record of Employment (ROE) for COVID-19](https://www.ahs.ca/covid) for further details.
- Refer to [this question](https://www.ahs.ca/covid) about income support or paid leave for individuals who are unable to work because they are forced to take time off work to care for a dependent because of the pandemic.
On April 24th, AHS signed a joint Memorandum of Agreement (MOA) with the Alberta Union of Provincial Employees (AUPE), the Health Sciences Association of Alberta (HSAA) and United Nurses of Alberta (UNA) on unique conditions that will apply to staff redeployment during AHS’ COVID-19 response.

177. 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

178. 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.
- Redeployed staff will continue to be covered by terms of their applicable collective agreement, including their current compensation.

179. 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.

180. 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.

181. 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.
Training

182. Are in-person training sessions going to begin again? How can I reduce risk when facilitating an in-person session when they do start again?
   - When in-person training is necessary, additional planning should be done to ensure we provide a safe and positive learning experience for all participants. If you are planning in-person training, refer to the COVID-19 Re-launch playbook and planner for the most up-to-date information on training and room layout options to accommodate safe training delivery.

183. I was scheduled to take Basic Life Support training. Will this still be offered?
   - Due to COVID-19, all in-person training was suspended in AHS in spring 2020.
   - Due to BLS course cancellations, AHS employees who require BLS training will be permitted to continue to work in circumstances where individual certification has expired until March 31, 2021.
   - As course delivery resumes, visit the BLS Insite page for the most up-to-date information on course availability.

184. Where can I find more information on IPC’s five key message about COVID-19?
   - IPC has hosted online information sessions for staff on the IPC Five Key Messages of COVID-19. If you were unable to attend, or would like to hear one of the presentations again, you can watch them, here.

185. 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 are recorded and are posted on Insite:

186. 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

187. Where can I go to get the latest advice for travellers?
   - An official global travel advisory is in effect.
     - Avoid non-essential travel outside Canada and all cruise ship travel.
   - 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

188. What is AHS’ current guidance on international travel?
   - Staff may travel outside Canada for a variety of reasons including vacation, bereavement leave and education leave.
   - As of March 25, 2020, all non-exempt travelers arriving in Alberta from outside of Canada are legally required to self-isolate for a period of 14 days (as per the CMOH order).
   - Both the Governments of Canada and Alberta continue to advise against all travel outside of Canada and all cruise ship travel.
• Failure to follow travel advisories may leave staff unable to return to Canada and possibly ineligible for health and other benefits. The required self-isolation period following international travel also has potential negative impacts on patient care.
• Because of this, AHS is discouraging staff from traveling internationally at this time.

189. **I am required to travel and need a copy of my test results to share with the airline and the country I will be visiting. How can I access a printed copy of my results?**
- Today, AHS provided information to the public on an additional means of accessing printable COVID-19 testing results, which many countries and airlines are now requiring for international travel.
- Albertans requiring test results prior to travel can secure their printable COVID-19 test results through several means.
- These include their MyHealth Record account, through their family physician or primary healthcare provider, or through AHS by completing the new Request to Access Health Information Travel Form.
- Travellers are responsible for understanding any COVID-19 testing and reporting requirements for their travel, allowing enough time for their testing, and securing access to printable results.
- All Albertans requiring proof of COVID-19 testing are advised to plan ahead, and allow at least seven days from the time they are swabbed for COVID-19 to having access to printable test results.
- Detailed information for travellers requiring testing is now also available on the AHS website.
- Albertans who require asymptomatic testing for the purpose of travel, can access asymptomatic testing through AHS or by visiting a participating pharmacy.

190. **I’m a physician/healthcare worker returning from a trip. Am I exempt from the mandatory self-isolation period?**
- At this time, the Government of Canada is recommending against non-essential international travel.
- When Canadian citizens enter Canada from abroad, they must adhere to relevant measures in the federal Quarantine Act that require an isolation period of 14 days upon arrival. There is also a Provincial Order under the Public Health Act. Exemptions per the terms of both federal recommendations and the Provincial Order are required in order for an individual to be exempt from quarantine in Alberta.
- In relation to exemptions for physicians and healthcare workers, although the federal Order contemplates scenarios where a licensed healthcare professional may need to enter Canada and provide health services, this does not extend to those returning from non-essential travel, and it restricts the healthcare professional by prohibiting them for caring for people 65 years of age or older.
- Because this is already detailed in the Federal Order, the Government of Alberta will not be issuing provincial quarantine exemptions for anyone returning from non-essential travel outside of Canada.
- It is important for all physicians and healthcare workers deemed essential by the Alberta government, to keep this in mind when contemplating non-essential travel plans.
- All Albertans choosing to travel internationally at this time will be subject to the mandatory 14-day isolation period upon their return.

