

Novel Coronavirus (COVID-19)

Frequently Asked Questions – Staff

Feb. 01, 2021

What's happening in Alberta?

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

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

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

Other COVID-19 resources:

- [Infection Prevention and Control](#)
- [Personal Protective Equipment](#)
 - Review the [PPE FAQ](#) or the [Continuing Care PPE FAQ](#) for more information.
 - Questions about PPE? Email the PPE Taskforce at ppe@ahs.ca.
- [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#)

Issued by the AHS Emergency Coordination Centre (ECC).

- [Clinical characteristics of COVID-19](#)
 - This includes a breakdown of what COVID-19 is, how it spreads and symptoms to watch out for.
- [Clinical management of suspected, probable or confirmed COVID-19 patients](#)
- [Daily Fit for Work Screening](#)
- [Expedited Return to Work Process](#)
- [Health Care Aid Wage Supplement](#)
- [Infection, Prevention and Control for Healthcare Workers and Proper PPE](#)
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- [Mass gatherings and physical distancing \(at work and at home\)](#)
- [Medical notes](#)
- [Mental Health](#)
- [Relaunch Strategy to Return to Normal Operations](#)
- [Isolation, testing for COVID-19 and contact tracing](#)
- [Staff redeployment](#)
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- [Virtual Care](#)
- [Visitor restrictions](#)
- [Volunteer restrictions](#)
- [Working remotely, parking and childcare](#)
- [COVID-19 Vaccine Rollout](#)
- **The numbers listed below identify questions that are new or have been updated with additional information: 2, 152, 164, 165, 168, 207, 210, 211, 212 and 213.**

Clinical characteristics of COVID-19

1. What is novel coronavirus (COVID-19)?

- Coronaviruses are a large family of viruses. Some coronaviruses cause respiratory illness in people, ranging from mild common colds to severe pneumonias. Others cause illness in animals only. Rarely, animal coronaviruses can infect people, and more rarely, these can spread from person-to-person through close contact.
- Novel coronaviruses are new strains of the virus that have not been previously identified in humans.
- COVID-19 is the disease caused by SARS-CoV-2 coronavirus, a new virus that was first recognized in December 2019.
- Most people with mild illness of COVID-19 will recover on their own. Although there are no specific medications or proven treatments for COVID-19 at this time, supportive care is being used to treat people with COVID-19 and some medications are being tested to see if they help severely ill patients.
- Review this section for more information about a [COVID-19 vaccine](#) in Alberta.

2. **NEW** What are COVID-19 variants?

- Like most viruses, COVID-19 mutates as it reproduces inside the cells of an infected person. COVID-19 viruses that have changed or mutated are called variants.
- Recently, new variant COVID-19 strains were identified in the United Kingdom, South Africa and Brazil.
- These strains are *Variants of Concern* because they appear to spread more easily than other strains.
- Work is underway by the international scientific and public health communities to better understand the biological significance of these variant strains, including how the current vaccines may help protect against them.
- For more information, see [COVID-19 Variants](#).
- Alberta is monitoring for variant strains of COVID-19 that have a higher infection rate. Current variant cases numbers can be found [here](#), and are updated weekly.

3. How does COVID-19 spread?

- COVID-19 is transmitted through tiny droplets of liquid produced by people who have the virus, and then spread from person-to-person by:
 - coughing, sneezing, talking, laughing, and singing
 - touching objects or surfaces the virus has landed on and then touching your eyes, nose or mouth (bath towels, kitchen utensils, door knobs, etc.)
- People who have COVID-19 can spread it to others before they start to feel sick.
- COVID-19 is not widely spread by being airborne, which means it doesn't stay in the air long and won't go very far. But if you are too close to someone with COVID-19 you can get sick by breathing in air that contains droplets with the virus.
 - Airborne transmission is not the dominant or common mode of transmission of the virus that causes COVID-19 ([Public Health Ontario Review](#)). Research on the extent and scale of airborne transmission mode is ongoing.
- We think the virus generally only survives for a few hours on a surface or object, but it may be possible for it to survive several days under some conditions.

4. 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.

5. What are symptoms of COVID-19?

- The most common symptoms of COVID-19 include:
 - Fever
 - A new cough or a chronic cough that is worsening
 - New or worsening shortness of breath or difficulty breathing
 - Sore throat
 - Runny nose

- Additional Symptoms of COVID-19 can include:
 - Stuffy nose
 - Painful swallowing
 - Headache
 - Chills
 - Muscle or joint aches
 - Feeling unwell in general, or new fatigue or severe exhaustion
 - Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite)
 - Loss of sense of smell or taste
 - Conjunctivitis, commonly known as pink eye
- Most people (about 80%) recover from this disease without needing special treatment. However, it can cause serious illness. Those who are older, and those with other medical problems are more likely to develop serious illness, which can include:
 - difficulty breathing
 - pneumonia
 - There is a risk of death in severe cases.
- While we are still learning about COVID-19, serious illness appears to develop more often in people who are older or have pre-existing conditions, such as:
 - high blood pressure
 - heart and/or lung disease
 - cancer
 - diabetes

6. Are COVID-19 symptoms in a child the same as an adult? How are they treated?

- Cases of a new condition called multi-system inflammatory syndrome in children, or MIS-C, have been reported in several jurisdictions. It's similar to an inflammatory illness known as Kawasaki Disease, and responds to treatments such as steroids.
- MIS-C involves inflammation of multiple organs, including the heart, kidneys, blood and nervous system.
- Fever is a key feature of this syndrome, and other symptoms can include rash, vomiting, diarrhea, and abdominal pain.
- Reported cases involve children and adolescents who have been recently infected with the virus, developing the syndrome several weeks to a month after an infection. The early information available suggests that the majority of children who have COVID-19 are not expected to experience this syndrome.
- However, the disease will be reportable in Alberta in order to monitor any possible cases and improve our understanding of this illness.
- Data shows some single symptoms (such as a runny nose, sore throat, diarrhea, etc.) are commonly associated with many other illnesses in children and are not a strong indicator of COVID-19 in youth, especially if they resolve quickly.

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

- If you are a healthcare worker in Alberta who is experiencing symptoms please:
 - Stay home and [isolate](#) – do not go to an ER or clinic
 - 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.
 - Refer to [this question](#) to understand the new testing and isolation requirements for children and youth under the age of 18.
 - 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.
- If you need immediate medical attention, call 911 and inform them you may have COVID-19.
- Review [COVID-19 self-care instructions](#) and [how to manage symptoms of COVID-19 at home](#).
- Refer this [question](#) for more information on when you are legally required to isolate.

- Review to [this question](#) to learn when your isolation is over, or [this question](#) to learn when you can return to work after testing positive.

8. If a person tested positive for COVID-19, and has now completed their mandatory isolation period, is it safe to be around them? How do we know they are safe to be around? Is there a risk that they could still be infectious?

- It is safe to be around a person who has tested positive for COVID-19, once they:
 - Isolate for 10 days from the start of their symptoms AND their symptoms have resolved; OR
 - Isolate for 10 days from the date they were tested AND they continue to have no symptoms, even if they tested positive for COVID-19 and had no symptoms to begin with.
- Children under 18 years of age do not need to isolate if they have only one of a runny nose or sore throat, but should stay home until well. Review to [this question](#) for more information.
- Current evidence indicates people with mild or moderate COVID-19 are no longer infectious by day 10 after symptom onset as long as their symptoms have resolved. Testing to see if a person is negative after they have tested positive for COVID-19 is not recommended or required at this time.
- Some people who have severe disease requiring hospitalization or admission to ICU, or who are immune compromised may be infectious for longer than 10 days. Their healthcare provider can provide advice about when they are no longer infectious.
- Review to [this question](#) to learn when your isolation is over. Check ahs.ca/isolation for more information on isolation requirements, testing options, symptoms and supports available.

9. Can herd immunity be effective to reduce the spread of COVID-19?

- Dr. Deena Hinshaw, the province's Chief Medical Officer of Health, recently wrote a [detailed response](#) outlining the human toll and efficacy of pursuing a 'herd immunity' strategy. Dr. Hinshaw explains why herd immunity will lead to increased deaths and increased hospitalization, and points out it's still unclear if COVID-19 infection confers long-lasting protection against future infections. "Herd immunity by natural infection is not a wise, or possibly even an achievable, goal to pursue," she concludes.

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

- Adhere 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. Review the [AHS Hand Health FAQ](#).
 - 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.
 - Wear a non-medical mask in public when a distance of two metres cannot be easily maintained.
- Limit your public interactions and create [physical distance](#) of two metres when among others.
 - On December 8, the Government of Alberta made masking mandatory for all indoor public spaces, workplaces and places of worship. Review [the website](#) for more information.
 - AHS requires all healthcare workers providing direct patient care in both AHS and community settings to wear a [surgical/procedure mask continuously as well as eye protection](#) (e.g. goggles, face shield, or procedure mask with built-in eye shield), at all times when engaged in patient interactions that occur within two metres (2 m). This includes both hands-on patient care, as well as indirect patient care such as meal delivery and housekeeping.
 - Refer to the [PPE FAQ](#) for more information on the continuous use of eye protection.
 - All healthcare workers who cannot maintain adequate physical distancing (a minimum of two metres or six feet) from patients and co-workers are required to wear a [surgical/procedure mask continuously](#). This includes non-clinical and administrative sites.
- DO NOT work when unwell, with any illness. If you have symptoms, please stay home, advise your leader/medical leader and go to ahs.ca/covid to book a testing appointment.
- Stay home with any cold or flu symptoms until feeling well.
 - Refer to [this question](#) to learn who is applicable for COVID-19 testing and how to stay safe.
 - Refer to [this question](#) to understand the new testing and isolation requirements for children and youth under the age of 18.

- 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](tel:811) can book an appointment.
- If you are identified as a close contact of a confirmed case or are linked to an outbreak, whether you have symptoms or not, you will need to follow all direction from AHS Public Health and WHS.
- Travellers must [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 isolation.
- AHS has developed a new webpage, ahs.ca/ShrinkYourBubble that outlines steps Albertans can take to help prevent the spread of COVID-19.

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

- The [ABTraceTogether](#) app, created by the Government of Alberta will enhance the current manual contact tracing process and help Albertans protect themselves and their loved ones.
- Use of the app is voluntary: users opt-in to participate. Only your phone number is collected at the time of registering the app. The application does not track the user's location and does not use your GPS. Data is only stored on the user's phone in an encrypted format for 21 days. Users consent to sharing their data if they have tested positive for COVID-19. Users must be within two metres of each other, for a total duration of 15 minutes in a 24-hour period, in order to be notified as a close contact.
- The app is available to download for free from the [App Store](#) and [Google Play](#). More information about the app is available from the Government of Alberta, [here](#).
- Read the [FAQs](#) about the ABTraceTogether app found on the Government of Alberta's website.

12. 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.

13. I use hand sanitizer regularly. What should I look for in products intended for personal use?

- AHS does not individually verify or promote any of these products, but here's some overarching advice on what to look for when considering hand sanitizer for your personal use:
 - Ensure the product has an alcohol concentration between 60-90 per cent. Public Health Agency of Canada, the Centers for Disease Control and Prevention and the World Health Organization all agree that products in this range are effective.
 - The World Health Organization also recommends inclusion of hydrogen peroxide in the solution, to prevent bacterial spores forming in the container. This may be less important if you are using a small container rapidly, for personal use.
 - Always read the full list of ingredients, to ensure you identify any allergens or irritants to which you know you are sensitive. For example, some products include emollients, which help protect the skin, but may cause allergies in some individuals.

14. I am worried about catching COVID-19. Should I wear a mask when in public?

- On Dec. 8, 2020, the Government of Alberta made masking mandatory for all indoor public spaces, workplaces and places of worship. Review [the website](#) for more information.
- Wear a non-medical mask in public when a distance of two metres cannot be easily maintained.
- Face coverings are another way to cover your mouth and nose to prevent respiratory droplets from contaminating other people or surfaces. Additionally, wearing a mask may stop you from touching your nose and mouth.
 - Ensure your mask is well-fitted and does not gape at the sides.
 - Be aware that masks can become contaminated on the outside. Avoid moving or adjusting the mask. Assume the mask has been contaminated and take proper precautions.
 - Critically, if you wear a mask, you must wash your hands before putting it on, as well as before and after taking it off.
 - Cloth masks should be worn only a short time, as there is some evidence that they can trap virus particles after they become damp, which may put the wearer at greater risk.
 - It is critical that used masks be carefully handled to avoid spreading infection to others.

15. I want to wear an N95 respirator when out in public. Do all brands provide equal protection?

- [Health Canada has received reports](#) that fraudulent and uncertified N95 respirators that falsely claim to protect consumers against COVID-19 are being illegally sold to consumers online and in some stores.
- In Canada, N95 respirators are regulated by Health Canada as [Class I medical devices](#) and are manufactured or imported by companies that hold a Medical Device Establishment License.

16. When is it okay to use a non-medical (cloth mask) versus a medical mask?

- Please see the [AHS Guidelines for Continuous Masking](#) that outline requirements for continuous masking in healthcare settings and administrative settings.
- Healthcare workers are required to wear eye protection and a surgical/procedure mask continuously, at all times and in all areas of their workplace if they are involved in direct patient contact or cannot maintain a minimum physical distance (of two metres or 6 feet) from patients and co-workers
- Workers who work in administrative areas with no direct patient contact or patient items are required to wear a mask continuously in all areas of their workplace where they cannot maintain adequate physical distancing. Workers in these areas can choose to wear their own non-medical (e.g. cloth) mask.

17. How do I care for and launder a cloth mask?

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

18. Can I reuse my medical mask or cloth mask?

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

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

- 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](#)

- AHS requires all healthcare workers providing direct patient care in both AHS and community settings to wear a [surgical/procedure mask continuously](#) as well as eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield), at all times when engaged in patient interactions that occur within two metres (2 m). This includes both hands-on patient care, as well as indirect patient care such as meal delivery and housekeeping.
 - Refer to the [PPE FAQ](#) for more information on the continuous use of eye protection.
- All healthcare workers who cannot maintain adequate physical distancing (a minimum of two metres or six feet) from patients and co-workers are required to wear a [surgical/procedure mask continuously](#). This includes non-clinical and administrative sites.
- Use [Routine Practices](#) for all patients at all times and appropriate [Personal Protective Equipment \(PPE\)](#) as needed.
- Use [Contact and Droplet precautions](#), when caring for a patient with suspected or confirmed COVID-19, including a procedure mask, gown, eye protection and gloves. Note: N95 respirators and eye protection are used when performing [aerosol-generating medical procedures](#) or when working with an intubated patient who has suspected or confirmed COVID-19. For more guidance on AGMPs, visit www.ahs.ca/agmp.
- Review the [PPE checklist](#) and the proper procedures for [donning and doffing of PPE](#).
- AHS also has a [Provincial PPE Safety Coach Program](#). The voluntary program trains staff to provide peer-to-peer support and on-site education of proper PPE selection and donning and doffing techniques, complementing existing programs, or as a standalone program in areas that do not currently have a PPE support program.
 - For more information on becoming a PPE safety coach and training, visit ahs.ca/ppesafetycoach.

