

Novel Coronavirus (COVID-19)

Frequently Asked Questions – Staff

April 7, 2020

What's happening in Alberta?

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

Issued by the AHS Emergency Coordination Centre (ECC).

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Clinical characteristics of COVID-19

What is novel coronavirus (COVID-19)?

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

How does COVID-19 spread?

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

What are symptoms of COVID-19?

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

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

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

UPDATED Who should use the Healthcare and Shelter Workers/Enforcement Personnel/First Responders Self-Assessment Screening tool?

- Effective April 4, priority testing for COVID-19 has been expanded to include any members of the following groups, if experiencing symptoms consistent with COVID-19:
 - Healthcare workers (*A healthcare workers is identified as a staff member who works in any AHS or Covenant Health facility where patient care is provided, work in any of the following settings, or provide any of the following services:
 - Home Care
 - Primary Care
 - Diagnostic Imaging or Laboratory Clinics
 - Medical Specialty Clinics
 - Continuing Care and Licensed Supportive Living Sites
 - EMS and Medical First Responders
 - Pharmacists and Pharmacy Technicians
 - Group home workers and shelter workers
 - First responders, including firefighters
 - Those involved in COVID-19 enforcement, including police, peace officers, bylaw officers, environmental health officers, and Fish and Wildlife officers
 - Correctional facility staff, working in either a provincial or federal facility
- Anyone in these groups are urged to use AHS' online assessment tool, [Healthcare and Shelter Workers / Enforcement Personnel / First Responders](#).

What is the incubation period of COVID-19?

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

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

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

What can I do to prevent the spread of COVID-19 at work, home or in my community?

- Please protect yourself and others by adhering to the same practices we recommend for protecting against all respiratory illnesses:
 - [Wash your hands](#) using an alcohol-based rub or soap and warm water for at least twenty seconds.
 - Avoid touching your face, nose, or mouth with unwashed hands.
 - Avoid close contact with people who are sick.
 - Clean and disinfect surfaces that are frequently touched.
 - When sick, [cover your cough and sneezes with your arm](#), and then wash your hands.
- Limit your public interactions and create [social distance](#) of two metres when among others, including when in one of our facilities.
 - PPE is not required for work situations where social distancing is not possible with your coworkers.
- DO NOT work when unwell, with any illness.
- Stay home for a minimum of 10 days with any cold or flu symptoms until feeling well. If symptoms continue past 10 days, isolation should as well.
 - Take the [Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool](#). This will help you determine if you need to be tested for COVID-19 under the new requirements and how long you need to self-isolate if you may have been exposed or are experiencing symptoms.
- Travellers must [self-isolate](#) for 14 days upon return, even when feeling fine. If symptoms are experienced during this period of isolation, you must continue to isolate for an additional 10 days following the onset of symptoms, no matter how long you've already been in self-isolation.

NEW I'm worried about catching COVID-19. Should I wear gloves when outside of my house or in public places?

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

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

- Wearing a non-medical mask, such as a homemade cloth mask, has not been proven to protect the person wearing it. However, wearing a non-medical mask may be helpful in protecting others around you.

- This is because face coverings are another way to cover your mouth and nose to prevent respiratory droplets from contaminating other people or surfaces. Additionally, wearing a mask may stop you from touching your nose and mouth.
- If you choose to wear a non-medical mask or face covering:
 - Ensure your mask is well-fitted and does gape at the sides.
 - Be aware that masks can become contaminated on the outside. Avoid moving or adjusting the mask. Assume the mask has been contaminated and take proper precautions.
 - Critically, if you wear a mask, you must wash your hands before putting it on, as well as before and after taking it off.
 - Cloth masks should be worn only a short time, as there is some evidence that they can trap virus particles after they become damp, which may put the wearer at greater risk.
 - For those choosing to wear non-medical masks, it may be prudent to carry a bag with several clean masks in it, as well as a plastic bag that can be used to safely store used masks until they can be washed at home.
 - It is critical that used masks be carefully handled to avoid spreading infection to others.
- Frequent and thorough hand washing, [physical distancing](#), covering your mouth when coughing or sneezing and avoiding touching your face, nose or mouth remain the best evidence-based ways to prevent the spread of respiratory illness.
- N95 masks (respirator masks) require special fitting and testing in order to be effective. We strongly recommend against members of the public using N95 masks, as they can make it more difficult to breathe for some individuals, especially those with chronic breathing problems. They provide little, if any, benefit to members of the public, beyond that provided by a procedure mask.
- 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.

How can I prevent the spread in a clinical or acute care setting?

