

novel Coronavirus (COVID-19) FAQs for Staff

Issued by the AHS Emergency Coordination Centre (ECC)

What's happening in Alberta?

Latest info for travellers, visit: ahs.ca/covid

Advice for travellers

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

- Travel outside Canada is **not recommended** at this time.
- Given the rapid global spread of COVID-19, it is no longer possible to assess health risks for the duration of the trip.
 - Public Health Agency of Canada's Travel Health Advisories: <https://travel.gc.ca/travelling/health-safety/travel-health-notice>.
 - World Health Organization's bulletins: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/travel-advice>.

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

- Effective March 12, all Albertans currently outside of the country, or who have recently returned, are recommended to self-isolate (<https://www.alberta.ca/assets/documents/health-self-isolation-information-sheet.pdf>) on their return for 14 days, independent of the country they were visiting.
 - Please refer to: **Returning Traveler Guidance for AHS Employees** and Members of the Medical and Midwifery Staffs <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-2019-traveller-guidance.pdf>

NEW I have a large event planned/I am planning to attend a large event, what should I do?

- To help prevent the spread of COVID-19, Alberta has implemented new public health restrictions as of March 12. The following mass gatherings should be **cancelled**:
 - Events with more than 50 attendees that involves international participants, critical infrastructure staff, seniors, or other high-risk populations.
 - Large events with more than 250 attendees:
 - Includes: sporting events, conferences and community events
 - Does not include: places of worship, grocery stores, airports or shopping centres
- Events that do not meet this criteria can proceed, but risk mitigation measures must be in place, such as providing sanitizer stations and distancing between attendees.

Schools, daycares and post-secondary institutions can remain open at this time, but steps should be taken to ensure no more than 250 people are in the same room at any given time.

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

- Influenza and the common cold are far more likely causes of respiratory illness among travellers.
- You can protect yourself by washing your hands often and well, and getting your annual influenza vaccine.
- Returning travellers on international flights may be screened at the airport: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html>
- If any cases are diagnosed among travellers to Alberta, Public Health will be following up with anyone who was exposed.

NEW Should I be worried about COVID-19?

- While the worldwide risk is rising, the risk of contracting COVID-19 in Alberta is still low. This may change in the coming weeks.
- Risk is determined by assessing how likely Albertans are to be exposed to the virus in the province.
- AHS and Alberta Health are well prepared for the COVID-19 response in Alberta.
- We have public health measures in place to quickly identify potential COVID-19 cases and prevent the infection from spreading.

UPDATED What do I do if I suspect my patient has COVID-19?

- If your patient meets the higher risk screening criteria listed above for COVID-19, have the patient wear a procedure mask immediately.
- Place the patient in a separate room with contact and droplet precautions, and proceed with your clinical assessment.
- Zone Medical Officer of Health (MOH) approval is not required for specimen collection unless the patient is to be admitted to hospital because of severity of illness.
- Symptomatic individuals outside of screening criteria may also be considered for testing if in the clinician's opinion there is a reason to suspect COVID-19.
- **Asymptomatic patients will not be tested.**
- A nasopharyngeal swab, collected under strict droplet and contact precautions, transported in viral transport medium, should be submitted. For questions on test appropriateness and information on TDG B shipping requirements, call the ProvLab Virologist on-call (VOC) in Edmonton (780-407-8822) or Calgary (403-333-4942). More information can be found here: <https://www.albertahealthservices.ca/lab/Page3290.aspx>.
- 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 (<https://www.albertahealthservices.ca/frm-20676.pdf>) and writing "COVID-19" in the bottom box (Specify Other Serology and Molecular Tests).
- **Date of symptom onset and travel history, including country of travel and return date, MUST be included for testing to proceed.**
- If your patient requires admission to hospital, or if you still would like to the Zone MOH to assist with the risk assessment, call the Zone MOH: [ahs.ca/mohoncall](https://www.albertahealthservices.ca/mohoncall).
- All patients who are under investigation for COVID-19 and are not hospitalized should be advised to self-isolate until they have received a phone call from Public Health with the results of their testing. They should not visit any other healthcare facilities, including outpatient imaging or labs, unless they are being

admitted to hospital. Self-isolation information can be found here: <https://open.alberta.ca/publications/self-isolation-information-sheet>.