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

- It is critical that staff are compliant with [AHS Infection Prevention and Control \(IPC\) standards](#).
- AHS requires all healthcare workers who provide direct patient care to wear eye protection and a [surgical/procedure mask continuously](#). Staff who don't not come into contact with patients or who are unable to maintain physical distancing must wear a surgical/procedure mask continuously.
- The effective and appropriate use of PPE keeps staff uniforms and clothing clean. If scrubs are soiled, staff are directed to change out of them before leaving their place of work.
- Hair and shoe coverings are not required PPE. If hair coverings are worn for personal reasons; launder as per the [Healthcare Attire Information Sheet](#).
 - Here are some additional recommendations:
 - Washable clothing is preferred in the healthcare setting. Regularly launder clothing in a hot water wash cycle followed by a cycle in the dryer. For more information refer to the [Healthcare Attire Information Sheet](#).
 - Minimize contact between unprotected clothing and patient environments. For instance, do not lean up against walls, countertops, furniture, patient beds/cribs, or medical equipment.
 - Change your clothes at the end of a clinical day, either at the hospital or other facility, or once you arrive at home. If you change at work, transport the clothes you have changed out of into either a disposable plastic bag or a washable cloth bag that can be laundered at the same time as the clothes.
- Healthcare workers who are healthy and not experiencing symptoms can still share spaces with their family including bedrooms and bathrooms.
 - If you do become symptomatic, isolation is required.
 - 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.

21. What surfaces should I clean at home to help reduce the possibility of transmission of the virus?

- We recommend regular cleaning of high touch surfaces. High touch surfaces are those touched often and most likely to be contaminated, such as:
 - Tabletops
 - Light switches
 - Door knobs

- Sink taps
- Toilet handles
- Kitchen counter tops.
- Clean and disinfect high touch surfaces daily or when visibly soiled.
- Use a “wipe twice” or 2-step process to clean and disinfect. First wipe the surface thoroughly with soap and water to clean and remove soiling and debris. Then wipe again with a clean cloth saturated in a disinfectant to destroy or de-activate COVID-19 and other micro-organisms.
- Environmental Public Health recommends two disinfectants:
 - Diluted household bleach. Prepare fresh daily; add 80 mL (1/3 cup) of 5% household bleach to 4 litres (16 cups) of water.
 - Accelerated hydrogen peroxide (0.5%), used according to label instructions.
- AHS has a dedicated page for [PPE information](#) developed by the PPE task force, and more information about Infection Prevention and Control measures for personal items and clothing can be found [here](#).

22. I eat at work. Is there guidance on how to be safe when bringing food in or when ordering take-out?

- This [guidance document](#) supports staff bringing food to AHS sites for personal consumption.
- While we discourage all Albertans from sharing food or beverages at this time, the guidance document also outlines steps to lower the risk if staff choose to share external food with one or more staff members.
- We continue to remind all staff not to accept donated food for personal consumption, or to distribute donated food to other AHS staff.

23. Are staff allowed to accept food donations from companies when working on site?

- AHS has recently updated its policy around accepting donations of food. In accordance with Infection Prevention and Control, AHS employees are currently unable to accept [food donations](#).

24. 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](#).
- COVID-19 continues to spread throughout the province, posing a serious risk to public health and the healthcare system. In [this video](#), Dr. Neil Collins talks about the devastating effects of the pandemic and urges Albertans to adhere to public health measures.
 - Review this question for more information about a [COVID-19 vaccine](#) in Alberta.

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

- The government provided [updated modelling scenarios](#) to better predict the impact of COVID-19 in Alberta.

26. 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](#).

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

- Albertans can access 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](#).
- As always, interpretation services continue to be available, 24/7 through 811 and language lines. Use standard processes to access this service from the frontline.

28. The way I work, how I connect with clients and where I work has changed because of COVID-19. Is there a place where I can share my thoughts on what is working well and could be used in the future?

- Send your ideas to BeyondCOVID@ahs.ca where they will be reviewed to see how we can adopt what we've learned into other areas of AHS.

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

29. Who in Alberta is at risk for COVID-19?

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

30. 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](#).

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

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

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

- In April, AHS began performing COVID-19 testing on patients admitted to hospital through the emergency department for reasons unrelated to COVID-19, and who did not have symptoms of COVID-19.
- Taking place at the Peter Lougheed Centre in Calgary, the Royal Alexandra Hospital in Edmonton and the Red Deer Regional Hospital, more than 1,500 tests were conducted on consenting patients.
- We are pleased to report that there were no asymptomatic patients who tested positive for the virus.
- Preliminary observations demonstrate an important conclusion from this work:
 - The risk of undetected COVID-19 patients being admitted through EDs in the first wave of the pandemic has been slight or none. This means that clinical assessment is very good at identifying patients unlikely to have COVID-19.

33. 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.
 - Refer to [this question](#) to understand the new testing and isolation requirements for children and youth under the age of 18.
- 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.
 - [Symptomatic Healthcare](#) or the [Symptomatic member of the public self-assessment tool](#).
- Please note that adults 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 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](#).
- Review to [this question](#) to learn when your isolation is over.

34. Why did testing criteria in Alberta change?

- COVID-19 testing criteria has changed in an effort to reduce wait times and to speed up access to results for those at greatest risk of illness.

- As this new testing approach will support more rapid turnaround of test results, we anticipate that healthcare workers will be better supported in effectively managing symptoms or potential exposures.
- The spread of COVID-19 will continue to be monitored, and our testing strategy will be adapted as needed.

35. Is there an option for expedited testing? When is expedited testing appropriate?

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

36. 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.

37. Are there vaccines to prevent COVID-19?

- Refer to [this section](#) for more information related to the vaccine rollout.

38. Is there clinical trials regarding PPE, serology or medication that can help a patient with COVID-19?

- Clinical trials are also focusing on COVID-19. Some of these include studies that test the effectiveness of hydroxychloroquine, compare different types of protective masks, and look at whether the blood plasma of recovered COVID-19 patients can benefit other patients.
- The [Alberta HOPE COVID-19 Trial](#) is a large provincial study testing the effectiveness of hydroxychloroquine to prevent a worsening of COVID-19.
- To find out more about clinical trials being conducted in Alberta, visit [bethecure.ca](#), [albertacancerclinicaltrials.ca](#) and [ahs.ca/participateresearch](#).

39. 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.

40. Where does the clinical guidance we receive about COVID-19 come from?

- AHS COVID-19 Scientific Advisory Group (SAG) is a standing committee which reviews emerging evidence and guidance from national and international bodies, regarding various facets of COVID-19.
- SAG Rapid Response Reports created from these reviews provide recommendations pertaining to COVID-19 and its impacts on patients, providers, community and the health system, with the goal of informing clinical and public health practice, and policy and procedure development.
- The recommendations are intended to be used in addition to clinical judgement.
- More information about SAG and its recommendations is available on the [COVID-19 Scientific Advisory Group website](#). [SAG recently release information on:](#)
 - [Clinical indicators of the need for intubation or mechanical ventilation.](#)
 - [Predicting positive tests for COVID-19](#)
 - [Non-steroidal Anti-inflammatory Drugs \(NSAIDs\) Safe in COVID-19](#)
 - [Safely Discharging COVID-19 Patients from Hospital](#)
 - [Risk factors for severe COVID-19 outcomes](#)
 - [Role of children in the transmission of COVID-19 in communities](#)
- The full reports for these reviews and others are available on the [SAG Recommendations pages](#) at [ahs.ca/covid](#).

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

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

42. Is there a resource on how to recognize early symptoms of COVID-19 in seniors?

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

43. Are there clinical indicators that predict the need for patient intubation and mechanical ventilation, and in those patients the probability of survival or mortality?

- The AHS COVID-19 Scientific Advisory Group conducted a rapid review in response. This review is based on limited literature and existing published guideline documents, and is limited to adult, non-pregnant patients with confirmed or suspected cases of COVID-19. The [Rapid Review report](#) has several recommendations with regard to intubation.

44. I have a patient with serious acute illness. What steps should I take to support them in their care goals or end-of-life plans?

- It is important to have advance care planning and [goals of care discussions](#) with your clients and/or their alternate decision makers before and/or at the onset of serious acute illness.
- Providing goal-concordant care is especially important with severe symptoms and treatment for COVID-19. These conversations should include goals, hopes and fears ahead of sickness, as well as the potential need for hospitalization, ventilation or resuscitation, and [Goals of Care Designation orders](#).
- As appropriate, please visit or share the following online resources:
 - [Conversations Matter website](#) – AHS website for advance care planning and Goals of Care Designations for the public and for healthcare providers
 - [Conversations Matter Guidebook](#) – this resource outlines the steps in advance care planning and explains Goals of Care Designations in plain language
 - [Personal Directive](#) – A personal directive provides instruction for future medical care and identifies an agent to make personal decisions if needed.
 - [Green Sleeve video](#) – describes a Green Sleeve, which holds advance care planning and Goals of Care Designation related documents.

45. I'm a physician – are there resources available to guide care decision-making during this pandemic?

- AHS Clinical Ethics has created the [Goals of Care Designations during Pandemic Conditions](#) guidance document, intended to support decision-making during COVID-19.

46. I work in palliative and end-of-life care. What resources can I use when treating patients?

- Several resources have been developed to guide healthcare providers on providing PEOLC to patients and families, including but not limited to those infected with COVID-19.
 - AHS COVID website with [provincial PEOLC resources](#)
 - [Continuing Care Connection](#) website

- The Provincial PEOLC team has developed a PEOLC COVID-19 SharePoint site that is accessible to AHS and Covenant Health staff. If you would like to access this site, please email palliative.care@ahs.ca.
- For more information on PEOLC, visit the [Palliative Care webpages](#) on MyHealth.Alberta.ca. This website is a reliable, clinically relevant and evidence-based accessible source of PEOLC interdisciplinary information for both healthcare providers and the public.
- If you have questions or would like to connect with the provincial PEOLC team, please email palliative.care@ahs.ca.

47. I've been asked by a patient to witness the signing of wills or a personal directive. Where can I find guidance to deal with requests such as these?

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

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

- Guidelines are now available to give Alberta providers of inpatient pediatric care guidance for the basic care of patients with known or suspected COVID-19 infection. This will help ensure these patients receive optimal, consistent and equitable care. Please review the [guidance document](#) to learn more.

49. I have a COVID-19 patient who has a secondary infection. What are the recommendations for anti-microbial use for these patients?

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

50. Is there an advice line for with patients/community members living with disabilities?

- A new Rehabilitation Advice Line, 1-833-379-0563, became available for Albertans over the age of 18 who are recovering from injury, orthopedic surgery, COVID-19, or managing a neurological condition.
- The line gives callers information about:
 - Activities and exercises that help with physical concerns
 - Strategies to manage the day-to-day activities affected by these concerns
 - Rehabilitation services that are open for in-person and/or virtual visits
 - Community-based organizations

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

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

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

- All providers in all zones are asked to use RAAPID when seeking time-sensitive referral/ advice, patient transfer or accessing services of providers in another facility in Alberta.
- This [summary](#) outlines the types of calls that need to involve RAAPID and those that would be considered out of scope.
- Calling RAAPID early to identify the available destination recourse is paramount for initiating optimal care and response for urgent and high acuity patient transport.
 - North: 1-800-282-9911 | 780-735-0811
 - South: 1-800-661-1700 | 403-944-4486
- If you encounter any difficulties getting the level of service required, please ask to speak with the RAAPID manager on call. For less timely inquiries, email RAAPID.Leadership@ahs.ca.

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

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

54. Are there guidance documents that support the discharge of a patient hospitalized with COVID-19?

- Guidance is now available for acute care staff and physicians to support the consistent and safe discharge of COVID-19 patients, on the [Insite](#) table:
 - [Provincial Pandemic Flowsheet](#)
 - [COVID-19 Safe Patient Discharge Checklist](#)
 - [Safe Patient Discharge Checklist Appendices](#)
 - [My Discharge Checklist](#) (for patients)
- A [guideline](#) is also available that defines how patients, primary care, public health, acute care, and home living and supportive living can work together to coordinate care to ensure patients have the support they need throughout their COVID-19 health journey – including their transition back home.

55. Is there a checklist I should share with COVID-19 patients before discharge?

- Before discharge, patients should be given the [My Discharge Checklist](#) to complete, which includes sections on:
 - Ways to have someone support hospital discharge conversations
 - Medications they will need and how they will get them
 - Their follow-up appointments and options to get medical advice
 - Questions they may want to ask us before they leave
 - Sources of information about COVID-19

56. Is there a resource for patients to understand symptoms of COVID-19/self-care after leaving an AHS?

- Review [COVID-19 self-care instructions](#) and [how to manage symptoms of COVID-19 at home](#).
- These two patient care handouts provide concise COVID-19 related general health information and home care advice, including:
 - standardized online patient education
 - discharge instructions at the point of care
 - home care advice by Health Link tele-triage staff

Daily Fit for Work screening

57. How is AHS ensuring staff are well and without symptoms before coming to work?

- To minimize the spread of COVID-19, [daily fit for work screening](#) is required for all staff, physicians, volunteers and contractors.
- A separate questionnaire specific to [non-continuing care staff working in a confirmed COVID-19 outbreak unit/area](#) is available.
 - Specific screening for staff working at continuing care facilities (hospice, long term care, designated supportive living, or congregate living) must continue to meet requirements from the latest Chief Medical Officer of Health [Orders](#).
- Following the standards set out in the [Fit for Work Screening Protocol](#), zones/sites will determine how screening will be completed before any staff member starting a shift for their fitness to work. This will be done through the completion of a questionnaire to assess symptoms and health risks.
- Staff, physicians, volunteers or contractors who refuse to be screened will not be permitted to attend work as scheduled. For more information, see the [Fit for Work Screening Protocol](#) and [ahs.ca/fitforwork](#).
- You can use your AHS account login to access the [online questionnaire tool](#).
 - To add the online tool to your home screen, go to [ahs.ca/fitforwork](#) on your mobile device, click the “Fit for Work Questionnaire” button to open the tool, log-in, then tap the menu icon in your browser and select Add to Home Screen. The tool will then appear as an icon or bookmark on your home screen. Note: You will still have to log-in every time you use the tool.
- Specific screening questions for staff working at continuing care facilities (hospice, long-term care, designated supportive living or congregate living) have been updated to meet requirements from the latest Chief Medical Officer of Health [Orders](#).
- Information related to screening people visiting residents and patients is available at [ahs.ca/visitation](#).

