

COVID-19 in the Calgary Zone: PCN update – September 24, 2020

Medical Home Q&A with Dr. Christine Luelo

Q. Can you share any tips about how to ease parental anxiety about COVID-19 and schools?

The relationship we have with patients can help ease their anxiety because physicians are a trusted source of truth. When I have positive cases, I reference the large percentage of patients who recuperate at home without needing in-person or hospital care (despite what the news highlights daily). The pediatric data shared by Dr. Jim Kellner in the recent University of Calgary COVID Corner webinar ([Slides: School Opening and the Second Wave](#)) is particularly helpful. As of Tuesday, September 8, Alberta had seen 18 children (aged 0-19) hospitalized for COVID-19, with three in intensive care and no deaths.

The worldwide data shows children are – in general – minimally affected and, in fact, don't transmit as much to each other as they do to adults (or the transmission between adults). I also find the [transcript](#) from Chief Medical Officer of Health Dr. Deena Hinshaw's Friday, September 11 press conference helpful. It explains transmission, the incubation period and symptoms in a way that is easy for patients to understand. Knowledge is power and when delivered with a dose of calm it is even more impactful. Be the calm for your patients! [COVID Corner: September 9](#) | [PCN Back to School webinar: August 24](#)

Q. If there's a positive case in a school, why is the whole class sent home?

Dr. Hinshaw has taken a conservative approach to cohorts being told to stay home when a case has been identified in a classroom. While there is data from other jurisdictions in which children stayed in school during the pandemic, we don't have data for Alberta. In her [Monday, September 21](#) address, Dr. Hinshaw referenced the need to build this dataset to help us understand in-school transmission patterns. While this is hard for parents in the short term, it will be better for our school populations in the long term. Kids benefit from in-class learning, and Albertans need to do whatever it takes to make this successful.

The current protocol is to ask the class to stay home for 14 days, with a baseline test to determine if there are asymptomatic cases that may be linked to the index case. A negative test does NOT mean you can skip the 14-day quarantine. There is sector-specific guidance for contacts of a contact and some companies have enacted their own policies. We are looking forward to more robust tools being released in the coming weeks to better explain isolation instructions. A reminder that [testing protocols were updated](#) last week. Testing is now recommended only for Albertans who are symptomatic, close contacts of a confirmed case (symptomatic or not), linked to a known outbreak (symptomatic or not) or asymptomatic but require test results in order to travel. [Isolation requirements](#) | [Prevent the spread info sheet for patients](#) | [Resources for parents and families](#)

Q. If there's a positive case in a school but a child is not a close contact, how would you counsel parents about the steps they might consider taking?

Don't panic! There were 81 schools in the province with known cases as of Monday, September 21 and a total of 126 individual cases. There are over 2,500 schools in Alberta. We have fewer cases in 0-19-year-olds today than we did at the peak in April, when schools were closed. This is a good opportunity to remind children about importance of distancing when able, wearing a mask and washing their hands. This is particularly important for time spent outside the school building – in the field at lunch time, walking home with friends, hanging out on days off. It's important we're not so focused on classroom transmission that we forget that the majority of transmission is happening in the community.

Q. Why does isolation advice seem to vary so much?

Visit the [specialistlink.ca](https://specialistlink.ca/isolation-guidelines) [isolation guidelines](https://specialistlink.ca/isolation-guidelines) and pediatric pathways (see links below) for the most up-to-date and practical advice for pediatric symptoms/cases. They are based on Alberta Health guidelines, as opposed to individual school board policies, which can differ. Always defer to the most conservative approach and advise patients to stay home longer, if in doubt. Remember you can also use the [Specialist LINK tele-advice services](#) for further support. [Pediatric Testing and Isolation Pathway](#) | [Pediatric Outpatient Clinical Management Pathway](#) | [Adult COVID-19 pathway](#)

Q. My patients are reporting different approaches to mask-wearing in schools. What do you tell them about how best to manage this?