UPDATED What can I do to prevent COVID-19?

- Use Routine Practices for **all patients at all times**
- Wash your hands often and well. Refer to hand-washing guidance here: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-flu-handwash-how-to.pdf>
- Avoid touching your face, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick
- Clean and disinfect surfaces that are frequently touched
- Stay at home and away from others if you are feeling ill. Notify workplace health and safety if you think you may be sick with COVID-19.
- When sick, cover your cough and sneezes and then wash your hands. Refer to respiratory etiquette guidance here: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/if-hp-ipc-cover-cough.pdf>

Clinical characteristics of COVID-19

What is novel coronavirus (COVID-19)?

- Coronaviruses are a large family of viruses.
- Some coronaviruses cause respiratory illness in people, ranging from mild common colds to severe pneumonias. Others cause illness in animals only.
- Rarely, animal coronaviruses can infect people, and more rarely, these can spread from person to person through close contact.
- Novel coronaviruses are new strains of the virus that have not been previously identified in humans.

How does COVID-19 spread?

- COVID-19 is believed to be spread mainly by coughing, sneezing or direct contact with a sick person or with surfaces they have recently touched.

What are symptoms of COVID-19?

- Symptoms for COVID-19 are similar to those for influenza or other respiratory illnesses. The most common symptoms include:
 - fever
 - cough
 - extreme tiredness
- Most people (about 80%) recover from this disease without needing special treatment.
- However, it can cause serious illness. Those who are older, and those with other medical problems are more likely to develop serious illness, which can include:
 - difficulty breathing
 - pneumonia

- There is a risk of death in severe cases.
- While we are still learning about how COVID-19 affects people, older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others.

What is the incubation period of COVID-19?

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

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

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

What 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% 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.

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

Who in Alberta is at risk and might be tested for COVID-19?

- Individuals who meet any of the following screening criteria (<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-case-def.pdf>) should be considered as being at higher risk for having a COVID-19 infection.

How is COVID-19 diagnosed?

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

here: <https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-novel-coronavirus-causing-covid-19-laboratory-update.pdf>.

Are there any treatments for COVID-19?

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

Are there vaccines to prevent COVID-19?

- Not yet, but researchers are exploring this possibility.

Infection Prevention and Control for Healthcare Workers

As a healthcare worker (HCW) caring for a patient under investigation or with probable or confirmed COVID-19, what precautions should I take? What should the patient do?

- Use Routine Practices for **all patients at all times** (<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-routine-practices-info.pdf>), which includes a point of care risk assessment: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-acute-care-pcra.pdf>.
- When assessing patients who present with an influenza-like illness (ILI), the ILI algorithm should be followed: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-respiratory-additional-precautions-assessment.pdf>.
- If a patient is under investigation for COVID-19, or has probable or confirmed COVID-19, then in addition to routine practices, follow the IPC recommendations for COVID-19: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>.
- Some points to highlight from the IPC recommendations for COVID-19:
 - Patients should be given a procedure mask as soon as possible and placed in a private room as soon as possible;
 - HCWs should don Contact & Droplet personal protective equipment (PPE), including gloves, gown, procedure mask, and eye protection (e.g. goggles, face shield, or procedure mask with built-in eye shield). Note: personal eye glasses are not sufficient eye protection;
 - A fit-tested and seal-checked N95 respirator should be worn when performing aerosol-generating medical procedures (AGMPs), in addition to gloves, gown, and eye protection (Note: doing an NP swab is not an AGMP);
 - Proper donning and doffing procedures for PPE must be followed (see <https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-donning-ppe-poster.pdf> and <https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-doffing-ppe-poster.pdf>).

What if I am in a community-based clinic and don't have contact and droplet precaution supplies (gloves, gowns, mask, eye protection)? What if I don't have the supplies or skills to take a nasopharyngeal swab?