58. Do I need to complete a temperature check as part of the Daily Fit for Work screening?

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

59. I noticed a co-worker with symptoms at work. What should I do?

- We all have a shared responsibility to keep our workplace safe, so speak up if you think someone is coming to work sick. Learn more in the [How to Address a Workplace Concern](#) and [How to Stay Safe and Be Respectful](#) resources.

Expedited Return to Work process

60. I've tested positive for COVID-19. When can I return to work?

- Effectively immediately, healthcare workers who have tested positive for COVID-19 will be able to return to work 10 days after the onset of their symptoms or once their symptoms have resolved, whichever is longer.
- Staff who are asymptomatic can return to work 10 days after the date of the positive test.
 - 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](#).
- Review the [Return to Work Decision Chart](#) and [Return to Work Guide](#).

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

- Refer to the [Return to Work Guide](#) for more support. Any staff who are approved for an expedited return to work will be required to follow strict conditions, including:
 - [Donning](#) a procedural mask at all times
 - Practicing [physical distancing](#) where possible, including while eating
 - Monitoring any change in symptoms, including having their temperature checked before each shift and completing a symptom checklist daily
 - Closely following all [Infection, Prevention and Control protocols](#) 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](#).

Health Care Aid Wage Supplement

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

- On April 20, 2020, the Government of Alberta [announced increased funding](#) to help with pressures in contracted continuing care facilities, including a wage supplement for health care aides at contracted sites. The additional pay is to support hiring of additional staff at these continuing care sites.
- At this time, the wage supplement only applies to health care aides who work at contracted long term care and designated supportive living sites and does not apply to health care aides who work for AHS, Covenant Health, Carewest or Capital Care. It also does not apply to other healthcare worker roles.

Infection Prevention and Control for Healthcare Workers and Proper PPE

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

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

Agreement with Unions on Personal Protective Equipment during COVID-19

On March 26, Alberta Health Services (AHS), the Alberta Union of Provincial Employees (AUPE), Covenant Health (CH), the Health Sciences Association of Alberta (HSAA), and United Nurses of Alberta (UNA) reached a [joint agreement](#) on the safe and effective use of [personal protection equipment \(PPE\)](#) in our collective response to the COVID-19 pandemic.

Under the joint agreement, it was agreed that a [point of care risk assessment \(PCRA\)](#) must be conducted for every patient interaction to ensure frontline health care workers have the specific PPE they need. The agreement provides clarity on the approach in Alberta and reinforces [Infection Prevention and Control and PPE protocols](#).

63. What precautions should I take when treating all patients?

- AHS requires all healthcare workers providing direct patient care in both AHS and community settings to wear a [surgical/procedure mask continuously as well as eye protection](#) (e.g. goggles, face shield, or procedure mask with built-in eye shield) at all times when engaged in patient interactions that occur within two metres (2 m). This includes both hands-on patient care, as well as indirect patient care such as meal delivery and housekeeping.
 - Refer to the [PPE FAQ](#) for more information on the continuous use of eye protection.
- All healthcare workers who cannot maintain adequate physical distancing (a minimum of two metres or six feet) from patients and co-workers are required to wear a [surgical/procedure mask continuously](#).

- As well as wearing a surgical/procedure mask continuously, staff should continue to use [Routine Practices](#) for all patients at all times, which includes [a point of care risk assessment](#).
- When assessing patients who present with an influenza-like illness (ILI), the [ILI algorithm](#) should be followed. (Note: COVID-19 may resemble other respiratory tract infections, grouped together as “ILI”.)

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

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

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

- All healthcare workers should complete [a PCRA](#) before providing care as per the [joint statement](#).
- They 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 eyeglasses 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.
- These guidelines are in alignment with the [joint agreement](#) and with both the Public Health Agency of Canada and the World Health Organization, and with other provinces and territories in Canada.

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

Note: all healthcare workers are required to wear [eye protection](#) and a [surgical/procedure mask continuously](#) when treating any patient regardless of their COVID-19 status.

- Healthcare workers should complete [a PCRA](#) before providing care as per the [joint statement](#).
- If your patient meets the [higher risk screening criteria](#) for COVID-19, have the patient wear a procedure mask immediately.
- Initiate [contact and droplet precautions](#), place the patient in a separate room as soon as possible then proceed with your clinical assessment.
- Zone Medical Officer of Health (MOH) approval is **not** required for specimen collection.
- A deeper nasopharyngeal (NP) swab collected under droplet and contact precautions and transported in viral transport medium OR a throat swab in a tube of sterile saline should be submitted.
 - Note: universal transport medium and NP swabs will continue to be preferentially distributed to bone marrow transplant, solid organ transplant, hematology/oncology, and critical care wards. Polyester and cotton-tipped throat swabs with tubes of sterile saline will be distributed for COVID-19 and respiratory pathogen panel (RPP) testing.
 - COVID-19 specimens no longer need to be shipped according to Transportation of Dangerous Goods (TDG) Category B requirements. For additional concerns, contact the ProvLab Virologist on-call (VOC):
 - Edmonton (780-407-8921)
 - Calgary (403-333-4942)
 - More information can be found [here](#).

- Review the [lab bulletins page](#) for the most up-to-date info on swabs and required processes.
 - When collecting an NP swab from a patient on a bone marrow transplant, solid organ transplant, hematology/oncology, and critical care ward use a FLOQSwab® and Universal Transport Medium to collect a normal nasopharyngeal swab
 - [Directions](#) for use of a FLOQSwab® and Universal Transport Medium - red top tube with pink fluid
 - Use nasopharyngeal or throat swabs distributed for COVID-19 testing.
 - [APTIMA Collection Kits/Swabs](#) and [COPAN ESwab™ Collection Kits/Swabs](#) are to be discontinued for COVID-19 testing.
- Use the COVID-19 requisition available within your site's clinical information system if available.
 - COVID-19 test requests can also be made by submitting respiratory specimens with the [Serology and Molecular Testing Requisition](#) and writing "COVID-19" in the bottom box (Specify Other Serology and Molecular Tests).
- If your patient requires admission to hospital, or if you would like the Zone MOH to assist with the risk assessment, call the [Zone MOH](#).
- All patients who are symptomatic but are not hospitalized should be advised to [isolate](#). They should not visit any other healthcare facilities, including outpatient imaging or labs, unless they are being admitted to hospital. Isolation information can be found [here](#).

67. Which swabs are the correct ones to use for COVID-19 testing, and where do we find instructions on correct method for sample collection? Why are we using alternate collection devices to collect nasal and throat samples?

- Swabbing the deeper nasopharyngeal (NP) or the throat will now be the recommended standard, not the nose.
- Effective immediately, polyester and cotton-tipped throat swabs with tubes of sterile saline will be distributed for COVID-19 and respiratory pathogen panel (RPP) testing.
- Review the [lab bulletins page](#) for the most up-to-date info on swabs and required processes.
 - When collecting an NP swab from a patient on a bone marrow transplant, solid organ transplant, hematology/oncology, and critical care ward use a FLOQSwab® and Universal Transport Medium to collect a normal nasopharyngeal swab
 - [Directions](#) for use of a FLOQSwab® and Universal Transport Medium - red top tube with pink fluid
 - Use nasopharyngeal or throat swabs distributed for COVID-19 testing.
 - [APTIMA Collection Kits/Swabs](#) and [COPAN ESwab™ Collection Kits/Swabs](#) are to be discontinued for COVID-19 testing.

68. I collect COVID-19 using throat swabs. Is there an instructional resource I can use to ensure I am performing the collection and transportation properly?

- The [instruction sheet](#) and short [demonstration video](#) show how to ensure samples collected on throat swabs are fully contained within saline transport tubes and properly sealed for safe transport to the lab.
- The throat swabs used for sample collection do not have a designed 'break-point'. This can make detachment of the sample for transport a bit tricky. The video will show how you can cut or break off the swabs to ensure the swab is fully contained within the transport tube.

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

- Healthcare workers who have underlying medical conditions and potential risk factors for severe COVID-19 disease, or are pregnant, may be concerned about their personal risk with respect to COVID-19,
- AHS has released the following position statements for general guidance:
 - [Healthcare Workers with Underlying Medical Conditions and Potential Risk Factors for Severe COVID-19 Disease](#)
 - [Pregnant Healthcare Workers and COVID-19](#)

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

- Cohorting patients will provide the best protection for our patients and staff and will help preserve personal protective equipment. All decisions to cohort patients will be done in consultation with Infection Prevention and Control, based on best evidence.
- Review the [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#) to find more information on how the [order on single site employment](#) impacts staff who work at a Long Term Care (LTC) or a Designated Supportive Living (DSL) facility with a confirmed outbreak.

71. How is cohorting being determined by site?

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

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

- All healthcare workers should complete [a PCRA](#) before providing care as per the [joint statement](#).
- When treating any patient with suspected or confirmed COVID-19, our healthcare workers are required to wear a [surgical/procedure mask continuously](#) as well as eye protection **unless** they are performing certain procedures that are considered [aerosol-generating medical procedures](#) (AGMP) or when working with any intubated patients.
- A fit-tested N95 respirator should always replace a surgical/procedure mask in addition to gloves, gown, and eye protection for anyone in the room when an aerosol-generating medical procedure (AGMP) is performed for patients with COVID-19, suspected COVID-19, ILI or any new or changing respiratory illness or diarrhea.
- You can learn more about when N95 respirators should be used in this [guidance document for personal protective equipment \(PPE\)](#). For more guidance on AGMPs, visit www.ahs.ca/agmp.

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

- Alberta Occupational Health and Safety extended the expiry period of existing fit tests on the current respirator model to December 31, 2020.
- This applies to workers who have completed fit testing in the past two years, for which the fit test certificate expires on or after April 1, 2020.
- You will be notified by Workplace Health and Safety when it is time to schedule fit-testing in your area.
- To learn more about when to use N95 respirators in your frontline work, visit www.ahs.ca/covidppe.
 - Visit the Respiratory Protection program [here](#) to learn more about current models of N95 respirators. Questions? Contact [WHS](#).
- If you are a community partner who works in a non-AHS setting, please reach out to any organization that offers safety training to receive FIT testing for you or your staff.

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

- No. Staff must only wear the make and model of N95 respirator that they have most recently been fit tested for and use only that model.
- Additional and frequent use of N95 respirators may require staff to transition to a different model but with the same trusted protection.

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

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

- Review the online tool available at ahs.ca/AGMP to support the decision-making process around Aerosol Generating Medical Procedures (AGMPs), and related PPE requirements.
- The tool includes a list of all procedures currently considered AGMPs and provides links to related guidance which reflects current evidence. Questions? Email ppe@ahs.ca.
- Learn more about the difference between droplets, airborne particles and particles generated by an AGMP in the [Allied Health FAQ](#).

77. Do I need to wear an N95 respirator when completing manual chest compressions on a patient with suspected or confirmed COVID-19?

- AHS has completed a thorough review regarding the need for N95 respirator use by healthcare workers completing manual (hands-only) chest compressions.
- This review has determined that an N95 respirator is not required to initiate hands-only chest compressions on a patient with suspected or confirmed COVID-19.
- Healthcare workers completing manual chest compressions are directed to continue to wear recommended PPE in alignment with our [continuous masking directive](#), the [point of care risk assessment](#), with the addition of [Contact and Droplet precautions](#) for patients with known or possible COVID-19.
- 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 CPR.
- This approach will allow staff to safely complete manual chest compressions on a patient with suspected or confirmed COVID-19 while they await help from support teams who will have the time to [don all](#) PPE necessary to safely manage the airway, as well as chest compressions.
- Hands-only chest compressions are different than Cardio-pulmonary resuscitation (CPR). Fit-tested N95 respirators continue to be required for full CPR that includes management of the airway.

78. Where can I find out more information regarding the reprocessing of N95 respirators?

- Review the [Reprocessing of N95 Respirators in the PPE FAQ](#) for details regarding the collection, preservation and processing of N95 respirators.

79. I work in a position that that puts me within 2 metres/6 feet of my colleagues. Do I need to wear PPE?

AHS requires all healthcare workers providing direct patient care in both AHS and community settings to wear a [surgical/procedure mask continuously](#) as well as [eye protection](#) (e.g. goggles, face shield, or procedure mask with built-in eye shield), at all times when engaged in patient interactions that occur

within two metres (2 m). This includes both hands-on patient care, as well as indirect patient care such as meal delivery and housekeeping.

All healthcare workers who cannot maintain adequate physical distancing (a minimum of two metres or six feet) from patients and co-workers are required to wear a [surgical/procedure mask continuously](#). This includes administrative and corporate settings. Workers in these areas can choose to wear their own non-medical (e.g. cloth) mask.

- Review the [Guidelines for Continuous Masking in Home Care and Congregate Living Settings](#).
- Additional guidance about this approach is available on www.ahs.ca/covidppe.

80. Along with continuous eye protection and masking, what other preventative measures should I follow to stay safe?

- Wear appropriate PPE at all times. This varies depending on the precautions for each patient. [Don](#) and [doff](#) your PPE appropriately.
- When physical distancing is not possible, such as in staff common areas, masks help prevent transmission. This means that if you need to remove your mask to eat or drink, and there isn't room to social distance, you must find another location.
- Ensure all patients are masked when leaving their inpatient unit to attend services within other areas of the hospital. They should first perform hand hygiene before donning a mask.
- Complete your [daily fit for work screening](#). Do not come to work sick.
- Practice frequent [hand hygiene](#).

81. I'm experiencing some discomfort wearing a mask continuously. Is there guidance that can help?

- To help manage the impact of continuous masking, [this video](#) and a new support document has been created which outlines tips and guidance to improve your comfort with continuous masking, [found here](#).

82. I use a mask extender to ease the strain of the typical mask strap on my ears. What are some tips for the safe and effective use of a mask extender?

- Review the [PPE Task Force Mask Extender Survey Results](#) and find more information on continuous masking on the [PPE page](#).
- Watch [this video](#), or review these tips the most safe and effective use of an extender:
 - Don and doff your mask extender properly to avoid self-contamination.
 - Wash your hands both before you don **and** before you doff your mask extender with your mask. Many of the types currently in use are difficult to clean, which means the virus may remain on the surface. Touching your face after touching the mask extender may increase the risk of self-contamination with the virus.
 - Disinfect/clean your mask extender right after taking off your mask. If this is not possible, then you should discard that mask extender, and use a clean/new mask extender when putting on a new mask.
 - Mask extenders must NOT be used with N95 respirators, as they may impact the fit and seal.