- We cannot emphasize enough the critical role of healthcare providers not only in treating ill individuals, but in helping to reduce spread of illness.
- We strongly encourage you to review the [Infection Prevention and Control \(IPC\)](#) webpage and additional resources such as:
 - [Personal Protective Equipment \(PPE\)](#)
 - [Point of Care Risk Assessment](#)
 - [ILI algorithm to be followed when assessing patients who present with an influenza-like illness](#)
 - [IPC Recommendations for COVID-19](#)
- Use [Routine Practices](#) for all patients at all times and appropriate [Personal Protective Equipment \(PPE\)](#) as needed.
- Use [Contact and Droplet precautions](#), when caring for a patient with suspected or confirmed COVID-19, including a procedure mask, gown, eye protection and gloves. Note: N95 respirators are **not** required unless they are performing [aerosol-generating medical procedures](#).
- Review the [PPE checklist](#) and the proper procedures for [donning and doffing of PPE](#).

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

- We understand that you may have concerns about COVID-19 and the impact it may have on your patients, friends, family members, and yourself.
- We are confident that the guidelines and equipment we have in place will protect our workers from exposure to COVID-19.
- It is critical that staff understands and is compliant with [AHS Infection Prevention and Control \(IPC\) standards](#).
- By protecting yourself and using your PPE properly while at work, you're also protecting your family members and loved ones.
 - 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.
- Healthcare workers who are healthy and not experiencing symptoms can still share spaces with their family including bedrooms and bathrooms.

- If you do become symptomatic, self-isolation is required. Take the [Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool](#) to determine next steps.

Should I be worried about COVID-19?

- AHS and Alberta Health are well prepared for the COVID-19 response in Alberta; however, our response depends on every Alberta [doing their own part](#).
- Dr. Deena Hinshaw stated that COVID-19 is present in Alberta and constitutes a public health emergency as a novel or highly infectious agent that poses a significant risk to public health.
- On March 11, the [World Health Organization](#) officially declared COVID-19 a global pandemic.
- The Government of Alberta [declared a public health emergency on March 17](#).
- We have public health measures in place to quickly identify potential COVID-19 cases and prevent the infection from spreading.

What is the predicted timeline to see spikes in positive cases? How long will the outbreak last?

- AHS is using data from Alberta and other jurisdictions to 'model' possible future scenarios as COVID-19 spreads throughout the province and puts additional pressure on all parts of the healthcare system.
- Our models are guides and are based on the evidence-based assumption four out of five COVID-19 cases are mild and will not require hospitalization; 14 per cent will require hospitalization, but not ICU/ventilation, and six per cent will require ICU/ventilation.
- Our models present three scenarios: early containment of the virus, slow containment and no containment.
- It is believed the spread of COVID-19 will track closer to our models' early containment curves due to Alberta's aggressive early measures, although AHS is preparing for all scenarios.
- We will need to stay vigilant in order to sustain any positive results and the measures needed in the fall when seasonal illness rates begin to climb again.

Does AHS have enough beds and/or ventilators to support patients if we have a spike in cases?

- AHS currently has about 8,500 acute care beds and models show we will need an additional 2,250 beds to care for the anticipated number of patients who may eventually have COVID-19.
- Ongoing measures, such as the postponement of elective surgeries, are creating this additional capacity, which we talk about in more detail further on in this update.
- With these additional beds, our models suggest AHS will be able to handle increased hospitalization, even under a 'slow containment' response.
- There are currently around 500 adult critical care ventilators at key AHS and Covenant Health sites, with additional critical care ventilators scheduled to be delivered by the end of this month.
- AHS is working to expedite training for working in the critical care environment.
- Assuming the model is correct, AHS should have enough staffed ventilators to manage the peak surge, providing we stay within the early containment scenario.

What other methods are being used to make room for the potential surge in COVID-19 patients?

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

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.

Where can I find translated COVID-19 materials for our patients and their families?

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

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

Who in Alberta is at risk for COVID-19?

- Individuals who meet any of the following [COVID-19 Testing and Self-Isolation Criteria](#) should be considered as being at higher risk for having a COVID-19 infection.

How is COVID-19 diagnosed?

- Lab testing via nasopharyngeal (NP) swab is available for diagnosis to confirm a suspected diagnosis of COVID-19. Further information on lab testing can be found [here](#).

UPDATED Who is eligible for testing in Alberta?

- A new approach to testing for COVID-19, implemented in Alberta on March 23, prioritizes groups at highest risk of local exposure, as well as at-risk populations. This priority list for testing was expanded on April 6.
- As of March 23, travellers who returned to Alberta from outside of Canada after March 12 and have mild symptoms are no longer being tested for COVID-19. Instead, the same advice applied to all Albertans applies to them - [self-isolate](#) at home and away from others.
- This change is effective going forward, so anyone who had already been told by Health Link that they'll be tested will still get tested.
- Testing will be prioritized for the following individuals, if they are **symptomatic**:
 - People who are hospitalized with respiratory illness;
 - Residents of continuing care and other similar facilities;
 - Anyone who works in the following health care settings or provides the following services and has respiratory symptoms, including
 - AHS or Covenant Facility in which patient care is provided
 - Home Care
 - Primary Care
 - Diagnostic imaging or Laboratory Clinics
 - Medical Specialty Clinics
 - Continuing Care and Licensed Supportive Living Sites
 - EMS and Medical First Responders
 - Pharmacists and Pharmacy Technicians
 - Group home workers and shelter workers;
 - First responders, including all firefighters, EMS, police and RCMP;
 - Those involved in COVID-19 enforcement, including police, peace officers, bylaw officers, environmental health officers, and fish and wildlife officers; and
 - Correctional facility staff, working in provincial or federal facilities.
- Anyone among these groups is urged to use AHS' online assessment tool for [Healthcare and Shelter Workers / Enforcement Personnel / First Responders](#).
- In addition, effective April 7, anyone 65 years old or older who has fever, cough, shortness of breath, runny nose or sore throat will be eligible for testing. Older Albertans are at higher risk of complications if they are infected with COVID-19. Identifying infections in Albertans over the age of 65 will help AHS:
 - prevent the spread to high-risk populations living in close quarters,
 - more closely trace any community transmission among the testing groups, and
 - provide more valuable information on the effects of our public health measures.

