

Novel Coronavirus (COVID-19)

Frequently Asked Questions – Staff

November 4, 2022

What's happening in Alberta?

For the most current information impacting AHS staff, visit the [COVID-19 Insite page](#). For current COVID-19 case counts, public health measures, travel requirements, guidance for businesses and more, visit alberta.ca/covid19.

Additional information for Allied Health Staff can be found [here](#). We encourage all staff to review, as information in the Allied Health document may be useful to healthcare providers beyond that scope.

Other COVID-19 resources:

- [Infection Prevention and Control](#)
- [Personal Protective Equipment](#)
 - Review the [PPE FAQ](#) or the [Continuing Care PPE FAQ](#) for more information.
 - Questions about PPE? Email the PPE Taskforce at ppe@ahs.ca.
- [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#)

Issued by the AHS Emergency Coordination Centre (ECC).

- [Clinical characteristics of COVID-19](#)
 - This includes a breakdown of what COVID-19 is, how it spreads and symptoms to watch out for.
- [Clinical management of suspected, probable or confirmed COVID-19 patients](#)
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- [Rapid Testing for Healthcare Workers](#)

Clinical characteristics of COVID-19

1. What is COVID-19?

- COVID-19 is the disease caused by SARS-CoV-2 coronavirus, a new virus that was first recognized in December 2019 and resulting in the ongoing global pandemic
- Most people with mild illness of COVID-19 will recover on their own though some will require hospitalization for severe or critical illness. While supportive care is the mainstay of COVID-19 management, In some cases, therapeutic agents are recommended.
- Review this section for more information about a [COVID-19 vaccine](#) in Alberta.

2. What are COVID-19 variants?

- Like most viruses, COVID-19 mutates as it reproduces inside the cells of an infected person. COVID-19 viruses that have changed or mutated are called variants.
- Several variant COVID-19 strains of COVID-19 have been identified in Alberta.
- Alberta is monitoring for variant strains of COVID-19 that have a higher infection rate. Refer to [Alberta Health for the latest case numbers](#).
- For more information, see [COVID-19 Variants](#).

3. How does COVID-19 spread?

- COVID-19 is transmitted through respiratory droplets (large droplets or aerosols) produced by people who have the virus, and then spread from person-to-person by:
 - coughing, sneezing, talking, laughing, and singing
 - touching objects or surfaces the virus has landed on and then touching your eyes, nose or mouth (bath towels, kitchen utensils, door knobs, etc.)
- People who have COVID-19 can spread it to others before they start to feel sick.
- In certain situations airborne transmission of COVID-19 may be possible such as during aerosol generating medical procedures (AGMP) and in situations with poor ventilation, crowding, where gatherings are taking place for prolonged periods of time, or where heavy breathing/exertion is occurring.
- The virus can also be spread via direct contact with another person or by touching contaminated objects/surfaces (also known as fomites) though this does not appear to be a major source of transmission.

4. What is the incubation period of COVID-19?

- Alberta health uses an incubation period of 7 days for the Omicron variant. Pre-omicron, the incubation range as 2-14 days and it is thought that incubation periods may differ depending on the variant of concern.

5. What are symptoms of COVID-19?

- The most common symptoms of COVID-19 include:
 - Fever
 - A new cough or a chronic cough that is worsening
 - New or worsening shortness of breath or difficulty breathing
 - Sore throat
 - Runny nose
 - Loss of sense of smell or taste
- Additional Symptoms of COVID-19 can include:
 - Stuffy nose
 - Painful swallowing
 - Headache
 - Chills
 - Muscle or joint aches
 - Feeling unwell in general, or new fatigue or severe exhaustion
 - Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite)
 - Conjunctivitis, commonly known as pink eye
- Most people (about 80%) recover from this disease without needing special treatment. However, it can

cause serious illness. Those who are older, and those with other medical problems are more likely to develop serious illness, which can include:

- difficulty breathing
- pneumonia
- There is a risk of death in severe cases.
- While we are still learning about COVID-19, serious illness appears to develop more often in people who are older or have pre-existing conditions, such as but not limited to:
 - high blood pressure
 - heart and/or lung disease
 - cancer
 - diabetes

6. Are COVID-19 symptoms in a child the same as an adult? How are they treated?

- Although acute COVID-19 in children can present similarly to adults, data shows some single symptoms (such as a runny nose, sore throat, diarrhea, etc.) are commonly associated with many other illnesses in children and are not a strong indicator of COVID-19 in youth, especially if they resolve quickly.
- Children can get a condition called multi-system inflammatory syndrome in children (MIS-C) weeks after their acute COVID-19 infection.
- Fever is a key feature of this syndrome, and other symptoms can include rash, vomiting, diarrhea, and abdominal pain.
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- MIS-C involves inflammation of multiple organs, including the heart, kidneys, blood and nervous system and the child can present as critically ill and requires treatment

7. What should I do if I have symptoms of COVID-19?

- If you are a healthcare worker in Alberta who is experiencing symptoms, please see this [Directive](#) and the [Return to work decision chart](#).
- If you need immediate medical attention call 911 and inform them you have COVID-19.
- You may be eligible for COVID-19 testing. Please see the [COVID-19 Testing](#) page for the most current information about testing.

8. After a person tests positive for COVID-19, when is it safe to be around them? How do we know they are safe to be around? Is there a risk that they could still be infectious?

- Alberta Health currently defines the infectious period as two days before onset of symptoms to 7 days after OR for as long as the case has a fever, whichever is longer. If the person is an AHS healthcare worker they should follow the return to work decision chart and follow strict continuous masking for 10 days after symptom onset, and beyond per hospital policies. Some people who have severe disease requiring hospitalization or admission to ICU, or who are immunocompromised may be infectious for longer.. Their healthcare provider can provide advice about when they are no longer infectious.

9. Can herd immunity be effective to reduce the spread of COVID-19?

- Given that there are safe and effective vaccinations for COVID-19 and there is risk associated with natural COVID-19 infection, herd immunity is not a recommended way to reduce the spread of COVID-19.

10. What can I do to prevent the spread of COVID-19 at work, home or in or my community?

- Receive your primary series of the COVID-19 vaccine as well as booster doses as recommended by Alberta Health. More information about the COVID-19 vaccine can be found [here](#).
- Adhere to the same practices we recommend for protecting against all respiratory illnesses:
 - [Wash your hands](#) using an alcohol-based rub or soap and warm water for at least twenty seconds. Review the [AHS Hand Health FAQ](#).
 - Avoid touching your face, nose, or mouth with unwashed hands.
 - Avoid close contact with people who are sick.
 - Clean and disinfect surfaces that are frequently touched.
 - When sick, [cover your cough and sneezes with your arm](#), and then wash your hands.
 - Wear a non-medical mask in public when a distance of two metres cannot be easily maintained.
 - The updated joint agreement of December 2021 sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two

- metres of a patient with suspected, presumed, or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.
- In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol generated medical procedures is anticipated (for example, critical care units and emergency departments), where there is a high density of COVID-19 patients (such as COVID-19 units), or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).
- Refer to the [PPE FAQ](#) for more information on the continuous use of eye protection.
- This includes non-clinical and administrative sites.
- Refer to [this question](#) for continuous use of masks for immunized workers
- DO NOT work when unwell, with any illness. If you have symptoms, please stay home, advise your leader/medical leader and get [tested](#).
- Stay home with any cold or flu symptoms until feeling well.
 - Refer to [this question](#) to learn who is applicable for COVID-19 testing and how to stay safe.
 - Testing is by appointment and can be booked [online](#) or by calling Health Link at [811](#).
- If you are linked to an outbreak, whether you have symptoms or not, you need to follow all directions from AHS Public Health and WHS.

11. I'm worried about catching COVID-19. Should I wear gloves when outside of my house or in public places?

- Medical gloves are a very important component of Personal Protective Equipment for healthcare workers. However, gloves do not need to be worn by members of the general public during their daily activities, such as when grocery shopping.
- Gloves can create a false sense of security. If not used and disposed of properly, wearing gloves may provide another surface for the virus to live on – potentially encouraging virus transmission.
- Gloves are not a substitute for proper hand hygiene. We recommend frequent and thorough [hand washing](#) (with soap and water for 20 seconds), and covering your mouth when coughing or sneezing. Avoid touching your face, nose or mouth regardless of whether gloves are being worn. These remain the best evidence-based ways to prevent the spread of respiratory illness.
- For those who choose to wear gloves, proper glove use must be practiced.
 - Hands should always be washed and/or sanitized prior to putting on gloves and after taking gloves off.
 - Gloves should be changed when they become soiled or torn.
 - Change gloves if you touch your face – eyes, nose or mouth – or cover a cough or sneeze with your hands while wearing gloves.
 - Disposable gloves should be thrown out and not used again once they have been taken off.
 - Reusable gloves must be cleaned and disinfected after each use.

12. I use hand sanitizer regularly. What should I look for in products intended for personal use?

- AHS does not individually verify or promote any of these products, but here's some overarching advice on what to look for when considering hand sanitizer for your personal use:
- Ensure the product has an alcohol concentration between 60-90 per cent. Public Health Agency of Canada, the Centers for Disease Control and Prevention and the World Health Organization all agree that products in this range are effective.
- The World Health Organization also recommends inclusion of hydrogen peroxide in the solution, to prevent bacterial spores forming in the container. This may be less important if you are using a small container rapidly, for personal use.
- Always read the full list of ingredients, to ensure you identify any allergens or irritants to which you know you are sensitive. For example, some products include emollients, which help protect the skin, but may cause allergies in some individuals.

13. I am worried about catching COVID-19. Should I wear a mask when in public?

- Although there is currently no masking mandate in Alberta, wearing a mask remains part of an individual's risk assessment. Alberta Health Services facilities still require the use of continuous masking.
- When wearing a face covering in public:
 - Ensure your mask is well-fitted and does not gape at the sides.
 - Be aware that masks can become contaminated on the outside. Avoid moving or adjusting the mask. Assume the mask has been contaminated and take proper precautions.
 - Critically, if you wear a mask, you must wash your hands before putting it on, as well as before

and after taking it off.

- Cloth masks should be worn only a short time, as there is some evidence that they can trap virus particles after they become damp, which may put the wearer at greater risk.
- It is critical that used masks be carefully handled to avoid spreading infection to others.

14. I want to wear an N95 respirator when out in public. Do all brands provide equal protection?

- [Health Canada has received reports](#) that fraudulent and uncertified N95 respirators that falsely claim to protect consumers against COVID-19 are being illegally sold to consumers online and in some stores.
- In Canada, N95 respirators are regulated by Health Canada as [Class I medical devices](#) and are manufactured or imported by companies that hold a Medical Device Establishment License.

15. When is it okay to use a non-medical (cloth mask) versus a medical mask?

- Please see the [AHS Guidelines for Continuous Masking](#) that outline requirements for continuous masking in healthcare settings and administrative settings.
- The updated [Joint Statement](#) with our Unions from December 2021 sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with suspected, presumed, or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.
- Workers who work in administrative areas with no direct patient contact or patient items are required to wear a mask continuously in all areas of their workplace where they cannot maintain adequate physical distancing. Workers in these areas can choose to wear their own non-medical (e.g. cloth) mask.

