

novel Coronavirus (COVID-19)

Frequently Asked Questions – for Community Physicians

January 26, 2020

What's happening in Alberta?

Alberta continues to see cases of COVID-19. For current case count and additional information for travellers, schools, daycares, employers and all Albertans, visit www.alberta.ca/covid19.

This document contains supplementary information for community specialist physicians and community primary care physicians, and their teams, on COVID-19. See the [staff FAQ](#) for additional information.

Issued by the PCN Incident Response Task Force for COVID-19

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Topics of Current Interest

*Reference the [COVID-19 Immunization](#) section for vaccine information.

1. **NEW Are there special circumstances that pregnant healthcare workers should not provide care to patients with suspected or confirmed COVID-19?**

AHS has updated their [Position Statement on Pregnant Healthcare Workers and COVID-19](#), to provide general guidance.

The physical changes that can occur in pregnancy (particularly those in the third trimester after 28 weeks gestational age) may make it more difficult for pregnant healthcare workers to adhere to the PPE precautions noted in the [IPC recommendations for COVID-19](#). In circumstances where PPE cannot be adhered to, the pregnant healthcare worker should **not** provide care to patients with suspected or confirmed COVID-19 or any other patients where the wearing of PPE is required.

If you are an AHS healthcare worker, whether pregnant or not, and require a workplace accommodation due to a medical condition, please speak with your supervisor or appropriate Medical Staff leader regarding the workplace accommodation process.

COVID-19 Immunization

2. **NEW Can my patients join a waitlist to be prioritized for COVID-19 immunization in future phases?**

No, Alberta does not have a waitlist. We know many people are anxious to be immunized for COVID-19, including those who are considered higher-risk or have other underlying health conditions.

Please encourage patients to continue to follow all [public health guidelines](#) to protect themselves and others from COVID-19.

More information will be shared as it becomes available. Patients should not call Health Link 811 about eligibility.

3. **NEW Can patients who are immunocompromised or have auto immune disorders receive COVID-19 immunization?**

Yes, however at this time, there is an absence of evidence on the use of COVID-19 vaccine in immunocompromised individuals and those with auto-immune disorders. These groups were not included in large enough numbers in the initial trials to provide solid information.

- COVID-19 vaccine may be offered to individuals in the eligible group who are immunosuppressed due to disease or treatment and those with an auto-immune disorder if a risk assessment with their primary healthcare provider or medical specialist determines that the benefits outweigh the potential risks. Risks would include that:
 - Immunocompromised persons may have a diminished immune response to the vaccine, and

- There is a theoretical concern that mRNA vaccine may elicit an inflammatory response and possibly exacerbate existing autoimmune diseases. However, current applications of mRNA technology for COVID-19 vaccines have been optimized to reduce this risk.
- However, with the exception of solid organ transplant (SOT) and hematopoietic stem cell transplant (HSCT) clients, the individual may also be immunized without consulting their primary healthcare provider or medical specialist following their acknowledgment of the risks mentioned above and the absence of evidence on the use of COVID-19 vaccine in these populations.

4. **NEW** Can patients who are pregnant receive COVID-19 immunization?

Yes, however the safety and efficacy of Pfizer-BioNTech and Moderna COVID-19 vaccines in pregnant women has not yet been established.

- At this time, there is an absence of evidence on the use of COVID-19 vaccine in pregnant individuals. These groups were not included in large enough numbers in the initial trials to provide solid information.
- COVID-19 vaccine may be offered to individuals in the eligible group who are pregnant if a risk assessment with their primary healthcare provider or obstetrician determines that the benefits outweigh the potential risks for woman and fetus.
 - However, the individual may also be immunized without consulting their primary healthcare provider or obstetrician following their acknowledgment of the absence of evidence on the use of COVID-19 vaccine in this population.
- Additional resources: [Society of Obstetricians and Gynecologists of Canada Statement on COVID-19 Immunization in Pregnancy](#).
- It would be prudent to delay pregnancy by 28 days or more after the administration of the complete two-dose vaccine series of an mRNA COVID-19 vaccine.

5. **NEW** Can patients who are breastfeeding receive COVID-19 immunization?

Yes, however it is unknown whether Pfizer-BioNTech or Moderna COVID-19 vaccines are excreted in human milk. A risk to the newborns/infants cannot be excluded.

- At this time, there is an absence of evidence on the use of COVID-19 vaccine in breast feeding individuals. These groups were not included in large enough numbers in the initial trials to provide solid information.
- COVID-19 vaccine may be offered to individuals in the eligible group who are breastfeeding if a risk assessment with their primary health care provider or medical specialist determines that the benefits outweigh the potential risks for the mother and infant.
 - However, the individual may also be immunized without consulting their primary healthcare provider or medical specialist following their acknowledgment of the absence of evidence on the use of COVID-19 vaccine in this population.

6. **NEW** Will PPE, physical distancing, masking, continuous eye protection and IPC requirements apply to healthcare workers who have been immunized?

- Immunized healthcare workers are still required to adhere to existing PPE guidance, including continuous masking, continuous eye protection and IPC recommendations for COVID-19.
- Currently, there is insufficient evidence on the vaccines' duration of protection and effectiveness of reducing transmission of COVID-19.
- While the vaccines being delivered have shown very high effectiveness in clinical trials, no vaccines are 100 per cent protective. Immunization does not change PPE requirements.

7. **UPDATED** Who should NOT receive a COVID-19 vaccine?

- Persons under 18 years of age ([Moderna Frozen Vaccine](#)); Persons under 16 years of age ([Pfizer Ultra Frozen Vaccine](#)).
- Known severe hypersensitivity to any component of the vaccine.

- One non-medicinal ingredient in the vaccine known to cause type 1 hypersensitivity reactions is polyethylene glycol (PEG). This potential allergen may be found in bowel preparation products for colonoscopy, laxatives, cough syrup, cosmetics, skin products and some food and drinks.
- Anaphylactic reaction to a previous dose of COVID-19 mRNA vaccine.

Precautions:

- Individuals who have had a serious allergic reaction to another vaccine, drug or food should talk to their healthcare provider before receiving the vaccine.
- Individuals receiving anticoagulant therapy or those with a bleeding disorder that would contraindicate intramuscular injection should not be given the vaccine unless the potential benefit clearly outweighs the risk of administration.
- Administration should be postponed in individuals suffering from acute severe febrile illness.
- Timing of administration and potential interference between COVID-19 vaccine and other vaccines or monoclonal products are currently unknown. Refer to [this question](#) for further information.
- Refer to [Immunocompromised and Auto-Immune Disorders](#), [Pregnancy](#) and [Breastfeeding](#) sections for specific information on these populations.

8. UPDATED What resources are available to help me have discussions with patients who are hesitant to receive the vaccine?