191. **What should I do if I have recently returned from travelling outside of Canada? What if I have just returned and am feeling unwell?**
- 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.
- Take the online assessment for healthcare workers or for members of the public. Book an assessment online by visiting www.ahs.ca/covid. If using the Internet is not an option, 811 can book an appointment.
- For guidance on returning to work following travel, refer to the COVID-19 Return to Work Guide for Healthcare Workers.

192. **I travel as part of my job at AHS. Is travel still allowed?**
- For essential travel guidance, AHS follows the official directive of the Government of Alberta. As of March 12, all AHS business travel outside the country and province is suspended until further notice.
For more information, see the Travel and Vacation Guidelines for Leaders.
For guidance on returning to work following travel, refer to the COVID-19 Return to Work Guide for Healthcare Workers.

193. 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.

194. How is AHS informing people about COVID-19 who have just returned from travelling?
- Starting May 20, AHS teams have been deployed to the Edmonton and Calgary international airports to screen travellers arriving in Alberta from outside Canada for symptoms of COVID-19 and ensure travellers have an isolation plan in place.
- AHS has worked closely with the Government of Alberta, Public Health Agency of Canada and the Canada Border Services Agency to plan and launch this initiative.
- Travellers arriving in Alberta from outside Canada will be required to pass a provincial checkpoint, undergo a thermal screen and complete a provincial isolation questionnaire, including how they will travel to their isolation location, and their plans for getting essentials such as food and medication.
  - 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.
- Government of Alberta staff will follow up with arriving travellers within three days to ensure they are following public health orders and have the information and support they need.
- Travellers are encouraged to download the ABTraceTogether app when they arrive in Alberta to enhance the current manual tracing process and help protect Albertans and their loved ones.

Vacation

195. 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)

196. Are there plans to move to video-conference or teleconference for clinicians to treat patients?
- AHS Virtual Health now has an external website offering information and tools to support virtual healthcare, including supporting interactions for those patients in self-isolation, unable to attend an AHS clinic, or located in rural and remote areas.
- 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 or join Virtual Health as they host regular webinars and office hours, to provide tips and tricks for using Zoom.

197. 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.
- Health Information sharing during COVID-19 has been updated to include additional details of when information can be shared by the Medical Officer of Health, under the Public Health Act.
198. I'm using Zoom to provide patient care virtually as well as to have meetings with colleagues. Can I record the patient sessions and/or the team meetings?

- AHS is working on security features to satisfy privacy protections required for clinical Zoom sessions to be recorded.
- Until such tools are available, Zoom recording functions have been disabled for all AHS accounts. Similarly, Zoom's live streaming tools for social media are disabled.
- Work is underway to support special requests for clinical Zoom recording, when this is the best option to meet a specific need.
- Current requests for local recording can only be considered for Zoom meetings which do not expose personal health information, such as non-clinical administrative and educational interactions.
- These recordings are saved to local storage temporarily, while they are being transferred to secure AHS storage (e.g., SharePoint).
- Any temporary storage must be to an encrypted device compliant with AHS security policies.
- Please contact ahszoom@albertahealthservices.ca for more information.

199. Are there interpretation services available on Zoom?

- To support access to the language line, which connects healthcare teams with language interpreters for patients, Zoom now offers physicians and clinicians the ability to dial out of a Zoom call.
  - Please note: This should only be used when absolutely necessary, for interpretation services.
- Recording sessions outside of interpretation can be done through Skype for Business, and AHS Telehealth. For more information on Zoom, please visit the Virtual Health webpage.

200. 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.