- If you are a community physician and you are unable to safely assess the patient or take an NP swab for any reason, advise clinically stable patients to immediately self-isolate at home and call Health Link at 811 for assessment and testing in the community.
- They should, when possible, avoid taking public methods of transportation home, including buses, taxis, or ride sharing. Self-isolation information can be found here: <https://open.alberta.ca/publications/self-isolation-information-sheet>.
- If your patient is unwell enough to require hospital admission, call the Zone MOH: ahs.ca/mohoncall.

For patients who are under investigation for COVID-19, or who are probable or confirmed cases of COVID-19, should staff access to the patient room be limited in any way?

- When caring for a patient who is under investigation for COVID-19, or who is a probable or confirmed case of COVID-19, staff access to the patient room should be minimized to only those who are essential for directly providing patient care. It is preferable that "teaching rounds" (i.e. with multiple students, residents, etc.) not be conducted in the patient room.

Should certain staff avoid providing care to a patient who is under investigation for COVID-19, or who is a probable or confirmed case of COVID-19?

- Staff and students (including those who are pregnant, immunocompromised, or have underlying medical conditions) do not need to be restricted from providing care to patients who are under investigation for COVID-19, or who have probable or confirmed COVID-19, so long as the staff member or student is able to demonstrate proper use and fit of personal protective equipment, including donning (<https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-donning-ppe-poster.pdf>) and doffing (<https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-doffing-ppe-poster.pdf>), and can competently adhere to the IPC recommendations for COVID-19 (<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>).
- Individuals who are unable to competently adhere to the IPC recommendations for COVID-19 (e.g. skin condition that precludes proper hand hygiene practices) should not provide care to patients who are under investigation for COVID-19, or who have probable or confirmed COVID-19.

Should staff who are providing care to a patient who is under investigation for COVID-19, or who is a probable or confirmed case of COVID-19, be restricted from providing care to other patients?

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

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

- AHS follows the national guideline developed by the Public Health Agency of Canada (PHAC) and the provincial guideline developed by Alberta Health. PHAC consults with provincial and territorial public health authorities to develop national evidence-informed guidelines to guide the Canadian response to

the global COVID-19 outbreak. These guidelines developed within the Canadian context help ensure consistency in messaging and actions to be taken to protect the public and health care providers across Canadian jurisdictions.

- AHS guideline regarding PPE use for suspected or known COVID-19 patients is consistent with the World Health Organization's interim guidance.

Should my department start ordering extra Personal Protective Equipment (PPE) supplies to prepare for suspected or known COVID-19 patients? Who do I contact if I have questions about PPE requirements and supply ordering processes?

- Protective measures for COVID-19 are the same as the droplet and contact precautions that staff should already be practicing for Influenza-like illness (ILI).
- An N95 mask is the required PPE only if an Aerosol Generating Medical Procedures (AGMP) is required for the care of the patient. AHS maintains robust inventories of PPE associated with all levels of protection.
- These inventories are actively being managed within AHS and there is no need for areas to accumulate supplies outside of normal operational requirements. Accumulating supplies beyond normal operational requirements makes it very difficult for AHS to manage its PPE inventory.
- Should you have any questions regarding PPE requirements for COVID-19 related work functions please consult with your local Workplace Health and Safety Advisor.
- Questions regarding supply ordering processes should be directed to your local CPSM Site Services Supervisor.

I've heard on the news that retail stores are seeing large increases in their sales of facemasks. Will this impact Alberta Health Services (AHS)?

- Alberta Health Services (AHS) maintains robust operating inventories as well as an all hazards inventory stockpile of supplies that is inclusive of those required for protection of staff for Contract and Droplet Precautions and Aerosol Generating Medical Procedures (AGMP). AHS proactively works with its suppliers to ensure its operating inventories and stockpiles are maintained at levels consistent with foreseeable requirements at a provincial level.
- We are closely monitoring the COVID-19 situation and requests for supplies to ensure sufficient PPE is available. In order to most effectively manage our ordering processes and on hand inventory of PPE, CPSM is proactively reviewing all inventory and direct purchase order (DPO) requests to ensure they are consistent with historical use patterns.
- Requests for supplies that are inconsistent with historical use may be referred to Workplace Health and Safety (and/or the Emergency Coordination Centre) for review prior to processing.

What facemasks should EMS staff use?

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