16. How do I care for and launder a cloth mask?

- If you are going to wear a cloth mask at work, it is important to bring more than one with you so that you can change it if it becomes soiled or contaminated.
- Store your mask after taking it off in a paper bag or sealed container. Plastic sealable bags are not always the best option as they may promote growth of microorganisms on the mask.
- Always handle your mask by the ear loops and wash your hands before and after touching the mask.
- Launder your mask every day in a hot water wash cycle as you would your work clothes. For more information refer to the [Healthcare Attire Information Sheet](#).

17. Can I reuse my medical mask or cloth mask?

- In a non-clinical setting, it is okay to put your mask upside down (outer side touching a clean surface) for reuse, or on a hook as long as it is not soiled or has become contaminated.
- In a clinical setting, you should be changing and disposing of your medical mask when it is moist, soiled, or after coming into contact with patients on isolation precautions.

18. How can I prevent the spread in a clinical or acute care setting?

- Review the [Infection Prevention and Control \(IPC\)](#) webpage and additional resources such as:
 - [Personal Protective Equipment \(PPE\)](#)
 - [Point of Care Risk Assessment](#)
 - [ILI algorithm to be followed when assessing patients who present with an influenza-like illness](#)
 - [IPC Recommendations for COVID-19](#)
- The updated [Joint Statement](#) with our Unions from December 2021 sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with suspected, presumed, or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection. It also gives all front-line professionals the authority to make the appropriate decision regarding the choice of PPE necessary for their protection, based on their point-of-care risk/hazard assessment and professional judgement.
- In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol generated medical procedures is anticipated (for example, critical care units and emergency departments), where there is a high density of COVID-19 patients (such as COVID-19 units), or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).
 - Refer to the [PPE FAQ](#) for more information on the continuous masking and the use of eye protection.
- Use [Routine Practices](#) for all patients at all times and appropriate [Personal Protective Equipment \(PPE\)](#) as needed.
- Use modified respiratory [precautions](#), when caring for a patient with suspected or confirmed COVID-19,

including a procedure mask, gown, eye protection and gloves. Note: N95 respirators and eye protection are used when performing [aerosol-generating medical procedures](#) or when working with an intubated patient who has suspected or confirmed COVID-19. For more guidance on AGMPs, visit www.ahs.ca/agmp.

- Review the [PPE checklist](#) and the proper procedures for [donning and doffing of PPE](#).
- AHS also has a [Provincial PPE Safety Coach Program](#). The voluntary program trains staff to provide peer-to-peer support and on-site education of proper PPE selection and donning and doffing techniques, complementing existing programs, or as a standalone program in areas that do not currently have a PPE support program.
 - For more information on becoming a PPE safety coach and training, visit ahs.ca/ppesafetycoach.

19. I'm worried I may bring the virus home to my family. How can I ensure that I don't?

- It is critical that staff are compliant with [AHS Infection Prevention and Control \(IPC\) standards](#).
- The effective and appropriate use of PPE keeps staff uniforms and clothing clean. If scrubs are soiled, staff are directed to change out of them before leaving their place of work.
- Hair and shoe coverings are not required PPE. If hair coverings are worn for personal reasons; launder as per the [Healthcare Attire Information Sheet](#).
- Here are some additional recommendations:
 - Washable clothing is preferred in the healthcare setting. Regularly launder clothing in a hot water wash cycle followed by a cycle in the dryer. For more information refer to the [Healthcare Attire Information Sheet](#).
 - Minimize contact between unprotected clothing and patient environments. For instance, do not lean up against walls, countertops, furniture, patient beds/cribs, or medical equipment.
 - Change your clothes at the end of a clinical day, either at the hospital or other facility, or once you arrive at home. If you change at work, transport the clothes you have changed out of into either a disposable plastic bag or a washable cloth bag that can be laundered at the same time as the clothes.
- Healthcare workers who are healthy and not experiencing symptoms can still share spaces with their family including bedrooms and bathrooms.
 - If you do become symptomatic, isolation is recommended. Stay at home and do not attend work..
 - Testing will be by appointment, which can be booked online by visiting www.ahs.ca/covid. If using the Internet is not an option, [811](#) can book an appointment.

20. What surfaces should I clean at home to help reduce the possibility of transmission of the virus?

- We recommend regular cleaning of high touch surfaces. High touch surfaces are those touched often and most likely to be contaminated, such as:
 - Tabletops
 - Light switches
 - Door knobs
 - Sink taps
 - Toilet handles
 - Kitchen counter tops.
- Clean and disinfect high touch surfaces daily or when visibly soiled.
- Use a “wipe twice” or 2-step process to clean and disinfect. First wipe the surface thoroughly with soap and water to clean and remove soiling and debris. Then wipe again with a clean cloth saturated in a disinfectant to destroy or de-activate COVID-19 and other micro-organisms.
- [Environmental Public Health recommends](#) two disinfectants:
 - Diluted household bleach. Prepare fresh daily; add 80 mL (1/3 cup) of 5% household bleach to 4 litres(16 cups) of water.
 - Accelerated hydrogen peroxide (0.5%), used according to label instructions.
- AHS has a dedicated page for [PPE information](#) developed by the PPE task force, and more information about Infection Prevention and Control measures for personal items and clothing can be found [here](#).

21. I eat at work. Is there guidance on how to be safe when bringing food in or when ordering take-out?

- This [guidance document](#) supports staff bringing food to AHS sites for personal consumption.
- While we discourage all Albertans from sharing food or beverages at this time, the guidance document also outlines steps to lower the risk if staff choose to share external food with one or more staff members.
- We continue to remind all staff not to accept donated food for personal consumption, or to distribute donated food to other AHS staff.

22. Are staff allowed to accept food donations from companies when working on site?

- In accordance with Infection Prevention and Control, AHS employees are currently unable to accept [food donations](#).

23. Where can I find translated COVID-19 materials for patients and their families?

- [AHS](#) and the [Government of Alberta](#) have translated resources for COVID-19.
- Interpretation services are available 24/7 through 811 and language line. Use standard processes to access this service from the frontline.

24. Is there a place where I can share my thoughts on what has been working well during the COVID-19 response and could be used in the future?

- Send your ideas to BeyondCOVID@ahs.ca where they will be reviewed to see how we can adopt what we've learned into other areas of AHS.

Clinical management of suspected, probable or confirmed COVID-19 patients

25. How is COVID-19 diagnosed?

- COVID-19 can be diagnosed via a nucleic acid test (PCR) or via rapid antigen test done from a nasal, nasopharyngeal or throat swab.

26. Who is eligible for testing in Alberta?

- Anyone can self test at home with an antigen test. Certain individuals such as healthcare workers are eligible for PCR testing. Please see [COVID-19 Self-Assessment \(alberta.ca\)](#) for more information.

27. What patients are at highest risk for severe COVID-19?

- Older individuals and people with medical co-morbidities, especially related to cardiovascular disease, chronic respiratory illnesses, diabetes and hypertension appear to be at the highest risk.
- Studies demonstrating these risk factors have not assessed the role of age as a confounder for these findings at this time, and the pathophysiology of these risk factors is still under investigation.
- Progressive illness early after presentation may also be a predictor of a severe clinical course.
- The proportion of individuals who get COVID-19 who develop severe disease is still under investigation, but is under 20 per cent of diagnosed cases.
- Only a fraction of hospitalized patients will require ventilator support, develop shock, have signs of end-organ damage, or require critical care admission.

28. Where does the clinical guidance we receive about COVID-19 come from?

- AHS COVID-19 Scientific Advisory Group (SAG) is a standing committee which reviews emerging evidence and guidance from national and international bodies, regarding various facets of COVID-19.
- SAG Rapid Response Reports created from these reviews provide recommendations pertaining to COVID-19 and its impacts on patients, providers, community and the health system, with the goal of informing clinical and public health practice, and policy and procedure development.
- The recommendations are intended to be used in addition to clinical judgement.
- More information about SAG and its recommendations is available on the [COVID-19 Scientific Advisory Group website](#). [SAG recently release information on:](#)
- [Clinical indicators of the need for intubation or mechanical ventilation](#).
- [Predicting positive tests for COVID-19](#)
- [Non-steroidal Anti-inflammatory Drugs \(NSAIDs\) Safe in COVID-19](#)
- [Safely Discharging COVID-19 Patients from Hospital](#)
- [Risk factors for severe COVID-19 outcomes](#)
- [Role of children in the transmission of COVID-19 in communities](#)
- The full reports for these reviews and others are available on the [SAG Recommendations pages](#) at ahs.ca/covid.

29. Is Ivermectin effective for the treatment and prevention of COVID-19?

- Ivermectin should not be prescribed or taken to treat or prevent COVID-19.

30. Is there a resource on how to recognize early symptoms of COVID-19 in seniors?

- An [information poster](#) on how to recognize early symptoms of COVID-19 in seniors and clients in continuing care, congregate or home living is available. This visual aid includes important observations of behaviour, signs and symptoms, sudden changes, as well as information on reporting early symptoms or any other changes, to site leadership and a regulated healthcare provider.

31. Are there clinical indicators that predict the need for patient intubation and mechanical ventilation, and in those patients the probability of survival or mortality?

- The AHS COVID-19 Scientific Advisory Group conducted a rapid review in response to questions from clinicians. This review is based on limited literature and existing published guideline documents, and is limited to adult, non-pregnant patients with confirmed or suspected cases of COVID-19. The [Rapid Review report](#) has several recommendations with regard to intubation.

32. I have a patient with serious acute illness. What steps should I take to support them in their care goals or end-of-life plans?

- It is important to have advance care planning and [goals of care discussions](#) with your clients and/or their alternate decision makers before and/or at the onset of serious acute illness.
- Providing goal-concordant care is especially important with severe symptoms and treatment for COVID-19. These conversations should include goals, hopes and fears ahead of sickness, as well as the potential need for hospitalization, ventilation or resuscitation, and [Goals of Care Designation orders](#).
- As appropriate, please visit or share the following online resources:
 - [Conversations Matter website](#) – AHS website for advance care planning and Goals of Care Designations for the public and for healthcare providers
 - [Conversations Matter Guidebook](#) – this resource outlines the steps in advance care planning and explains Goals of Care Designations in plain language
 - [Personal Directive](#) – A personal directive provides instruction for future medical care and identifies an agent to make personal decisions if needed.
 - [Green Sleeve video](#) – describes a Green Sleeve, which holds advance care planning and Goals of Care Designation related documents.

33. I'm a physician – are there resources available to guide care decision-making during this pandemic?

- AHS Clinical Ethics has created the [Goals of Care Designations during Pandemic Conditions](#) guidance document, intended to support decision-making during COVID-19.

34. I work in palliative and end-of-life care. What resources can I use when treating patients?

- Several resources have been developed to guide healthcare providers on providing PEOLC to patients and families, including but not limited to those infected with COVID-19.
 - AHS COVID website with [provincial PEOLC resources](#)
 - [Continuing Care Connection](#) website
 - The Provincial PEOLC team has developed a PEOLC COVID-19 SharePoint site that is accessible to AHS and Covenant Health staff. If you would like to access this site, please email palliative.care@ahs.ca.
- For more information on PEOLC, visit the [Palliative Care webpages](#) on MyHealth.Alberta.ca. This website is a reliable, clinically relevant and evidence-based accessible source of PEOLC interdisciplinary information for both healthcare providers and the public.
- If you have questions or would like to connect with the provincial PEOLC team, please email palliative.care@ahs.ca.

35. I've been asked by a patient to witness the signing of wills or a personal directive. Where can I find guidance to deal with requests such as these?