201. As an AHS staff member/physician, am I allowed to use text to communicate with patients?

- Texting at AHS is permitted for limited purposes, in which identifiable health, personal or confidential AHS business information is not shared, and only when using an AHS or AHS-approved device.
- To learn more about what you can and cannot text, the privacy risks, legislation that must be followed and how to safeguard privacy and information security, check out this at-a-glance texting resource.
- It provides guidance on texting appointment times, call back requests, consulting with other healthcare providers and employee-manager communication.
- AHS staff and physicians who wish to use texts to communicate should first carefully review this document before changing any current processes, and discuss any proposed use of texting with their manager.

202. Are texts considered to be an official record? Do they have to be kept with the patients file?

- Please note that AHS texts are considered to be an official record under both the Health Information Act (HIA) and the Freedom of Information and Protection of Privacy Act (FOIP).
- As such, AHS texts must be retained in accordance with AHS Charting Standards and Records Retention Schedules. Texts may also need to be provided as part of a formal records request under HIA or FOIP.
- See InfoCare to learn more about privacy and information security matters at AHS, and email questions to InfoCare@ahs.ca
203. **Are there guidelines for the use of technology when providing healthcare delivery in Congregate Living Sites?**

- Guidance on the use of *Technology for Video Virtual Healthcare Delivery in Congregate Living Sites during COVID-19* and *Technology for Social Connection in Congregate Living Sites during COVID-19* is now available.
- The guidance documents are meant to provide information to congregate living sites about considerations for using technology to support social connection and access to video virtual healthcare delivery during COVID-19.

**Visitor restrictions**

As the pandemic evolves family support and visitation in acute care and continuing care settings will continue to be adjusted. These changes reflect the balance we must keep to address the ongoing risk of COVID-19, as well as the well-being of patients and residents as well as families, visitors, staff, physicians and volunteers. For the most up-to-date version of the visitation guidelines, please visit [www.ahs.ca/visitation](http://www.ahs.ca/visitation).

204. **What is the difference between a Designated Family/Support Person(s) and a visitor?**

- An important part of this step is defining the Designated Family/Support Person(s), what that role entails, who those individuals are to patients, and how designated support person(s) are different than visitors.

  - A **Designated Family/Support Person** is:
    - Someone identified by the patient as an important support
    - Someone the patient wants involved in their care and health matters
    - A relative, legal guardian, close friend or formal/informal caregiver

- Everyone else, who is not designated by a patient or resident, are considered visitors.

  - A **Visitor** is:
    - Not involved in the patient/resident’s health care
    - Someone whose time with the patient is discretionary and usually temporary
    - Visiting for purposes that are more social in nature

- Patients can determine who will be their designated family or support person and the extent the person is involved in their care, including collaborating with the healthcare team.

205. **How can I identify if someone is a Family Support Person or a visitor?**

- Since June, AHS has implemented *Designated Family/Support and Visitation Guidance* to direct staff on how to support family presence and visitation practices during COVID-19.
- As part of this guidance, we have introduced identification labels for designated family/support persons.
- The ID labels have been thoughtfully designed with nature illustrations specific to each Zone. The peel and stick labels include a space to write in the date a designated family/support person signs into a site.
- All sites with designated family/support persons are required to use the labels and have them available at all screening stations.
- Zones are asked to work with their Operations and BAS representatives to track them as an incremental COVID-19 cost. More information on how to order the labels is available on [Insight](#).

206. **Are people allowed to visit patients in an acute in-patient setting?**

- Effective Tuesday Aug. 4, AHS will implement additional changes to the Designated Family/Support Visitation Guidelines for all patients in acute inpatient settings.
- These changes apply to outside visits, pets, gifts and personal belongings. Changes include:

[ahs.ca/covid](http://ahs.ca/covid)
- Anyone entering a facility to access a designated outdoor area for visiting must undergo health screening.
- Pets will be allowed for outdoor visits under strict protocols.
- More flexibility on bringing gifts and personal belongings to sites.

- Staff are reminded to ensure all patients are masked when leaving their inpatient unit to attend services or visits within other areas of the hospital. They should first perform hand hygiene before donning a mask.
- Learn more about these new and previous updates at ahs.ca/visitation.