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

NEW How do I get tested if I don't fit in with the groups of people identified as priority testing?

- Anyone with symptoms who does not fit any of the categories listed in the prior question should stay home and [self-isolate](#) for a minimum of 10 days from the start of their symptoms, or until symptoms resolve, whichever is longer.
 - Members of the public can continue to use the [online assessment tool](#) developed for them.

UPDATED Why did testing criteria in Alberta change?

- Our testing priorities should fulfill several objectives:
 - First, they should allow us to diagnose and treat those individuals at greatest risk of severe outcomes; which is why we test those who are hospitalized with respiratory illnesses, and Albertans over the age of 65.
 - Second, they should allow us to trace the spread of the virus, with a priority on those who are at highest risk of exposure, and identify steps to limit the spread. That is why we seek to identify community transmission and transmission to front-line health care workers.
 - Third, who we test should provide us with accurate information about the effects our public health measures are having and help us determine if we need to take further steps.
- Our approach allows us to strategically use our testing resources, and reflects the fact that the most important thing anyone can do if they have mild symptoms isn't to get tested — it's to stay home and [self-isolate](#).
- Alberta is already a world-leader when it comes to testing for COVID-19. We are confident that Alberta's testing criteria this provides us with our best chance of fighting this pandemic.

Are there any treatments for COVID-19?

- At this time there are no specific treatments recommended for COVID-19 infections.
- Supportive and symptomatic care is important particularly for those with severe symptoms of COVID-19.

Are there vaccines to prevent COVID-19?

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

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

- Older individuals and people with medical co-morbidities, especially related to cardiovascular disease, chronic respiratory illnesses, diabetes and hypertension appear to be at the highest risk.
- Studies demonstrating these risk factors have not assessed the role of age as a confounder for these findings at this time, and the pathophysiology of these risk factors is still under investigation.
- Progressive illness early after presentation may also be a predictor of a severe clinical course.
- The proportion of individuals who get COVID-19 who develop severe disease is still under investigation, but is under 20 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.

Daily Fitness for Work Screening at clinical sites

UPDATED How is AHS ensuring staff members are well and without symptoms before starting their shifts?

- AHS is evolving fitness for work screening for staff, physicians and contractors who work in our facilities and with our patients.
 - Staff can expect to report to a screening station daily to complete a temperature check and short questionnaire to assess health risks.
- The [Daily Fitness for Work Screening Protocol](#) has been updated to simplify the questionnaire, in alignment with the COVID-19 online self-assessment for [Healthcare and Shelter Workers / Enforcement](#)

[Personnel / First Responders](#) and to provide further clarification on the screening process and privacy requirements.

- There is now also a one-page [printable version](#) of the questionnaire, with an online tool for staff and physicians coming soon.
- It is important to remember that while the COVID-19 online self-assessment for [Healthcare and Shelter Workers / Enforcement Personnel / First Responders](#) can help you assess whether you should be self-isolating, you will still be required to complete the daily fitness for work screening if you report to work.
- Anyone deemed not fit to work will be asked to return home. This is a necessary step to keep our patients and healthcare workers safe.

I work at several sites. Is this still allowed?

- Many AHS staff work at more than one site across AHS and may hold jobs with other employers in the health system.
- Some staff are asking whether they are permitted to work at more than one site, or with more than one employer, during the COVID-19 pandemic.
- We are currently asking our staff to work at only one site in a day, but allowing staff to move between sites and employers on different days.
 - The exception is if there is an outbreak at a site: staff from that site would be restricted to working only at that site.

Expedited Return to Work process

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](#).

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

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

Infection Prevention and Control for Healthcare Workers and Proper PPE

AHS has developed a single, dedicated page for all information and support documents on Personal Protective Equipment (PPE) and related Infection, Prevention & Control (IPC) guidelines.

Please visit www.ahs.ca/covidPPE to access all PPE and IPC guidelines. Questions? Email ppe@ahs.ca.

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

- AHS has put in place additional controls for workers, physicians and contractors to ensure that workers are reporting to work when they are not ill or exposed to COVID-19.
- These measures include the [Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool](#) and the [Daily Fitness for work screening](#).
- PPE is not required at work for situations where social distancing is not possible with your co-workers.