- This [guidance document](#) developed by AHS contains information on factors to consider if a patient requests a health care professional witness any of these personal documents, as well as the process for lawyers to access AHS sites to provide legal services to patients and clients. [Decision Making Toolkit for Frontline Staff](#), for staff to consult when choosing to witness a personal directives, enduring powers of attorney or other personal document.

- Find more on staying safe when supporting a patient to complete documentation in the [Allied Health FAQ](#).

36. What guidelines should I follow when caring for hospitalized pediatric patients with COVID-19?

- Guidelines are available to give Alberta providers of inpatient pediatric care guidance for the basic care of patients with known or suspected COVID-19 infection. This will help ensure these patients receive optimal, consistent and equitable care. Please review the [guidance document](#) to learn more.

37. I have a COVID-19 patient who has a secondary infection. What are the recommendations for anti-microbial use for these patients?

- This review by the Scientific Advisory Group (SAG) was requested to assess current data on the incidence of co-infections at presentation, or bacterial or fungal superinfection, to inform guidelines around anti-microbial use in patients with COVID-19.
- Antibiotic use in patients with COVID-19 has not been proven to improve clinical outcomes, but unnecessary antibiotic use in the stewardship literature has been proven to be associated with an increased risk of *C difficile*, and other adverse drug effects. For more information, see the [Rapid Review](#).

38. Is there an advice line for with patients/community members living with disabilities?

- A Rehabilitation Advice Line, 1-833-379-0563, is available for Albertans over the age of 18 who are recovering from injury, orthopedic surgery, COVID-19, or managing a neurological condition.
- The line gives callers information about:
 - Activities and exercises that help with physical concerns
 - Strategies to manage the day-to-day activities affected by these concerns
 - Rehabilitation services that are open for in-person and/or virtual visits
 - Community-based organizations

39. Where can I find additional guidance to support those living with severe disabilities?

- AHS has developed guidance related to unique infection prevention and control considerations for individuals living with severe disabilities, as well as a [COVID-19 Communication Rights Toolkit](#), which provides resources and supports for people living with hearing/speech issues.
- The Rehabilitation Advice phone line can be reached at 1-833-379-0563, and other resources can be found at [Resources for Specific Health Conditions](#).

40. Who should I call to facilitate a safe, timely transfer of patient during this pandemic?

- All providers in all zones are asked to use RAAPID when seeking time-sensitive referral/ advice, patient transfer or accessing services of providers in another facility in Alberta.
- This [summary](#) outlines the types of calls that need to involve RAAPID and those that would be considered out of scope.
- Calling RAAPID early to identify the available destination recourse is paramount for initiating optimal care and response for urgent and high acuity patient transport.
 - North: 1-800-282-9911 | 780-735-0811
 - South: 1-800-661-1700 | 403-944-4486
- If you encounter any difficulties getting the level of service required, please ask to speak with the RAAPID manager on call. For less timely inquiries, email RAAPID.Leadership@ahs.ca.

41. What criteria for discharge should we follow for patients hospitalized with COVID-19?

- Common criteria for discharge for COVID-19 patients within guidelines from health organizations and health regions include;
 - afebrile status without use of fever-reducing agents for at least 48 hours
 - improving hypoxia and respiratory symptoms (particularly shortness of breath, since up to 29 per cent of patients may have persistent cough for up to three weeks)
 - able to adhere to isolation recommendations until predominant symptoms and fever are completely resolved.
- For more information, please review the recommendations section of the [Rapid Review](#).

42. What guidance is available to support the discharge of a patient hospitalized with COVID-19?

- Guidance is available for acute care staff and physicians to support the consistent and safe discharge of COVID-19 patients, on the [Insite](#) table:

- [Provincial Pandemic Flowsheet](#)
 - [COVID-19 Safe Patient Discharge Checklist](#)
 - [Safe Patient Discharge Checklist Appendices](#)
 - [My Discharge Checklist](#) (for patients)
 - [Staff Script for the COVID-19: My Discharge Checklist](#)
- A [guideline](#) is also available that defines how patients, primary care, public health, acute care, and home living and supportive living can work together to coordinate care to ensure patients have the support they need throughout their COVID-19 health journey – including their transition back home.

43. What resources are available for patients to manage COVID-19 symptoms?

- Refer to MyHealth Alberta:
 - [How to manage symptoms](#)
 - [Care Instructions](#)
 - [Getting Healthy after COVID-19](#)
 - [Recovery & Rehabilitation after COVID-19: Resources for Health Professionals](#)

Daily Fit for Work screening

44. How is AHS ensuring staff are well and without symptoms before coming to work?

- To minimize the spread of COVID-19, daily fit for work screening is required for all staff, physicians, volunteers and contractors. See our Directive: [Attending work with COVID-19 Symptoms or a Positive COVID-19 Test](#)
- [Fit for Work](#) questionnaires are maintained for all AHS staff, as well as for visitors and designated support persons.
- Information related to screening people visiting residents and patients is available at ahs.ca/visitation
- For more information, see the [Fit for Work Screening Protocol](#) and ahs.ca/fitforwork.

44. How is AHS defining “improved” COVID-19 symptoms, as outlined in the [Attending Work Directive](#)?

- For COVID-19 positive staff:
 - You must remain work restricted for at least 5 days and until your [symptoms](#) have improved and you have been fever-free for 24 hours without the use of fever-reducing medication
 - You are the best person to decide if your [symptoms](#) are improving. An improvement in symptoms means that you are feeling better than you did in the previous days and you have no new COVID-19 symptoms.
 - Some [symptoms](#) may continue after you are no longer able to spread the virus to others. If you still have a cough, loss of sense of taste or smell, or fatigue that is not getting worse after five days of your initial symptom onset, you do not need to keep staying home

45. Do I need to complete a temperature check as part of the Daily Fit for Work screening?

- For both continuing care and non-continuing care workplaces, temperature checks are not required as part of the Fit for Work screening process.

46. I noticed a co-worker with symptoms at work. What should I do?

- We all have a shared responsibility to keep our workplace safe, so speak up if you think someone is coming to work sick. Learn more in the [How to Address a Workplace Concern](#) and [How to Stay Safe and Be Respectful](#) resources.

Return to Work process

47. I've tested positive for COVID-19. When can I return to work?

- Review the [Return to Work Decision Chart](#) and [Return to Work Guide](#).

48. What are the conditions for a staff member returning to work after work restrictions?

- Refer to the [Return to Work Guide](#) for more support.

Health Care Aid Wage Supplement

49. Who does the Health Care Aide wage supplement apply to?

- On April 20, 2020, the Government of Alberta [announced increased funding](#) to help with pressures in contracted continuing care facilities, including a wage supplement for health care aides at contracted sites. The additional pay is to support hiring of additional staff at these continuing care sites.
- At this time, the wage supplement only applies to health care aides who work at contracted long term care and designated supportive living sites and does not apply to health care aides who work for AHS, Covenant Health, Carewest or Capital Care. It also does not apply to other healthcare worker roles.

Infection Prevention and Control for Healthcare Workers and Proper PPE

AHS' [PPE Task Force](#) consolidates best practice guidelines and information on Personal Protective Equipment (PPE) and Infection, Prevention & Control (IPC) guidelines. Visit ahs.ca/covidPPE to access all PPE and IPC guidelines. Questions? Email ppe@ahs.ca.

Updated Agreement with Unions on Personal Protective Equipment during COVID-19

The updated joint agreement of December 2021 sets out new minimum PPE requirements including that all clinical and non-clinical health care workers who enter a room or space, or are within two metres of a patient with suspected, presumed, or confirmed COVID-19, will wear a fit-tested N95 respirator, gown, gloves, and eye protection.

In addition, all clinical and non-clinical health care workers are now expected to wear N95 respirators in settings where frequent or unexpected exposure to aerosol generated medical procedures is anticipated (for example, critical care units and emergency departments), where there is a high density of COVID-19 patients (such as COVID-19 units), or when there is evidence of unexplained transmission (such as COVID-19 outbreaks).

50. What precautions should I take when treating all patients?

- For complete information on IPC precautions, visit:
 - ahs.ca/covidPPE
 - [Infection and Prevention Control](#)

51. Will fully immunized healthcare workers still be required to wear masks?

- Yes, fully immunized healthcare workers are still required to wear masks in line with AHS continuous masking policy. For information about masking, refer to:
 - ahs.ca/covidPPE
 - [Infection and Prevention Control](#)

52. Should I perform COVID-19 testing on an asymptomatic patient before treating them or before accepting a patient who is being transferred from another site?

- It's not necessary to perform COVID-19 testing on an asymptomatic patient before providing routine, urgent, or emergent health services, or before accepting a patient who is being transferred from another site. The following outlines the rationale behind this guidance:
 - Prevalence of COVID-19 in the general asymptomatic patient is relatively low.
 - If testing were provided, the burden of virus may be below the detectable threshold at the time of collection, but could increase above the detectable threshold when the health service is provided, which could lead to a false negative. This false negative could lead to less adherence to precautions and proper use of PPE in the event that symptoms develop.
 - Delaying health services while awaiting a swab result may result in unnecessary morbidity or mortality, without adding value to the decision-making process.
- This approach ensures patients receive the care they need when they need it. For more information, please visit ahs.ca/covid.

53. What type of precaution should I use when treating a patient with suspected or confirmed COVID-19?

- For complete information on IPC precautions, visit:
 - ahs.ca/covidPPE
 - [Infection and Prevention Control](#)

54. What initial steps should I take with a patient that may have COVID-19?

Note: all healthcare workers are required to wear a [surgical/procedure mask continuously](#) when treating any patient regardless of their COVID-19 status.

- Healthcare workers should complete a [PCRA](#) before providing care as per the [joint statement](#).
- If your patient meets the [higher risk screening criteria](#) for COVID-19, have the patient wear a procedure mask immediately.
- Initiate [modified respiratory precautions](#), place the patient in a separate room as soon as possible then proceed with your clinical assessment.
- Zone Medical Officer of Health (MOH) approval is **not** required for specimen collection.
- A deeper nasopharyngeal (NP) swab collected under modified respiratory precautions and transported in viral transport medium OR a throat swab in a tube of sterile saline should be submitted.
 - Note: universal transport medium and NP swabs will continue to be preferentially distributed to bone marrow transplant, solid organ transplant, hematology/oncology, and critical care wards. Polyester and cotton-tipped throat swabs with tubes of sterile saline will be distributed for COVID-19 and respiratory pathogen panel (RPP) testing.
 - COVID-19 specimens no longer need to be shipped according to Transportation of Dangerous Goods (TDG) Category B requirements. For additional concerns, contact the ProvLab Virologist on-call (VOC):
 1. Edmonton (780-407-8921)
 2. Calgary (403-333-4942)
 - More information can be found [here](#).
- Review the [lab bulletins page](#) for the most up-to-date info on swabs and required processes.
 - When collecting an NP swab from a patient on a bone marrow transplant, solid organ transplant, hematology/oncology, and critical care ward use a FLOQSwab® and Universal Transport Medium to collect a normal nasopharyngeal swab
 1. [Directions](#) for use of a FLOQSwab® and Universal Transport Medium - red top tube with pink fluid
 - Use nasopharyngeal or throat swabs distributed for COVID-19 testing.
 1. [APTIMA Collection Kits/Swabs](#) and [COPAN ESwab™ Collection Kits/Swabs](#) are to be discontinued for COVID-19 testing.
- Use the COVID-19 requisition available within your site's clinical information system if available.
 - COVID-19 test requests can also be made by submitting respiratory specimens with the [Serology and Molecular Testing Requisition](#) and writing "COVID-19" in the bottom box (Specify Other Serology and Molecular Tests).
- If your patient requires admission to hospital, or if you would like the Zone MOH to assist with the risk assessment, call the [Zone MOH](#).
- All patients who are symptomatic but are not hospitalized should be advised to [isolate](#). They should not

visit any other healthcare facilities, including outpatient imaging or labs, unless they are being admitted to hospital. Isolation information can be found [here](#).