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

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

84. Should patients, their families and visitors wear a mask?

- We require [all patients](#) and visitors to be masked when leaving any inpatient room to move to other areas in the facility. Masks must cover the nose and mouth.
- No patient shall be denied service in AHS because they cannot or will not wear a mask; however, in exceptional circumstances, non-urgent or routine care may be deferred or handled virtually when individuals refuse to mask and safe accommodations cannot be made to provide such care.
- The [updated directive](#) offers new information regarding managing mask refusal, including:
 - Offering virtual care to adult outpatients requiring or awaiting routine care who are unable or refuse to mask.

- When it may be appropriate for a non-urgent/non-emergent adult outpatient who refuses to mask to be asked to leave an AHS facility/setting.
- Working collaboratively with designated support persons and families/visitors to find the most appropriate and safest solution for the situation, as per the AHS How to [Support Mask Wearing: COVID-19 Worker Supports](#).
- Means of enforcing compliance with families or visitors, including last-resort escalation at the discretion of the site leader or designate to removal from an AHS facility, and engaging the support of Protective Services (if on-site) or local police (if appropriate), as necessary.

85. How is AHS responding to the concerns about the quality of some items of PPE, including masks?

- To keep you informed about this issue, and the response, we have created a dedicated section on the PPE webpage – ahs.ca/covidppe.
- In this section you will [find information outlining](#) our response, our commitment to involving the frontline in field testing new products, and more on safety and procurement processes.

86. What face masks should EMS staff use?

- Paramedics should use an N95 respirator. Doing so will support paramedics to have the proper protection in an enclosed environment that is unpredictable in nature.

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

- LS will 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 see the [Healthcare Attire Information Sheet](#) for details.

88. How can I reduce the risk of self-contamination/transmission of COVID from personal items/clothing?

- PPE, including scrubs, are worn to protect clothing from contamination. By protecting yourself and using your PPE properly at work, you're also protecting your family members and loved ones.
- Hair and shoe coverings are not required PPE. If hair coverings are worn for personal reasons; launder as per the [Healthcare Attire Information Sheet](#).
 - Washable clothing is preferred in the healthcare setting. Regularly launder clothing in a hot water wash cycle followed by a cycle in the dryer. For more information refer to the [Healthcare Attire Information Sheet](#).
 - Minimize contact between unprotected clothing and patient environments. For instance, do not lean up against walls, countertops, furniture, patient beds/cribs, or medical equipment.
 - Change your clothes at the end of a clinical day, either at the hospital or other facility, or once you arrive at home. If you change at work, transport the clothes you have changed out of into either a disposable plastic bag or a washable cloth bag.
- Check this page for [PPE information](#) or find more information for personal items and clothing, found [here](#).

89. I've seen different coloured isolation gowns. Do they provide the same level of protection?

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

90. I work in an operating room. Are there posters that show how to properly don and doff PPE?

- informational posters on how to [don](#) and [doff](#) personal protective equipment (PPE) in the operating room.

91. I understand we have different hand sanitizer. Is it safe?

- Health Canada has approved the use of technical-grade ethanol in the manufacturing of some hand sanitizer products, in place of pharmaceutical-grade ethanol.
- With this change, Health Canada has released a new risk assessment, as well as new labelling requirements. This will impact Microsan-brand hand sanitizer products used in AHS facilities.
- We have confirmed that the risk of technical-grade ethanol is very low though staff may notice a stronger or different odour associated with the products manufactured with technical-grade ethanol.
- The [FAQ](#) provides additional information and outlines Health Canada's new assessment and related interpretation for human health.
- If you want to reduce your use of the hand sanitizer products, we suggest you replace use of hand sanitizer with warm water and soap.
- AHS recently assessed the degree of exposure to acetaldehyde when using hand sanitizer containing technical-grade ethanol. For more information, please see the [full assessment report](#) and a [discussion document](#) that reviews acetaldehyde exposure from the use of hand sanitizer.
- For ongoing updates, visit ahs.ca/handsanitizer.

92. Will hand sanitizer products that use technical-grade ethanol be labelled?

- AHS has implemented labelling on all impacted bottles of hand sanitizer and posters located near all dispensers to identify any product that contains technical-grade ethanol.
- Areas that are using technical-grade hand sanitizer will have labels applied to the dispensers. Areas that are using pharmaceutical grade hand sanitizer do not have labels. As technical grade hand sanitizer is replaced by pharmaceutical grade hand sanitizer, labels will also be removed.
- Questions? Please contact PPE@ahs.ca.

93. Are the different disinfectant wipe products as safe and effective?

- Access to our usual ready-to-use (RTU) disinfectant wipes and RTU liquid product formulations for surface disinfectant supplies may vary during the pandemic; however, all AHS provided product substitutions are confirmed to be effective for COVID-19.

94. Are there tips to guide which type of ready-to-use disinfectant wipes I should use?

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

95. Who do I contact with questions about PPE requirements and/or supply ordering processes?

- 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.
- Staff may also refer questions to the [PPE safety coach](#) on their shift or in their unit.
- **If you are a frontline AHS staff member or leader –**
 - PPE requests should be directed to your [Contract, Procurement and Supply Management contact](#). Please refer to ahs.ca/covidppe for more information.

- Leaders with questions regarding supply ordering processes or physicians working in AHS or contracted facilities, should submit them via email to AHS Contracting, Procurement & Supply Management (CPSM) at CPSMOperations.EOC@albertahealthservices.ca.
- **If you are an AHS staff member or leader working at a non-clinical site**
 - Sites and facilities that do not provide direct patient and client care can order PPE through the COVID-19 PPE Inventory Requisition, available on insite.ahs.ca/orderppe.
 - For more information about PPE guidelines, refer to the [COVID-19 Relaunch Playbook](#).
- **If you are an AHS-operated or contracted care providers**, please note that:
 - PPE supply, including the delivery of masks every two weeks, will continue to be distributed as usual for the following groups:
 - Long term care facilities, designated supportive living facilities and home care services, which are operated or contracted by Alberta Health Services; and
 - Publicly funded lodges, mental health housing, residential addiction treatment facilities, and shelter operators.
 - For these groups listed above, requests for additional PPE including N95 respirators for use by staff performing an [AGMP](#) must be submitted to CPSMOperations.EOC@ahs.ca.
 - Refer to the [Continuing Care PPE FAQ](#) for more information.
- **If you are a non-contracted provider**, please note:
 - Non-contracted providers (i.e. private lodges, private retirement communities, private assisted/supportive living, group homes, senior's apartments and private home care) are required to order PPE supplies from their own suppliers. There are two platforms that can help connect providers with suppliers; however AHS does not endorse any particular vendor nor is it responsible for the product or prices offered on either site. The platforms are:
 - [Rapid Response Platform Canada](#)
 - [ATB Nexus](#)
 - Refer to the [Continuing Care PPE FAQ](#) for more information.
- If you're unsure which category you fall into and need more support, please email ppe@ahs.ca.
- **NOTE:** Business and non-Alberta Health Services (AHS) organizations will be required to access PPE directly through suppliers. Information on PPE suppliers is available on [Alberta Biz Connect](#). For more information, visit the [Alberta Emergency Management Agency web page](#).

96. Are there concerns about medication supplies?

- We ask for your awareness and support as we look at ways to conserve medications used for intubated patients. This could include reduced doses or alternative medications or interventions, wherever possible and clinically appropriate. Medications include:
 - Cisatracurium Ketamine
 - Dexmedetomidine Midazolam
 - Epoprostenol Propofol
 - Fentanyl Rocuronium
 - Hydromorphone Succinylcholine
 - Phenylephrine Ephedrine
- More details about conserving these important medications is available [here](#).

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

- 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](#).

98. Are labs moving to appointment-only services for outpatient lab work in response to COVID-19?

- Effective May 4, 2020, all rural hospital and urgent care outpatient labs as well as most other lab sites will temporarily move to appointment-only service for outpatient lab work.

Outbreaks

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

In addition, the Government of Alberta is posting online the location and facility name of active outbreaks in the province. The outbreaks being posted are at any sites where there have been two or more confirmed cases of COVID-19. The information can be found at alberta.ca/covid19.

99. When are care sites required to report an outbreak?

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

100. 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

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

- Yes, unless the staff member works in multiple Long Term Care (LTC), Designated Supportive Living (DSL), lodge or residential treatment services facility.
- Note: there are several positions that are exempted from this order and are permitted to continue working in multiple LTC, DSL, lodge or residential treatment services facilities with a confirmed outbreak.
 - Note: exempt staff who work at multiple LTC, DSL, Lodge or residential treatment facilities are required to immediately inform their supervisors if they have worked at, or are working at, a facility where there is a confirmed or suspected case.
- Review the [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#) for more on how the [order on single site employment](#) impacts staff who work at a LTC/DSL facility with a confirmed outbreak.

- 102. I work in a continuing care facility. What's the protocol to test patients/staff if an outbreak occurs?**
- In these facilities, anyone with the mildest symptoms — such as a hoarse throat or muscle aches — must immediately be isolated and tested for COVID-19.
 - Once either a resident or staff member tests positive and has a confirmed case of COVID-19 in any continuing care, licensed supportive living setting, including lodges, or long-term care sites, there is a requirement to swab all asymptomatic residents for COVID-19 on the affected unit(s).
 - A guidance document is available on the [Continuing Care Connection site](#) and [ahs.ca/covid](#).
 - If a swab is positive, [contact and droplet](#) isolation is required in providing care for those residents.
 - For residents whose swabs are negative, enhanced monitoring for development of symptoms is recommended.
 - Asymptomatic staff can book an appointment to test for COVID-19 at [ahs.ca/covid](#) and, if their swabs are negative can return to work and do not need to isolate.
 - Review the [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#) to find more information on how the [order on single site employment](#) impacts staff who work at a Long Term Care (LTC) or a Designated Supportive Living (DSL) facility with a confirmed outbreak.
- 103. When is an outbreak declared over?**
- An outbreak is declared over only when four weeks have passed with no new cases.
- 104. Where can I find information about an outbreak in an acute care setting?**
- AHS has a webpage that includes confirmed COVID-19 cases in patients and healthcare workers from active outbreaks in acute care settings across the province, available [here](#).

Restrictions for Staff who Work at Multiple Sites

On April 10, the Chief Medical Officer of Health put in place an [order on single site employment](#) for Long Term Care and Designated Supportive Living (LTC/DSL) sites. This order mandates that all staff who work in a LTC or DSL facility will be required to work at only one LTC or DSL facility for the duration of the pandemic.

For more information, please see the [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#).

- 105. Will I be impacted by the single site order?**
- On April 10, Alberta's Chief Medical Officer of Health put in place [an order on single site employment](#) for Long-Term Care and Designated Supportive Living (LTC/DSL) sites.
 - There are three different ways that staff may be restricted from working at multiple sites, in multiple positions, and/or for multiple employers: Single site Orders, Confirmed Outbreak Orders, and Exclusion Orders. Review the [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#).
- 106. Do the single site orders apply to staff at acute care sites?**
- The current [CMOH Order 10-2020](#) does not apply to staff who work at acute care sites, and therefore staff are not restricted from working at more than one acute care site.
 - A staff member who is working at one LTC/DSL site can also work at acute care sites, unless there has been an outbreak declared at that LTC/DSL site. See the [FAQ](#) for more information.
- 107. I travel between facilities for work. Is this allowed? What do I need to know to keep myself safe?**
- Leaders and staff are encouraged to avoid travel between facilities unless operationally required.
 - Refer to Travel between facilities information captured in the Preparing our people section in the [COVID-19 Re-launch Playbook and Planner](#) for more information and additional resources.
 - Midwives and Nurse Practitioners are asked to observe [specific measures](#) to ensure their own safety, as well as that of colleagues and patients.

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

- 108. UPDATED What restrictions have been put in place to slow the spread of the virus?**
- **Effective Feb. 8, 2021**, additional provincewide restrictions will be eased for restaurants, indoor fitness and some children's activities.
 - [Step 1](#) of Alberta's four-step framework to ease restrictions is based on a COVID-19 hospitalization benchmark of 600, including intensive care patients. This benchmark was reached on Jan. 28. The full, four-step framework for easing restrictions can be viewed [here](#).
- 109. I work with others. What measures can I take to achieve physical distancing?**
- [Review the Physical Distancing at work, COVID-19 worker support resource](#)
 - Work from home where possible and operationally feasible.
 - Maintain physical distance of at least two metres (six feet) between yourself and others.
 - All healthcare workers are required to wear a [surgical/procedure mask continuously](#), at all times and in all areas of the workplace if they:
 - provide direct patient care
 - work in patient care areas in both AHS and community settings
 - cannot maintain adequate physical distancing (a minimum of 2 metres or 6 feet) from patients or co-workers; or
 - if entry into patient care areas is required
 - Review the [COVID-19 Re-launch Playbook and Planner](#) for more information on elevator capacity and use protocols or information on safe work practices.
- 110. Is physical distancing the same as isolation?**
- [Physical distancing](#) involves taking steps to limit the number of people you come into close contact with. 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
 - Limit the number of times you leave your home for errands or shop at less busy times
 - 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

- 111. I'm not feeling well. Do I have to provide a medical note to my leader for missed work?**
- During this period, AHS will not be asking staff to get a medical note for proof of illness.
 - If you are calling in sick because you are experiencing respiratory or flu-like symptoms, please [isolate](#), contact your leader, and complete the [Healthcare online assessment tool](#).