The AHS [COVID-19 Vaccination Fact Sheet](#) and this [COVID-19 Vaccine Question and Answer](#) resource from the Government of Alberta provide general information.

The Centre for Effective Practice has also developed resources to help healthcare providers address immunization hesitancy with patients. Please see:

- [Answering Questions about COVID-19 Vaccines: A Guide for Healthcare Providers](#)
- [ProTCT Plan for the COVID-19 Vaccine Discussion](#)

We will add more resources as they are developed.

9. Can primary care providers help AHS in administering COVID-19 vaccines?

Currently, AHS has adequate staff numbers needed to immunize Albertans against COVID-19 for the current vaccine supply.

To plan ahead and ensure we are able to provide COVID-19 immunization to as many Albertans as quickly as possible as more vaccine becomes available, AHS began recruiting additional staff to join the team of immunizers. AHS received hundreds of expressions of interest from a variety of healthcare professionals and now have enough interest from staff to be able to fill the positions needed to immunize Albertans against COVID-19 at this point in the immunization roll-out.

AHS sincerely thanks everyone who has offered to assist with Alberta's COVID-19 immunization planning.

Alberta Health has advised that, at this time, it is not recommended that community immunization providers purchase ultra-low temperature freezers.

10. What schedule is Alberta using to administer second doses of the vaccines?

As announced by the [Government of Alberta](#), Alberta will be offering second doses of the COVID-19 vaccine within 42 days after the first dose. This aligns with the approach recommended by the National Advisory Committee on Immunization and the World Health Organization statements on vaccines for COVID-19. For residents of long-term care and designated supportive living facilities, AHS will continue to offer immunization 3-4 weeks after the first dose.

11. What do I tell patients who have concerns about the safety of immunization?

Immunization is the single most effective means of protecting yourself, your loved ones and the greater community from COVID-19.

Canada is recognized around the world for high standards for vaccine review, approvals and monitoring systems. Only vaccines that are safe and effective will be approved for use in Canada. After a vaccine is approved for use, evidence on safety and effectiveness is reviewed by the [National Advisory Committee on Immunization](#) who provide recommendations on immunizations for individuals and for public health programs.

Vaccines make your immune system stronger. They build antibodies to help prevent diseases. Immunization is safe. It is much safer to get immunized than to get COVID-19 disease.

This [COVID-19 Vaccine Question and Answer](#) resource from the Government of Alberta has more information about COVID-19 immunization and safety.

12. If a person has recovered from COVID-19, can they still get a COVID-19 vaccine?

Yes. It is recommended they be immunized. There is no mandatory waiting period between having COVID-19 disease and being immunized; however, it is recommended that people wait until they are feeling better. Persons should NOT be offered COVID-19 vaccine if they have active respiratory symptoms, confirmed or suspected COVID-19 infection, or other symptoms of an acute illness. Immunization can be given once they are feeling better.

13. Will COVID-19 vaccines be available for children?

Currently available vaccines are only authorized for people 16 years and older (Pfizer- BioNTech) or 18 years of age and older (Moderna), and require 2 doses per person for optimal immunity to COVID-19. Children may be included in later phases as additional evidence becomes available.

14. Where can I get information on the Pfizer-BioNTech and Moderna COVID-19 vaccines, such as possible side effects and vaccine components?

The website below outlines product information, including possible reactions, as well as information being given to patients receiving the vaccine.

- [COVID-19 Health Professional Immunization Information page](#)

15. When will community physicians be eligible for vaccination?

- [The Government of Alberta](#) website outlines the phased sequencing for some healthcare workers. AHS is currently in Phase 1A of COVID-19 vaccine delivery.
- Primary care physicians working in long-term care facilities will be on the list to be immunized when the facility site is approved for vaccine. Primary care physicians working in long-term care facilities will be contacted by phone or email by AHS to book an appointment.
- Work to identify sequencing for [Phase 2 groups](#) is underway. While the Government of Alberta has not finalized details, additional frontline healthcare workers are expected to be included in Phase 2.
- We recognize that many physicians and healthcare workers who work with patients vulnerable to COVID-19 are waiting for information on when they will be eligible for immunization. More information on which healthcare workers will be included in each phase will be shared as plans are finalized.
- AHS has established a province-wide physician committee to ensure provincial alignment with eligibility decisions, transparency and to address concerns with vaccination rollout.
- This committee is working to ensure all staff and physician lists for vaccine eligibility are consistent across the province as we move forward with our vaccine distribution planning.

16. Once eligible, will healthcare workers be expected to get the vaccine? What if I decline?

The COVID-19 vaccine is voluntary for healthcare workers in Alberta. AHS encourages all healthcare workers to get the vaccine once they are eligible to receive it to help protect themselves, their patients and communities against COVID-19.

17. If I need specialist advice related to COVID-19 vaccine for my patient, who can I contact?

Two COVID-19 tele-advice services are available for primary care providers in Alberta. Providers can request specialist advice on COVID-19 vaccines. Please see this [COVID-19 Tele-advice for Primary Care](#) document for more information on how to request advice in your zone.

18. What information is available about COVID-19 immunization roll-out in Alberta?

For current information on vaccine distribution and which groups will likely be included in the different phases of the COVID-19 immunization program, please visit the [Government of Alberta webpage on vaccine distribution](#).

19. What do I do if one of my patients has an Adverse Events Following Immunization (AEFI)? Where do I report this?

Physicians should report AEFIs using [this process](#).

An AEFI is defined as an unfavourable health occurrence experienced by a patient that:

- Follows immunization;
- Cannot be attributed to a pre-existing condition; and
- Meets one or more of the following as determined by a health practitioner:
 - A life-threatening health occurrence that requires hospitalization or urgent medical attention.
 - The health occurrence is unusual or unexpected that:
 - Has not previously been identified; or
 - Has been previously identified but has increased frequency
 - The health occurrence cannot be explained by the patient's medical history, recent disease or illness or consumption of medication.

20. Should my patients leave a gap between getting another vaccine, such as the flu shot, and COVID-19 vaccines?

- Everyone should get immunized against influenza each year. Having both illnesses at once can be dangerous.
- AHS recommends individuals wait at least 28 days after the administration of two-dose COVID-19 vaccine to get another vaccine, including the flu shot.
- AHS also recommends waiting for a period of at least 14 days after the administration of another vaccine, including the flu shot, before getting a COVID-19 vaccine.

21. What do I tell my patient if they miss the second dose of the vaccine?

- If administration of the second dose of a COVID-19 vaccine is delayed, the second dose should be provided as soon as possible.
- While some protection may be afforded by a single dose, the evidence for this and duration of that protection are not clear.
- While there may be some protection provided by a single dose of COVID-19 vaccine, full protection requires the completion of the recommended doses.