55. Which swabs are the correct ones to use for COVID-19 testing, and where do we find instructions on correct method for sample collection? Why are we using alternate collection devices to collect nasal and throat samples?

- Swabbing the deeper nasopharyngeal (NP) or the throat will now be the recommended standard, not thenose.
- Effective immediately, polyester and cotton-tipped throat swabs with tubes of sterile saline will be distributed for COVID-19 and respiratory pathogen panel (RPP) testing.
- Review the [lab bulletins page](#) for the most up-to-date info on swabs and required processes.
 - When collecting an NP swab from a patient on a bone marrow transplant, solid organ transplant, hematology/oncology, and critical care ward use a FLOQSwab® and Universal Transport Medium to collect a normal nasopharyngeal swab
 1. [Directions](#) for use of a FLOQSwab® and Universal Transport Medium - red top tube with pink fluid
 - Use nasopharyngeal or throat swabs distributed for COVID-19 testing.
 1. [APTIMA Collection Kits/Swabs](#) and [COPAN ESwab™ Collection Kits/Swabs](#) are to be discontinued for COVID-19 testing.

56. I collect COVID-19 using throat swabs. Is there an instructional resource I can use to ensure I am performing the collection and transportation properly?

- The [instruction sheet](#) and short [demonstration video](#) show how to ensure samples collected on throat swabs are fully contained within saline transport tubes and properly sealed for safe transport to the lab.
- The throat swabs used for sample collection do not have a designed 'break-point'. This can make detachment of the sample for transport a bit tricky. The video will show how you can cut or break off the swabs to ensure the swab is fully contained within the transport tube.

57. Should staff with certain conditions avoid providing care to suspected/confirmed case of COVID-19?

- Healthcare workers who have underlying medical conditions and potential risk factors for severe COVID-19 disease, or are pregnant, may be concerned about their personal risk with respect to COVID-19,
- AHS has released the following position statements for general guidance:
 - [Healthcare Workers with Underlying Medical Conditions and Potential Risk Factors for Severe COVID-19 Disease](#)
 - [Pregnant Healthcare Workers and COVID-19](#)

58. Should staff providing care to a suspected/confirmed case of COVID-19 be restricted from providing care to other patients?

- Cohorting patients will provide the best protection for our patients and staff and will help preserve personal protective equipment. All decisions to cohort patients will be done in consultation with Infection Prevention and Control, based on best evidence.

59. How is cohorting being determined by site?

- Based on site-specific capacity, facility design, and patient population, each site developed its own cohorting plan, using the following guiding principles and considerations:
 - The decision to cohort must be made in consultation with IPC.
 - A staged approach to cohorting is based on minimizing risk to the most patients while adhering to IPC principles and practices.
 - Strict adherence to IPC [point-of-care risk assessment](#), [hand hygiene](#), appropriate use of personal protective equipment (PPE), [donning](#) and [doffing](#) by healthcare providers, adequate [spatial separation](#) and [appropriate cleaning and disinfection](#) is required.
 - When cohorting patients, consideration should also be given to:
 1. underlying patient conditions (e.g., immune-compromised);
 2. vaccination status, especially for influenza with respect to co-infection;
 3. Co-infection with other diseases (e.g., influenza).
 - AHS is not considering dedicated COVID-19 hospitals due to the downstream impact to specialty care

60. When should I use an N95 respirator when treating a patient with suspected or confirmed COVID-19?

- All healthcare workers should complete a [PCRA](#) before providing care as per the [joint statement](#). Staff and physicians are advised to use an N95 respirator, gown, gloves and eye protection when caring for a patient with suspected or confirmed COVID-19.

- when caring for a patient with suspected or confirmed COVID-19. Note: personal eye glasses are not sufficient eye protection. All workers will have access to a fit-tested and seal-checked N95 or equivalent respirator when required.
- A fit-tested N95 respirator should always replace a surgical/procedure mask in addition to gloves, gown, and eye protection for anyone in the room when an aerosol-generating medical procedure (AGMP) is performed for patients with COVID-19, suspected COVID-19, ILI or any new or changing respiratory illness or diarrhea.

You can learn more about when N95 respirators should be used in this [guidance document for personal protective equipment \(PPE\)](#). For more guidance on AGMPs, visit www.ahs.ca/agmp.

61. I haven't been fit tested for an N95 respirator. What should I do?

- Information about N95 fit testing and booking respirator fit tests is found on the [Respiratory Protection page](#) on Insite.

62. How can I find out if the procedure I'm performing is considered to be aerosol-generating?

- Review the online tool available at ahs.ca/AGMP to support the decision-making process around Aerosol-Generating Medical Procedures (AGMPs), and related PPE requirements.
- The tool includes a list of all procedures currently considered AGMPs and provides links to related guidance which reflects current evidence. Questions? Email ppe@ahs.ca.

63. Do I need to wear an N95 respirator when completing manual chest compressions on a patient with suspected or confirmed COVID-19?

- AHS has completed a thorough review regarding the need for N95 respirator use by healthcare workers completing manual (hands-only) chest compressions. This review has determined that an N95 respirator is required to initiate hands-only chest compressions on patients with suspected or confirmed COVID-19. Workers will have access to a fit-tested and seal-checked N95 or equivalent respirator if required based upon their own [point of care risk assessment](#) (PCRA), even in non-AGMP situations.
- Healthcare workers responding to a cardio-respiratory arrest for a patient with suspected or confirmed COVID-19 should:
 - call for help
 - place loose clothing/sheet over the mouth and nose of the patient, as airway source control while awaiting help; and,
 - initiate hands-only chest compression wearing PPE including fit-tested N95 respirators.
 - Only individuals wearing N95 respirators, should manage the airway and complete full CPR.
- This approach will allow staff to safely complete manual chest compressions while they await help from support teams who will have the time to [don all](#) PPE necessary to safely manage the airway, as well as chest compressions.
- Hands-only chest compressions are different than Cardio-pulmonary resuscitation (CPR). Fit-tested N95 respirators continue to be required for full CPR that includes management of the airway patients with suspected or confirmed COVID-19.

64. Where can I find out more information regarding the reprocessing of N95 respirators?

- Review the [Reprocessing of N95 Respirators in the PPE FAQ](#) for details regarding the collection, preservation and processing of N95 respirators.

65. I work in a position that that puts me within 2 metres/6 feet of my colleagues. Do I need to wear PPE?

- AHS requires all healthcare workers providing direct patient care in both AHS and community settings to wear a [surgical/procedure mask continuously](#). All healthcare workers who cannot maintain adequate physical distancing (a minimum of two metres or six feet) from patients and co-workers are required to wear a [surgical/procedure mask continuously](#). This includes administrative and corporate

settings. Workers in these areas can choose to wear their own non-medical (e.g. cloth) mask.

- Eye protection must be worn if you are within 2m of a patient with COVID-19, possible COVID-19, or if a patient is experiencing respiratory symptoms consistent with Influenza-like Illness (ILI) or a respiratory tract infection, or in AHS settings where frequent or unanticipated exposures to COVID-19 may occur.
- Review the [Guidelines for Continuous Masking in Home Care and Congregate Living Settings](#).
- Additional guidance about this approach is available on www.ahs.ca/covidppe.

66. Along with eye protection and masking, what other preventative measures should I follow to stay safe?

- Wear appropriate PPE at all times. This varies depending on the precautions for each patient. [Don and doff](#) your PPE appropriately.
- When physical distancing is not possible, such as in staff common areas, masks help prevent transmission. This means that if you need to remove your mask to eat or drink, and there isn't room to social distance, you must find another location.
- Ensure all patients are masked when leaving their inpatient unit to attend services within other areas of the hospital. They should first perform hand hygiene before donning a mask.
- Complete your [daily fit for work screening](#). Do not come to work sick.
- Practice frequent [hand hygiene](#).

67. I'm experiencing some discomfort wearing a mask continuously. Is there guidance that can help?

- To help manage the impact of continuous masking, [this video](#) and a new support document has been created which outlines tips and guidance to improve your comfort with continuous masking, [found here](#).

68. I use a mask extender to ease the strain of the typical mask strap on my ears. What are some tips for the safe and effective use of a mask extender?

- Review the [PPE Task Force Mask Extender Survey Results](#) and find more information on continuous masking on the [PPE page](#).
- Watch [this video](#), or review these tips the most safe and effective use of an extender:
 - Don and doff your mask extender properly to avoid self-contamination.
 - Wash your hands both before you don **and** before you doff your mask extender with your mask. Many of the types currently in use are difficult to clean, which means the virus may remain on the surface. Touching your face after touching the mask extender may increase the risk of self-contamination with the virus.
 - Disinfect/clean your mask extender right after taking off your mask. If this is not possible, then you should discard that mask extender, and use a clean/new mask extender when putting on a new mask.
 - Mask extenders must NOT be used with N95 respirators, as they may impact the fit and seal.

69. Is there a maximum time a procedure mask should be worn before it is changed to ensure it remains effective?

- The surgical/procedure mask should be immediately changed and safely disposed of whenever it is soiled or wet, whenever the healthcare worker feels it may have become contaminated and after care for any patient on [modified respiratory precautions](#) (i.e. suspected/ confirmed [influenza-like illness](#) or COVID-19).

70. Do patients, their families, designated support persons and visitors need to wear a mask?

- We require [all patients](#) and visitors to be masked when leaving any inpatient room to move to other areas in the facility. Masks must cover the nose and mouth.
- No patient shall be denied service in AHS because they cannot or will not wear a mask; however, in exceptional circumstances, non-urgent or routine care may be deferred or handled virtually when individuals refuse to mask and safe accommodations cannot be made to provide such care.
- The [AHS Directive on Use of Masks During COVID-19](#) offers strategies to manage mask refusal, including:
 - Offering virtual care to adult outpatients requiring or awaiting routine care who are unable or refuse to mask.

- When it may be appropriate for a non-urgent/non-emergent adult outpatient who refuses to mask to be asked to leave an AHS facility/setting.
- Working collaboratively with designated support persons and families/visitors to find the most appropriate and safest solution for the situation, as per the AHS How to [Support Mask Wearing: COVID-19 Worker Supports](#).
- Means of enforcing compliance with families or visitors, including last-resort escalation at the discretion of the site leader or designate to removal from an AHS facility, and engaging the support of Protective Services (if on-site) or local police (if appropriate), as necessary.

71. What face masks should EMS staff use?

- Paramedics should use an N95 respirator. Doing so will support paramedics to have the proper protection in an enclosed environment that is unpredictable in nature.

72. I wear scrubs at work. Can I have scrubs issued to me during the pandemic?

- Linen Services will provide AHS-issued attire (scrubs) to staff on COVID-19 designated units who provided direct patient care. Staff and physicians in a designated COVID-19 unit, wearing AHS-issued attire are still required to wear Personal Protective Equipment (PPE) for [modified respiratory precautions](#).
- Please see the [Healthcare Attire Information Sheet](#) for details.

