

COVID-19 Response Questions & Answers: Calgary Zone

Date Updated: May 25, 2020

General themes covered by this document:

- Testing patients & lab questions
- Isolation and containment
- Clinical management / clinic operations related to relaunch
- PPE related
- General questions

Question	Answer
Theme: Testing and lab related	
1. If the viral load patients produce drop significantly after 6-7 days of symptoms, does this still hold true for COVID patients whose symptoms worsen the second week of their illness?	Yes, appears to be the case but limited data. Some may have ARDS and immunologic damage and some may progress to severe lower resp disease with mixed vial bacterial pneumonia – not full known
2. What are your thoughts (Dr. Conly) about asymptomatic testing in long term care facilities?	May be useful in selected settings and symptoms hard to assess in the cognitively impaired. Need follow up testing though.
3. What is current understanding of interpretation and protocol for antibody testing in Alberta?	It is underway in a couple studies currently; currently only for research purposes
Theme: Isolation and containment	
4. For someone who is contact of a COVID-19 positive patient but himself tests negative for it, should this patient be in isolation? If so, for how long?	Isolate 14 days since last contact with COVID positive patient. No strong evidence for re-infection.

5. For people who have had resolved COVID infection, and have another exposure as a close contact, do they need an additional 14 days of isolation or can we assume they have immunity?	No isolation needed unless they become severely immune compromised.
6. With pt in Supportive Living: What patients should be isolated for 14 days as we open? They will see family (and get hugged) and go out for eye injections, x-rays etc. Do they need to isolate?	The recommended protocol in supportive living facilities is that if a resident leaves the facility to go for appointments or home visits or discharged from hospital back to the nursing home, they must isolate for 14 days.
7. Do COVID patients just clear themselves 10d after their symptoms start or AHS employees call patients and tell them they're clear that they're ok to return to work	Public Health should be calling and releasing from isolation
Theme: Clinical management / clinic operations	
8. How can you manage post COVID cough lasting more than 2 weeks?	No great evidence on post COVID patient on whether they are still infectious so be cautious especially for immunocompromised patients
9. If a patient calls in and may have COVID Toes should they be kept out of the clinic and told to call 811 for COVID test?	Although this is a later effect of COVID illness – it may help to provide context and need for case management and contact tracing.
10. How many days into COVID illness does one get COVID toes? Does COVID toes occur in patients who are chronically anticoagulated?	Unknown but likely less given there is a hypercoagulable state, but some is immunologic
11. I was told by PCN that government is no longer paying for PPE's for clinics. What is the AHS suggestion for seeing cough/sick/infectious patients if the clinic does not have enough PPE?	If your clinic does not have enough PPE and you are concerned about a patient with ILI symptoms, - you can refer to 811 for swabbing. AHS and PCNs both working on strategies and policies for PPE (this government announcement aligns with everyone who has to source PPE to operate (allied health, dentists, physio etc.))
12. Patient is a healthcare worker: has been isolated - cough, COVID negative and has self-isolated for 14 days post test. Ongoing cough	If you feel the cough is isolated and post viral – they can return to work - See number 2 – second bullet

likely post viral. Should this patient be returning to work? Is a clearance letter required?	https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-return-to-work-guide-ahs-healthcare-worker.pdf
13. Do you screen patients for all 12 symptoms that AHS set out as symptoms to test for COVID when you book appointments and when they come in or just the typical 5 symptoms for ILI	The 5 typical symptoms of ILI is what AHS is doing
14. Is ventolin has any benefit for the SOB in COVID patient with pneumonia?	Ventolin has no evidence for SOB assistance in COVID patients so better to save the stock for ppl who actually need it
15. What is the thought on offering screening or well checks ie pap smears during phase 1	For low risk screening, one could consider delaying these in phase 1, keeping a list and saving the space to connect with your more complex patients –
16. Is the government still allowing senior's to delay their Driver's medical for 3 months?	Yes, but some patients are getting to the end of their three months.
Theme: PPE	
17. Are we required to wear PPE for every patient?	We are expected to do continuous masking and use full PPE when we are concerned about pt with ILI symptoms. At least mask and hand washing or gloves for other patients you see in person.
18. Hospitals use gowns for patients and they can wash them and reuse them. Can clinics make gowns (like PPE) that they can wash (at clinic) and reuse and if so, what substance can they use to kill COVID?	Washing with soap and water and bleach (use a mixture of 100 ml of bleach to 900 ml of water)
Theme: General Questions	
19. Where can I find the stress response video online to share with my patients?	http://teenmentalhealth.org Slides from the talk are also on Specialist LINK website
20. Can patient participate in congregational singing if they are wearing face masks or social distancing?	The guidelines for places of worship indicates that there should be no congregational singing https://open.alberta.ca/dataset/2be831dd-d83e-42da-b634-6bc6d5232d1a/resource/58a27af1-bce4-4cf9-862d-892089f1c2be/download/goa-covid-relaunch-guidance-places-of-worship.pdf

21. Are the PCN COVID clinics maintaining full segregation of hot and cold clinic patients or relying on disinfection for shared areas?	PCN access clinics are designated for COVID positive or presumed positive patients (i.e. "hot" clinic) and non-COVID patients are directed to different clinic if need to be seen in-person. Very few positive patients are seen in person at the PCN access clinic as most are followed virtually
22. How long would the government support virtual care?	They have committed until September. AMA working to extend and make the amount more reflective of visits
23. Where can we get "Trace Together" posters?	There are no posters yet, just a video and an FAQ