Close Contacts, Isolation, Outbreaks and Contact Tracing

22. UPDATED How will school outbreaks be managed?

AHS Public Health will initiate an investigation when there are two or more cases in a school. The following terminology will be used in describing school cases:

- Alert (1 case)
- Alert (2-4 cases)
- Outbreak (5-9 cases)
- Outbreak (10+ cases)

As directed by AHS, the school will send out a letter to the whole school community (parents/guardians, students and staff) when there is a single case in their child's school, and when the school has more than one case.

Typically, an investigation is declared over after 28 days with no new cases, but Medical Officers of Health will work with individual schools to declare an end.

For further information regarding school outbreak please see this [Government of Alberta's resource guide](#).

23. What is a “close contact” and what are the isolation requirements?

Close contacts are defined as individuals:

- Who provided care for an infected individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent appropriate use of PPE
OR
- Had direct contact with infectious bodily fluids of a person (e.g., was coughed or sneezed on) while not wearing recommended appropriate PPE.
OR
- Lived with or otherwise had close prolonged contact (i.e., for more than 15 minutes cumulatively and within two metres) with a case without consistent and appropriate use of PPE up to 48 hours prior to symptom onset or while the case was symptomatic and not isolated.

A healthcare worker in an occupational setting wearing the recommended PPE is not considered to be a close contact.

View isolation requirements for close contacts [here](#).

24. Under what circumstances do children need to stay home from school, isolate or be tested for COVID-19?

The [COVID-19 Daily Symptom Checklist](#) are found here. Parents should follow the isolation and testing directions provided on the checklist.

Additional resources for parents about what to do if their child feels unwell and/or has been notified by AHS they are a close contact of a confirmed case of COVID-19 can be found at [ahs.ca/parentcovidguide](#).

25. What do I tell parents who are concerned their child has been exposed to COVID-19 at school?

Children may attend school if they are well unless notified that they are a contact of a confirmed case. If a child or staff member becomes a confirmed case of COVID-19, AHS or the school will notify them that they are close contacts and provide direction on what to do.

If staff or children have not been identified as a close contact of a confirmed COVID-19 case but develop symptoms as listed in the [COVID-19 Daily Symptom Checklist](#), they should immediately isolate, get tested and notify the school as per School Board processes if testing is positive.

26. What is considered a close contact for sports?

For sports that involve close, sustained or intermittent and repeated contact, all members of the teams playing each other are considered close contacts when there is a case on a team.

27. What is considered a close contact in a school?

When there is a case of COVID-19 in a school, a close contact is anyone who:

- has been within two metres of that person for more than 15 minutes (cumulative) while they are infectious
- shared food or drink or had contact such as hugging or kissing

In addition, generally, all individuals who share a classroom with the case are considered close contacts.

AHS Public Health will work with schools to contact students/parents/guardians about students who have been in close contact with a positive case (e.g., grade-level cohorts or other class groups), and to determine which school staff members are close contacts.

28. What is considered a close contact on a bus?

Anyone seated within two rows on a bus (either in front of, behind or beside the case) could be considered a close contact. If students move around the bus or don't stay in their seat, then all individuals on the bus would be considered close contacts.

29. Do parents of children who are close contacts of confirmed COVID-19 cases need to isolate or quarantine?

The requirements for quarantine of parents and other household contacts depend on the status of the child who is a close contact.

If the close contact is asymptomatic:

In this case, the contacts of the close contact do not need to quarantine.

If the close contact develops one or more List A symptoms [fever (over 38 degrees Celsius), new onset/exacerbation of: cough, shortness of breath/difficulty breathing, loss of sense of smell or taste]:

- That child's close contacts including parents and other students in the household must stay home and not attend a public place.
 - If the symptomatic close contact child tests negative for COVID-19, the child's close contacts do not have to isolate further as long as they are asymptomatic. The symptomatic child who is a close contact must continue to isolate for 14 days from last exposure to the case and can return to school after that, when feeling better.
 - If the symptomatic child who is a close contact does not get tested and has the above List A symptoms, they are considered a "probable case" and would need to isolate for 10 days from onset of symptoms. The close contacts of that probable case would also need to isolate for 14 days from when they were last exposed to them.

If the close contact develops List B symptoms (new onset of chills, sore throat/painful swallowing, stuffy/runny nose, headache, muscle/joint ache, feeling unwell/fatigue/severe exhaustion, nausea/vomiting/diarrhea, or conjunctivitis):

- That child's close contacts including parents and other students in the household do not have to quarantine as long as they are asymptomatic. The child who is a close contact must continue to isolate for 14 days from last exposure to the case.

Please direct parents to ahs.ca/parentcovidguide to find specific information about what to do if your child feels unwell and/or has been notified by AHS they are as a close contact of a confirmed case of COVID-19. The infographics on this page are an excellent resource to print for reference in your clinic as well.

30. What if a family member, such as a parent, becomes sick while a child in the household is on isolation as a close contact of a confirmed case?

If a family member develops symptoms of COVID-19 while the child is in quarantine due to being a close contact of a confirmed case, the symptomatic family member should isolate, seek testing and follow the [standard isolation requirements](#) for any Albertan with symptoms.

31. What is the current process for contact tracing and notification of close contacts?

- Patients who test positive for COVID-19 receive their notification via text message (see "[Will I be notified of my patient's COVID-19 test results](#)") for information on how primary care providers receive results).
- Positive cases are instructed to go to ahs.ca/positiveresult to start identifying close contacts.
- Positive cases are asked to complete the [COVID-19 Close Contacts Identification Guide](#) and to enter close contacts into the [COVID-19 Contact Tracing Tool](#).

- AHS has developed a webpage, ahs.ca/closecontacts, where Albertans can find information, including email templates, they can use when notifying close contacts.
- Primary care providers are not expected to lift isolation or provide specific isolation guidance to patients. Please encourage your patients to visit ahs.ca/isolationinformation for this guidance.
- Positive cases will receive a text from AHS when they are released from isolation.

Please note:

- AHS will directly notify close contacts of cases of COVID-19 confirmed in three priority groups only:
 - healthcare workers,
 - minors (parents will be notified if their child has been exposed in a school setting); and
 - individuals who live or work within congregate or communal facilities.
- AHS will no longer directly notify close contacts of positive cases that are confirmed outside of these three priority groups, at this time.
- Instead, Albertans who are not within these priority groups, who have tested positive for COVID-19, will be asked to notify their own close contacts of the exposure.
- Event organizers will also still be directed by AHS to notify event attendees of an exposure, and workplaces will be informed by AHS of a case, and directed to send out the notification to employees.

This process is subject to change.

32. Are isolation guidelines for close contacts different for parents who are healthcare workers, such as physicians?

For healthcare workers who are [close contacts of confirmed cases](#), the isolation requirements are the same as close contacts who are non-healthcare workers.

Please use [this tool for healthcare workers](#) to determine if you should return to work.