73. How can I reduce the risk of self-contamination/transmission of COVID from personal items/clothing?

- PPE, including scrubs, are worn to protect clothing from contamination. By protecting yourself and using your PPE properly at work, you're also protecting your family members and loved ones.
- Hair and shoe coverings are not required PPE. If hair coverings are worn for personal reasons; launder as per the [Healthcare Attire Information Sheet](#).
 - Washable clothing is preferred in the healthcare setting. Regularly launder clothing in a hot water wash cycle followed by a cycle in the dryer. For more information refer to the [Healthcare Attire Information Sheet](#).
 - Minimize contact between unprotected clothing and patient environments. For instance, do not lean up against walls, countertops, furniture, patient beds/cribs, or medical equipment.
 - Change your clothes at the end of a clinical day, either at the hospital or other facility, or once you arrive at home. If you change at work, transport the clothes you have changed out of into either a disposable plastic bag or a washable cloth bag.
- Check this page for [PPE information](#) or find more information for personal items and clothing, found [here](#).

74. I've seen different coloured isolation gowns. Do they provide the same level of protection?

- There are different ratings for isolation gowns, with several standards of performance, including fluid resistance.
 - Level 1 rated gowns are moderately fluid resistant, while a level 2 or 3 gown provides increased fluid resistance.
 - The reusable gowns being used in AHS are level 2 rated gowns and are suitable for isolation precautions.
 - Both reusable and disposable gowns are safe and effective PPE.
- Level 2 disposable isolation gowns are absolutely safe for use with COVID-19 positive patients or suspected cases, and for all types of interactions.

75. I understand we have different hand sanitizer. Is it safe?

- Health Canada has approved the use of technical-grade ethanol in the manufacturing of some hand sanitizer products, in place of pharmaceutical-grade ethanol.
- With this change, Health Canada has released a new risk assessment, as well as new labelling requirements. This will impact Microsan-brand hand sanitizer products used in AHS facilities.
- We have confirmed that the risk of technical-grade ethanol is very low though staff may notice a stronger or different odour associated with the products manufactured with technical-grade ethanol.
- The [FAQ](#) provides additional information and outlines Health Canada's new assessment and related interpretation for human health.
- If you want to reduce your use of the hand sanitizer products, we suggest you replace use of hand sanitizer with warm water and soap.
- AHS recently assessed the degree of exposure to acetaldehyde when using hand sanitizer

containing technical-grade ethanol. For more information, please see the [full assessment report](#) and a [discussion document](#) that reviews acetaldehyde exposure from the use of hand sanitizer.

- For ongoing updates, visit ahs.ca/handsanitizer.

76. Will hand sanitizer products that use technical-grade ethanol be labelled?

- AHS has implemented labelling on all impacted bottles of hand sanitizer and posters located near all dispensers to identify any product that contains technical-grade ethanol.
- Areas that are using technical-grade hand sanitizer will have labels applied to the dispensers. Areas that are using pharmaceutical grade hand sanitizer do not have labels. As technical grade hand sanitizer is replaced by pharmaceutical grade hand sanitizer, labels will also be removed.
- Questions? Please contact PPE@ahs.ca.

77. Are the different disinfectant wipe products as safe and effective?

- Access to our usual ready-to-use (RTU) disinfectant wipes and RTU liquid product formulations for surface disinfectant supplies may vary during the pandemic; however, all AHS provided product substitutions are confirmed to be effective for COVID-19.

78. Are there tips to guide which type of ready-to-use disinfectant wipes I should use?

- RTU disinfectant wipes and dry wipes provided with RTU liquid disinfectants are most appropriate for cleaning and disinfecting [non-critical medical devices](#), non-medical items such as [electronic devices](#) and some environmental cleaning tasks where a quick turn-around-time is required, e.g., bed and immediate patient environment after discharge.
- Depending on availability, dry wipes provided with RTU liquid disinfectants may be used for cleaning and disinfecting environmental surfaces. For more information, refer to resources available on our [Infection Prevention and Control \(IPC\) External Website](#), Equipment Cleaning, Disinfection and Storage tab, such as [Principles of Environmental Cleaning and Disinfection](#),
- [Cleaning and Disinfection during the COVID-19 Pandemic: Addressing Disinfectant Supply Challenges](#) and [Ready-to-Use Disinfectant Wipes](#).
- As recommended in the [Cleaning and Disinfection during the COVID-19 Pandemic: Addressing Disinfectant Supply Challenges](#), if RTU disinfectants are not available, are not appropriate for the task, or the manufacturer's instructions are not available, consult with the CPSM site supervisor.

79. Who do I contact with questions about PPE requirements and/or supply ordering processes?

- AHS staff, physicians and partners are encouraged to email their questions on PPE to PPE@ahs.ca.
- Please note that while this email address doesn't replace the [guidelines and advice](#) already available at ahs.ca/covid, it is another route for you to ask further questions.
- Staff may also refer questions to the [PPE safety coach](#) on their shift or in their unit.
- **If you are a frontline AHS staff member or leader –**
 - PPE requests should be directed to your [Contract, Procurement and Supply Management contact](#). Please refer to ahs.ca/covidppe for more information.
 - Leaders with questions regarding supply ordering processes or physicians working in AHS or contracted facilities, should submit them via email to AHS Contracting, Procurement & Supply Management (CPSM) at CPSMOperations.EOC@albertahealthservices.ca.
- **If you are an AHS staff member or leader working at a non-clinical site**
 - Sites and facilities that do not provide direct patient and client care can order PPE through the COVID-19 PPE Inventory Requisition, available on in的角度.ahs.ca/orderppe.
 - For more information about PPE guidelines, refer to the [COVID-19 Relaunch Playbook](#).
- **If you are an AHS-operated or contracted care providers**, please note that:
 - PPE supply, including the delivery of masks every two weeks, will continue to be distributed as usual for the following groups:
 1. Long term care facilities, designated supportive living facilities and home care services, which are operated or contracted by Alberta Health Services; and
 2. Publicly funded lodges, mental health housing, residential addiction treatment facilities, and shelter operators.
 - For these groups listed above, requests for additional PPE including N95 respirators for use by staff performing an [AGMP](#) must be submitted to CPSMOperations.EOC@ahs.ca

- Refer to the [Continuing Care PPE FAQ](#) for more information.
- If you're unsure which category you fall into and need more support, please email ppe@ahs.ca.
- **NOTE:** Business and non-Alberta Health Services (AHS) organizations will be required to access PPE directly through suppliers. Information on PPE suppliers is available on [Alberta Biz Connect](#). For more information, visit the [Alberta Emergency Management Agency webpage](#).

80. Are there concerns about medication supplies?

- Pharmacy Services is actively monitoring the supply of medications used in intubated patients, including:
 - Cisatracurium
 - Ketamine
 - Midazolam
 - Propofol
 - Fentanyl
 - Rocuronium
 - Hydromorphone
 - Dexamethasone
 - Norepinephrine
 - Vasopressin
- We ask for your awareness and support as we look at ways to conserve medications used for intubated patients
- More details about conserving these important medications can be found [here](#)

81. Have cleaning standards changed in response to COVID-19?

- Cleaning and disinfection is a shared responsibility by both healthcare workers and Environmental Services teams. We ask that routine practices include the cleaning and disinfection of surfaces, especially high-touch surfaces, to reduce the spread of infection.
- Managers should consider assigning designated staff to complete enhanced environmental cleaning. Staff performing cleaning duties are to follow all cleaning process and principles:
 - [IPC Best Practice Guidelines | Equipment Cleaning, Disinfection & Storage](#)
 - [Environmental Services Policy and Practice Documents](#)
- More details about enhanced environmental cleaning can be found [here](#).

82. Are labs moving to appointment-only services for outpatient lab work in response to COVID-19?

- During the COVID-19 pandemic, patients are strongly encouraged to book an appointment to access lab services. Due to COVID-19, hours of operation are also subject to change.

Outbreaks

The Government of Alberta is posting online the location and facility name of active outbreaks in the province. The outbreaks being posted are at any sites where there have been two or more confirmed cases of COVID-19. The information can be found at alberta.ca/covid19.

83. When are care sites required to report an outbreak?

- All congregate care sites in the province are required to report to public health if they have even one resident or staff member with any COVID-19 symptoms.
- An outbreak is declared if even one staff or resident is confirmed to have COVID-19.
- Having a low threshold for reporting and outbreak measures ensures public health is immediately involved to support the facility to protect residents and staff from spread of the virus.

84. What is the protocol if an outbreak occurs in an AHS facility? Who do we contact?

- AHS has created a Coordinated COVID-19 Response team, made up of zone operations, Infection

Prevention and Control, Medical Officer of Health, Public Health Nursing, and Safe Health Environments, to support any site that is experiencing an outbreak.

- This team will provide resources support to outbreak management teams in an aim to reduce and contain viral spread as quickly as possible.
- A 1-800 number is available for sites to report a resident or staff member who has symptoms of influenza-like illness and facilitate immediate notification to all appropriate zone and provincial resources, to initiate:
 - Site support for implementation of outbreak management and control measures, including isolation protocols, staffing, PPE and education
 - Communications support
 - Affected resident or staff member testing and assessment
 - Rapid tracing and testing of close contacts, where required
 - Further follow-up on lab test results
 - Access to additional consultative expertise

85. Are staff allowed to work at multiple facilities if there is a confirmed outbreak at one of the sites they work at?

- As of February 16, 2022, the Single Site Order was rescinded. Staff are no longer restricted from working across multiple long-term care (LTC) or designated supportive living (DSL) facilities. However, as per CMOH Order 07-2022, if an employee is not fully vaccinated (two-doses), the employee must opt into the rapid testing option and receive a CMOH exemption to work across multiple LTC/DSL facilities.
- Review the [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#) for more on how the various [Chief Medical Officer of Health orders](#) impact staff who work at a LTC/DSL, lodge or hospice facility with a confirmed outbreak.

86. I work in a continuing care facility. What's the protocol to test patients/staff if an outbreak occurs?

- In these facilities, anyone with symptoms on the COVID symptom list (Table 2a) must immediately be isolated and [tested for COVID-19](#). Staff should be work restricted and follow the return to work guide.
- Once either a resident or staff member tests positive and has a confirmed case of COVID-19 in any continuing care, or licensed supportive living setting, including lodges, designated supportive living or long-term care sites, their requirements for testing and management of results are found in the [Public Health Disease Management Guidelines](#) and under the direction of Public Health/Medical Officer of Health.

87. Where can I find information about an outbreak in an acute care setting?

- AHS has a webpage that includes confirmed COVID-19 cases in patients and healthcare workers from active outbreaks in acute care settings across the province, available [here](#).

Restrictions for Staff who Work at Multiple Sites

For more information, please see the [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#).

88. Will I be impacted by the single site order?

- On April 10, 2020 and amended July 13, 2021, Alberta's Chief Medical Officer of Health put in place [an order on single site employment](#) for Long-Term Care and Designated Supportive Living (LTC/DSL) sites.
- Please review the [Staff FAQ on Single Site, Confirmed Outbreak and Exclusion Orders](#) for more information.

89. Do the single site orders apply to staff at acute care sites?

- The current [CMOH Order 10-2020](#) does not apply to staff who work at acute care sites, and therefore staff are not restricted from working at more than one acute care site.
- A staff member who is working at one LTC/DSL site can also work at acute care sites, unless there has been an outbreak declared at that LTC/DSL site. See the [FAQ](#) for more information.