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

- 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”.)

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.

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

Patients should be given a procedure mask and placed in a private room as soon as possible.

Staff access to the patient room should be minimized to only those who are essential for directly providing patient care.

- If your patient meets the [COVID-19 Testing and Self-Isolation Criteria](#), have the patient wear a procedure mask immediately.
- Initiate [contact and droplet precautions](#), place the patient in a separate room then proceed with your clinical assessment.
- Zone Medical Officer of Health (MOH) approval is not required for specimen collection unless the patient is to be admitted to hospital because of severity of illness.
- **Asymptomatic patients will not be tested.**
- A nasopharyngeal swab, collected under strict droplet and contact precautions, transported in viral transport medium, should be submitted.
 - COVID-19 specimens no longer need to be shipped according to Transportation of Dangerous Goods (TDG) Category B requirements. For additional concerns, contact the ProvLab Virologist on-call (VOC):
 - Edmonton (780-407-8921)
 - Calgary (403-333-4942)
 - More information can be found [here](#).
- Use the COVID-19 requisition available within your site’s clinical information system if available.

- COVID-19 test requests can also be made by submitting respiratory specimens with the [Serology and Molecular Testing Requisition](#) and writing “COVID-19” in the bottom box (Specify Other Serology and Molecular Tests).
- **Date of symptom onset and travel history, including country of travel and return date, MUST be included for testing to proceed.**
- If your patient requires admission to hospital, or if you still would like to the Zone MOH to assist with the risk assessment, call the [Zone MOH](#).
- All patients who are symptomatic but are not hospitalized should be advised to [self-isolate](#). They should not visit any other healthcare facilities, including outpatient imaging or labs, unless they are being admitted to hospital. Self-isolation information can be found [here](#).

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

- Staff and students (including those who are pregnant, immunocompromised, or have underlying medical conditions) do not need to be restricted from providing care to patients who are under investigation for COVID-19, or who have probable or confirmed COVID-19, so long as the staff member or student is able to demonstrate proper use and fit of personal protective equipment, including [donning](#) and [doffing](#) procedures and can competently adhere to the [IPC recommendations for COVID-19](#).

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

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

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

- When treating a patient with suspected or confirmed COVID-19, our healthcare workers should use a procedure mask, **unless** they are performing certain procedures that are considered [aerosol-generating medical procedures](#) (AGMP).
- A fit-tested and seal-checked N95 respirator should be worn when performing AGMPs, in addition to gloves, gown, and eye protection
- You can learn more about when N95 masks should be used in this [guidance document for personal protective equipment \(PPE\)](#).

I haven't been fit tested for an N95 respirator in more than two years. What should I do?

- Workplace Health and Safety (WHS) continues to add more WHS Advisors and trained designated testers and increase our supply of fit test kits to support the heightened demand due to this pandemic.
- AHS will be prioritizing testing for staff and physicians who will be providing AGMP for suspected or confirmed COVID-19 patients. As part of this prioritization, some clinics will be transitioning to appointment only.
- Contact [WHS](#) for details about appointments. We will ensure that all staff and physicians who require fit testing will have access. We appreciate your patience and understanding as we work through this increased demand.

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).

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 collection devices that are not typically nose swabs to collect nasal samples?

- To ensure testing for COVID-19 can continue at a high rate in Alberta, Alberta Precision Laboratories has verified in the lab that alternative collection devices **are accurate in detecting COVID-19**.
- Instructions on which sites are to use the various swabs, and instructions on sample collection are available at the links below:
 - Use a FLOQSwab® and Universal Transport Medium to collect a **normal** nasopharyngeal swab
 - [Directions](#) for use of a FLOQSwab® and Universal Transport Medium - red top tube with pink fluid
 - Use a APTIMA Unisex and a APTIMA Multisite swab kit for a **deep nasal** swab
 - Find directions for use of the APTIMA® Unisex Swab Specimen Collection Kit (blue swab) and APTIMA® Multisite Swab Specimen Collection Kit (pink swab) on page 4 of the [Mar. 19, lab bulletin](#)

What if I am in a community-based clinic and don't have contact and droplet precaution supplies? What if I don't have the supplies or skills to take a nasopharyngeal swab?

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

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

- Masks can be very important in certain situations.
- If you are sick, wearing a mask helps prevent passing the illness on to other people. However, you should NOT be attending work or out in the public if you are experiencing any signs of illness.
- If you are healthy, medical masks are not recommended as they don't provide full protection and can create a false sense of security.
 - Staff are reminded to review and comply with the [AHS Infection Prevention and Control \(IPC\) standards](#) when treating patients.
- Frequent and thorough [hand washing](#), 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.

What facemasks should EMS staff use?

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

NEW I wear scrubs at work. Can I get 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 contact clinical managers of designated COVID-19 units in the next week with additional details.
- 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.