33. Will all healthcare workers, including PCN staff and community physicians, be included in the priority group for AHS contact tracing and testing?

Yes, if PCN healthcare workers or community physicians are determined to be a [close contact](#) when AHS speaks with a confirmed case of COVID-19, the PCN staff member or physician will be contacted by AHS Public Health Communicable Disease Control, just as other healthcare workers.

34. How will contact tracing for PCNs and community clinics be handled by AHS when it comes to identification and notification of close contacts?

If a confirmed case of COVID-19 (either a staff member or a patient) attends your clinic while infectious, AHS will inform you as an employer and request that you notify workplace contacts and patients who meet the definition of [“close contact.”](#)

It is the role of the clinic, as the employer, to notify staff but AHS case investigators will play a role in speaking to healthcare workers when required.

For example, if a COVID-19 positive case has been at a clinic, a phone call is made to the medical clinic by an AHS case investigator. The case investigator usually asks to speak with the office manager or a physician in charge to discuss the situation and complete the assessment.

If the manager or physician states that all staff were wearing appropriate PPE and there were no PPE breaches, then each healthcare worker will not be spoken to individually. If the office manager/physician is unsure if all staff were wearing appropriate PPE, then the AHS case investigator will speak with each staff member that had contact with the COVID-19 positive case to determine if they meet the definition of a close contact.

General Community Physician Questions

35. I am a community physician and want to help. How can I put my name forward?

- AHS is maintaining a list of individuals with medical training who are willing and able to be redeployed as the COVID-19 response evolves.
 - **Alberta licensed physicians:** To support the workforce distribution of physicians during the second wave of the pandemic, AHS Medical Affairs asked CPSA to re-launch the [COVID-19 Physician Registry](#). Information gathered by the CPSA will be shared with AHS to guide redeployment planning.
 - **Post-graduate year 5 (PGY 5) and retired physicians returning to practice:** Contact Bruce.Leisen@cpsa.ab.ca to register your availability.
 - **Unlicensed international medical graduates and students:** Register your availability by reviewing opportunities on the [Doctor Jobs Alberta website](#).

36. Are healthcare workers eligible to participate in the International Border Testing Pilot Program, which has reduced quarantine periods for travellers?

Participants of the International Border Testing Pilot Program cannot work at or visit any setting where healthcare services are provided and there are vulnerable people at risk for severe disease for 14 days. Physicians, including community physicians, should keep this in mind while considering travel plans. More information is available on the [Government of Alberta website](#).

37. What resources are available for community physician wellness during this time?

- **The Physician and Family Support Program** provides confidential support and help with personal health issues and enhances the quality of patient care and public safety by promoting health and well-being for the medical profession that cares for all Albertans. Call: 1-877-SOS-4MDS (767-4637) or go the [Alberta Medical Association's website](#) here for more information.
- **Well Doc Alberta** provides [short education bulletins](#) with evidence-informed tips to support wellness during this time. Well Doc Alberta and the Alberta Medical Association's Physician and Family Support Program (PFSP) have a [multi-part joint podcast series](#) focused on physician wellness. Throughout the series Dr. Jane Lemaire and Dr. Terri Brandon are joined by Fleur Yumol, a clinical social worker and the administrator of the PFSP's 24-hour support line, to discuss strategies to promote physician wellness during the pandemic.
- **Canadian Medical Association (CMA) Physician Wellness Resources** has launched a new [learning series](#) to support physicians during the pandemic, on topics such as managing isolation, building resilience and moral distress.
- **Alberta Health Services** has [infographics available](#) that summarize topics such as supporting team members with COVID-19 related losses, focusing on what you can control and more.

38. I have been isolating and have questions about returning to work. Where can I go for information?

The COVID-19 [Return to Work Guide for Community Physicians and Teams](#) provides guidance on when to return to work following isolation, a COVID-19 test or symptoms. The guide is for primary care providers and specialists within the community setting as well as their teams.

A Health Link physician advice line is also available:

- South of Red Deer: 587-284-5302
- Red Deer and North: 780-910-0385

AHS physicians and staff should refer to the [AHS Return to Work Guide](#).

39. I'm a community physician and am experiencing symptoms of COVID-19. Who do I contact with questions?

- If you've recently travelled or been exposed to COVID-19 (e.g., close contact to a patient who has tested positive with COVID-19 and been without appropriate [personal protective equipment](#) (PPE) during the interaction), then you are [legally required](#) to isolate for a full 14 days.

- As a healthcare worker, you will be tested for COVID-19 if you are experiencing symptoms. Please take the online assessment tool for [Healthcare and Shelter Workers / Enforcement Personnel / First Responders](#).
 - This will help you determine if you need to be tested for COVID-19 under the new requirements and how long you need to [isolate](#) if you may have been exposed or are experiencing symptoms.
- Health Link has set up two phone lines for community physicians to call with concerns about themselves.
 - It is critical these phone numbers be used by community physicians only and not members of the general public or physician family members. During this time of increased pressure on the health system, we are using these numbers to help ensure community physicians get the advice they need quickly.
 - South of Red Deer: 587-284-5302
 - Red Deer and North: 780-910-0385

40. Are community physicians still allowed to work at multiple sites during the pandemic?

Community physicians are not currently required to restrict their activities to a single site. No community physicians should be providing care to patients if they have any new symptoms that may be consistent with an infectious disease.

All community physicians working at multiple sites are asked to observe / specific measures during the COVID-19 response.

41. Will I be covered by the Canadian Medical Protective Association (CMPA) if I provide care outside my normal scope of practice?

- The CMPA has launched a [COVID-19 Hub](#) to provide up-to-date medical-legal information, advice and support on questions that arise during the COVID-19 pandemic.
- The CPSA also has information posted on its site about [scope of practice issues](#).

42. I'm a community physician and have provided virtual care. What billing code(s) should I use?

- In March, the Government of Alberta introduced new and expanded billing codes for virtual care to aid in the response to the COVID-19 pandemic.
- Community physicians providing virtual care were encouraged to use these codes to receive compensation.
- In June, the Government of Alberta [announced](#) that virtual care codes introduced in response to the COVID-19 pandemic will remain in the Schedule of Medical benefits permanently.
- Permanent billing codes include patient visits, consultations and mental health services provided over the phone or through secure video conference.
- Please see this [bulletin](#) from the Government of Alberta for more information.
- The Alberta Medical Association (AMA) also has more information on billing codes [here](#).
- Provide [virtual care as per CPSA guidance](#) during the COVID-19 pandemic.

43. What resources are available to help me provide virtual care to my patients?

- The [Alberta Medical Association](#) has resources to help providers understand virtual care options.
- 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.
- To learn more about the evidence on the impact of virtual visits compared with in-person visits, the AHS COVID-19 Scientific Advisory Group has conducted a [rapid review](#) on virtual vs. in-person visits.