90. I travel between facilities for work. Is this allowed? What do I need to know to keep myself safe?

- Leaders and staff are encouraged to avoid travel between facilities unless operationally required.
- Refer to Travel between facilities information captured in the Preparing our people section in the [COVID-](#) for more information and additional resources.
- Midwives and Nurse Practitioners are asked to observe [specific measures](#) to ensure their own safety, as well as that of colleagues and patients.

Mass Gatherings and physical distancing (at work and at home)**91. What restrictions have been put in place to slow the spread of the virus?**

- Alberta's [Open for Summer Plan](#) eases restrictions in 3 stages. Review current [provincewide restrictions](#).

92. I work with others. What measures can I take to achieve physical distancing?

- [Review the Physical Distancing at work, COVID-19 worker support resource](#)
- Work from home where possible and operationally feasible.
- Maintain physical distance of at least two metres (six feet) between yourself and others.
 - All healthcare workers are required to wear a [surgical/procedure mask continuously](#), at all times and in all areas of the workplace if they:
 - provide direct patient care
 - work in patient care areas in both AHS and community settings
 - cannot maintain adequate physical distancing (a minimum of 2 metres or 6 feet) from patients or co-workers; or
 - if entry into patient care areas is required

Medical Notes**93. I'm not feeling well. Do I have to provide a medical note to my leader for missed work?**

During this period, AHS will not be asking staff to get a medical note for proof of illness, except in exceptional circumstances (e.g. for management of specific claims under insurance plans, WCB absences over 7 days, etc.). This helps reduce pressure on an already strained healthcare system.

- If you are calling in sick because you are experiencing respiratory or flu-like symptoms, please [isolate](#), contact your leader, and complete the [Healthcare online assessment tool](#).

Mental Health**94. I'm struggling with my mental health – where can I get help?**

- EFAP Supports:
 - [Employee and Family Assistance Program resource guide](#)
 - [Employee & Family Assistance Program](#) at 1-877-273-3134.
 - EFAP offers an online cognitive behavioural therapy program called i-Volve. It's a self-paced, web-based treatment program for depression and anxiety. See a full description [here](#). You can access i-Volve by calling 1-877-273-3134 or by visiting [homeweb.ca](#) or [e-AP](#).
 - [EFAP Life Smart Coaching](#)
 - [EFAP counselling services](#)
- Physicians and their families can access supports offered by the Alberta Medical Association's Patient and Family Support program by calling 1-877-767-4637 or visiting the [Alberta Medical Association](#).
- Midwives supports can be accessed by visiting the [Alberta Association of Midwives](#).
- Choose from a variety of mental health resources on the [Wellness Together Canada Portal](#).
- Helplines:
 - [Mental Health Helpline](#) at 1-877-303-2642 available 24/7.
 - [Addiction Helpline](#)
 - [Kids Help Phone](#)
 - [Community and Social Services Helpline \(Alberta 211\)](#)
- The [Psychologists' Association of Alberta](#) and [Canadian Psychological Association](#) are connecting

frontline healthcare providers with members who are providing pro bono psychological services.

- Togetherall — a free, online network that offers anonymous, peer-to-peer mental health services 24 hours a day, seven days a week. You can sign up for Togetherall at ahs.ca/virtualmentalhealth.
- Additional supports:
 - [Resilience, Wellness and Mental Health Resource guide](#)
 - [Self-Care Tip Sheets](#)
 - [How do I support someone who may be struggling?](#)
 - [Supporting Your Mental Health](#), or take the MyLearning Link course, information [here](#).
 - [Wellness Check-in Overview](#)
 - [Orientation to Stress](#)
 - COVID-19: Self-care Strategies (EFAP [Wellness Seminar](#))
- [Going Home Checklist](#) (whether you are physically leaving work or ending your shift at home)
- Parenting/working from home:
 - [Healthy Together](#) is AHS' guide to family and home life during COVID-19.
 - [Supporting you with kids at home](#) or [talking to your kids about COVID-19](#).
 - [Helping teens adapt to the new normal](#)
 - [Working remotely during COVID-19](#)
 - Helping Your Child Succeed at School (EFAP [Wellness Seminar](#))
 - Foundations of Effective Parenting (E-learning) –through EFAP's [Homeweb](#).
- Sleep and nutrition resources:
 - [Healthy Together](#).
 - [Sleeping & Napping](#)
- Check out [Help in Tough Times](#).
- Listen to Dr. Nicholas Mitchell address different, relevant topics on the [Mental Wellness Moment](#) series.
- Find more resources to look after your mental health at ahs.ca/covid including the [Text4Hope campaign](#).

95. Where can I find mental wellness apps to support myself and guide my patients to use?

- [Mobile Tools to Promote Mental Wellness](#) is a resource for service providers and the public, which highlights free evidenced-based mental wellness apps and questions to ask when choosing an app.
- [COVID-19 and Stigma](#) is a great resource for healthcare providers to help understand the stigma related to COVID-19 and how we can help stop it.

96. Are there any wellness seminars specific to COVID-19 that I can attend?

- Search 'COVID' or 'wellness seminars' on [MyLearningLink](#) to register. To book an online group session, managers can email wellness@ahs.ca.
- For [self-paced learning](#), visit homeweb.ca.

97. I'm experiencing stress/fear/anxiety. What are some tips to help me deal with these emotions?

- We all experience [stress and anxiety](#) differently. You may be working long work hours, caring for your [family](#) and [yourself](#), or feeling [fatigued](#).
- Doing the following things may help:
 - Eat well-balanced meals
 - Take a walk or exercise at home
 - Make time for activities you enjoy
 - Call your family, friends - connect with others. Talk with people you trust.
 - Take a break from news and social media.
 - Call the [Employee & Family Assistance Program](#) at 1-877-273-3134

98. I'm experiencing grief from the loss of a loved one. Are there resources available to support me?

- Please reach out to the Employee & Family Assistance Program (EFAP) at 1-877-273-3134 for professional counselling support. It is a free, flexible and confidential service available 24/7.
- AHS employees can also access [Grief and Loss Coaching](#) through the EFAP Life Smart Coaching services to help provide support and guidance if you are experiencing grief or loss.
- Review [supporting each other after a loss](#) as an additional resource for more support.

Harassment and Violence in the Workplace

99. What supports are available to me to keep me safe from harassment and violence in the workplace?

- Harassment is never ok and will not be accepted. There are several resources to prevent, address and respond to harassment and violence:
 - [Protective Services General Safety Practices](#)
 - [Safe Work Practices for Designated Family/Support Person Access during COVID-19](#)
 - [Safe Work Practices for Phone Interactions](#)
 - [Safe Work Practices for COVID-19 AHS Facilities Non-Clinical Screeners](#)
 - [Self-care and Communication Strategies for COVID-19 Screening Stations](#)
 - [How to Stay Safe and be Respectful with Each Other](#)
 - [Being Respectful During COVID-19](#)
 - [How to talk about COVID-19 immunization at work](#)
 - [Protecting Yourself from Online Harassment](#)

100. What should I do when harassment and/or violence happens at work or related to my work?

- Please report harassment and/or violence, by taking the following actions:
 - **Tell someone.** If needed, access First Aid and/or contact Emergency Response (i.e. Protective Services Communication Centre at 1-888-999-3770) or 911.
 - **Tell Your Supervisor: IMMEDIATELY**
 - **Report Using MySafetyNet:** [Employee](#) | [Manager](#)
- If you have any questions or have other safety concerns, please reach out to your leader.
- Check out this resource on [Reporting Patient-to-Worker Harassment and Violence](#) to learn more.

101. I have received a Notice of Liability/Cease and Desist letter, what should I do?

- We have become aware of several incidents involving individuals from the public expressing anti-vaccine sentiments towards AHS staff and occurring across all zones over the past months.
- In some cases, these individuals present to an AHS facility and deliver a “Notice of Liability” or a ‘Cease and Desist’ letter to staff.
- We realize that it may be intimidating or alarming to receive one of these letters. Please know that if you receive a letter of this kind, you are not required or expected to respond to the statements in the letter as the contents of these letters do not carry any legal obligations.
- We would ask that you share the letter with your leader as soon as possible.
- If you feel there is an immediate threat, [take action](#) and contact local law enforcement by calling 911, if needed.
- You should report any immediate threat or incident to Protective Services when it is safe to do so.

Relaunch Strategy to Return to Normal Operations

The [COVID-19 Relaunch Playbook](#) will help our leaders and staff meet the Government of Alberta guidelines and public health recommendations, incorporate existing practices such as personal protective equipment and physical distancing into their daily work, and learn what steps AHS is taking to keep our people healthy and safe moving forward. Submit questions or feedback to COVIDRelaunch@ahs.ca.

102. What is the Government of Alberta’s strategy for gradual re-launch/return to life as normal?

- Find the most current information about the Government of Alberta relaunch strategy on their website at alberta.ca/covid19.

103. How will Alberta and AHS address the backlog of surgeries created by the pandemic?

- On Sept. 10, 2020, Alberta Health and AHS [announced a plan to clear the surgical backlog](#) created during the pandemic, by increasing surgical activity volume to 150 per cent in order to meet the 2023 Alberta Surgical Initiative (ASI) commitment of providing all scheduled surgery within clinically acceptable times. This plan will support surgical activity in both urban and rural communities across the province.

104. Will AHS screen patients before appointments to ensure they are not ill with COVID-19?

- Patients attending a scheduled, face-to-face appointment, appointment will receive a pre-screening phone call to assess fitness to attend appointments and will be given instruction for attendance based on

provincial public health guidelines.

- Patients attending appointments for ambulatory care or DI will also need to follow the AHS visitor guidelines.
- Please refer to [Ambulatory Communicable Disease Screening](#).

105. When will staff be allowed to return to work at their office/site?

- When determining return to work options, leaders will evaluate which functions need to occur at the workplace and what work can continue to occur remotely.
- At this time, staff are still advised to work from home where possible and operationally feasible. Refer to the [COVID-19 Temporary Alternate Workplace Arrangements Guide](#) for more information.
- Staff members who are returning to the workplace or have changing personal circumstances may request to work remotely based on personal medical health conditions or dependent care requirements.
 - Additional information including how to request this or a longer-term solution can be found in the [Re-launch playbook](#).
- Review the [Technology Best Practices for Working Remotely](#) or [Working remotely during COVID-19](#).

106. Where can businesses find information to support them to remain open or reopen?

- The alberta.ca/bizconnect webpage provides business owners with information on health and safety guidelines for general workplaces and sector-specific guidelines to ensure businesses can reopen safely during the COVID-19 pandemic.

Isolation, testing for COVID-19 and contact tracing

107. Is there a rapid test to confirm COVID-19 in patients?

- Alberta Precision Laboratories (APL) has successfully deployed rapid point-of-care testing for COVID-19 in 33 COVID-19 assessment centres in communities across the province, 29 hospitals, as well as at seven homeless shelters in Calgary, Red Deer and Edmonton Mobile testing teams equipped with rapid testing capabilities have also been deployed across AHS' Edmonton and Central Zones, to provide on-site testing at long-term care and designated supportive living facilities. These are all for symptomatic people within seven days of symptom onset
- Broader implementation of rapid testing that is now underway in all AHS zones.
- Rapid point-of-care testing is most effective when used on patients who are within the first week of showing symptoms of COVID-19.
- This type of testing helps to quickly identify and notify positive, speeds up the appropriate care and isolation of patients and reduces the spread of the virus in our communities. It also reduces the need for patient samples to be transported to centralized public laboratories for processing.
- For more information, see [The Science of COVID-19 Testing](#).