Schools were given guidelines and asked to enact them within the context of their buildings and student populations. The result is a fair amount of variability. I encourage parents to speak to school administrators, but to do so respectfully, to better understand the reasons for local protocols. Schools have had support from the local Medical Officers of Health and the Communicable Disease Control teams to enact their plans. Mask exemption guidelines are based on local city bylaws and individual school boards/unions. The guidelines tell us that if we are not wearing a mask we should make every effort to avoid places where we cannot maintain a two-metre distance. The main reasons for not wearing a mask are a developmental disability, and moderate to severe anxiety. Other perceived reasons can often be mitigated with some coaching. [Mask resources](#) | [How to support your child to wear a mask](#) | [Patient refusal: face masks](#)

Q. What advice do you offer patients requesting copies of test results for travel, daycare or work?

Test results belong to patients, but physicians can charge a fee (per Alberta Medical Association guidelines) for making a copy and providing them to the patient. Perhaps it's time to enact the EMR add-on to allow you to "post" a result to a patient for them to access on their own. Patients over age 14 can access the [MyHealth.Alberta portal](#) (adding under-14 soon) or take a screen grab of text results now that [results are available via text message](#).

Remind patients that a negative test result does not mean they can skip a mandatory 14-day quarantine if they were listed as a close contact. Rather, it allows for a return to activity if a patient had symptoms without a known contact, once the symptoms have resolved. The turnaround time for results is variable. Close contacts in outbreaks are fast-tracked. Asymptomatic tests are not and can take up to five days.

Q. I've had requests from parents with children in daycares for return to school notes. Some schools are also saying they require notes. Any advice on how to handle requests such as these when they don't align with public health recommendations or professional guidance?

It can be frustrating when patients ask for documentation "just in case," or when third parties want paperwork that is not required according to the guidelines. It is hard to dig in to every request but sometimes patients assume they need a note like any other illness absence. Some probing questions may help to clarify if it is needed. Sometimes the path of least resistance is to provide the note, and remember this is an uninsured service charged to the patient. Just make sure you have the whole story about the reasons for the absence and the appropriateness for return before you sign off.

Q. Federal and provincial tracing apps are available. What do you recommend patients use?

The federal tracing app is not yet active in Alberta so I recommend using [ABTraceTogether](#) for now – notwithstanding its limitations. Don't want to use the app? Consider keeping a diary of where you go and with whom in case contact tracing is required later (like my Friday lunch at Chianti's with my BFF – wearing a mask after the awesome salad made me realize how much garlic is in there!)

Other updates

1 Register for Primary Care Pulse Check webinar, take the survey

The next PCN webinar in the series will provide a forum for physicians and nurse practitioners to discuss how COVID-19 has changed the way in which they care for their patients. The webinar will take place on Tuesday, September 29, from 6-8 p.m. Please take the [Primary Care Pulse Check survey](#) and [register here](#). You can also [register for the next COVID Corner webinar](#) (Wednesday, October 7).

2 ESwabs: Limited supply

Alberta Precision Laboratories (APL) is [asking](#) health professionals to stop using COPAN ESwab specimen collection kits for COVID-19 testing. The swabs are in limited supply due to global demand, and they are the only kits for bacterial culture required by some automated microbiology platforms in Alberta.

- Do not use ESwabs for COVID-19
- Closely monitor ESwab distribution and only order what is required for one month
- Use nasopharyngeal or throat swabs recommended and distributed specifically for COVID-19 testing.

To order COVID-19 testing swabs, request NP FLOQSwabs on the [order form](#) and fax to 403.944.2317.

3 Surgery backlog cut

AHS has cleared 88 per cent of the scheduled surgeries backlog and developed a [plan](#) with Alberta Health to increase surgical activity 150 per cent. The plan to reach 150 per cent in both rural and urban communities includes expanding capacity through chartered surgical facilities so hospital operating rooms can perform more complex surgeries.

4 Visitation booking tool

AHS has an [online tool](#) for visitors to request scheduled visits with residents of continuing care sites operated by AHS, CapitalCare, Carewest and Covenant Health. Site participation is voluntary.