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

- AHS follows the national guideline developed by the [Public Health Agency of Canada](#) (PHAC) and the provincial guideline developed by [Alberta Health](#). PHAC consults with provincial and territorial public health authorities to develop national evidence-informed guidelines to guide the Canadian response to the global COVID-19 outbreak. These guidelines developed within the Canadian context help ensure consistency in messaging and actions to be taken to protect the public and health care providers across Canadian jurisdictions.
- AHS guidelines regarding PPE use for suspected or known COVID-19 patients are consistent with the [World Health Organization's](#) interim guidance.

I've heard concerns about the level of supplies. Do we have enough?

- AHS typically has a three-month supply of Personal Protective Equipment (PPE) for our staff.
- However, we are not just supplying our staff during this crisis. In our efforts to protect the most vulnerable Albertans, we have been sharing our supply with others such as continuing care facilities, physician offices and shelters. This sharing of supply with these types of facilities and providers will continue throughout the COVID-19 response.
- Global shortages of PPE and the delays everyone is experiencing in replenishment of stock have left us with significantly reduced supply compared to our potential needs.
- AHS continues to work with the provincial and federal government to obtain additional PPE to ensure we have enough supply for the COVID-19 response now and into the future. This includes gloves, masks, isolation gowns, N95 respirators, goggles, and face shields. We are also closely monitoring stocks of coveralls, surgeon hoods, disinfectant wipes, and hand sanitizer.
- To ensure we continue to have adequate PPE available for use in our healthcare system, please use supplies responsibly, including using N95 respirators and hand sanitizer for clinical purposes only.

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.
- Questions regarding supply ordering processes should be directed to your local [CPSM Site Services Supervisor](#).

NEW Are there any concerns about medication supplies?

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

NEW 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

What are the new 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.
- Under the new orders, staff and operators will be required to notify public health as soon as a case is confirmed, or if two or more residents exhibit COVID-19 symptoms.
- 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.

Are staff allowed to work at multiple facilities if there is an outbreak at one of the sites they work at?

- Staff who may work at multiple facilities are required to immediately inform their supervisors if they have worked at, or are working at, a facility where there is a confirmed or suspected case.

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

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

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

- On March 27, the Government of Alberta announced further restrictions to limit gatherings to 15 people or fewer and restrictions from accessing “close contact” services. A complete list of these restrictions is available [here](#).
 - On March 17, the Government of Alberta declared a state of public health emergency.
- Healthcare facilities are considered an essential service and are exempt from these restrictions.

- The businesses and services on the [essential services list](#) can continue to provide services at locations accessible to the public and must have proper risk mitigation measures in place, such as sanitation stations and appropriate distancing between customers.

Why are we putting restrictions on public gatherings?

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

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

- [Review the Social Distancing at work, COVID-19 worker support resource](#)
- Moving in-person meetings to a virtual format – Skype, teleconference etc.
- Postpone in-person meetings and non-critical group activities. Additionally, work areas will be asked to review their non-essential meetings and reduce as appropriate.
- Physical distance – where possible, employees are to maintain at least two metres (six feet) distance between themselves and others.
 - PPE is not required for work situations where social distancing is not possible with your coworkers.
- Individuals will be encouraged to cease physical contact (e.g. shaking hands) and substitute greetings with a wave, a nod, a bow or an elbow bump.
- Where possible, employees should take stairs rather than elevators.
- Work from home where possible and operationally feasible.

Is social distancing the same as self-isolation?

- [Social distancing](#) involves taking steps to limit the number of people you come into close contact with. It can help you reduce the risk of getting sick.
- This is not the same as self-isolation. You do not need to remain indoors, but you do need to avoid being in close contact with people.
- To protect yourself and others:
 - Keep at least 6 feet from others when going out for groceries, medical trips/other essential needs
 - 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

Medical Notes

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

- During this period, AHS will not be asking staff to get a medical note for proof of illness. This helps reduce an already strained healthcare system.
- If you are calling in sick because you are experiencing respiratory or flu-like symptoms, please [self-isolate](#), contact your leader, and complete the [Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool](#).

Mental Health

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

- If you, or your loved ones are struggling, know that you are not alone and reach out for help.

- If you need to talk with someone and seek support, please check the [Employee and Family Assistance Program resource guide](#) or reach out to the [Employee & Family Assistance Program](#) at 1-877-273-3134 for professional supports. It is a free, flexible and confidential service available 24/7.
- Call the [Mental Health Helpline](#) at 1-877-303-2642 available 24/7.
- [Supporting your mental health and psychological safety](#)
- [Healthy Together](#) is AHS' guide to family and home life during COVID-19.
- [Supporting you with kids at home](#)
- [Working remotely during COVID-19](#)
- Check out [Help in Tough Times](#).
- AHS has more resources to look after your mental health at [ahs.ca/covid](#).

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.

I'm experiencing stress/fear/anxiety. Are there tips you can share to help me deal with these emotions?

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

Does AHS have any podcasts that share ways to deal with mental health issues?