44. How can community physicians and their teams ask questions related to their role in the COVID-19 response?

Community physicians and their teams can email PHC@ahs.ca for COVID-19 related questions.

Infection, Prevention and Control (IPC)

45. UPDATED What is the latest guidance regarding continuous masking and eye protection for healthcare workers?

AHS recently updated its continuous masking guidance to also include the continuous use of eye protection, such as face shields or eye goggles. The PCN Incident Response Task Force has updated its [masking and eye protection guidance for community physicians](#) to align with this change.

- Eye protection should now be used continuously for all healthcare workers involved in patient care, which includes all interactions within two metres of a patient **and** staff.
- This guidance applies to all clinic and PCN staff who interact with patients **and** staff.
- Face shields continue to be the preferred option for eye protection.
- Continuous eye protection will supplement current PPE recommendation of [continuous masking](#).
- Eye protection includes face shields, mask/face shield combinations, goggles or safety glasses (personal prescription or facility supplied).

This [PPE FAQ](#) addresses some questions regarding the continuous use of eyewear.

If you or your staff are unaccustomed to wearing PPE, consider doing this [online module](#).

As well as wearing a [mask and eye protection continuously](#), staff are reminded to continue using the following practices for every patient, every time:

1. Every patient interaction begins with a [Point of Care Risk Assessment](#) (PCRA). In turn, this directs appropriate measures to protect both healthcare workers and patients.
2. Having patients with respiratory symptoms wear a procedure mask is a source control strategy with strong evidence of reduction in viral shedding.
3. [Contact and Droplet Precautions](#) in addition to [Routine Practices](#) should be used for:
 - a. All patients with Respiratory Symptoms or ILI
 - b. Individuals where language barriers, altered mental status, severe illness or cognitive factors impact the accuracy of the PCRA
 - c. Individuals who have been directed to [isolate](#) (e.g., travellers and contacts of probable or confirmed cases of COVID-19)
4. Use of a fit-tested N95 Respirator replaces a surgical/procedure mask for [Aerosol-Generating Medical Procedures \(AGMPs\)](#).

46. UPDATED Are there videos or posters to demonstrate proper donning and doffing of PPE?

- [Donning and doffing narrated slide show](#)
- [Donning and doffing PPE video \(nine minutes\)](#)
- [Donning poster](#)
- [Doffing poster](#)

47. What tool should we be using in our clinic to screen patients for COVID-19 and determine if they need testing?

This [Community Physician COVID-19 Screening and Testing Algorithm](#) is designed specifically for use in a community care setting.

48. Does continuous eyewear change exposure criteria for healthcare workers who may be exposed to asymptomatic or pre-symptomatic patients?

Yes, healthcare workers who wore a mask and eye protection, but were not wearing gloves or a gown, at the time of their interaction with a patient or staff member who subsequently tests positive for COVID-19 (regardless of patient symptoms), will typically not be considered close contacts and, therefore, will not be required to quarantine.

[Contact and droplet precautions](#) (gloves, gown, mask and eye protection) are appropriate PPE for providing care to those with COVID-19, suspect COVID-19 or Influenza-Like Illness (ILI). The use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections.

49. Are disposable face shields and goggles reusable?

Yes, healthcare workers may preserve the use of disposable face shields and eye goggles. Please see [IPC COVID-19 PPE Recommendation for the Preservation and Reuse of Eye Protection](#) for more information on disinfecting disposable eye protection.

50. Do I need an N95 respirator when treating a patient with suspected or confirmed COVID-19?

When treating any patient including those with suspected or confirmed COVID-19, healthcare workers are reminded to follow [contact and droplet precautions](#) — which includes hand hygiene, procedure mask, eye protection, gown and gloves — unless performing an [aerosol-generating medical procedure](#), when additional precautions are required including a N95. Visit [ahs.ca/covidPPE](#) for more information on using PPE appropriately.

CPR: AHS has completed a thorough review of current practices in place across Canada, as well as scientific best practices, regarding the need for N95 respirator use by healthcare workers completing manual (hands-only) chest compressions. AHS has also sought the feedback of front-line providers.

This review has determined an N95 respirator is not required to initiate hands-only chest compressions.

Healthcare workers completing manual chest compressions are directed to continue to wear recommended PPE in alignment with [continuous masking guidance](#), [continuous eye protection](#), the [point-of-care risk assessment](#), with the addition of [contact and droplet precautions](#) for patients with known or possible COVID-19.

Specifically, healthcare workers responding to a cardio-respiratory arrest should:

- Call for help;
- Place loose clothing/sheet over the mouth and nose of the patient, as airway source control while awaiting help; and,
- Initiate hands-only chest compressions until you are relieved by individuals who are wearing PPE, including fit-tested N95 respirators.

Only these relief individuals, wearing N95 respirators, should manage the airway and complete full cardiopulmonary resuscitation (CPR).

Fit testing: If you are interested in N95 fit testing for your staff, AHS recommends community physicians and their teams hire a private occupational health contractor to do the fit testing.

51. How do community physicians order PPE and other supplies for COVID-19?

Community physicians have the option to procure PPE and some cleaning supplies from 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:

- Ordering process for [PCNs and PCN member physicians](#)
- Ordering process for other [community physicians who are not members of PCNs](#) (non-PCN primary care physicians and community specialists)
- Current [AHS PPE price list](#)

AHS is just one option for community physicians to order PPE. They can source from any supplier of their choice.

Physicians working in AHS or contracted facilities who have questions regarding the PPE ordering process should contact their local [CPSM Site Services Supervisor](#).

52. Is there a specific protocol we should use when cleaning exam rooms, equipment and garbage disposal?

- Use any disinfectant that has a Drug Identification Number (DIN) and a virucidal claim. Alternatively, you can make a 1000ppm bleach water solution by mixing 20 ml (4 teaspoons) of unscented, household

bleach with 1000 ml (4 cups) of water. Ensure the surface remains wet with the bleach water solution for 1 minute.

- Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently.
- High touch surfaces and areas where COVID-19 presumptive or positive patients are being cared for should be cleaned at least three times per day.
- Pay particular attention to door knobs, light switches, staff rooms, desktops, washrooms and other high touch surfaces.
- Dedicate patient equipment to a single patient. Clean and disinfect reusable patient equipment before use by another patient.
- Consider assigning designated staff to complete enhanced environmental cleaning.
- All cleaning activities should go from clean to dirty and from high to low areas.
- Cleaning cloths and/or ready-to-use wipes should be changed and/or disposed of when the cloth and/or wipe is visibly soiled or is no longer wet enough to allow for appropriate contact time.
- Please see the [Environmental Cleaning during COVID-19 in Community Clinics](#) guide for more information.

More infection prevention and cleaning tips available on the [Infection Prevention & Control: Emerging Issues page](#).