Mental Health

- 112. I'm struggling with my mental health – where can I get help?**
- EFAP Supports:
 - [Employee and Family Assistance Program resource guide](#)
 - [Employee & Family Assistance Program](#) at 1-877-273-3134.
 - EFAP offers an online cognitive behavioural therapy program called i-Volve. It's a self-paced, web-based treatment program for depression and anxiety. See a full description [here](#). You can access i-Volve by calling 1-877-273-3134 or by visiting [homeweb.ca](#) or [e-AP](#).
 - [EFAP Life Smart Coaching](#)
 - [EFAP counselling services](#)

- Physicians and their families can access supports offered by the Alberta Medical Association's Patient and Family Support program by calling 1-877-767-4637 or visiting the [Alberta Medical Association](#).
- Midwives supports can be accessed by visiting the [Alberta Association of Midwives](#).
- Choose from a variety of mental health resources on the [Wellness Together Canada Portal](#).
- Helplines:
 - [Mental Health Helpline](#) at 1-877-303-2642 available 24/7.
 - [Addiction Helpline](#)
 - [Kids Help Phone](#)
 - [Community and Social Services Helpline \(Alberta 211\)](#)
- The [Psychologists' Association of Alberta](#) and [Canadian Psychological Association](#) are connecting frontline healthcare providers with members who are providing pro bono psychological services.
- Togetherall — a free, online network that offers anonymous, peer-to-peer mental health services 24 hours a day, seven days a week. You can sign up for Togetherall at ahs.ca/virtualmentalhealth.
- Additional supports:
 - [Resilience, Wellness and Mental Health Resource guide](#)
 - [Self-Care Tip Sheets](#)
 - [How do I support someone who may be struggling?](#)
 - [Supporting Your Mental Health](#), or take the MyLearning Link course, information [here](#).
 - [Wellness Check-in Overview](#)
 - [Orientation to Stress](#)
 - COVID-19: Self-care Strategies (EFAP [Wellness Seminar](#))
- [Going Home Checklist](#) (whether you are physically leaving work or ending your shift at home)
- Parenting/working from home:
 - [Healthy Together](#) is AHS' guide to family and home life during COVID-19.
 - [Supporting you with kids at home](#) or [talking to your kids about COVID-19](#).
 - [Helping teens adapt to the new normal](#)
 - [Working remotely during COVID-19](#)
 - Helping Your Child Succeed at School (EFAP [Wellness Seminar](#))
 - Foundations of Effective Parenting (E-learning) –through EFAP's [Homeweb](#).
- Sleep and nutrition resources:
 - [Healthy Together](#).
 - [Sleeping & Napping](#)
- Check out [Help in Tough Times](#).
- Listen to Dr. Nicholas Mitchell address different, relevant topics on the [Mental Wellness Moment](#) series.
- Find more resources to look after your mental health at ahs.ca/covid including the [Text4Hope campaign](#).

113. Where can I find mental wellness apps to support myself and guide my patients to use?

- [Mobile Tools to Promote Mental Wellness](#) is a resource for service providers and the public, which highlights free evidenced-based mental wellness apps and questions to ask when choosing an app.
- [COVID-19 and Stigma](#) is a great resource for healthcare providers to help understand the stigma related to COVID-19 and how we can help stop it.

114. Are there any wellness seminars specific to COVID-19 that I can attend?

- Search 'COVID' or 'wellness seminars' on [MyLearningLink](#) to register. To book an online group session, managers can email wellness@ahs.ca.
- For [self-paced learning](#), visit homeweb.ca.

115. I'm experiencing stress/fear/anxiety. What are some tips to help me deal with these emotions?

- We all experience [stress and anxiety](#) differently. You may be working long work hours, caring for your [family](#) and [yourself](#), or feeling [fatigued](#).
- 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.
- Call the [Employee & Family Assistance Program](#) at 1-877-273-3134

116. I'm experiencing grief from the loss of a loved one. Are there resources available to support me?

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

Relaunch Strategy to Return to Normal Operations

The [COVID-19 Relaunch Playbook](#) will help our leaders and staff meet the Government of Alberta guidelines and public health recommendations, incorporate existing practices such as personal protective equipment and physical distancing into their daily work, and learn what steps AHS is taking to keep our people healthy and safe moving forward. Submit questions or feedback to COVIDRelaunch@ahs.ca.

117. What is the Government of Alberta's strategy for gradual re-launch/return to life as normal? Is a vaccine coming?

- Find the most current information about the Government of Alberta relaunch strategy on their website at alberta.ca/covid19.
 - Review this section for more information about a [COVID-19 vaccine](#) in Alberta.

118. How does AHS align with the guidance provided by the government?

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

119. How will Alberta and AHS address the backlog of surgeries created by the pandemic?

- On Sept. 10, 2020, Alberta Health and AHS [announced a plan to clear the surgical backlog](#) created during the pandemic, by increasing surgical activity volume to 150 per cent in order to meet the 2023 Alberta Surgical Initiative (ASI) commitment of providing all scheduled surgery within clinically acceptable times. This plan will support surgical activity in both urban and rural communities across the province.

120. Will AHS screen patients before appointments to ensure they are not ill with COVID-19?

- Patients attending a scheduled, face-to-face appointment, appointment will receive a pre-screening phone call to assess fitness to attend appointments and will be given instruction for attendance based on provincial public health guidelines.
- Patients attending appointments for ambulatory care or DI will also need to follow the AHS visitor guidelines.

121. Has the Government of Alberta lifted restrictions on allied health services?

- The Government of Alberta [announced a plan](#) to lift some restrictions on some allied health services.
- Dental and other regulated healthcare workers such as physiotherapists, speech language pathologists, respiratory therapists, audiologists, social workers, occupational therapists, dieticians and more can resume services, as long as they follow approved guidelines set by their professional colleges.

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

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

- At this time, staff are still advised to work from home where possible and operationally feasible. Refer to the [COVID-19 Temporary Alternate Workplace Arrangements Guide](#) for more information.
- Staff members who are returning to the workplace or have changing personal circumstances may request to work remotely based on personal medical health conditions or dependent care requirements.
 - Additional information including how to request this or a longer-term solution can be found in the [Re-launch playbook](#).
- Review the [Technology Best Practices for Working Remotely](#) or [Working remotely during COVID-19](#).

123. Where can businesses find information to support them to remain open or reopen?

- The alberta.ca/bizconnect webpage provides business owners with information on health and safety guidelines for general workplaces and sector-specific guidelines to ensure businesses can reopen safely during the COVID-19 pandemic.

Isolation, testing for COVID-19 and contact tracing

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

- Effective Oct. 20, 2020, 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.
 - Refer to [this question](#) to understand the new testing and isolation requirements for children and youth under the age of 18.
- Testing will be by appointment, which can be booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, [811](#) can book an appointment.
- Please note that anyone with symptoms of COVID-19 is allowed to leave home to come for testing, [following the guidance outlined in this Order](#).
 - Review to [this question](#) to learn when your isolation is over.

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

- [Isolate](#)
- Do not attend work, school, social events, or any other public gatherings.
- Don't share personal items like dishes, utensils, or towels.
- [Wash your hands often](#).
- Avoid close contact with other people, especially those with chronic conditions, a compromised immune system, or seniors (over 65 years of age).
- If your symptoms worsen, call 811.
- Please do not visit a hospital, physician's office, lab or healthcare facility without consulting your doctor or Health Link (811) first.
 - For a medical emergency, call 911 or go to your nearest emergency department. Inform them that you may have COVID-19.
- Stay home with any cold or flu symptoms until feeling well.
- Travellers must [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 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 [isolating](#), had [symptoms](#), or been tested.
- Please visit ahs.ca/covid for the complete guidelines on [isolation](#).

125. Who is considered priority testing for COVID-19?

- Effective Oct. 20, 2020, 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.
- Refer to this question to learn when a [child or youth under the age of 18](#) may have to isolate.

126. Why did testing criteria in Alberta change?

- COVID-19 testing criteria has changed in an effort to reduce wait times and to speed up access to results for those at greatest risk of illness.
- As this new testing approach will support more rapid turnaround of test results, we anticipate that healthcare workers will be better supported in effectively managing symptoms or potential exposures.
- The spread of COVID-19 will continue to be monitored, and our testing strategy will be adapted as needed.

127. Has testing for children and youth under the age of 18 changed? Why did it change?

- Alberta Health announced a COVID-19 daily checklist for children and youth under the age of 18 (as well as individuals 18 years of age and over attending high school), effective Nov. 2.
- This will directly affect testing and isolation requirements for Albertans under 18 attending classes, daycare or recreational activities, as well as individuals 18 years and over attending high school.
 - Albertans should use the [online assessment tool](#) to self-assess for isolation and testing requirements.
- The changes reflect current evidence on the symptoms associated with COVID-19 in children and youth, and will assist with assessing students who may be symptomatic, or who may have been exposed to someone who is ill or has confirmed COVID-19.
- Data shows some single symptoms (such as a runny nose, sore throat, diarrhea, etc.) are commonly associated with many other illnesses in children and are not a strong indicator of COVID-19 in youth, especially if they resolve quickly.
 - For a child with no known exposures to COVID-19 or international travel in the past 14 days, and has any of the following symptoms: fever, cough, shortness of breath or loss of sense of smell or taste:
 - The child is to isolate for 10 days from onset of symptoms.
 - Testing is recommended.
 - If the child has a negative test result and is feeling better, normal activities can resume even before the 10-day isolation is complete.
 - If a child has ONE of: chills; sore throat or painful swallowing; runny nose or congestion; feeling unwell or fatigue; nausea, vomiting, diarrhea; unexplained loss of appetite; muscle or joint aches; headache; conjunctivitis:
 - The child should stay home and monitor for 24 hours.
 - If their symptom is improving after 24 hours, they can return to school/activities when they feel well enough to go. Testing is not necessary.
 - If the symptom worsens after 24 hours (or if additional symptoms emerge), 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.
 - If the child has any TWO of: chills; sore throat or painful swallowing; runny nose or congestion; feeling unwell or fatigue; nausea, vomiting, diarrhea; unexplained loss of appetite; muscle or joint aches; headache; conjunctivitis:
 - The child should stay home.
 - Testing is recommended but not required.
 - The child can attend school/daycare and other public places when their symptoms have resolved AND it's been 24 hours or more since their symptoms started.

- Children with any symptoms should **not** visit a congregate living or acute care facility for 10 days from when symptom(s) started or until they go away (whichever is longer), unless they receive a negative COVID-19 test result and are feeling better.
- A child who is a close contact of a confirmed COVID-19 case will still need to be home for 14 days.

128. Is there an option for expedited testing? When is expedited testing appropriate?

- See [this question](#) under clinical management of COVID-19 cases for more information on when expedited testing is appropriate in a clinical setting.

129. Is there a rapid test to confirm COVID-19 in patients?

- Alberta Precision Laboratories (APL) successfully piloted rapid point-of-care testing for COVID-19 in clinical settings in December 2020. Clinical pilots took place at assessment centres, hospitals, continuing care facilities and homeless shelters.
- Broader implementation of rapid testing that is now underway in all AHS zones.
- By the end of January 2021, rapid point-of-care testing is expected to be in place at 48 assessment centres, 27 hospital labs and four homeless shelters in Calgary and Edmonton.
- Rapid point-of-care testing is most effective when used on patients who are within the first week of showing symptoms of COVID-19.
- This type of testing helps to quickly identify and notify positive, speeds up the appropriate care and isolation of patients and reduces the spread of the virus in our communities. It also reduces the need for patient samples to be transported to centralized public laboratories for processing.

130. Is there an expedited process to test frontline workers and students?

- Decisions about testing priorities are made by the Alberta government. Up to date information on [testing](#) and the [School Re-Entry Plan](#) is available on the Government of Alberta website.
- Where staff are asymptomatic and otherwise able to return to the workplace, the [Expedited Return to Work](#) process may also apply.

131. Is there a way to book an appointment online to be tested for COVID-19?

- Testing will be by appointment, which can be easily booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, [811](#) can book an appointment online.
- Once an Albertan completes the online self-assessment, they will be presented with an option to book an appointment online if they live within 50 kilometres of a testing assessment centre.
- The symptomatic individual will be presented with the closest location, available appointment dates and times for testing.
- Upon selecting their chosen date and time, they will receive a booking confirmation and at the same time, the booking will show up in the schedule at the testing assessment centre.
- Effective Nov. 30, 2020, Albertans who are connected to an outbreak will be given an outbreak (EI) number and then directed to book an appointment for a COVID-19 test through the AHS online assessment tool. The linkage through an EI number will reduce the workload of CDC and Health Link and will allow public health to monitor the outbreaks more efficiently.

132. Is AHS offering to test patients for COVID-19 who visit the Emergency Department or an Urgent Care Centre?

- As of May 30, 2020, AHS is providing COVID-19 testing for any patient in Alberta seeking care in an emergency department (ED) or urgent care centre (UCC) who:
 - is being discharged home,
 - is asymptomatic for COVID-19, and
 - requests, and verbally consents to receiving a swab.

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

- 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.

134. When did AHS begin testing for COVID?

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

135. Testing before and after travel:

- Refer to this [question](#) for more information on testing before you travel.
- Refer to this [question](#) on the pilot program to offer Albertans testing upon return from travel.

136. How are COVID-19 test results shared? How long will it take to get results?

- Albertans can now receive their COVID-19 test results — either positive or negative — through a text message or an automated phone call. People who don't choose the text or automated call methods will receive their results by a phone call from an AHS team member.
- Albertans who opt for a text message are advised results are texted any time of the day, seven days a week. Automated phone calls are made between 7 a.m. and 11 p.m., seven days a week.
- Parents and guardians will also be able to consent to receive automated test results for dependents (aged 17 years and younger). Each test result is delivered by a dedicated call or text. This could mean multiple calls or texts are delivered to a single number provided for a family.
- As announced on [November 5](#), AHS will also continue to directly contact all close contacts of cases in 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, through either phone or email.
- School-related contacts will continue to receive email notification from AHS, and workplaces and [organizers of events](#) of 10 or more attendees will also still be asked to notify the appropriate staff and all attendees, respectively.
 - Refer to [this question](#) to understand the notification process for close contacts of positive cases.
- Review the [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 [isolating](#), had [symptoms](#), or been tested.

137. Are there any other ways I access my test results?

- Albertans age 14 and up can now access the [MyHealth Records](#) (MHR) tool immediately after signing up online. Albertans need to [sign up for a MyAlberta Digital ID](#) to use this service.
- Albertans who sign-up for MyHealth Records are able to see their COVID test results – as well as other lab work and immunization records - as soon as they are ready.
- Parents can now access their children's COVID-19 test results in addition to their own results.
 - Parents, you will need to provide your child's personal health number and test date to access your child COVID-19 test results (within the last 30 days).
- Check [this question](#) for more information on requesting test results for travel.

138. I was tested for COVID-19. While waiting for test results, when am I required to isolate and when am I not?

- The COVID-19 test detects if the virus is in your nose or throat. Testing will tell you whether you have COVID-19 at the time of your test, even if you are not showing symptoms. It is important that you understand what to do while you await your tests results, and what it means if your COVID-19 test is positive or negative:
- You are **legally required** to isolate if:
 - you test positive for COVID-19;
 - you have a cough, fever, shortness of breath, runny nose, or sore throat (for adults) or cough, fever, shortness of breath ([for children](#)) that is **not related** to a pre-existing illness or health condition and you have not been tested or are awaiting test results;
 - you are a close contact of someone known to have COVID-19; OR
 - you have returned from travel outside Canada within the last 14 days.
 - Review to [this question](#) to learn when your isolation is over.
 - Review [this question](#) to learn when you can return to work after testing positive.
 - Check [ahs.ca/isolationinformation](#) for more information on isolation requirements, testing options, symptoms and supports available.