- Dr. Nicholas Mitchell, AHS Provincial Medical Director for Addiction and Mental Health, has a series of short of short [Mental Wellness Moment videos](#) in which Dr. Mitchell talks about a variety of topics from managing childcare, dealing with loss and the need to create a daily schedule.
- AHS has more resources to look after your mental health at [ahs.ca/covid](#).

I'm feeling lonely and need some encouragement. What support is available?

- On March 24, AHS launched the [Text4Hope program](#), which aims to help provide encouragement and hope to Albertans.
- Text4Hope sends subscribers text messages of support in the hope of easing stress or anxiety.
- Albertans can text **COVID19Hope** to **393939** to subscribe, and they'll receive daily text messages on how to focus on healthy thinking or suggested actions to help them manage their mood.

Self-isolation and testing for COVID-19

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

- Healthcare workers with symptoms are being asked to complete the [Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool](#). This will help you determine if you need to be tested for COVID-19 under the new requirements and how long you need to [self-isolate](#) if you may have been exposed or are experiencing symptoms.
 - Members of the public can continue to use the [online assessment tool](#) developed for them. The tool was updated as of March 23, to reflect the new testing criteria in place as of March 23.
- 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](#).

What steps do I take if the HCW assessment determines that I may need to be tested for COVID-19?

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

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

- Staff must refer to the [Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool](#). This will help you determine if you need to be tested for COVID-19 under the new requirements and how long you need to self-isolate if you may have been exposed or are experiencing symptoms.
- If the assessment determines that you may have COVID-19 you will be contacted to confirm your possible exposure, a referral for testing, and next steps.

UPDATED Who is considered priority testing for COVID-19?

- A new approach to testing for COVID-19, implemented in Alberta on March 23, prioritizes groups at highest risk of local exposure, as well as at-risk populations. This priority list for testing was expanded on April 6.
- As of March 23, travellers who returned to Alberta from outside of Canada after March 12 and have mild symptoms are no longer being tested for COVID-19. Instead, the same advice applied to all Albertans applies to them - [self-isolate](#) at home and away from others.
- This change is effective going forward, so anyone who had already been told by Health Link that they'll be tested will still get tested.
- Testing will be prioritized for the following individuals, if they are **symptomatic**:
 - People who are hospitalized with respiratory illness;
 - Residents of continuing care and other similar facilities;
 - Anyone who works in the following health care settings or provides the following services and has respiratory symptoms, including
 - AHS or Covenant Facility in which patient care is provided
 - Home Care
 - Primary Care
 - Diagnostic imaging or Laboratory Clinics
 - Medical Specialty Clinics
 - Continuing Care and Licensed Supportive Living Sites

- EMS and Medical First Responders
 - Pharmacists and Pharmacy Technicians
- Group home workers and shelter workers;
- First responders, including all firefighters, EMS, police and RCMP;
- Those involved in COVID-19 enforcement, including police, peace officers, bylaw officers, environmental health officers, and fish and wildlife officers; and
- Correctional facility staff, working in provincial or federal facilities.
- Anyone among these groups is urged to use AHS' online assessment tool for [Healthcare and Shelter Workers / Enforcement Personnel / First Responders](#).
- In addition, effective April 7, anyone 65 years old or older who has fever, cough, shortness of breath, runny nose or sore throat will be eligible for testing. Older Albertans are at higher risk of complications if they are infected with COVID-19. Identifying infections in Albertans over the age of 65 will help AHS:
 - prevent the spread to high-risk populations living in close quarters,
 - more closely trace any community transmission among the testing groups, and
 - provide more valuable information on the effects of our public health measures.
- **Note:** in addition to the above criteria, outreach testing is occurring for other populations at high risk of community transmission and severe outcomes.

I have been referred for testing by WHS or Health Link, but haven't been contacted yet

- If WHS or Health Link has referred you for COVID-19 testing, you will receive a call from Public Health to book an appointment to have a nasal swab at one of the province's Assessment Centres.
- It may take several days for Public Health to contact you. Please be assured, you will be contacted to arrange for testing.
- In the meantime, please follow appropriate self-isolation procedures.

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

- Staff are working to provide test results as quickly as possible. Positive COVID-19 test results are being prioritized at this time in the interest of public health. Please be assured you will be contacted directly with your results. Review the [new Guidance While Waiting for a Return Call information](#).
- The [Return to Work Guide](#) can help you and your manager confirm when it is appropriate to return to work if you've been [self-isolating](#), had [symptoms](#), or been tested.

Will I receive an auto-dial response if I test negative for COVID-19?

- As of April 2nd, some Albertans being tested for COVID-19 will receive negative test results through an auto-dialer system.
- To start, individuals who are tested in the Calgary Zone will be able to proactively consent to being informed about a negative COVID-19 test result through an auto-dialer call system, programmed and delivered by AHS. This option will be expanded throughout all zones of AHS, based on the success of this initial pilot approach in Calgary Zone.
- Positive result confirmations from swabs taken at Assessment Centres will still be delivered by a direct phone call from AHS Public Health in all zones of AHS.

NEW 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.

When should I go to the hospital?

