

COVID-19 Response Questions & Answers: Calgary Zone

Date Updated: Aug 26, 2020

General themes covered by this document:

- Mental health concerns
- Masking questions and masking behavior
- Back to school general questions
- Isolation guidelines
- Virus transmission

Question	Answer
Theme: Mental health	
1. What are some key messages re: mental health and stress?	https://www.youtube.com/watch?v=x3SVAWLGCURU (for an elementary school audience) www.Teenmentalhealth.org
2. How do we manage mask related concerns / anxiety as kids go back to school?	Practice at home with the mask - Understand what is distressing about the use of the mask ie. name the emotion – acknowledge not being able to read facial expressions is hard Use trial and error to see if there is a mask that is more comfortable than others
3. Worries about infecting others, especially older family members?	Talk about what can be done now to help, plan for the future, and explain the locus of control. Find Other ways to support grandparents if they cannot hug them - do other things for them.
Theme: Masking	
4. Any special considerations for children with asthma or DM1 and masking?	People with well controlled asthma who get COVID do not have worse outcomes Asthma should not preclude someone from wearing a mask.

5. Any comments about face shields in those people / kids who cannot tolerate the anxiety they get from mask wearing?	Scarfs do not seem to work as a barrier. Face shields are currently being studied, needs to cover the full face and go down under the chin - stay tuned.
6. Should kids be bringing paper bags with them to school to hold their masks when they're not using them?	Sure – a plastic bag or maybe a Tupperware. A clean pocket if need be; need to sanitize before putting on and after taking off the mask
7. Can you pls touch on mask exemption criteria - what medical conditions would fit into this	<p>AH is working on guidance for this currently https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-evidence-of-harm-from-mask-use-for-specific-populations.pdf</p> <p>For grades 4-12, AH will be providing exemption guidance for masking and for K-3, it will be the respective school boards to manage exemptions.</p>
8. If teachers wear a mask and goggles will they be exempt from quarantine if they are exposed by a positive student? Would that be like "full PPE" in healthcare?	<p>School boards have a similar question for AHS when defining a close contact in the Guide for schools before, during, and after a COVID-19 outbreak. See answer to question 16.</p> <p>Note: Teachers will need a medical mask to not be a contact (similar to the criteria for healthcare workers)</p>
Theme: Back to School general questions	
9. What should we tell parents about their kids going back to school?	<p>Context is important with regards to return to school: cases are low now - if there is a serious spike it may no longer be ideal.</p> <p>Need to balance against the long term effects of social isolation and impact on mental health.</p> <p>Also - make sure people get their influenza vaccines.</p>
10. In the teacher community there is concern alcohol based hand sanitizing is not effective against viruses. How would you respond to that concern?	<p>Alcohol based sanitizers of at least 70% alcohol is effective for disinfection (UptoDate) - teach kids to do proper hand hygiene.</p> <p>40 degrees C and at least 40 proof alcohol also works.</p> <p>Alcohol based sanitizers are safe for kids to use.</p>
11. Will Clearance swabs/tests be required for return to school? What are plans for school boards?	<p>No - see Jia's slide and: https://www.alberta.ca/k-to-12-school-re-entry-2020-21-school-year.aspx</p>

12. Can we get Myhealth Alberta set up for kids under 14?	AHS recognizes the <14 years restriction is a problem, so they are working on changing it soon.
13. No Doctor notes required for mask exemption correct?	Correct, pending future Alberta Health direction
14. Some parents told me that they are expected to pick up their children within 30 minutes of symptom development / concerns at school, and this was a fear they had re: school. Is this true? Any tips?	<p>CBE guidelines state 60 min for pick up by parent or alternate emergency contact. CCSD indicates 'as soon as possible.'</p> <p>If this is typically a grandparent, perhaps consider making a change during COVID (perhaps a cohort family from your social bubble?) or make sure they wear a mask and have child sit in back seat as far away as possible.</p>
15. Who is responsible for enforcing mask use? Who is responsible for ensuring masks are switched after 3-4 hours of use? Who is responsible for patrolling the health of students & staff?	<p>Outside of school, it will be the municipality (eg. City of Calgary) that will enforce mask use. Inside schools, school administration and staff will need to be work through these situations on a case by case basis. Parents/guardians are important partners to supporting this. Plans will need to be put in place where conflict arises using the usual processes that schools have in place to address the teaching, training, and reinforcement of mask use and care. Monitoring of student and staff health is maintained through collective monitoring of symptoms. This is an area of challenge for schools as school staff are not health experts and may have concerns based on personal viewpoints around symptoms and risk.</p> <p>Parents and caregivers should review the rules regularly with their children at home, just like we review the rules for crossing the street, wearing a helmet or talking to strangers with our kids – this is just a new risk in our environment. Physicians likewise can add this to the typical risk reduction talks we have with children and youth at every opportunity to help make enforcement easier for schools.</p>
16. What's the definition for "exposed" child (in the pathway)? sitting w/in 2 meters or anyone in the same classroom?	<p>Greater than 15 mins of face to face contact less than 2m away is considered close contact. Hallway encounters would generally not be considered exposures that would lead to being determined to be a close contact. But on a bus for 20mins seated within 2m of a confirmed positive case, would.</p> <p>Non-medical masking does not change exposure determination.</p>
17. Will there be reduced class sizes?	There has been no new funding has been provided to boards to reduce class sizes or address additional resources costs specific to a Covid-19 response.

