

# novel Coronavirus (COVID-19) FAQs for Staff

Issued by the AHS Emergency Coordination Centre (ECC)

## What's **NEW**:

- COVID-19 screening criteria has expanded to include anyone with fever and/or a cough or shortness of breath who has travelled to anywhere outside of Canada in the 14 days before they were ill:  
<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-case-def.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.
- COVID-19 is a novel coronavirus that had not been previously detected in humans and is the cause of the respiratory outbreak in China.
- At this time, COVID-19 does not appear to be as severe as other coronaviruses, such as SARS. Many patients have reported only mild symptoms but there is evidence of person-to-person spread.

### How does COVID-19 spread?

- COVID-19 is believed to be spread via respiratory droplets (similar to influenza, MERS, and SARS) or contact (e.g. contaminated hands to mucous membranes). Human-to-human transmission has been evidenced from spread of the virus between family members and also to health care workers in China.

### What are symptoms of COVID-19?

- Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms of fever, cough, and shortness of breath.

### 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?

- People who are ill with a fever or respiratory illness 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.

### 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
- **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/assets/wf/lab/wf-lab-bulletin-novel-coronavirus-causing-covid-19-laboratory-update.pdf>.
- 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.**
- Asymptomatic patients will not be tested.
- 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://ahs.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>.

### **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](https://ahs.ca/mohoncall).

### **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.

## Self-isolation and advice for exposed individuals

### **What do I do if I have recently returned (within 14 days) from areas with confirmed COVID-19 and have fever or respiratory symptoms, or if I believe I may be at risk for COVID-19 for any reason and am ill with respiratory symptoms or fever?**

- AHS healthcare workers should contact AHS Workplace Health and Safety.
- If instructed to self-isolate, self-isolation guidance can be found here: <https://open.alberta.ca/publications/self-isolation-information-sheet>.
- The general public should call Health Link at 811. A risk assessment will be done and if deemed high-risk, Health Link can coordinate testing in their home. Anyone needing to present to any healthcare facility and who is at higher risk for COVID-19 should be instructed to immediately self-identify at presentation.

### **What should asymptomatic people do if they have recently been in Iran or Hubei province?**

- Based on the number of returning travellers from Iran who have developed COVID-19, there is believed to be on-going elevated risk of community transmission in Iran at this time. Travellers returning from Hubei province continue to be at increased risk for COVID-19 infection.
- We are aware of early evidence that COVID-19 can cause a range of mild to severe symptoms. It is possible that individuals will not recognize when they first develop symptoms, because the symptoms can be similar to a cold or flu.
- Due to this risk, we are recommending self-isolation (<https://open.alberta.ca/publications/self-isolation-information-sheet>) for all returning travellers from Iran and Hubei province.

- Anyone who is returning or has returned from Iran or Hubei province in the last 14 days is recommended to self-isolate and limit contact with others for 14 days since that visit.
  - Self-monitor for symptoms like fever, cough or shortness of breath.
  - People can help limit any potential spread by limiting contact with others for 14 days.
  - Learn more here: <https://open.alberta.ca/publications/self-isolation-information-sheet>.
- When self-isolating, at first sign of symptoms:
  - Call from home before going to a health care facility, unless severely ill.
    - If severely ill and in need of immediate medical attention call 911 and inform them that you may have COVID19.
    - If an AHS employee – contact AHS Workplace Health and Safety <https://insite.albertahealthservices.ca/hr/Page4891.aspx>
    - If not AHS employee – call Health Link 811

### **What about people who have recently been in mainland China, but not Hubei? And what about people who have recently travelled to other countries outside of Canada? What should they do?**

- If you have been in mainland China outside of Hubei province or any other country outside Canada in the last 14 days, call Health Link 811 if you have had either of the following exposures:
  - Had contact with someone with a suspected or confirmed case of COVID-19
  - You were in a health care facility where COVID-19 cases were diagnosed or treated
- If you **did not** have either of these exposures, we recommend that you:
  - Monitor yourself daily for 14 days after leaving the affected area for symptoms like fever, cough or difficulty breathing
  - At first sign of symptoms:
    - Call from home before going to a health care facility, unless severely ill.
    - If severely ill and in need of immediate medical attention call 911 and inform them that you may have COVID19.
    - If an AHS employee – contact AHS Workplace Health and Safety <https://insite.albertahealthservices.ca/hr/Page4891.aspx>
    - If not AHS employee – call Health Link 811

## 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 can I do to prevent COVID-19?

- Use Routine Practices for **all patients at all times**
- You may be able to prevent getting COVID-19 and other respiratory infections or spreading them to others by:
  - Washing hands often and well. Refer to hand-washing guidance here: <https://www.albertahealthservices.ca/info/Page14955.aspx>
  - Being sure to avoid touching your face, nose, or mouth with unwashed hands
  - Avoiding close contact with people who are sick (unless you are wearing the recommended personal protective equipment)
  - Cleaning and disinfecting surfaces that are frequently touched
  - When sick, covering your cough and sneezes and then washing your hands. Refer to respiratory etiquette guidance here: <https://www.albertahealthservices.ca/info/Page14511.aspx>
  - Staying home when sick, and notifying workplace health and safety if you think you may be sick with COVID-19.

### 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.