

COVID-19 Response Questions & Answers: Calgary Zone

Date Updated: Apr 7, 2020

General themes covered by this document:

- COVID pandemic general questions
- PPE
- Testing of testing patients
- Clinical management and new COVID pathway

Question	Answer
Theme: COVID pandemic general questions	
1. Is there a number to call if there is a person / company not practicing physical distancing or isolation?	Yes, go to https://www.alberta.ca/prevent-the-spread.aspx and under Enforcement, there is a link to submit a complaint online. The direct link is https://ephisahs.microsoftcrmpartals.com/create-case/ Also contact the MOH in the case of a confirmed positive. Try to rely on relationship with patient to determine if there is a barrier leading to this decision for the patient. Worst case scenario is someone can be charged under the public health act.
2. Do we have a centralized registry for MD's to log our availability for redeployment?	https://www.calgarymdcovidresponse.ca/
3. If I am sick or my staff is sick with respiratory symptoms - what to do?	Legal requirement to self-isolate for 10 days- depends on risk factors for COVID - see Dr Luelo's slides for more information
Theme: PPE	
4. Masks for the public? Best type of mask for providers?	Use of cloth masks for general public may be of some benefit - it may allow people to not spread their cough, secretions. Still the focus should be on social distancing and hygiene - save medical grade for healthcare workers. The evidence continues to evolve.

5. As family physicians, should we now be wearing masks for every patient, and should our staff be wearing masks on daily basis?	You are allowed to use masks for all clinical settings
6. Would a face shield without a mask be more effective than a mask without a face shield in protecting yourself?	A mask is most important, plus eye protection. A face shield does not replace a mask; as little droplets can float up. A face shield is generally required for interactions where droplets may occur. protective goggles will suffice with the mask as well.
7. How long can we use surgical masks for?	It can be used for 2 h or shorter if it gets wet humid or soiled, though no clear guidelines exist about the duration.
8. Where can we get more information about continuous use of PPE?	https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-continuous-use-guidance.pdf
Theme: Testing / swabbing	
9. I have a patient who became symptomatic while working at a grocery store. Should he not be tested?	If patient is not exposed (contact with COVID positive or person with travel history) then no need to test unless you think the clinical symptomatology is highly consistent
10. At some point will we swab more of the general public?	Yes, once lab capacity increases. There is some new Spartan equipment that will allow us to do tens of thousands of tests/day.
Theme: Clinical management and pathways	
11. Pathway - What about patients that are not linked to MRP? How are MRP notified for attached patients?	There is an attachment strategy for those patient who are unattached that is currently active in the PCN's - the details of how the MRP is being notified is still being clarified - details will follow.
12. How will contact be made with MRP?	Point of first contact will be East Calgary FCC will contact appropriate PCN to connect to their medical home
13. How do we manage a large volume of follow ups?	Consider using multidisciplinary team members to do f/u phone calls, particularly for low-risk patients
14. Are we expected to try and palliate patients at home?	Palliative care has an entire guideline for primary care but they fully intend to continue to support all palliative care needs in the community
15. If someone is symptomatic past 14 days, do they still need to isolate?	Still isolate until symptoms resolve; reasonable to call Specialist Link/ e-referral advice has this depends on patient context. If you are suspecting allergies or chronic cough, err on the side of caution.

16. Use of Roth score? Not a validated test?	Not validated at this altitude; will need your clinical judgement. It may be helpful as part of an assessment - to follow patients.
17. Does Azithromycin or hydroxychloroquine have a place in the pathway	There's no good study saying that either is definitely good, lots of little studies pointing in different direction. There will be clinical trial starting in Alberta (n= 1600) soon. The standard recommendation from UofA and UofC is supportive care for treatment of COVID. The risk-benefit ratio not yet known, and accessing the drug outside of clinical trial difficult anyway. Would not be appropriate for the ambulatory patient.
18. Asthma or COPD patients who are on ICS, to continue? Exacerbation of Asthma or COPD, can oral steroid still be used?	They should continue on their medications - use of intermittent oral steroids for an exacerbation - this may be helpful to keep them out of acute care. Triggers for AECOPD can include a viral infection - need to review hx and risk factors for COVID.
19. Secondary infection - and use of antibiotics?	May be considered if getting worse, purulent sputum - consider a getting a CXR - but need to make sure there are going to a clinic that is appropriate to manage patients that have probable COVID or COVID positive. (e.g. Designated DI clinics) Call the Specialist LINK COVID line first
20. What resources are available for patients with barriers to self-isolating?	Consider social worker / community support worker through PCN or home care, 211 - yyc COVID volunteers on Facebook If they are part of a faith group, may be able to leverage supports
21. Utility of chest x-ray?	It is unusual to see lobar pneumonia in COVID If feeling fine, sending patients to even "Hot" DI clinics may still pose risk If deteriorating, sending them to ER for assessment may be more appropriate
22. Management of pediatric patient?	The guidelines are for adults but pediatricians are working on a possible guideline for pediatric patient (CFPCN also has some resources) All published data suggest children have much milder course although deaths have been reported, but just because most do well doesn't mean all will do well.
23. Any clinical pearls to share?	FPs already practice holistic medicine, so use tools developed in the Calgary zone and if you still have still concerns, reach leadership via info@calgaryareapcns.ca - if you are not comfortable yourself, ask your colleague, if not, partner-clinic for help. Use primary care pathway for COVID and get engaged with patients

	<p>Monitor patient for deterioration and consider acute care referral (specialist link or UC/ER)</p> <p>If you have a patient who is over 65 and with a negative test - there have been reports of false negatives - so follow them clinically – and adhere to the 14 day self-isolation period.</p> <p>For the non COVID pt need to try to ensure the complex patients are still accessing care. The complex care hub provides acute care in home via IM, hospitalists, community paramedics - there may be some opportunity for outpatient monitoring (TBD)</p>
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