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

Where can I get tested for COVID-19?

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

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

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

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

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

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)
- If you become sick during this time, you must self-isolate for an additional 10 days from the beginning of symptoms or until you are feeling well, whichever takes longer. Read more about how to [self-isolate](#).

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

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

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

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

What are your recommendations for people who are immune compromised?

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

I have asthma. What should I do?

- Follow your primary healthcare provider's advice, including taking medications as prescribed.
- Call your primary health provider for additional advice as needed.
- Call 911 if you are seriously ill and need immediate medical attention.

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

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

Staff redeployment

I want to help. How can I ask to be redeployed to support the response to COVID-19?

- There has been an overwhelming positive response from AHS staff offering their assistance in response to the COVID-19 efforts. Thank you for your support. It's a testament to your desire to contribute to AHS' COVID-19 response.
- If you have already submitted your interest to be redeployed to support Health Link and WHS, but have not heard back, please be patient. Teams are working as quickly as possible to respond.
- Non-union staff are encouraged to log on to e-People and complete the skills inventory. The skills inventory can be accessed as follows: Main Menu > Self Service > Learning and Development > Personal Development > Skills Inventory. The skill inventory contains information that may be of assistance in potential for redeployment.
- AHS also started a list of individuals with medical training who are willing and able to be redeployed. If you have been trained as a physician or surgeon, are willing to be redeployed into the response if AHS contacts you and are resident in Alberta, please complete an [online form](#) and you will be added to AHS' inventory. You will be contacted if, or when, AHS determines you may fit a temporary medical placement.

Surgical and diagnostic imaging postponements and ambulatory clinic changes

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

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

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

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

NEW Is there any resources I can review to understand how I can support this change and communicate more effectively with concerned patients?

- A [COVID-19 operating room algorithm](#), [operating room/surgical task list](#) and a [Frequently Asked Questions](#) document for surgical teams have been updated and are now available for staff and physicians working in surgical areas.
- Ensuring staff and patient safety is our utmost concern. These guidelines do not replace clinical judgement based on point of care risk assessments.
- All of this information and more is now available on a new [Clinical Guidance for Surgical Services](#) Insite page.

NEW I work in Cancer Control. What resources are available to help staff and patients understand the surgical postponements?

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

Are diagnostic imaging procedures being postponed as well?

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

What changes have been made to ambulatory clinics?

- Due to the evolving COVID-19 situation, all non-urgent AHS ambulatory (outpatient) clinic visits will be postponed as of April 1, until after April 30, 2020.
- AHS will re-evaluate the status of the pandemic in mid-April to determine if extension of this timeline is required. Essential services and urgent patient visits will continue to be accommodated.
- Patients will be contacted directly by AHS if their visits are being postponed. Referring providers will be contacted directly by AHS if their patient's appointment has been postponed.

- Postponed visits will be rescheduled once COVID-19 activity begins to decline. New ambulatory services referrals will be reviewed to determine urgency.

Is there an option to offer virtual care for non-urgent ambulatory care patients who have had appointments postponed?

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

Training

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

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

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

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

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

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

Travel

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

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

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

- Travel outside Canada is not recommended at this time.

- On March 16, the Government of Canada announced additional travel advisories for Canadians travelling or planning to travel abroad. Given the rapid global spread of COVID-19, it is no longer possible to assess health risks for the duration of the trip.
 - [Public Health Agency of Canada's Travel Health Advisories](#)
 - [World Health Organization's bulletins](#)

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

- Effective March 12, all Albertans currently outside of the country, or who returned on or after March 12, are required to [self-isolate](#) on their return for 14 days, regardless of what country they were visiting.

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

- If you recently returned from travel outside Canada or have symptoms - cough, fever, fatigue or difficulty breathing:
 - stay home – do not go to an ER or clinic
 - take the [Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool](#) and wait to be contacted to confirm your possible exposure, a referral for testing and next steps.
 - Members of the public can continue to use the [online assessment tool](#) developed for them.

Can I travel within the country or the province?

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

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

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

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

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

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

- You are required to [self-isolate](#) for 14 days if you are returning from any destination outside of Canada.
- Returning travellers on international flights [may be screened at the airport](#).
- If a traveller to Alberta tests positive for COVID-19, Public Health will follow up with anyone who was in close contact and considered exposed.

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

- Starting March 16, AHS has deployed staff, on a volunteer basis, to connect with returning international travellers at the Calgary and Edmonton International Airports.
- We have recognized this immediate need for returning international travellers to be informed of the province's latest public health measures and travel recommendations. All returning international travellers are recommended to [self-isolate](#) for 14 days following return from travel. This means avoiding situations where they could infect other people.

- Precautions are being taken to ensure our staff are protected. Staff will not be in close contact with returning travellers, but only in casual contact.

Vacation

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.

Visitor restrictions

UPDATED Are people allowed to visit patients in an acute care, long-term or continuing care centre?