53. Should we continue to have an identified isolation room?

Yes, during the COVID-19 pandemic isolation rooms should be used in the community setting for patients presenting with influenza-like illness (ILI). Please see [Contact and Droplet Precautions for Isolation Rooms during COVID-19 for Community Physicians and Teams](#) for more information.

Curtained areas are sufficient if hard walls are not available to properly isolate patients who are symptomatic.

54. Is there a limit to how many staff and patients we can have in the clinic at a time?

Preventing the risk of transmission amongst staff, volunteers and patients remains important. The College of Physicians and Surgeons of Alberta's [Reopening Practice document](#) provides examples of how to prevent the risk of transmission — including restricting the number of staff, volunteers and clients/patients in the setting at any one time; maintaining a two-meter separation between individuals; and spacing out appointments. Review [Appendix A of the reopening document](#) for more examples.

Provide [virtual care as per CPSA guidance](#) during the COVID-19 pandemic.

Patient Masking

55. Are primary care physicians expected to provide doctor's notes to patients seeking a mask exemption?

The CPSA has provided the following guidance to the public on this issue in their [Patient FAQs for COVID-19: Medical Care](#):

- Doctors are not expected to write notes exempting people from wearing masks unless you fall into one of the identified categories at risk for wearing a mask — children under two years of age, people who are unable to remove masks without assistance or those with trouble breathing. Talk to your doctor: based on your medical history, your doctor will know if you are part of a risk category.
- If your doctor decides it is medically necessary for you to be exempt from wearing a mask, they may opt to provide you with a note. However, if you do not fall into one of the identified risk categories, your doctor is not obligated to provide you with a note saying you don't have to wear a mask in public.
- Please be aware that you will have to pay a fee for a doctor's note, as this is not a service covered under the Alberta Health Care Insurance Plan.

56. Is there guidance on patient masking in community care settings?

Yes, this [Masking and Eye Protection Guidance in Community Physician Settings](#) provides guidance for community primary and specialty physician care settings to assist in masking decisions for patients and providers. It provides the following masking guidance for patients:

- **Procedure mask for patients with ILI symptoms or confirmed/suspect COVID-19):** Hand hygiene and procedure mask at entrance and wears for full visit
- **Mask (any type) for all patients and essential companions (without ILI symptoms or confirmed/suspect COVID-19):** Hand hygiene and mask at entrance and wears for full visit

This guidance is based on direction from the Chief Medical Officer of Health and Alberta Health Services. Providers should consider practice environment risk assessments, clinical judgement and professional association guidance in addition to this guidance.

57. Is there guidance for community care settings when patients refuse to wear face coverings?

Yes, CPSA has developed guidance for this specific situation found in their [COVID-19 Reopening](#) document.

Advice specific to community physicians and their teams is available in this document called [Patient Refusal to Wear Face Coverings during COVID-19: Guidance for Community Physicians and Teams](#).

There is also more information from the AHS COVID-19 Scientific Advisory Group on the [Evidence of Harm from Mask Use for Specific Populations](#).

58. Can pediatric patients wear adult face masks?

Yes, when a pediatric mask isn't available, you can follow the steps in [this video](#) to adjust an adult size mask to fit a child's face. A small variation can also help create a better fit for a small adult face.

59. How do I provide guidance about a child's ability to wear a mask in school or public places?

Parents may be concerned about their child's ability to wear a mask in non-healthcare settings, including school and indoor public places, based on the child's pre-existing medical conditions. Based on your assessment of the child's abilities, you may assist the parent in deciding whether the medical condition makes them unable to wear a mask.

For more information, review this AHS COVID-19 Scientific Advisory Group report on [Evidence of Harm from Mask Use for Specific Populations](#).

Testing

60. Will I be notified of my patient's COVID-19 test results?

You will be notified of your patient's COVID-19 test results if your patient chooses your name and proper location when filling out the [COVID-19 Online Assessment and Booking tool](#) or when being referred for testing. You will receive test results via your preferred method of lab communication (Netcare, fax, etc.) as you would any other lab results.

- COVID-19 notifications are only sent to one primary care provider. Results are sent to the primary provider selected by the patient when completing the online booking tool.
- Patients can choose from a list that includes family doctors, nurse practitioners or pediatricians.

If you are not receiving results, please refer to this [lab-routing memo](#) for help trouble shooting.

61. What are the current testing and isolation requirements for both adults and children?

	Fever, cough, shortness of breath	Runny nose, sore throat	Loss of taste or smell	Stuffy nose, painful swallowing, headache, chills, muscle or joint aches, feeling unwell, new fatigue or
--	-----------------------------------	-------------------------	------------------------	--

				severe exhaustion, nausea, vomiting, diarrhea, conjunctivitis
Child/Youth	1	2	3	2
Adult	1	1	4	4

1) If your patient has any of these symptoms, not related to a pre-existing illness or health condition, they should be tested for COVID-19 and are legally required to isolate for 10 days from when the symptom(s) started.

- They must stay home except to be tested or to receive urgent medical care following the precautions outlined [here](#). They may not work or attend any public place while waiting for test results.
- If the patient has a negative test result and they are feeling better, they can resume normal activities, even if the 10 days is not completed.

2) If your patient has only 1 of these symptoms, they should stay home. If their symptom is improving after 24 hours, they can return to school and other activities when they feel well enough to go. Testing is not necessary.

- If the symptom worsens after 24 hours OR if they have 2 or more of these symptoms, testing is recommended but not required. The child can return to activities and school when their symptoms have resolved AND it's been at least 24 hours since their symptoms started.

3) If your patient has any of these symptoms, they should be tested for COVID-19 and should isolate for 10 days from when the symptom(s) started

- If the patient has a negative test result and they are feeling better, they can resume normal activities, even if the 10 days is not completed.

4) If your patient has these symptoms they should isolate and be tested for COVID-19.

- Anyone with active symptoms (even mild ones) should remain at home until their symptoms are gone. However, if they are feeling better they can resume regular activities, even if their test result is not back yet.
- If the COVID-19 test comes back positive, the patient will be legally required to isolate at that time.

In addition to what is in the table, people of all ages who are close contacts of a case of COVID-19 OR who have returned from international travel in the last 14 days (except those enrolled in the [Alberta International Border Pilot Project](#)) are legally required to quarantine for 14 days. If your patient fits in more than one category (e.g., has a runny nose and is a close contact of a confirmed case), the isolation requirements would be whichever are the longest. Specific requirements also exist in high-risk settings such as acute care and congregate care facilities. The most up-to-date guidance on isolation and testing can be found at [Alberta Health](#) and [Alberta Health Services](#).

62. Who is eligible for testing in Alberta?

- Effective Oct. 20, COVID-19 testing is now only offered to Albertans in the groups listed below.
 - Albertans with [symptoms of COVID-19](#)
 - 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
 - All healthcare workers who are symptomatic, are a close contact of a COVID-19 case or are linked to an outbreak will still receive testing.