If you are a close contact of a case or returned from travel outside of Canada in the last 14 days, you must quarantine for the full 14 days, even if you have a negative test result. *Please refer to [this question](#) to understand quarantine policies for those who participated in the travel pilot program.

- You do **not have to isolate** if any of the following apply, AND you are not a close contact of a case or returned from travel outside of Canada in the last 14 days:
 - you have symptoms of illness that **are related** to a pre-existing illness or health condition
 - you have tested negative for COVID-19
 - you have tested negative for COVID-19 and have a cough, fever, shortness of breath, runny nose, or sore throat that is related to a pre-existing illness or health condition. Note: we recommend that you stay home when sick with any illness, until symptoms resolve; however, if your COVID test is negative, this is not legally required.
- For complete isolation requirement details, including minimum isolation periods, please visit [isolation guidelines](#).

139. I tested positive for COVID-19. How will close contacts be identified and notified?

- [AHS will directly notify](#) through phone or email close contacts of cases of COVID-19 confirmed in three priority groups only:
 - health care 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.
- Albertans who receive a positive COVID-19 result will now be asked to immediately visit [ahs.ca/closecontacts](#) and click on the COVID-19 Close Contact Tool and enter information, including phone numbers of known close contacts.
 - Once submitted, our contact tracing team will review all close contacts with the positive case, and an automated text message notification, including additional guidance and instructions, will be delivered to all close contacts whose phone numbers are provided.
 - Refer to this [question for supports](#) on how to notify close contacts via email after a positive test.
- AHS is no longer calling Albertans to conduct case investigation and contact tracing if 10 days have passed since their symptom onset or since the date of their COVID-19 swab, dependent on which information is available.
- Instead, this group will receive a text message that will notify them to not expect a call AND provide them with guidance on if and when their isolation period has ended.
- In addition, all Albertans who test positive for COVID-19 will receive a text message to notify them when their isolation period has ended. AHS will no longer make phone calls releasing cases from isolation.

- [Event organizers](#) will also still be directed 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.
- Review the [all staff email](#) for common Q&A's or refer to the [contact tracing page](#) for other details.

140. What defines a close contact?

- Close contacts are defined as anyone who has lived with or was within two metres of a positive case of COVID-19 for 15 minutes or more of cumulative contact, without consistent and appropriate use of personal protective equipment (PPE).
- A close contact is ALSO someone who has had direct contact with bodily fluids of a person who has COVID-19 (e.g., was coughed or sneezed on), or who provided direct care for a person who has COVID-19, without consistent and appropriate use of PPE.
- 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.

141. I tested positive for COVID-19. Where can I find supports on what to say or how to share this information.

- AHS has developed a new webpage, ahs.ca/closecontacts, where Albertans can click on the COVID-19 Close Contact Tool and enter information, including phone numbers of known close contacts. They can also find supports including email templates and scripts to use when notifying their own close contacts, as well as guidelines to help them identify their own close contacts.

142. I tested positive for COVID-19. When will I receive a call from contact tracing to start the case investigation to determine the point of exposure?

- Effective November 24, 2020, AHS will no longer call Albertans to conduct case investigation and contact tracing if 10 days have passed since receiving their positive COVID-19 test result.
- Instead, they will receive a text message that will notify them to not expect a call AND provide them with guidance on if and when their isolation period has ended.
- Going forward, all Albertans who test positive for COVID-19 will receive a text message to notify them when their isolation period has ended. AHS will no longer make phone calls releasing cases from isolation.

143. I tested positive for COVID-19. When is my isolation over?

- Isolating and quarantining help prevent the spread of COVID-19 by reducing the number of people you could infect if you're sick. Both require staying home and avoiding situations where the virus could spread.
- Refer to the [Government of Alberta](#) for more information on isolation requirements.
- Isolation generally ends 10 days after your symptom onset IF you have not had a fever for 24 hours, without the use of fever-reducing medications, AND your other symptoms have improved. If symptoms such as fever have continued, the isolation period should continue until 24 hours after fever has ended (without the use of fever-reducing medications). Some symptoms such as fatigue and cough may last longer than 10 days, but do not require a longer isolation.
- If you never develop symptoms, your isolation period ends 10 days after the date when your first positive COVID-19 swab was taken.
- All Albertans who test positive for COVID-19 will receive a text message to notify them when their isolation period has ended. AHS will no longer make phone calls releasing cases from isolation.
- Check ahs.ca/isolation for more information on isolation requirements, testing options, symptoms and supports available.

144. Do I need 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.

- Healthcare workers do not have any additional requirements and may return to work at the end of their isolation period. AHS, Covenant Health and Alberta Precision Lab employees can refer to [COVID-19 Return to Work Guide for AHS Healthcare Workers](#) for further instruction or review [this question](#) for more.

145. If I am a confirmed close contact but have tested negative and have no symptoms, do I need to isolate?

- Yes, you must continue to isolate until 14 days after the last exposure to the case. The requirement for quarantine for close contacts or returned travellers supersedes any testing results (except if participating in the International Border Pilot Project where there is a specific regimen of testing and shortened quarantine).

146. How will I be notified of an occupational exposure to COVID-19?

- WHS is launching an autodialer system to support healthcare worker contact tracing, similar to what Public Health has adopted. The system will enhance current tracing processes by alleviating pressures when triaging and shortlisting workers that have met the exposure criteria.
- If a possible occupational exposure to COVID-19 occurs within your workplace, particularly during an outbreak, you could receive a call from the autodialer.
- You will receive the following information during the call:
 - The initial message will inform you that it is the AHS autodialer. It will ask you to press a key to begin the questionnaire, which implies consent to use the autodialer.
 - The system will then ask a brief series of logistical questions to make this occupational exposure determination.
 - Once the system has completed the questions, you will then be informed of the next steps and required action.
 - If you are informed that you have potentially been exposed to COVID-19, it is important that you isolate immediately. An Occupational Health Nurse (OHN) will then contact you with the next steps.
 - The autodialer would not be used to contact workers who have tested positive. We would rely on our existing processes for this.
- You may need the following information:
 - Personal Health Card Number
 - You must ensure your phone number has been updated in e-People to be eligible to receive a call from the autodialer for contact tracing purposes.
- If the call drops, your call was logged as an answered call, but not complete. The system will make three attempts to contact you before leaving a message. You will be added to the list for follow-up by WHS.
- If you are busy when you answer the call, you will be offered an opportunity to put a brief hold on the call to complete a task before the questionnaire.
- These automated calls will be delivered between 8 a.m. and 10 p.m. seven days a week. There is no charge for the automated phone calls.
- Record retention will be maintained at 11 years to meet the compliance of AHS Privacy Policy.
- The autodialer and SMS systems are programmed to provide results to the numbers provided by e-People.

147. I got the flu shot and am now experiencing symptoms after getting immunized. What should I do?

- Staff who receive the flu shot may experience side effects from the vaccine. These reactions are typically mild, develop within 24 hours and can last up to 48 hours after immunization. While the reactions that can occur are typical, they are similar to [symptoms of COVID-19](#).
- Staff who experience symptoms would not be considered fit to work. Staff should stay home, and contact their leader and review the [Post Influenza Immunization After-care Guidance](#).
- This guidance document provides direction for staff if they experience symptoms and outlines when they can return to work in alignment with the [return to work decision chart](#).

148. Are isolation guidelines the same across Canada?

- As of March 30, 2020, a uniform health guideline has been put in place across Canada regarding isolation.

- To align with new federal rules under the *Quarantine Act*, Albertans under mandatory 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 isolation.
 - 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 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 [isolate](#) for 14 days if they:
 - returned from travel outside of Canada after March 12
 - Review to [this question](#) to learn when your isolation is over.
- Read more about how to [isolate](#).

149. Will staff have to isolate if there is a confirmed case or outbreak at their child's school? Are staff required to isolate when their children are isolating?

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

150. Do you have any recommendations for people who are isolating?

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

151. Can I report someone who is not following isolation rules?

- The Government of Alberta has put [legally binding rules](#) 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 isolating and limiting mass gatherings.
- If you are concerned someone is not following public health orders, you can:
 - Remind the person that not following public health orders is against the law and puts people at risk
 - Submit a complaint to AHS public health inspectors online or leave a message at [1-833-415-9179](tel:1-833-415-9179)
 - [Submit a complaint](#)

152. UPDATED What supports are available for those who must isolate or quarantine?

- Government financial aid plans may be available for those that are unable to come to work due to isolation that do not have access to paid leave or other income support.
- Staff can find information provided by the [Government of Alberta](#) and the AHS [Record of Employment \(ROE\) for COVID-19](#) for further details.

- Refer to [this question](#) about income support or paid leave for individuals who are unable to work because they are forced to take time off work to care for a dependent because of the pandemic.
- Hotel rooms are available for people who must isolate or quarantine but cannot do so in their current homes. See the [Alberta Isolation Hotel Support FAQ](#) and ahs.ca/isolation for more information.

153. Where can I find COVID-19 statistics on healthcare workers?

- Review the [AHS Healthcare Worker COVID-19 Testing dashboard](#) or [infographic](#).
- These statistics provide the total number of AHS, Covenant Health and Alberta Precision Laboratories (APL) employees and physicians tested, including a breakdown of the number of positive tests and those who have been confirmed to have been exposed in the workplace.

154. Has a reliable method to test Albertans for COVID-19 antibodies been found? I.e. Serology testing?

- On May 12, Health Canada authorized the [first COVID-19 serological test](#) for use in Canada, the DiaSorin LIAISON®.
- A provincial serology advisory group has been established and is meeting to discuss next steps.
- There is no definitive timeline for when widespread serology testing may be available for Albertans.

155. What did the testing of asymptomatic Albertans reveal?

- Testing can only determine whether a person has COVID-19 at the time testing, even if they are asymptomatic. Tests cannot reliably determine whether someone has previously had COVID-19. They also cannot assess immunity to COVID-19.
- Despite widespread asymptomatic testing, we found the likelihood of having a positive test in those without known exposure or linked to an outbreak was extremely low. Only 0.07% of the more than 213,800 voluntary asymptomatic tests were positive.

Staff redeployment

On April 24th, AHS signed a joint [Memorandum of Agreement](#) (MOA) with the Alberta Union of Provincial Employees (AUPE), the Health Sciences Association of Alberta (HSAA) and United Nurses of Alberta (UNA) on unique conditions that will apply to staff redeployment during AHS' COVID-19 response.

156. Why is AHS redeploying staff?

- Staff working in areas where services are temporarily reduced or paused, may be redeployed to areas across AHS to enable increased service demands and/or continuation of services where staffing needs and pressures are identified. To learn more, see:
 - [COVID-19 Redeployment for Non-Union Exempt Employees FAQ](#)
 - [COVID-19 Redeployment for Unionized Employees FAQ](#)

157. Will I be deployed to work in another area?

- Redeployment to another area depends upon whether or not your skills and experience are matched with an area of high needs and other factors, including if you:
 - Work in an area where services are discontinued, reduced or paused during the pandemic
 - Have specialized skills or experience in an area of high demand
 - Have expressed an interest in being redeployed
 - Are needed to replace others who are being redeployed
 - Are needed to replace in other areas/locations experiencing staff shortages due to employees who are unable to work due to being ill or ordered to [isolate](#).
- Redeployed staff will continue to be covered by terms of their applicable collective agreement, including their current compensation.

158. Will I be looking after confirmed COVID-19 patients?

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

159. Will I go back to my normal work when the pandemic is over?

- Yes. It is anticipated that employees will return to their former position when the pandemic is over, unless there are some exceptional considerations. You will be notified in advance when you will be returned.

Training

160. Is in-person training allowed? How can I reduce risk when facilitating an in-person session?

- When in-person training is necessary, additional planning should be done to ensure we provide a safe and positive learning experience for all participants. If you are planning in-person training, refer to the COVID-19 [Re-launch playbook and planner](#) for the most up-to-date information on training and room layout options to accommodate safe training delivery.

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

- Due to BLS course cancellations, AHS employees who require BLS training will be permitted to continue to work in circumstances where individual certification has expired until March 31, 2021.
- Visit the [BLS Insite page](#) for the most up-to-date information on course availability.

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

- Clinical operations are encouraged to facilitate student placements, particularly for those students in their final weeks of placements. The [principles document](#) can be used to guide decision-making for student placements.
- If you are making changes to your student placements, please contact [Teri Langlois](#) or [Jacqueline Albers](#).

163. What resources and training are available to prevent workplace harassment and violence?

- At AHS, we value compassion and respect. While this is a stressful and tiring time for all, there are many ways we can show each other and our patients' kindness and respect. AHS has several resources to support you in having safe interactions with each other and those we care for:
 - [Supporting Each Other – Returning to Work](#)
 - [How to Stay Safe and be Respectful with Each Other](#)
 - [Building Healthy Work Relationships – Behaviour Continuum](#)
 - [How to Support Mask Wearing](#)
- You can also use the [Safe Care, Together Posters](#) and [Please Be Kind to Us Poster](#) to encourage compassion and respect from our patients and families. Additional resources and tools include:
 - [Self-Care and Safe Communication Strategies for working with the public](#)
 - [POHV Recommendations for COVID-19 Assessment Centre Staff](#)
 - [POHV Recommendations for COVID-19 Non-Clinical Screening Tables](#)
- In addition, the following training is available:
 - [Respectful Workplaces and the Prevention of Harassment and Violence Policy course](#)
 - [Preventing and Responding to Patient-to-Worker Harassment and Violence course](#)
 - [Patient-to-Worker Harassment and Violence Prevention Training Guide](#)

Travel

164. UPDATED Where can I get the latest advice for travellers?

- An [official global travel advisory](#) is in effect.
- Both the Governments of [Canada](#) and [Alberta](#) continue to advise against all non-essential travel outside of Canada and all cruise ship travel.
- **As of Jan. 7, 2021**, travellers must present proof of a negative COVID-19 test result (either paper or electronic) to an airline prior to boarding a flight to Canada. Learn more about [COVID-19 pre-departure testing](#).
- **On Jan. 29, 2021**, the [Government of Canada announced further restrictions to non-essential international travel](#), including an agreement with airlines not to fly to some vacation destinations. The restrictions also outline mandatory quarantine and testing requirements, which airports in Canada are

designated for specific international flights and the personal expenses associated with the restrictions related to international travel.