108. Is AHS offering to test patients for COVID-19 who visit the Emergency Department or an Urgent Care Centre?

- As of May 30, 2020, AHS is providing COVID-19 testing for any patient in Alberta seeking care in an emergency department (ED) or urgent care centre (UCC) who:
 - is being discharged home,
 - is asymptomatic for COVID-19, and
 - requests, and verbally consents to receiving a swab.

109. Is AHS testing for any other virus beyond COVID-19? Will I be told if I have another virus?

- Alberta Precision Laboratories will test only for COVID-19 on swabs that are taken in community settings.
- These swabs will not be tested for influenza. Swabs that are taken from hospitalized patients or patients seen in our emergency departments will still be tested for influenza.

110. How do I get my COVID-19 test results?

- Albertans may receive their COVID-19 test results — either positive or negative — through a text message or an automated phone call. People who don't choose the text or automated call methods will receive their results by a phone call from an AHS team member.
- You may receive a text notification with your results at any time of the day, seven days a week.

Automated phone calls are made between 7 a.m. and 11 p.m., seven days a week.

- Parents and guardians will also be able to consent to receive automated test results for dependents (aged 17 years and younger). Each test result is delivered by a dedicated call or text. This could mean multiple calls or texts are delivered to a single number provided for a family.
- Albertans age 14 and up can also access [MyHealth Records for COVID-19 test results](#).
- Parents can access their children's COVID-19 test results in addition to their own results. Parents will need to provide their child's personal health number and test date to access their child's COVID-19 test results (within the last 30 days).
- Refer to [Guide for Parents of Children Going To School, Childcare or Camps](#)
 - Refer to [this question](#) to understand the notification process for close contacts of positive cases.
- Review the [Guidance While Waiting for a Return Call information](#).

118. I was tested for COVID-19. When am I recommended to isolate/quarantine?

- It is recommended that you isolate while awaiting your test result. It is important that you understand what to do while you await your test results, and what it means if your COVID-19 test is positive or negative:
- Refer to [ahs.ca/isolation](#) for more information.

119. I tested positive for COVID-19. How will close contacts be identified and notified?

- If you receive a positive COVID-19 result, you are responsible for notifying your close contacts. Visit [ahs.ca/closecontacts](#) for more information.
- All positive tests will continue to be notified.
- Refer to [AHS Directive](#) for more information

120. What defines a close contact?

- A close contact is anyone who, during the [infectious period](#):
 - lived with or was within two metres of a person who has COVID-19 for 10 minutes or more of cumulative contact, i.e. multiple interactions for a total of 10 minutes or more, even if a mask was worn during that contact, or
 - has had direct contact with bodily fluids of a person who has COVID-19 (e.g., was coughed or sneezed on), or
 - provided unprotected direct care for a person who has COVID-19, or
 - had physical contact with a person who has COVID-19, such as handshake, hugging, kissing, or sexual activity, or
 - shared items with a person who has COVID-19 such as drinks, personal hygiene items, cigarettes, vapes, lipstick, eating utensils, etc.
- See [ahs.ca/infoforclosecontacts](#) for more information.

122. I tested positive for COVID-19. When can I return to work?

- You can return to work 5 days after onset of symptoms, or until symptoms have improved AND you have gone 24 hours without a fever, without the use of fever-reducing medications – whichever is longer.
- In addition to being work restricted, it is recommended you isolate and stay home. Isolating can help prevent the spread of COVID-19 by reducing the number of people you could infect if you're sick.
- Refer to the [Government of Alberta](#) for more information on isolation recommendations.
- Check [ahs.ca/isolation](#) for more information on isolation recommendations, testing options, symptoms and supports available.

123. Do I need a test to confirm that I don't have COVID-19 before I can return to work?

- Healthcare workers with COVID-19 symptoms are restricted from work for 5 days from the onset of symptoms and until their symptoms have resolved or improved, whichever is longer.
- Based on current evidence, re-testing within 90 days of a positive PCR (molecular) test result is not recommended as long as you do not have symptoms. Some people continue to test positive for up to 90 days after their infection. This does not mean you are still infectious
- Healthcare workers do not have any additional requirements and do not require a negative test before returning to work. Healthcare workers may return to work at the end of their work restriction period. AHS, Covenant Health and Alberta Precision Lab employees can refer to [COVID-19 Return to Work Guide for AHS Healthcare Workers](#) for further instruction.

2. If I am a confirmed close contact but have tested negative and have no symptoms, am I restricted from work?

- Effective July 29 2021, quarantine for close contacts is no longer legally mandatory. Close contacts are recommended to avoid high-risk locations and crowded indoor spaces if they have been in contact with a case in the past 7 days.
- Work restriction for individuals with COVID-19 symptoms and confirmed cases is still required. For more information:
- [Isolation and Quarantine Information](#)
[Alberta Health Isolation Recommendations](#)

3. I tested positive for COVID-19. Who do I notify of my result?

- As of July 18 2022, CDC will no longer notify WHS of HCWs who tested positive on a molecular PCR test. If you have tested positive via rapid antigen result or PCR, WHS will only be aware if you notify them.
- Once notified, WHS will complete contact tracing to determine if this was an occupational exposure and if you worked while communicable.
- If you have questions related to when you can return to work, please refer to the COVID-19 [RTW Decision Chart](#) found on Insite.

124 I got the flu shot and am now experiencing symptoms after getting immunized. What should I do?

- Staff who receive the flu shot may experience side effects from the vaccine. These reactions are typically mild, develop within 24 hours and can last up to 48 hours after immunization. While the reactions that can occur are typical, they are similar to [symptoms of COVID-19](#).
- Staff who experience symptoms that are similar to COVID-19 would not be considered fit to work. Staff should stay home, and contact their leader and review the [Post Influenza Immunization After-care Guidance](#). Common symptoms that occur around the injection site (e.g. redness, swelling, bruising, or soreness) are typically mild, go away in a few days and don't require you to stay off work.
- This guidance document provides direction for staff if they experience symptoms and outlines when they can return to work in alignment with the [return to work decision chart](#).

125 Will staff have to isolate if there is a confirmed case or outbreak at their child's school? Are staff required to isolate when their children are isolating?

- Staff who have children who are isolating should refer to the [Return to Work Decision Chart for Healthcare Workers](#) to determine whether they need to be restricted from work or be tested.

126 Do you have any recommendations for people who are isolating?

- If it is recommended that you isolate follow these guidelines:
 - stay home - do not attend work, social events or any other public gatherings
 - avoid close contact with other people - especially seniors and people with chronic conditions or compromised immune systems
 - watch for symptoms in yourself or a family member
- Monitor your symptoms
 - stay home - do not go to an ED or clinic
 - take the [Healthcare and Shelter Workers / Enforcement Personnel / First Responders online self-assessment tool](#) to determine next steps and find out if testing is required
- Find additional isolation guidelines [here](#), or at the [Alberta Health](#) and [Health Canada website](#).

127 What supports are available for healthcare workers?

- Staff are eligible for the Employee and Family Assistance Program which supports staff and their immediate family members by providing counselling, lifestyle and specialty coaching, online learning, and more to help you find solutions to support everyday life events. It's a free, flexible and confidential service available 24/7.
- Refer to [this question](#) about income support or paid leave for individuals who are unable to work because they are forced to take time off work to care for a dependent because of the pandemic.

128 Where can I find COVID-19 statistics on healthcare workers?

- Review the [AHS Healthcare Worker COVID-19 Testing dashboard](#) or [infographic](#).

- These statistics provide the total number of AHS, Covenant Health and Alberta Precision Laboratories (APL) employees and physicians tested using a molecular PCR, including a breakdown of the number of positive tests and those who have been confirmed to have been exposed in the workplace.

Staff redeployment

129 Why is AHS redeploying staff?

- Staff working in areas where services are temporarily reduced or paused, may be redeployed to areas across AHS to enable increased service demands and/or continuation of services where staffing needs and pressures are identified. To learn more, see:
 - [COVID-19 Redeployment for Non-Union Exempt Employees FAQ](#)
 - [COVID-19 Redeployment for Unionized Employees FAQ](#)

130 Will I be deployed to work in another area?

- Redeployment to another area depends upon whether or not your skills and experience are matched with an area of high needs and other factors, including if you:
 - Work in an area where services are discontinued, reduced or paused during the pandemic
 - Have specialized skills or experience in an area of high demand
 - Have expressed an interest in being redeployed
 - Are needed to replace others who are being redeployed
 - Are needed to replace in other areas/locations experiencing staff shortages due to employees who are unable to work due to being ill or ordered to [isolate](#).
- Redeployed staff will continue to be covered by terms of their applicable collective agreement, including their current compensation.

131 Will I be looking after confirmed COVID-19 patients?

- Depending on where you have been temporarily redeployed, you may be providing care to patients with COVID-19. If this occurs, you will be provided with the necessary education and appropriate [personal protective equipment \(PPE\)](#) to support you in your work. See this [question](#) for more info.

132 Will I go back to my normal work when the pandemic is over?

- Yes. It is anticipated that employees will return to their former position when the pandemic is over, unless there are some exceptional considerations. You will be notified in advance when you will be returned.

Training

133 Is in-person training allowed? How can I reduce risk when facilitating an in-person session?

- When in-person training is necessary, additional planning should be done to ensure we provide a safe and positive learning experience for all participants. If you are planning in-person training, refer to the for the most up-to-date information on training and room layout options to accommodate safe training delivery.

134 I was scheduled to take Basic Life Support training. Will this still be offered?

- Due to BLS course cancellations, AHS employees who require BLS training will be permitted to continue to work in circumstances where individual certification has expired until March 31, 2021.
- Visit the [BLS Insite page](#) for the most up-to-date information on course availability.

135 Are student placements to continue during the pandemic? Where can I get more information?

- Clinical operations are encouraged to facilitate student placements, particularly for those students in their final weeks of placements. The [principles document](#) can be used to guide decision-making for student placements.
- If you are making changes to your student placements, please contact [Teri Langlois](#) or [Jacqueline Albers](#).

136 What resources and training are available to prevent workplace harassment and violence?

- At AHS, we value compassion and respect. While this is a stressful and tiring time for all, there are many

ways we can show each other and our patients' kindness and respect. AHS has several resources to support you in having safe interactions with each other and those we care for:

- [Supporting Each Other – Returning to Work](#)
- [How to Stay Safe and be Respectful with Each Other](#)
- [Building Healthy Work Relationships – Behaviour Continuum](#)
- [How to Support Mask Wearing](#)
- You can also use the [Safe Care, Together Posters](#) and [Please Be Kind to Us Poster](#) to encourage compassion and respect from our patients and families. Additional resources and tools include:
 - [Self-Care and Safe Communication Strategies for working with the public](#)
 - [POHV Recommendations for COVID-19 Assessment Centre Staff](#)
 - [POHV Recommendations for COVID-19 Non-Clinical Screening Tables](#)
- In addition, the following training is available:
 - [Respectful Workplaces and the Prevention of Harassment and Violence Policy course](#)
 - [Preventing and Responding to Patient-to-Worker Harassment and Violence course](#)
 - [Patient-to-Worker Harassment and Violence Prevention Training Guide](#)

Travel

137. Where can I get the latest advice for travellers?

- Visit the Government of Alberta's website, [here](#).
- Additional resources:
 - [COVID-19: Travel, testing and borders](#)
 - [World Health Organization | WHO Travel Advice](#)

138. What is AHS' current guidance on international travel?

- There are no longer any recommendations for work restrictions following international travel. Federal quarantine regulations ended on October 1, 2022.