- 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.
- Healthcare workers can use the [Self-Assessment Tool for Healthcare Workers and School Teachers and/or School Staff](#).
- Members of the public can continue to use the [online assessment tool](#) developed for them.
- 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 [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](#).

63. Do individuals who have tested positive and gone into isolation need to be re-tested and get a negative result before returning to work or normal activities?

No, proof of a negative COVID-19 test and/or a medical note is not required to return to school, work or activities once the isolation period is complete. This guidance can be found on the [Alberta Health website](#).

If your patient tests positive and isolates for the required, mandatory period, there is no need to be tested again. Re-testing someone within 90 days of a positive test is not effective or appropriate. Evidence is clear that unless an individual has an immune compromising condition, they are not infectious to others after 10 days have passed from the start of their symptoms, as long as their symptoms have resolved.

For more information, please see Dr. Deena Hinshaw's [COVID-19 Update](#) from December 21, 2020.

64. Do children need to show proof of negative results to return to school or daycare?

No, there is no Government of Alberta requirement to provide evidence of negative results prior to returning to school for a student, teacher or staff member. AHS Public Health will contact all confirmed cases and provide them clear direction on isolation. Even with a negative COVID-19 result, parents should follow the guidance at ahs.ca/parentcovidguide if their child feels unwell and/or has been notified they are a close contact of a confirmed case of COVID-19.

65. What do I advise patients who want a copy of their children's test results?

- Individuals will not receive written or email documentation of their test results from AHS Public Health.
- Primary healthcare providers can provide a copy of a child's COVID-19 results as per your normal processes.
- Parents and guardians can [now access the COVID-19 test results](#) for children under the age of 18 through [MyHealth Records](#). To access children's test results, parents need to provide their personal health number and the date of their child's COVID-19 test.
- Albertans age 14 and older could already access their COVID-19 test results on [MyHealth Records](#) immediately after signing up without waiting for mail-out verification.
- Parents and guardians will receive a text with their child's results from AHS if they consent to that option.

66. Under what circumstances am I allowed to order lab work right now?

- APL's Patient Service Centres and collection locations have resumed services and are currently able to operate at approximately 80 per cent of pre-pandemic capacity.
- APL continues to ask physicians to ensure they are ordering lab work truly necessary for their patients.
- Due to current demands on the province's laboratories, if you determine that lab work is required for your patients as clinically necessary, please remind patients to book their required lab work as early as possible.

67. What are the recommendations for COVID-19 specimen collection?

APL is asking physicians to use nasopharyngeal or throat swabs recommended and distributed by APL/AHS specifically for COVID-19 testing. This [COVID-19 Collection Kit Guidance](#) provides instructions for how to use different kinds of collection kits.

APL is implementing a process for visual identification of priority specimens for COVID-19 testing. This will require testing sites to indicate priority specimens prior to transportation to their corresponding COVID-19 lab for processing. All specimens are processed within the laboratory as quickly as possible but, in order to improve testing efficiency, the following samples should be visually marked with an "X":

- Outbreak Investigations by Public Health
- Close Contacts identified through Public Health Contact Tracing
- Healthcare workers (symptomatic or outbreak/close contact investigation through Public Health)

Please review this [Visualization Process for Priority Specimen Identification](#).

Please note: Do not use APTIMA® Multitest or Unisex Swabs for COVID-19 testing. APTIMA® swab specimen collection kits are the only collection kits available for Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) nucleic acid testing in Alberta. These swabs are in short supply due to global demand. More information in this [laboratory bulletin](#).

68. How should COVID-19 swabs be transported?

Follow the labelling and transport instructions given in the collection kit insert. More information on specimen collection can be found in this [COVID-19 Collection Kit Guidance](#).

For additional concerns, contact the switchboard numbers below and request to page the ProvLab Virologist on call:

- Calgary (FMC) at 403-944-1110
- Edmonton (UAH) at 780-407-8822

69. Do I need to let a Medical Officer of Health (MOH) or Communicable Disease Control (CDC) know that I have sent a swab for COVID-19 testing?

There is no need to advise the MOH/CDC (Public Health) that a COVID-19 test has been ordered. Public Health is working with Alberta Precision Laboratories to closely monitor test results from across the province.

Treatment and Patient Advice

70. Are there pathways for community physicians to use when determining how to care for patients with suspected/confirmed COVID-19?

Some zones have developed pathways to help physicians stratify patients with COVID-19 as high, average or lower risk. The pathways provide clinical guidance for managing patients who test positive and include options for accessing specialist advice.

Here is where you can access zonal pathways:

Calgary Zone

- [COVID-19 Primary Care Management Pathways \(adult and pediatric\)](#)

Central Zone:

- [COVID-19 Primary Care Management Pathways \(adult and pediatric\)](#)

Edmonton Zone:

- [COVID-19 Primary Care Management Pathways \(adult and pediatric\)](#)

North Zone

- [COVID-19 Primary Care Management Pathways \(adult and pediatric\)](#)

The AHS COVID-19 Scientific Advisory Group also conducted this [rapid review of risk tools or tests](#) that can assist in deciding who is at risk of clinical deterioration and should be assessed in the emergency department.

71. What resources are available for individuals who require translation support?

Community specialist physicians and community primary care physicians can sign up to access language interpretation services over the phone through a service called Language Line - a professional medical interpretation company contracted by AHS. Language Line provides language translation for over 240 languages and is available 24/7 for a cost. Please see [Language Line Interpretation Services for Community Physicians](#) for more information.

AHS.ca has a page on their external website to help health professionals access current [COVID-19 signage and posters](#). Many posters are available in multiple languages. For COVID-19 social distancing videos, visit the [AHS Translated Resources page](#).

72. If I have a patient who needs to access an isolation hotel, where can I find information?

The [Alberta Isolation Hotel Support FAQ](#) has information on who is eligible for isolation hotels and how to access this service.

73. How can community physicians support COVID-19 patients after discharge from hospital?

Acute and primary care can work together to safely transition COVID-19 patients from home into hospital and back home. This [Transitions Checklist for Primary Care](#) from the Alberta Medical Association outlines actions primary care teams can take to improve transitions. The [Guideline for Monitoring and Managing COVID-19 Patients in Community](#) provides more information and was designed to ensure integration and continuity of care for patients with presumed (probable or suspected) and confirmed COVID-19 who are being monitored and managed in their community, in an independent living environment. The guideline defines the roles and responsibilities of the patient, primary care providers, public health, acute care, and home living and supportive living.

74. What information is currently available to help me care for patients with persistent, long-term, post-COVID-19 symptoms?