- Additional resources:
 - [Travel Restrictions in Canada](#)
 - [World Health Organization | WHO Travel Advice](#)

165. UPDATED What is AHS' current guidance on international travel?

- All non-exempt travellers arriving in Alberta from outside of Canada are legally required to quarantine for a period of 14 days (as per the [CMOH order](#)).
- AHS continues to strongly discourage all non-essential international travel while emergency measures and travel advisories from the Governments of [Canada](#) and [Alberta](#) are in place.
- As healthcare workers, it is our responsibility to set a positive example in following current travel advisories. Recent agreements with all of our unions highlight that AHS and the unions strongly discourage healthcare workers from non-essential international travel.
- All employees should ensure requests for time off incorporate any required quarantine periods and that appropriate arrangements are made in advance for remote work, if possible.
- Managers should confirm if employees will need to quarantine after their requested time off and consider operational impacts when approving or denying time-off requests.
- Staff who have any questions or concerns, please reach out to your leader.

166. I have to travel and need a copy of my test results to share with the airline and the country I will be visiting. How can I access a printed copy of my results?

- Albertans can access a new fee-for-service COVID travel testing service, offered by Dynalife Medical Labs. For a fee of \$150, travelers can be tested by appointment only and receive results that are valid within 72 hours of the arrival time at their destination. Tests must be booked at least 24 hours before departure.
- To access this testing, Albertans should visit ahs.ca/covid, and complete the self-assessment, indicating they require testing for their travel plans. Albertans requiring COVID testing for travel purposes will then be redirected to DynaLife's travel testing booking system.
- Clients will be able to book an appointment at the nearest available travel test collection site. Initial travel test collection sites will be located in Calgary, Edmonton, Lethbridge, Medicine Hat, Red Deer, Grande Prairie and Fort McMurray.

167. I'm a physician/healthcare worker returning from a trip. Am I exempt from the mandatory quarantine period?

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

168. UPDATED What options are there to reduce the time I must spend in quarantine after international travel?

- Eligible international travellers returning to Alberta at select airport and border crossings can participate in the [Alberta COVID-19 Border Testing Pilot Program](#) to reduce the length of time they're required to quarantine upon arrival.
- The pilot project between the Government of Alberta and the Government of Canada (launched Nov. 2, 2020) allows asymptomatic international travellers arriving at the Calgary International Airport or the Coutts Border Crossing (between 9 a.m. and 9 p.m.), and either residing in Alberta or staying within Alberta for the duration of their visit to Canada, to be excluded from the full duration and scope of the mandatory 14-day quarantine period currently in place for all international travelers coming into Canada.
- **As of Jan. 25, 2021**, border pilot participants must remain in quarantine until receiving a negative result from their second test on day 7 or 8 (counting arrival day as day 1).
 - Travellers currently in the program must immediately return to quarantine if they haven't taken their second test and received the negative result yet. Participants cannot return to childcare, out of school care, schools, post-secondary institutions, and workplaces outside of their home for 14 days.
- **NOTE:** AHS and Covenant employees, members of the medical and midwifery staff, students, volunteers, and contracted service providers, will be permitted to participate in the pilot program; however, they will **not be permitted** to return to work at any AHS, Covenant, or community locations, including licensed supportive living facilities or any residential facility offering hospice services, until 14 days after returning from travel outside of Canada.
 - These individuals must adhere to the [AHS fit for work screening](#) and the isolation requirements as determined by the [return to work decision chart](#). Where feasible, working remotely while quarantining may be permitted with leader approval.
- Refer to the following resources for more information:
 - [International Border Testing Pilot Program](#)
 - [AHS Information for Travellers](#)

169. I recently returned from travelling outside of Canada and feel unwell. What should I do?

- All travellers returning from outside Canada are:
 - legally required to [quarantine](#) for 14 days, and
 - monitor for symptoms: cough, fever, shortness of breath, nasal congestion, or sore throat
 - If you become sick during this time, you must [isolate](#) for at least 10 additional days from all other members of your household from the beginning of symptoms or until you are feeling well, whichever takes longer.
- Take the online assessment and book an appointment by visiting www.ahs.ca/covid. If using the Internet is not an option, [811](#) can book an appointment.
- For guidance on returning to work following travel, refer to the [COVID-19 Return to Work Guide for Healthcare Workers](#).

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

- For essential travel guidance, AHS follows the official directive of the Government of Alberta. As of March 12, all AHS business travel outside the country and province is suspended until further notice.
- For more information, see the [Travel and Vacation Guidelines for Leaders](#).

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

- Recent passengers on domestic and international airlines should monitor the Government of Canada list of flights that have confirmed COVID-19 cases and follow instructions if affected. [Check the federal list of affected flights](#).
- At-risk passengers are encouraged to [quarantine](#) and monitor for symptoms for 14 days after arrival in Canada.

Vacation

172. What should I do if I have vacation scheduled but am called in or told to isolate?

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

Virtual care

173. I'm a clinician treating patients virtually. Where can I find video or teleconference information?

- AHS Virtual Health now has an [external website](#) offering information and tools to support virtual healthcare, including supporting interactions for those patients in [isolation](#), unable to attend an AHS clinic, or located in rural and remote areas.
- To help protect privacy and confidentiality when discussing patient, health and AHS business information, only use AHS approved teleconferencing tools: [Skype, Telehealth and Zoom](#).
- Visit [Virtual Health on Insite](#) to learn more about accessing these services.

174. I'm a physician – do we have resources with advice to work from home?

- The AHS Chief Medical Information Office (CMIO) has produced a new [manual](#) and [guide](#) offering practical advice about how physicians can work remotely, while remaining mindful of organizational, legislative and professional obligations.
- [Health Information sharing during COVID-19](#) has been updated to include additional details of when information can be shared by the Medical Officer of Health, under the *Public Health Act*.

175. Can I record the patient sessions and/or team meetings held on zoom?

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

176. Are there interpretation services available on Zoom?

- To support access to the language line, which connects healthcare teams with language interpreters for patients, Zoom now offers physicians and clinicians the ability to dial out of a Zoom call.
- Recording sessions outside of interpretation can be done through Skype for Business, and AHS Telehealth. For more information on Zoom, please visit the [Virtual Health webpage](#).

177. I work in Allied Health. What guidance should we follow when providing care to patients virtually?

- The [Virtual Practice Guidance for Allied Health Disciplines](#) lists key areas to consider, including patient safety, informed consent, privacy, equipment and clinical strategies, to help allied health managers and providers adapt clinical care to virtual delivery.
- For questions or more information, contact practice.consultation@ahs.ca or visit [Insite](#).

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

- Texting at AHS is permitted for limited purposes, in which identifiable health, personal or confidential AHS business information is **not** shared, and only when using an AHS or AHS-approved [device](#).
- To learn more about what you can and cannot text, the privacy risks, legislation that must be followed and how to safeguard privacy and information security, check out this at-a-glance texting [resource](#).

- 179. Are texts considered to be an official record? Do they have to be kept with the patients file?**
- Please note that AHS texts are considered to be an official record under both the *Health Information Act (HIA)* and the *Freedom of Information and Protection of Privacy Act (FOIP)*.
 - As such, AHS texts must be retained in accordance with AHS Charting Standards and Records Retention Schedules. Texts may also need to be provided as part of a formal records request under HIA or FOIP.
 - See [InfoCare](#) to learn more about privacy and information security matters at AHS, and email questions to InfoCare@ahs.ca
- 180. What guidelines should Congregate Living Sites use when using technology to provide care?**
- [Technology for Video Virtual Healthcare Delivery in Congregate Living Sites during COVID-19](#)
 - [Technology for Social Connection in Congregate Living Sites during COVID-19](#)

Visitor restrictions

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

- 179. What is the difference between a designated support person(s) and a visitor?**
- *A Designated Support Person* is:
 - Someone identified by the patient as an important support
 - Someone the patient wants involved in their care and health matters
 - A relative, legal guardian, close friend or formal/informal caregiver
 - Everyone else, who is not designated by a patient or resident, are considered visitors.
 - Designated family/support persons should assess their risk of exposure and transmission of COVID-19 before they enter an AHS site. To support this, we have created two brochures for designated family/support persons: [Know Your Risk](#) and [Know Your Role](#).
 - *A Visitor* is:
 - Not involved in the patient/resident's health care
 - Someone whose time with the patient is discretionary and usually temporary
 - Visiting for purposes that are more social in nature
 - Patients can determine who will be their designated family or support person and the extent the person is involved in their care, including collaborating with the healthcare team.
- 180. How can I identify if someone is a designated support person or a visitor?**
- AHS has implemented [Designated Support and Visitation Guidance](#) to direct staff on how to support family presence and visitation practices during COVID-19.
 - As part of this guidance, we have introduced identification labels for designated support persons. The ID labels include a space to write in the date a designated family/support person signs into a site.
 - All sites with designated family/support persons are required to use the labels and have them available at all screening stations.
 - Zones are asked to work with their Operations and BAS representatives to track them as an incremental COVID-19 cost. More information on how to order the labels is available on [Insite](#).
- 181. Are people allowed to visit patients in an acute in-patient setting? In a continuing care setting?**
- For the most up-to-date version of the enhanced visitation guidelines and information on screening for people visiting residents and patients is available at ahs.ca/visitation.

- 182. Are people allowed to visit patients in an acute care facility on outbreak?**
- The extent of restrictions will vary site-to-site due to patient circumstances, operational considerations and ability to maintain physical distancing.
 - More information is available at ahs.ca/visitation.
- 183. What do I or my site need to know about the new directive for visitation in Acute Care?**
- The [Designated Support Access and Visitation in Acute Care, Ambulatory, and Emergency Sites Directive](#) came into effect on Oct. 21.
 - As outlined in the directive, all acute care settings, including ambulatory clinics and emergency departments, must complete a [Safe Site Access Assessment](#) on a monthly basis to assess specific issues that might impact family/support and visitor access to a site. This assessment will ensure sites and staff identify any potential issues and mitigation strategies on a continuous basis.
 - The directive also outlines the expectation that each AHS site is responsible for implementing the [COVID-19 Designated Support and Visitation Guidance](#) to the furthest extent possible.
 - We recognize each site and each community is unique, so the extent of family support and visitor restrictions might vary from site to site depending on the Safe Site Access Assessment. AHS site managers may delegate the responsibilities for implementation but are ultimately accountable for implementing family/support and visitation practices. A directive orientation video can be viewed [here](#).
- 184. Will designated support and visitors be screened prior to entering an acute care setting?**
- AHS has an enhanced [designated support and visitor screening tool](#) in all acute care sites.
 - This tool provides greater accuracy for those individuals who may not be symptomatic, yet are still in quarantine. It is intended to be done verbally. No personal information will be saved.
 - Exemptions are included for designated family/support persons for pediatric patients, maternity or dependent adults based on the current guidelines, patient situation, site and care team.
 - Refer to this question about the [requirements for masking by a designated support person or visitor](#).
 - Contact patient.engagement@ahs.ca with questions.
- 185. Are there exceptions to allow visitors? Are visitors allowed to attend to a friend or loved one who is passing away?**
- For the most up-to-date version of the enhanced visitation guidelines visit www.ahs.ca/visitation.
- 186. Can someone who has recently travelled and is in quarantine receive an exemption to visit a patient or resident who is receiving critical care or end-of-life care?**
- Alberta Health and Alberta Health Services have established a process for persons seeking exemption from either federal and/or provincial quarantine to visit a patient, client or resident who is receiving critical care for a life-threatening illness or imminent end-of-life care at an AHS, Covenant or continuing care facility or in a home setting.
 - This applies to all AHS and non-AHS facilities, including acute care, continuing care, hospice, and home settings where staff, contractors or subcontractors are providing care.
 - There are three process options:
 - Facility (acute care, continuing care, hospice)
 - Non-facility (home setting)
 - Coming from outside of Canada
 - This [process](#) does not apply if the person requesting exemption is symptomatic or has COVID-19 as they are no longer in quarantine and are required under [Section 6 of CMOH Order 28-2020](#) to isolate.
 - The request may be initiated by the patient, client or resident seeking visitation, their alternate decision maker, or the individual requesting to visit.
 - For people travelling to Alberta from outside Canada for a compassionate reason, they will need both provincial and federal exemptions from mandatory quarantine.
 - These individuals must receive advance approval from the [Public Health Agency of Canada](#) before travelling to and entering Canada.
 - Check this [page](#) for more information or review the [FAQ](#).

- 187. Can family members book an appointment online to schedule visits with patients at a continuing care site?**
- Albertans who would like to request a visit at participating AHS, Capital Care, Carewest and Covenant Health continuing care sites can go to [AHS.ca/ccvisit](https://ahs.ca/ccvisit) and complete the online booking request form specifying the location and preferred date and time of the visit.
 - If a request cannot be accommodated, the submitter will receive an email directing you to request a visit for another date or time.
 - Participating locations will have a link to the online booking request tool. All other sites will have their contact information available on the page for Albertans looking to request a visit by phone.
 - The tool supports the visitation process outlined in the Chief Medical Officer of Health (CMOH) Order [29-2020](#), whereby in-person and virtual visits with a designated family/support person or visitor must be prearranged with staff at the site.
- 188. Where can I receive support on the updated guidelines?**
- The AHS Clinical Ethics Service 24/7 Rapid Response Ethics Consultation Service is available to respond to questions and issues relating to family presence and visitation guidelines, in addition to other COVID-19 related questions.
 - The Rapid Response Ethics Consultation Service can be accessed by calling 403-689-3548.
 - For other clinical ethics inquiries, please email clinicaethics@ahs.ca or call 1-855-943-2821. The Clinical Ethics Service is available for any care provider seeking support and assistance in resolving difficult or ethically challenging situations.
 - Support services for staff on the updated guidelines are also available through [Health Professions Strategy & Practice](#) (HPSP) and [Engagement & Patient Experience](#).
- 189. What can I say to families who are upset by visitor restrictions?**
- Encourage families to consider alternate methods for communication, such as a phone call or video calling such as Facetime or Skype, to connect with the patient. Review [using Technology to Connect with Your Loved Ones](#).
 - You can also use the [Safe Care, Together Posters](#) and [Please Be Kind to Us Poster](#) to encourage compassion and respect from our patients and families. Additional resources and tools include:
 - [Self-Care and Safe Communication Strategies for working with the public](#)
 - [POHV Recommendations for COVID-19 Assessment Centre Staff](#)
 - [POHV Recommendations for COVID-19 Non-Clinical Screening Tables](#)
- 190. How is Protective Services supporting visitors and entry restrictions during the pandemic?**
- Protective Services has launched a Safety Ambassadors program. Safety Ambassadors are responsible for screening, greeting and educating visitors on current AHS visitation policies, helping with wayfinding, and sharing information on any COVID-19 related expectations or policies.
 - Although part of Protective Services, Safety Ambassadors are not peace officers or security guards, and will not have the authority to engage directly in security-related activities.