### 207. NEW Are designated family/support and visitors going to be screened prior to entering an acute care setting?
- Effective Oct. 13, AHS will implement an enhanced designated family/support and visitor screening tool in all acute care sites.
- This screening tool, available here, was updated to provide clarity and understanding for the screeners, designated family supports and visitors when they enter a site.
- This tool provides greater accuracy for those individuals who many not be symptomatic, yet are still in quarantine. It is intended to be done verbally. No personal information will be saved.
- Updates include:
  - Ensure individuals entering a site have not had any new or worsening symptoms that started in the last 10 days, including symptoms such as vomiting and diarrhea in the last 48 hours.
  - Further simplified and specified questions to ensure less grey area in answers when it comes to close contacts.
  - Guidance regarding individuals testing positive in the past 10 days or awaiting results of test because of symptoms.
  - Guidance regarding people who have had any instruction to self-isolate in the last 14 days.
- Exemptions are included for designated family/support persons for pediatric patients, maternity or dependent adults based on the current guidelines, patient situation, site and care team.
- Contact patient.engagement@ahs.ca with questions.

### 208. Are people allowed to visit patients or residents in a continuing care facilities?
- Beginning July 23, Alberta Health and AHS will be shifting from restricted access to a safe access approach to family support and visitation in continuing care facilities based on the CMOH Order 29-2020.
- This Order will be followed by all licensed supportive living, long-term care and hospice facilities.
- Under the revised guidelines each resident can have two designate family/support persons who will be able to visit indoors for as long and as often as they wish, as long as they coordinate with the facility and the care team.
- Visitors to continuing care facilities will be asked screening questions via a paper questionnaire.
- For the most up-to-date version of the enhanced visitation guidelines and information on screening for people visiting residents and patients is available at www.ahs.ca/visitation.

### 209. Are there any exceptions to allow visitors? Are visitors allowed to attend to a friend or loved one who is passing away?
- For the most up-to-date version of the enhanced visitation guidelines visit www.ahs.ca/visitation.

### 210. Is there an online booking tool to allow family members to schedule visits with patients at a continuing care site?
- AHS has launched an exciting new online tool that allows designated family/support persons and other visitors to request scheduled with residents in continuing care sites operated by AHS, Capital Care, Carewest and Covenant Health online.
- The tool supports the updated visitation process outlined in the Chief Medical Officer of Health (CMOH) Order 29-2020, whereby in-person and virtual visits with a designated family/support person or visitor must be prearranged with staff at the site.
- Albertans who would like to request a visit at participating continuing care sites can go to AHS.ca/ccvisit and complete the online booking request form specifying the location and preferred date and time of the visit.

ahs.ca/covid
211. Where can I receive support on the updated guidelines?

- To help our staff during this time, the AHS Clinical Ethics Service 24/7 Rapid Response Ethics Consultation Service is available to respond to questions and issues relating to family presence and visitation guidelines, in addition to other COVID-19 related questions.
  - The Rapid Response Ethics Consultation Service can be accessed by calling 403-689-3548.
- For other clinical ethics inquiries, please email clinicaledics@ahs.ca or call 1-855-943-2821. The Clinical Ethics Service is available for any care provider seeking support and assistance in resolving difficult or ethically challenging situations.
- Support services for staff on the updated guidelines are also available through Health Professions Strategy & Practice (HPSP) and Engagement & Patient Experience.
- Stay up-to-date on the latest family support and visitation guidance at ahs.ca/visitation.

212. 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.

213. How will visitor restrictions change during the re-launch strategy?

- Please refer to this question for more information on how visitor guidelines will be reviewed and adjusted during the re-launch strategy.

214. 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

215. 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.

216. I’ve heard that the Government of Alberta is looking to connect Albertans with volunteer opportunities. How can I offer my support?
- The Government of Alberta is launching a new tool to connect Albertans with volunteer opportunities during this unprecedented global crisis, and launching the Northern Lights program to recognize Albertans who volunteer to support their community.
- While physical distancing and gathering restrictions are in place, there is still a need for healthy volunteers to help those in need with countless opportunities to do so.
- Find out more here on the new Alberta Cares Connector tool and the Northern Lights Recognition program.