- Given the increasing spread of COVID-19 in Alberta, the difficult decision to [enhance visiting restrictions](#) in hospitals, long-term care, supportive living, congregate living, and hospice care settings.
- Effective immediately (April 3), **no visitors** will be permitted in these facilities.
- We know this will be difficult and disappointing news to Albertans. Together, we continue to make these difficult decisions in order to keep our most vulnerable citizens safe from illness.
- All AHS acute care and continuing care staff along with residents of continuing care facilities are being screened daily for symptoms, including temperature checks.
- These measures, while necessary to protect patients, residents, and staff, will be extremely difficult for everyone.

UPDATED Are there any exceptions to allow visitors?

- Exceptions will be made for visitors attending to a resident who is dying, and to for maternity and pediatric patients.
- Sites may, in rare situations, make an exception and allow one essential visitor in a continuing care or hospital setting where the resident's or patient's care needs cannot be met without their assistance.
 - An essential visitor, designated by the resident, patient or guardian (or other alternate decision maker), may be a family member, friend or paid caregiver over 18 years of age.
- Visitors who are permitted under these exception must be verified and undergo a health screening prior to entering the facility. This may include a temperature check or a [questionnaire](#). They will be escorted by staff to their family member's room and must remain there; they are not permitted to visit other residents, patients or move about within the facility.

Are visitors allowed to attend to a loved one who is passing away?

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

Are there any restrictions that would not allow an essential visitor to visit with a patient?

- If you are an essential visitor, you will NOT be allowed to visit if you meet any of the following criteria:
 - You have an illness that can be transmitted (symptoms including fever, cough, or feeling unwell);
 - You are immunocompromised
 - You are on self-isolation for COVID-19
 - You are being tested for COVID-19;
 - You have tested positive for COVID-19. You will not be allowed to visit until you have recovered and receive clearance from medical officials.
 - In end of life situations when there may be a critical need to visit a loved one, visitors with/or without symptoms may be provided with Personal Protective Equipment (PPE) and escorted to and from the room.

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](#)

What supports have been put in place at these facilities?

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

Volunteer restrictions

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

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

Working from home, parking and childcare

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

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

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

- Information has been posted on Insite to explain the [technical options for working from home](#) and for [accessing applications remotely](#).
- Review the [Technology Best Practices for Working Remotely](#) for more advice.

Am I allowed to bring home my computer equipment from the office or work site?

- With manager approval, staff authorized to temporarily work from home may transport and use their individually assigned AHS laptops and basic accessories (monitor, keyboard, mouse, cable, Skype headset, docking station).
 - You may not take home a shared-use computer or IT equipment, a desktop computer, or any AHS printer.

- Employees are responsible for the transport, home set-up and connection of assigned AHS IT equipment and any related accessories.
- Before removing your laptop from an AHS facility, check your list of applications to confirm that NetMotion is installed. If it is not installed, please request NetMotion through the [IT Customer Service Portal](#). After it is installed, please test NetMotion while onsite.
- For more information, visit the [IT Customer Service Portal](#).

I'm having issues with Skype and other programs. Where can I get help?

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

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

- AHS Telecommunications is restricting requests to use 'external call-forwarding' on AHS desk phones.
- Please update the voicemail greeting on your desk phone to guide callers to direct-dial your preferred out-of-office number.
- Questions? See [Insite](#). Need support? Contact AHS.Telecom@ahs.ca.

I think I received a spam email about COVID-19? What should I do?

- Cybercriminals are using phishing emails to prey on our fears about COVID-19.
- Please use caution when opening any external email. These scam phishing emails often mimic legitimate COVID-19 information sources, to lure you into opening attachments or clicking links that install malware on computers. They may also ask for credentials to access information for fraudulent purposes.
 - Always check for AHS' [external email warning](#) — it signals extreme 'caution'
 - Never click on unexpected email links, open attachments or give information
 - Always go to ahs.ca/covid for official updates
- Report suspicious emails using the "Report Phishing" icon on the Outlook menu bar, or forward to stop.spam@ahs.ca and delete it
- See [InfoCare](#) to learn more about COVID-19 email phishing scams.

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

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

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

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

I'm a physician – is there any resources available 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](#).

NEW Have parking fees been removed for staff at all AHS sites?

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

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

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

I heard some childcare facilities are reopening. Where can I find out more information?

- On March 20, the [Government of Alberta announced](#) that the province will begin re-opening select licensed child care centres to provide child care for core service workers.
- Up to 15,000 child care spaces will be opened to ensure child care is available for those providing services that Albertans rely on during the COVID-19 pandemic.
- The centres will be limited to 30 people, including staff, and will have to adhere to strict sanitization practices.
- An updated list of reopened centres by community is available on [Insite](#).

How do I find out if my child can be placed in one of the re-opened childcare centres?

- We encourage parents who meet the criteria of providing critical healthcare services, and are in urgent need of a childcare solution, to contact the reopened centres directly to request a space as soon as possible, as space is limited.
- At this time, parents will be required to self-identify if they consider their role at AHS critical.
- More information about these plans is available [here](#) at the Government of Alberta website.

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

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