Volunteer restrictions

- 191. Are volunteers going to be asked to support the COVID-19 response?**
- Review this page for more information about the changes to our volunteer programs [here](#).
 - 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.
- 192. How are volunteers supporting patients right now?**
- Volunteer Resources and Patient & Family Centred Care in the Calgary Zone launched a program called [Virtual Patient Experience Visits](#).
 - The program pairs AHS volunteers with patients at risk of being socially isolated for a virtual visit. Their 15- to 30-minute visits are by phone or video call.

- Patients can use their own equipment (such as a cellphone, laptop or tablet) for the visit or Volunteer Services can lend them an iPad. Virtual visits take place between 0900 and 1900 daily; equipment support is Monday to Friday between 0900 and 1500.
- Staff can refer their patients who could benefit for such a visit by completing a [referral form](#) from Patient & Family Centred Care.
- To learn more contact the Calgary Zone Patient and Family Centred Care team at pfcc.calzone@ahs.ca.

Working from home, parking and childcare

- 193. I have a child going to school/ childcare am unsure what steps I should take if my child feels unwell or is a close contact of someone who has COVID-19. Where can I find more information?**
- AHS has released Guidance for Parents of Children Attending School and/or Childcare which provides specific information about what to do if a child feels unwell and/or has been notified as a close contact of a confirmed case of COVID-19. Learn more at ahs.ca/parentcovidguide.
 - Visit alberta.ca/returntoschool for more information and guidance on re-entry for the 2020/21 school year.
 - Refer to [this question](#) for more information on isolation requirements if there is a confirmed case or outbreak at your child's school or if your child is required to isolate.
- 194. I have to take time off work to care for a dependant. Is there financial aid available to me?**
- On Oct. 9, the Government of Canada announced changes to financial aid, including a new sick leave benefit and a new caregiver benefit for those forced to take time off work to care for a dependent because of the pandemic. Learn more about the benefits and supports available [here](#).
 - Refer to [this question](#) for details about paid leave or income support if you or a family member must isolate but don't have paid leave or other income support.
- 195. I am not a frontline healthcare worker. Am I allowed to work from home?**
- We continue to ask those who are able to work from home within their role to do so, until further notice.
 - The [COVID-19 Relaunch Playbook](#) contains guidance and support for staff who are working remotely.
 - Remote staff should refrain from entering their offices if they have not been asked to return by their leaders. Leaders must ensure that remote staff only go to AHS workplaces for valid business reasons, and all staff must complete the [Fit for Work Screening](#) prior to entering any AHS workplace.
 - For more information, reference the [COVID-19 Temporary Alternate Workplace Arrangement Guide](#).
- 196. 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](#) or [Working remotely during COVID-19](#) for more tips and advice.
- 197. 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](#).
 - [Health Information sharing during COVID-19](#) has been updated to include additional details of when information can be shared by the Medical Officer of Health, under the *Public Health Act*.
- 198. I'm struggling to balance my work responsibilities with the needs of my children and/or family. Where can I get more resources or support?**
- 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.
 - [Healthy Together](#) is AHS' guide to family and home life during COVID-19.
 - [Supporting you with kids at home](#) or [talking to your kids about COVID-19](#).
 - [Helping teens adapt to the new normal](#)
 - [Working remotely during COVID-19](#)
 - [Back to school with COVID-19](#)

199. I'm working from home but have parking access. Can I suspend my parking?

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

COVID-19 Vaccine Rollout

AHS and the [Government of Alberta](#) are distributing COVID-19 vaccine through a phased immunization program. More information is available at ahs.ca/covidvaccine and alberta.ca/covid.

Effective Dec. 14, 2020 - As we continue to work through our COVID-19 vaccine processes and phases, AHS plans to review the approach to Questions 204 and 205 in a 30-day review period.

Additional Resources:

- [COVID-19 Immunization for Health Professionals](#)
- [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
- [Community Physicians FAQ](#)
- [Vaccine Sequencing for Healthcare Workers](#)
- [COVID-19 Immunization Online Booking Tool FAQ](#)
- [COVID-19: What You Need to Know](#)
 - Who should get the vaccine
 - How many doses you need
 - How well the vaccine works
 - Side effects
 - Who should not get the vaccine
 - Care after immunization
- [Common Questions about Vaccine Safety](#)

200. Who is currently eligible to receive the COVID-19 vaccine?

- Alberta Health, with input from AHS, has identified the following [key populations](#) to be included in the province's [phased immunization program](#).
- At this time there are no wait lists to join or applications for early immunization consideration.
- If you are a healthcare worker and have any questions about your eligibility, see the [Top COVID-19 Vaccine Sequencing Questions](#) for more information. You may also, contact your supervisor or medical leader. **Please do not call Health Link.**

201. What criteria are used to determine which healthcare workers receive COVID-19 vaccine first?

- Working within the immunization allocation parameters outlined by Alberta Health, AHS identified [several groups of healthcare workers](#) to be included in the initial phase of roll out. These groups were selected to support acute care capacity and to protect populations at highest risk of severe outcomes.
- See [Vaccine Sequencing for Healthcare Workers](#) for more information. A [pdf version](#) is also available to print and share with your teams.

202. UPDATED How will I get the COVID-19 vaccine?

- Eligible healthcare workers receive a direct email from AHS with a unique link to go online and book their immunization appointment.
- However, in order for AHS to respond to the [reduced supply of Pfizer- BioNTech vaccine](#) in the coming weeks, adjustments are being made to the COVID-19 vaccine implementation plan.
- Effective Jan. 20, all first dose appointments for staff and physicians are postponed.
- As of Jan. 25, all second dose appointments for staff and physicians are being rescheduled to 38 – 42 days after the first dose was administered. In some instances that may mean moving an appointment just a few days.
- **Anyone whose appointment is being postponed or rescheduled will be contacted directly by AHS via email, text or phone call.**
- See [Top COVID-19 Vaccine Sequencing Questions](#) for more information.
- Visit the [FAQ page](#) if you have questions about the online booking process.

203. Are healthcare workers expected to get the COVID-19 vaccine? What if I decline?

- The COVID-19 vaccine is voluntary for HCW in Alberta. We encourage 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.
- At this time, a worker's COVID-19 immunization status will not affect any workplace considerations. Vaccinated workers will still have the same PPE requirements, exposure criteria, isolation and quarantine requirements, and testing requirements as an unvaccinated worker. Unlike with other communicable disease outbreaks, declining the COVID-19 vaccination will neither change their ability to work in outbreak settings nor have any other negative employment repercussions.
- This change from normal practice is due to the fact that not all of the workforce has yet had the opportunity to be immunized and that the COVID-19 vaccine is not yet widely available in the community. As these factors change, the impact on not being vaccinated will change to reflect current practices for influenza, which does impact an employee if they have chosen not to get immunized.

204. Are staff able to leave work during their scheduled shift to be immunized?

- Wherever possible, staff will be encouraged to schedule their appointment during off-work hours to minimize the necessity to schedule coverage for the portion of the shift they may miss. All healthcare staff are needed to support the ongoing pandemic response, and the ability to find coverage for shifts/portions of shifts will pose added challenges to patient care at this time. Where it is necessary to schedule an appointment during worked hours, manager approval is required and managers will ensure appropriate coverage for the duration of the absence (appointment and travel time).
- Where the employee's COVID-19 immunization appointment is scheduled outside of working hours, subject to management approval, employees will be approved for one additional hour of paid time at the applicable rate of pay.
- **NOTE:** if the employee has already worked a full day, the applicable rate of pay will be at the overtime rate.

205. Will staff being immunized be compensated for their time, travel and parking?

- Where COVID-19 immunization appointments are scheduled during an employee's shift or where the manager has approved the scheduled appointment outside of their scheduled shift as paid time, the employee is entitled to reimbursement for mileage and parking.
- Where the appointment occurs during their regularly scheduled shift and travel is required, such time will be considered work time. If the approved paid time is outside of regularly scheduled hours, travel time will be considered as part of the one hour of paid time.

206. What is the course of action if managers are unable to/are not willing to let staff leave during work time (due to workload or competing priorities) to be immunized?

- AHS will make every effort to enable staff to attend offsite immunization clinics.
- As above, wherever possible, staff will be asked to schedule during non-worked hours, and staff will be compensated.

- 207. UPDATED Will PPE, physical distancing, masking, continuous eye protection, and IPC requirements apply to staff 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.
 - Watch this [PPE Question of the Week video](#) for more information.
 - While the COVID-19 vaccines being delivered have shown very high effectiveness in clinical trials, no vaccines are 100 per cent protective.
 - As we learn more about the duration of protection and the effectiveness current vaccines have in reducing transmission of COVID-19, it's important for all immunized healthcare workers to continue to adhere to all PPE, IPC and public health guidance.
- 208. What if I meet COVID-19 exposure criteria through having close contact with COVID-19 case, or international travel after being immunized? Am I still required to quarantine?**
- Healthcare workers who meet current COVID-19 exposure criteria (e.g. unprotected close contact with a COVID-19 case, return to Alberta from international travel) are still required to quarantine. Immunization does not change quarantine requirements.
- 209. Should I leave a gap between getting the flu and COVID-19 vaccines?**
- Everyone should get immunized against influenza each year. Having both illnesses at once can be dangerous.
 - We recommend individuals wait at least 28 days after the administration of two-dose COVID-19 vaccine to get another vaccine, including the flu shot.
 - We also recommend 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.
- 210. NEW Should I get the COVID-19 vaccine if I am pregnant?**
- Refer to AHS' [Position Statement on Pregnant Healthcare Workers and COVID-19](#) for general guidance.
 - 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.
 - 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.
 - Refer to the following resources for more information:
 - [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
 - [Community Physicians FAQ](#)
- 211. NEW Should I get the COVID-19 vaccine if I am breastfeeding?**
- 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 healthcare 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.
 - Refer to the following resources for more information:
 - [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
 - [Community Physicians FAQ](#)
- 212. NEW Should I get the COVID-19 vaccine if I am immunocompromised or have an auto-immune disorder?**
- 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.
 - Refer to the following resources for more information:
 - [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
 - [Community Physicians FAQ](#)
- 213. NEW Who should NOT receive the COVID-19 vaccine?**
- The vaccine may not be given to those who have previously had a serious allergic reaction to any of the vaccine ingredients.
 - It is also recommended that the COVID-19 vaccine not be given within 2 weeks of having received a different vaccine.
 - In order to protect the health and safety of staff and public, anyone with COVID-19 symptoms or who are required to isolate/quarantine, should not attend an immunization appointment and should rebook for a later date.
 - Refer to the following resources for more information:
 - [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
 - [Community Physicians FAQ](#)
- 214. What happens to staff who were immunized in Alberta and become ill?**
- As with all vaccines, there's a chance that there will be side effects. Side effects include pain at the injection site and redness and swelling at the injection site.
 - These local side effects are usually mild or moderate and resolve within a few days of vaccination.
 - Systemic side effects include fatigue, headache, muscle pain, joint pain, chills, and fever.
 - These systemic side effects are usually mild or moderate and resolve within a few days of vaccination.
 - Since these systemic side effects are similar to symptoms of COVID-19, healthcare workers should be directed to follow existing immunization after-care guidance.
- 215. I recently received the COVID-19 vaccine, but a few days later I developed symptoms and then tested positive for COVID-19. Why did this happen?**
- None of the authorized COVID-19 vaccines in use in Canada contain the live virus that causes COVID-19. This means that a COVID-19 vaccine cannot make you sick with COVID-19.

- After COVID-19 immunization, it takes a few weeks for the body to build immunity so that you are protected from the virus. Therefore, you can still get infected with COVID-19 just before or just after being immunized, and become sick after your immunization occurred.
- The COVID-19 vaccines are not 100 per cent effective. In other words, although immunization will greatly reduce your risk of becoming infected with COVID-19, there is still a small chance that you can become infected even after being immunized.

216. I recently received the COVID-19 vaccine and a few days later I was tested for COVID-19 and the result was positive, even though I had no symptoms. Did the vaccine cause a false-positive test?

- None of the authorized COVID-19 vaccines in use in Canada will cause you to test positive on a COVID-19 test.
- There are two types of tests that are used to diagnose COVID-19, an antigen test and a PCR test. Neither test will detect the material in the current COVID-19 vaccines or the body's response to the immunization.
- If you are asymptomatic and test positive for COVID-19 after being immunized, then this positive test is the result of current or recent COVID-19 infection.
- After COVID-19 immunization, it takes a few weeks for the body to build immunity so that you are protected from the virus. Immunization will greatly reduce your risk of becoming infected but there is still a small chance that you can become infected even after being fully immunized.

217. How is AHS tracking COVID-19 immunization in healthcare workers?

- We are asking staff to complete the COVID-19 immunization reporting form that is available on [Insite](#) after your second dose. This information will be used or disclosed to appropriately plan, manage and allocate resources in the event of an outbreak to protect patients, families and healthcare workers. Your health information is collected under the authority of sections 20(b), 21(1)(a), and 27(1) and (2) of the Health Information Act ("HIA").

218. Why was the second dose immunization window expanded?

- As announced by [Alberta Health on Jan. 12](#), 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 \(NACI\)](#) and the World Health Organization statements on vaccines for COVID-19. This will allow as many Albertans as possible to receive the vaccine.
- For residents of long term care and designated supportive living facilities, we will continue to offer the shorter interval of 3-4 weeks (21-28 days), as this population is at the highest risk of severe outcomes.
- The current COVID-19 vaccines we have in Canada are very effective in preventing COVID-19 illness. Studies on the vaccine show that 14 days after the first dose, on average, 92% of people are protected from getting sick with COVID-19 for the next several weeks.
- Studies haven't been done yet on how long protection lasts without a second dose of vaccine, but it is known that antibody levels produced by the first dose do gradually decrease. There is no evidence at this time that shows when protection from one dose would stop. To ensure that protection lasts as long as possible, current evidence indicates it is necessary to have a second dose of vaccine. A second dose will be offered to everyone receiving a first dose in Alberta.
- While the vaccine makers recommend the second dose be given 3-4 weeks after the first dose, extending the interval between dose 1 and dose 2 to 6 weeks covers the broadest window of time reported in the trials. For a small number of people in the manufacturers' studies, the second dose was given 42 days or 6 weeks after the first. (Range in actual time between dose 1 and dose 2 for Pfizer was 19-42 days and Moderna was 21-42 days.)

219. Have there been any adverse events following immunization with the COVID-19 vaccine?

- Refer to [Alberta Health's website](#) for the most up-to-date figures on adverse events following immunization (AEFI) that have been reported to Alberta Health and AHS.

- Healthcare providers play a crucial role in monitoring vaccine safety and are obligated to report adverse effects that may be linked to immunization. Report adverse events to the [AHS Provincial AEFI Team](#).