The AHS Scientific Advisory Group has released a [Rapid Evidence Report](#) that explores the following questions:

- After a diagnosis of COVID-19, which symptoms are commonly noted after 30 days, and what is the usual duration of these chronic symptoms?
- Which patients with COVID-19 are at highest risk of developing these chronic symptoms?
- What mechanisms are likely to be responsible for chronic symptoms?

This [evidence report](#) will be of particular interest to primary care, as it can assist providers in assessing and providing long-term care to patients who have been diagnosed with COVID-19.

75. Where can community physicians find information about support-care services for patients during COVID-19?

211 connects Albertans to a full range of community, government, social and health services 24/7 via phone, text and chat. It's free, confidential and available in over 170 languages. Text and online chat services are available province-wide and its phone service is available to over 60 per cent of Albertans:

To reach 211, dial 2-1-1, text INFO to 211 or visit www.ab.211.ca and click "live chat."

[COVID-19 Patient Resources: A Guide for Albertans](#) is a resource developed with patient advisors and AHS volunteers to assist community providers and their teams in finding links to supportive care services in the community during the COVID-19 pandemic. The guide provides basic information that can be shared with Albertans and their families and helps address the social determinants of health.

76. Where can I refer patients with rehabilitation needs who are having challenges accessing community supports during the COVID-19 pandemic?

A new toll-free [Rehabilitation Advice Line](#), 1-833-379-0563, is available for Albertans over the age of 18 who:

- Have existing health conditions that affect muscles, bones and joints – including those awaiting or recovering from surgery, or

- Have existing disabilities related to neurological conditions (e.g., Parkinson's, Spinal Cord Injury, MS, Brain Injury, Stroke), or
- Are recovering from COVID-19.

The Rehabilitation Advice 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

How the line keeps patients connected to primary care:

- The Rehabilitation Advice Line will provide referral letters back to a caller's primary care provider outlining the reason for their call and the recommendations/advice that was provided.
- Those callers without a primary care provider will be encouraged to call Health Link 811 to be connected with a provider in their area.

An Alberta-only line, the Rehabilitation Advice line is answered by Allied Health clinicians and operates every day from 10 a.m. to 6 p.m.

77. Where can community primary care physicians go for specialist advice on caring for patients who are presumed or confirmed with COVID-19?

Two COVID-19 tele-advice services are available for primary care providers in Alberta. Providers can request specialist advice on caring for presumed and confirmed COVID-19 patients who are recovering at home. Please see this [COVID-19 Tele-advice for Primary Care](#) document for more information on how to request advice in your zone.

78. What patient resources are available for specific conditions and COVID-19, including pregnancy?

AHS has a section on their website for [Guidance on Specific Health Conditions](#) during COVID-19.

79. What resource is available for patients struggling with addictions and mental health during COVID-19?

AHS has developed the following new resource booklet, [Coping with COVID-19: Addiction & Mental Health](#), to create awareness around existing resources to cope with COVID-19.

80. What advice can I give patients about physical distancing?

Refer patients to the Alberta Health [fact sheet](#), or encourage them to watch AHS' [video](#) which explains the concept of physical distancing and outlines how it can help prevent the spread of the virus.

Physical distancing 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 isolation. You do not need to remain indoors, but you do need to avoid being in close contact with people.

- To protect yourself and others:
 - Keep at least 6 feet from others when going out for groceries, medical trips/other essential needs
 - As a reminder, all healthcare workers are advised to wear a [surgical/procedural mask](#) [continuously and continuous eye protection](#) 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 social distancing from patients or co-workers; or
 - If entry into patient care areas is required
 - Limit the number of times you leave your home for errands
 - Try to shop at less busy times or order online to have groceries or other items delivered
 - Go for a walk in your neighborhood or park while maintaining distance from others
 - Avoid overcrowding in elevators or other enclosed spaces
 - Follow Alberta's recommendations on mass gatherings
 - [Wash or sanitize your hands](#) after touching communal surfaces

81. What should I recommend to patients regarding travel?

- An [official global travel advisory](#) is in effect.
 - Avoid non-essential travel outside Canada and all cruise ship travel
- All travellers returning from outside Canada are:
 - Legally required to [quarantine](#) for 14 days, and
 - Monitor for [known COVID-19 symptoms](#)
 - If you become sick during this time, you must [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.
 - Documentation of a negative laboratory test result must be presented to the airline prior to boarding a flight to Canada. See this [Government of Canada news release](#) for more information.
- Please note: Alberta has an [International Border Testing Pilot Program](#), which provides eligible international travellers returning to Alberta the possibility of a reduced quarantine period when entering Canada through either the Calgary International Airport or the Coutts Border Crossing.

82. What do I tell patients who ask for documentation of COVID-19 testing for travel outside of Canada?

If patients are travelling outside of Canada and require testing as proof of negative COVID-19 status, all Albertans can access a new COVID-19 travel testing service, offered by [Dynalife Medical Labs](#), for \$150/traveler.

83. Under what circumstances are community physicians expected to provide physician notes to teachers or children?

- **For isolation:** No physician's note required. As of March 5, 2020, employees [don't need a medical note](#) in order to access job-protected leave for quarantine due to COVID-19, and according to [The Alberta Teachers' Association](#), most school boards have waived the requirement for a doctor's note.
- **For work leave due to pre-existing conditions (for example, a compromised immune system):** A physician's note will likely be required. The Alberta Teachers' Association suggests teachers discuss their situation with their doctor. If they are required to be absent from work due to medical reasons, they should [acquire a medical note](#) to access medical leave. Medical notes are required in most collective agreements for teachers. Patients can also use this [COVID-19 personal risk severity assessment](#) to better understand their risks.
- **For mask exemption:** Please see [this question](#) for information on medical notes for mask exemptions.
- **For return to work or school:**
 - The Government of Alberta has no expectation that physician notes are provided for exempting individuals from return to work or return to school.
 - No requirement on physician notes exists in the Government of Alberta guidance related to return to work or return to school. Individual employers and school authorities may have elected to require physician notes but this is not a requirement of Government of Alberta COVID-19 guidance.
 - If a patient insists that they require a physician note, the physician should assess the patients request and if appropriate issue the note. A fee can be charged to the patient for this service. Physician notes are [not covered under the Alberta Health Care Insurance Plan](#).
- **For care of a loved one:** No physician's note required. As of March 17, 2020, employees are entitled to a [job-protected leave](#) for a period of time that is necessary to meet the employee's family responsibilities to care for ill or isolated family members, or children affected by school and daycare closures. A medical note is not required to go on leave.

84. What COVID-19 school resources are available for parents?

- The Government of Alberta has developed resources in several languages at [alberta.ca/returntoschool](#).
- [ahs.ca/covidschools](#) has resources dedicated to COVID-19 and schools.

- ahs.ca/parentcovidguide has specific information about what to do if their child feels unwell and/or has been notified by AHS that they are a close contact of a confirmed case of COVID-19.