COVID-19 Response Questions & Answers: Calgary Zone

Date Updated: March 31, 2020

General themes covered by this document:

- Protocol for patients entering clinic / protocol for testing patients
- Clinical management
- COVID pandemic general questions

Question	Answer
Theme: Protocol for patients entering clinic / protocol for testing patients	
1. What is the protocol for patients at your clinic?	Using clinic staff to screen patients over the phone before coming in is helpful, along with careful signage by the entrance. Conduct screening again when arriving in office, and again when placing them in the room. May consider wearing mask all day to be a physical reminder to not touch your face or in the chance event of encountering a febrile patient.
2. Who do we swab for COVID-19?	Do not swab patients with cold symptoms in clinic, only swab high risk patients like healthcare workers, the elderly, etc.
3. Do truck drivers need to be tested? (Interprovincial travellers)	There are some exceptions to certain populations for self-isolation: pilots, truck drivers.
4. Using chlamydia swabs as a substitute for NP swabs?	Use of STI swabs for COVID is not recommended - these are yet to be validated.
5. What is the sensitivity and specificity of NP swab for COVID19?	The specificity is extremely good, the sensitivity is in the 90% range.
6. Should we test in the office?	The goal is to have patients go to assessment centres but if the patient already in office and PPE is available, then you can swab.
7. Do we need N95 masks?	We do not need to use N95 unless there is an aerosol generating procedure.
8. How does the supply of PPE look for PCNs?	Part of ongoing planning is making sure clinics who need PPEs that provide care, are getting them, and using them properly. Weekly reordering schedule is available through each PCN. If not part of PCN, can do this through Calgary Foothills PCN. If you are based in an AHS facility, to go through AHS.
9. If I have extra NP swabs, where should those go?	You can send unused NP swabs to the hospitals.

10. Is there concern of the use of nasal swabs?	The gold standard is the NP swab but make sure you go deep into the nasopharynx otherwise, just shy of causing trauma to the turbinate.
11. If patients are swabbed at the drive through centre, will the family doctor be notified with the results?	No, not currently. Health Link handles negative results and public health handles all notifications of positives. All results are reported in NetCare in 5-8 days (and can be posted at any time of day).
12. What happens if a staff member or patient at my clinic gets COVID?	Public Health will do a risk assessment, but will almost never recommend practice closure. They will give advice / cleaning instructions.
13. Patient use of masks / homemade masks in public?	There is no evidence wearing masks in public is good or bad; no need to wear masks in public for now. There is no strong evidence for self-made masks – this heavily depends on material used so more evidence required before recommending this. Virus can go through cloth masks, but using any mask can be a reminder to not touch your face. A reminder that masks need to be covering the nose to be effective even with right material.
14. Efficacy of masks - how long do they last? What if it's wet?	In assessment centres, they are recommending wearing masks until becomes humid or wet (about 30mins).
15. When using full PPE (gown, shield, mask, gloves) are there precautions to take for HCW going home to their families?	When we go home - we do not need to do anything specifically when we return home beyond washing hands (droplet transmission). Changing clothes depends on the splatter i.e. getting coughed on.
16. If spouse of a physician is returning from overseas is on mandatory home-isolation, do physicians also have to be self-isolating?	Physician does not need to self-isolate, though the traveler should try to avoid exposure to their close contacts.
17. Are swabs often lost?	No, there has only been 2 lost swabs in the past 3 weeks. Some have been rejected due to mislabeling though.
18. With the steady rise in community acquired infections, wouldn't it be wise to increase screening and aggressive trace contacts? Or have a sentinel swabbing program?	More testing / sentinel surveillance requires greater lab capacity than we have right now. Some sentinel monitoring is being done with at risk populations. Contact tracing currently being done is one of the most aggressive in Canada.
Theme: Clinical management	
19. Is encephalitis a co-morbidity of COVID-19?	Not that we are aware of.

20. Patient has acute exacerbation of COPD - is this COVID?	Most clinicians should be able to distinguish between the two: COVID usually presents with dry cough, extreme fatigue/malaise that would trigger testing.
21. Should we have patients with O2 monitors?	It is premature to recommend patients to get an oxygen sat monitor to track for COVID - would be a beneficial tool to have in the medical home though.
22. Atypical presentation among the elderly to keep in mind?	Look for the big 3 symptoms first - fever, myalgia, cough. Some reports of poor sensation in smell/taste, but this is a new finding. Runny nose present in only 1% of cases, sneezing is rare. Consider recommending isolation to see if symptoms go away versus sending them to screening centre. Atypical presentations of COVID infections in the elderly include: UTI symptoms, hoarse voice without fever, increased falls, visual hallucinations.
23. Do we stop using NSAIDS / ACEi / ARBs for our patients?	No - there is not enough evidence at this time to recommend a change in the context of COVID.
24. What about the use of benzodiazepine?	Patients with previous effect from benzodiazepine would want this back to control anxiety but try to limit the use of benzos and offer phone counselling.
25. Azithromycin as a drug for treatment of COVID-19?	Currently there is very soft evidence – some reports didn't analyze patient outcome on whether or not they survived ICU. Also consider other side effects (e.g. C.diff, QT prolongation).
26. What about patients on immunosuppressants?	If your patient is on immunosuppressant medication, these patients need to be monitored closely with a low index for hospital assessment.
27. Advice for those with patients with addictions who are destabilizing at home?	For patients with alcohol use disorder that are relapsing there may be some additional supports through virtual AA, their sponsor or primary care provider. Similarly for patients with other addictions.
28. Use of Roth score and remote monitoring of COVID suspected cases?	If you are healthy, should be able to count to 30 without issues to give sense of O2 Sat. Look for increased work of breathing signs, cyanosis, etc. BMJ has some online resources for COVID ambulatory monitoring.
29. Mental health supports available?	[see accompanying slides for more detail] There is a text program through AHS that provides people with ongoing CBT (sign up by texting COVID19HOPE to 393939). Eastside Family Program has an online chat/e-service. People may also call 211, which provides resources. Additionally, lots of agencies have adapted procedures to using phone therapy services (e.g. Family Services, Connect teen, etc.)

Theme: COVID pandemic general questions	
30. What are the rates of asymptomatic transmission?	This if felt to be currently low but evidence is evolving.
31. What to do with groceries?	It is a good idea to wash your hands before/after putting away your groceries.
32. How long will the COVID-19 pandemic last?	Predictive modelling has evolved, this may not end until immunity via vaccine (possibly take 12-18 months to develop?) or infection reached.
33. As COVID becomes endemic, is there a point where everyone should be wearing a mask?	There would need to be a lot of virus circulating in the community before this would be necessary - requires high density area to be effective.
34. I would like to help / volunteer in the future - where do I go?	Contact your PCN if you have any additional capacity to help, as they are tracking physicians who are able to help. Non PCN physicians can also contact cmo@ahs.ca
35. Are they going to designate one hospital for COVID only?	There are a lot of possibilities that are being discussed; the voice of primary care is actively at the table. We will continue to message out through various modalities as information becomes available.