18. What kind of respite care can we offer families in unique situations (i.e. single mom with COVID)	Consider accessing 211 or your PCN Social Work team to assist in these socially complex situations.
Theme: Isolation and contact isolation	
19. If an immunocompromised children has elected to stay home, any different safety measures if their siblings are still attending school?	We do not know - the immunocompromised child may shed longer if sick - more likely to get more serious illness - what are the practical considerations - can they isolate the child from the other siblings if exposed.
20. When will they change isolation needs to 7 days then?	Not at this time. Isolate for 10 days or when symptoms end, whichever is longer. Isolation period is still 14 days for health care workers. (We add an additional 4 days for health care workers because of the nature of their work with vulnerable patients)
21. What is the plan for parents and working if their child has been exposed? I work in LTC. If a staff members' child has been exposed at school should that staff member avoid working in LTC?	If a child has been exposed, that staff member does NOT need to isolate unless symptomatic. Contacts of a contact do not need to isolate. EXCEPTION: a contact of a <i>symptomatic contact</i> CANNOT attend a school either as a student or staff. Once swab done if NEGATIVE the contact of the symptomatic contact is fine.
22. How long is quarantine required if a child is asymptomatic but tests positive? Is it different for adults?	https://www.alberta.ca/isolation.aspx#toc-0 If you test POSITIVE your isolation is 10 days from test if asymptomatic for either children or adults. (add 4 days for health care workers)
23. If the child tests positive but is asymptomatic how many days do you go back to quarantine people from the day of the test and is it the same for adults as well? 2 days? 7 days? 14 days?	The period of infectiousness is 2 days before Sx onset to 10 days; if never symptomatic we just use 2 days before when test was taken to 10 days after test was taken
24. So if our kids start school and get covid, if he just stays in his room , only come out to use the bathroom, nowhere near him, I only need to isolate for 14 days from last day of contact with him?	Yes

25. So if I have a child who gets sick, attending school (let's say no known COVID contact), while they are awaiting testing I could still work right (if well)? Or do I need to isolate until swab back?	Correct, unless you have been exposed to someone confirmed to have COVID-19 or have travelled out of the country in the last 14 days. See Specialist Link COVID-19 Pediatric Pathway.
26. Ok what if the kindergarten kid is sick, no known COVID contact, but awaiting COVID results...if cannot self-isolate alone can parents work? Or does one have to self-isolate with child?	One parent has to take care for the child and cannot go to work or leave home.... therefore, may incur up to 24 d of isolation - see Christine slides
27. If there is a COVID+ case in a classroom, what will be the implications for the other children in that class. Quarantined for 14 days from the initial contact?	See pediatric COVID pathway 14 days from LAST contact while the index case was infectious. ITS REALLY IMPORTANT KIDS DO NOT GO TO SCHOOL IF AT ALL SICK -NO "ADVIL AND GO" THIS YEAR!
28. If students in a classroom are sent home because of a potential positive Case does this mean all need to stay home for 10-14 days? Do both parents then have to stay home also for the same length of time?	exposed but not sick yet - isolate child Parents would not have to isolate unless they have to actively giving care - see Christine's presentation Contacts of a contact do not need to isolate from normal activities.
29. How is the day of contact for family defined? wait until they are better then start counting 14d?	Only persons considered close contacts of a confirmed positive case will be required to isolate and monitor for symptom development for 14 days from last close contact date.
30. Does a contact of a contact needs to isolate?	If contact of contact is asymptomatic, no. If a contact of a <i>symptomatic contact</i> is asymptomatic – no school – but can do normal activities.
31. What to do if a co-worker or patient tests positive?	See Christine's slides If in doubt contact MOH for guidance.
Theme: Virus transmission	
32. Can COVID-19 be acquired via the fecal-oral route?	Some evidence, including discovery of ACE receptors in the gut. Stresses importance of excellent hand hygiene as part of the multipronged risk reduction plan for successful school re-entry.
33. Should toilets be cleaned more frequently?	There will be increased cleaning in school as part of the GOA requirements for scenario 1.

<p>34. What is the incidence of fomite transmission?</p>	<p>Can be a mode of transmission - ensure to teach children proper hand hygiene, especially after touching high touch surfaces (doorknobs, elevator buttons, sports equipment / balls, etc) As above, increased cleaning plus increased opportunities/direction for hand hygiene will increase success of safe re-entry.</p>
<p>35. I'm concerned that we know kids are susceptible to typical seasonal viruses (I think avg ~12/yr) and even though we haven't seen their demographic affected hugely this outbreak, is this authentic?</p>	<p>Part of this susceptibility is due to lack of hand hygiene and children being sent to school sick but "well enough", especially when parents have no other choice for childcare. In the context of COVID precautions we would expect a huge reduction in these two risk factors.</p> <p>A lot of whether kids are affected also relies on how often we test kids (e.g., maybe less likely to test if more mild illness)</p> <p>In Alberta, ~15-20% of cases are in kids, (this may be a reflection of our high testing rates).</p>
<p>36. What are the neurological conditions that are at increased risk and what is the increased risk?</p>	<p>Evidence review does not speak to this specifically. In pediatrics need to consider the effect the neurological condition has on ability to wear a mask, follow directions etc.</p>
<p>37. Other clinical questions</p>	<p>Other clinical questions can be emailed to phc@ahs.ca</p>