217. How are volunteers supporting patients right now?
- Being alone in hospital can be especially isolating now with visitor restrictions during COVID-19. Volunteer Resources and Patient & Family Centred Care in the Calgary Zone recently launched a program called Virtual Patient Experience Visits.
- Similar to the Patient Experience/Friendly Visitor visit already in place, the program pairs AHS volunteers with patients at risk of being socially isolated. But in this instance, each pair connects virtually. Their 15- to 30-minute visits are by phone or video call (such as FaceTime or Zoom).
- Patients can use their own equipment (such as a cellphone, laptop or tablet) for the visit or Volunteer Services can lend them an iPad.

218. When are these virtual visits taking place? How can I request a visit for one of my patients?
- Virtual visits take place between 0900 and 1900 daily; equipment support is Monday to Friday between 0900 and 1500.
- Staff can refer their patients who could benefit for such a visit by completing a referral form from Patient & Family Centred Care.
- Visits are then arranged by local Calgary Zone Volunteer Resource offices. Volunteers visiting with patients are AHS-registered and trained.
- To learn more or comment about Virtual Patient Experience Visits, contact the Calgary Zone Patient and Family Centred Care team at pfcc.calzone@ahs.ca.

Working from home, parking and childcare

219. Will staff have to self-isolate if there is a confirmed case or outbreak at their child’s school? Are staff required to self-isolate when their children are self-isolating?
- Refer to this question for more information.

220. Once the school year starts will there be an expedited process for testing front line workers and students so that people can get back to school and work sooner?
- Refer to this question for more information.

221. NEW I have a child going to school/childcare am unsure what steps I should take if my child feels unwell or is a close contact of someone who has COVID-19. Where can I find more information?
- AHS has released Guidance for Parents of Children Attending School and/or Childcare which provides specific information about what to do if a child feels unwell and/or has been notified by AHS as a close contact.
contact of a confirmed case of COVID-19. We encourage you to share this resource and learn more at ahs.ca/parentcovidguide.

- As of Oct. 7, AHS started notifying parents of close contacts in schools by email rather than by phone. We believe this will streamline our notification process, better support school administrators, and notify parents and guardians faster.
- Visit alberta.ca/returntoschool for more information and guidance on re-entry for the 2020/21 school year.

222. **NEW** I have to take time off work to care for a dependant. Is there financial aid available to me?

- Oct. 9 the Government of Canada announced changes to financial aid, including a new sick leave benefit and a new caregiver benefit for those forced to take time off work to care for a dependent because of the pandemic.
- Financial aid may be available for those who are unable to come to work due to isolation requirements who do not have access to paid leave or other income support.
- Staff can learn more about the benefits and supports available here.
- Refer to this question for details about paid leave or income support if you or a family member must self-isolate but don’t have paid leave or other income support.

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

- We continue to ask those who are able to work from home within their role to do so, until further notice.
- The COVID-19 Relaunch Playbook contains guidance and support for staff who are working remotely.
- Remote staff should refrain from entering their offices if they have not been asked to return by their leaders.
- Leaders must ensure that remote staff only go to AHS workplaces for valid business reasons, and all staff must complete the Fit for Work Screening prior to entering any AHS workplace.
- Please refer to question for more information on the future of working from home as Alberta begins to return to normal operations.
- For more information, reference the COVID-19 Temporary Alternate Workplace Arrangement Guide.

224. **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.

225. **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.
- Health Information sharing during COVID-19 has been updated to include additional details of when information can be shared by the Medical Officer of Health, under the Public Health Act.

226. **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:
- 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 or talking to your kids about COVID-19.
- Helping teens adapt to the new normal.

ahs.ca/covid

Alberta Health Services Healthy Albertans Healthy Communities. Together.
227. **Have parking fees been reinstated at AHS facilities across the province?**

- As of Sept. 1, parking fees will return to the approved rates for both staff and the public.
- AHS employees with monthly parking privileges who are still working from home can apply to temporarily suspend their parking. Refer to [Temporary Suspension of Parking Privileges](#).
- Please refer to the [FAQ’s](#) for more information on start dates and reimbursements.
- For all questions/concerns regarding parking, please refer to [Insite](#) for a complete list of Parking Offices and contact information.