139. I recently returned from travelling outside of Canada and feel unwell. What should I do?

- If you are feeling unwell and have symptoms of COVID-19, refer to the [Return to Work Decision Chart](#) for more information.

Vacation

140. What should I do if I have vacation scheduled but am called in or told to isolate?

- Employees should speak to their leader directly for approval to delay or reschedule vacation time.

Virtual care

141. I'm a clinician providing care virtually to patients. Where can I find video or teleconference information?

- AHS Virtual Health has an [external website](#) offering information and tools to support virtual healthcare, including supporting interactions for those patients in [isolation](#), unable to attend an AHS clinic, or located in rural and remote areas.
- To help protect privacy and confidentiality when discussing patient, health and AHS business information, only use AHS approved and secure teleconferencing tools: [Skype, Telehealth and AHS Zoom](#).
- Visit AHS [Virtual Health on Insite](#) to learn more about how our team can support you with virtual care, including access to recommendations, resources, tools and educational opportunities.
- For additional support, please contact virtualhealth.info@ahs.ca or complete the [Virtual Health Intake Form](#).

142. I'm a physician – do we have resources with advice to work from home?

- The AHS Chief Medical Information Office (CMIO) has produced a [manual](#) and [guide](#) offering practical advice about how physicians can work remotely, while remaining mindful of organizational, legislative and professional obligations.
- [Health Information sharing during COVID-19](#) has been updated to include additional details of when information can be shared by the Medical Officer of Health, under the *Public Health Act*

143. Can I record the patient sessions and/or team meetings held on zoom?

- Recordings of virtual visits are only appropriate if there is a specific purpose for the recording (e.g., to monitor and document treatment progress, student supervision, staff education, special projects, or quality assurance).
- For more information, please see this [guidance](#), or contact ahszoom@albertahealthservices.ca for more information.

144. Are there interpretation services available on Zoom?

- To support access to the Language Line, which connects healthcare teams with language interpreters for patients, Zoom offers physicians and clinicians the ability to dial out of a Zoom call. Refer to [Virtual Health Language & Communication Supports for AHS Zoom](#).
- For more information on Zoom, please visit the [Virtual Health webpage](#).

145. I work in Allied Health. What guidance should we follow when providing care to patients virtually?

- The [Virtual Practice Guidance for Allied Health Disciplines](#) lists key areas to consider, including patient safety, informed consent, privacy, equipment and clinical strategies, to help allied health managers and providers adapt clinical care to virtual delivery.
- Additional, discipline specific guidelines, can be found [here](#).
- For questions or more information, contact practice.consultation@ahs.ca or visit [Insite](#).

146. As an AHS staff member/physician, am I allowed to use text to communicate with patients?

- [Messaging Guidelines for Virtual Care](#) are available to guide clinicians/physicians with the use of messaging, including text messaging, when communicating with patients.
- When messaging with Connect Care, MyAHS Connect patient portal, or AHS secure email (Outlook), is not possible, texting at AHS is permitted using the built-in text messaging application for limited purposes, in which identifiable health, personal or confidential AHS business information is **not** shared, and only when using an AHS or AHS-approved [device](#).
- To learn more about what you can and cannot text, the privacy risks, legislation that must be followed and how to safeguard privacy and information security, check out this at-a-glance texting [resource](#).

147. Are texts considered to be an official record? Do they have to be kept with the patients file?

- Please note that AHS texts are considered to be an official record under both the *Health Information Act (HIA)* and the *Freedom of Information and Protection of Privacy Act (FOIP)*.
- As such, AHS texts must be retained in accordance with AHS Charting Standards and Records Retention Schedules. Documentation of the messaging encounter should take place within the legal record of care. Please refer to these [guidelines](#) for more information.
- Texts may also need to be provided as part of a formal records request under HIA or FOIP.
- See [InfoCare](#) to learn more about privacy and information security matters at AHS, and email questions to InfoCare@ahs.ca

148. What guidelines should Congregate Living Sites use when using technology to provide care?

- [Technology for Video Virtual Healthcare Delivery in Congregate Living Sites during COVID-19](#)
- [Technology for Social Connection in Congregate Living Sites during COVID-19](#)

As the pandemic evolves family support and visitation in acute care and continuing care settings will continue to be adjusted. These changes reflect the balance we must keep to address the ongoing risk of COVID-19, as well as the well-being of patients and residents as well as families, visitors, staff, physicians and volunteers. For the most up-to-date version of the visitation guidelines, visit www.ahs.ca/visitation.

Effective July 31, 2021, visitation for continuing care and congregate living settings, inclusive of hospice, have returned to [normal visitation processes](#). We continue to respond to COVID-19 and are keeping key measures in place to protect Albertans, including those in high-risk settings like continuing care sites. Visit [Family/Designated Support Persons & Visitors of Patients](#) for the latest updates on visitor restrictions.

Visitor restrictions

149. What is the difference between a designated family/support person(s) and a visitor?

- A designated family/support person:
 - i. Is a consistent individual identified by the patient as an essential support
 - ii. Is someone the patient wants involved in their care and health matters
 - iii. Is at least 18 years of age for pediatric patients and 14 years of age for adult patients
 - iv. Can be a family member, relative, close friend, or an informal or hired caregiver
 - v. Should be included as much as the patient/alternate decision maker requests for palliative and end-of-life care, critical care, life threatening diagnosis disclosure or as requested by the care team
 - vi. Can support patients with suspected/confirmed COVID-19.
 - vii. Cannot be on isolation or quarantine, for suspected or confirmed COVID-19 unless meeting the criteria of an [exemption](#)
- A visitor is anyone not identified as a designated family/support person. They are not an essential partner in care planning and/or decision-making, but may be involved at the patient's request.:
 - i. Designated family/support persons and visitors should assess their risk of exposure and transmission of COVID-19 before they enter an AHS site. To support this, we have created two brochures for designated family/support persons: [Know Your Risk](#) and [Know Your Role](#).
 - ii. Patients can determine who will be their designated family/support person and the extent the person is involved in their care, including collaborating with the healthcare team.

150. How can I identify if someone is a designated family/support person or a visitor?

- AHS has implemented [the Family Presence: Designated Family/Support Person and Visitor Access Policy and the Managing Limits Procedure](#) to direct staff on how to support family presence and visitation practices during COVID-19.

151. Will masks still be required when visiting loved ones at an AHS facility?

- We ask all visitors attending an AHS site to wear a mask, even if they have been fully immunized. Our goal at AHS is to work with patients and designated family/support persons to accommodate their needs while ensuring that everyone is protected.
- Please be aware Albertans entering AHS facilities, who have an authorized mask exception, may be provided with safety precautions such as an alternate to a mask, instructions on movement while in the facility, practice physical distancing as well as frequent [hand hygiene](#).
- Please let our staff know if you are experiencing symptoms of COVID-19 so they can provide you with the care you need.

152. Are people allowed to visit patients in an acute in-patient setting? In a continuing care setting?

- The most up-to-date guidelines for people visiting residents and patients is available at ahs.ca/visitation.

153. Are people allowed to visit patients in an acute care facility on outbreak?

- The extent of restrictions will vary site-to-site due to patient circumstances, operational considerations

and ability to maintain physical distancing.

- More information is available [in the Staff Visitation FAQ](#).

154. How do we determine how many DFSPs/visitors can access our service area?

- The following requirements, considerations and guidance are recommended when making this decision:
- **When possible, accommodate open family presence. This means:**
No limits on the number of DFSPs or visitors per patient/resident.
- No limit on the number of DFSPs or visitors present at a time indoors or outdoors as long as they are able to be accommodated safely with physical distancing.
- Large groups are asked to schedule their visit with the care team.
- **Should your service area decide limits are needed, aim for the most access possible:**
- Any access limits that are more than what is outlined in the COVID-19 Designated Support and Visitor Access Guidance must be made following the Policy and the Procedure.
- Implement the least restrictive limits necessary to mitigate identified risks.
- Bedside access for end-of-life, or potential loss of life circumstances, should not have limits placed on the number of DFSPs or visitors permitted. Efforts should be made to accommodate as many people to be present as space/layout allows.
- Support alternate DFSPs when needed.
- Limits need to be reviewed every 14 days.

155. Will designated family/support and visitors be screened prior to entering an acute care setting?

- We encourage DFSPs and visitors to complete self-screening before they arrive on site. The best way to determine if they should come to a site (or delay their visit) is to review the COVID-19 Screening Questionnaire beforehand.
- Contact patient.engagement@ahs.ca with questions.

156. Can someone who has recently travelled and is in quarantine receive an exemption to visit a patient or resident who is receiving critical care or end-of-life care?

- Regulations on quarantine were removed on October 1, 2022.

157. Where can I receive support on the updated guidelines?

- The AHS Clinical Ethics Service 24/7 Rapid Response Ethics Consultation Service is available to respond to questions and issues relating to family presence and visitation guidelines, in addition to other COVID-19 related questions.
 - i. The Rapid Response Ethics Consultation Service can be accessed by calling 403-689-3548.
- For other clinical ethics inquiries, please email clinicaethics@ahs.ca or call 1-855-943-2821. The Clinical Ethics Service is available for any care provider seeking support and assistance in resolving difficult or ethically challenging situations.
- Support services for staff on the updated guidelines are also available through [Health Professions Strategy & Practice](#) (HPSP) and [Engagement & Patient Experience](#).

Volunteer restrictions

158. Are volunteer programs currently open?

- Where supported by site/program leadership, volunteer programs in acute care, long-term care, cancer care, designated supportive living and other licensed supporting living facilities have been re-launched!
- As needed, Volunteer Resources will reach out to appropriate registered volunteers.
- Volunteer Resources will provide volunteers with guidance so they are aware of the safety and health risks associated with COVID-19, at the time of request. Volunteers will then be able to make an informed decision about their involvement.
- Volunteer Resources and/or the program area will provide volunteers with training and essential protective equipment needed to provide the service requested.
- Volunteers are required to complete a mandatory COVID-19 orientation. This orientation will be consistent across the province with Zone/site/program specific additions appended as needed

159. Is AHS currently accepting new volunteers?

- Yes, Volunteer Resources is currently accepting new volunteers, at the discretion of the site, through the [online application portals](#).
- Volunteers will be informed of the current access restrictions and requirements in place at AHS sites, and will be directed not to visit sites outside of scheduled shifts.
- Volunteer interviews and general AHS orientation will be held online to align with current site access restrictions.

Working from home, parking and childcare**160. I have a child going to school/ childcare am unsure what steps I should take if my child feels unwell or is a close contact of someone who has COVID-19. Where can I find more information?**

- AHS has released Guidance for Parents of Children Attending School and/or Childcare which provides specific information about what to do if a child feels unwell and/or has been notified as a close contact of a confirmed case of COVID-19. Learn more at ahs.ca/parentcovidguide.
- Visit [this question](#) for more information and guidance on the 2021/22 school year.
- Refer to [this question](#) for more information on isolation requirements if there is a confirmed case or outbreak at your child's school or if your child is required to isolate.

161. I have to take time off work to care for a dependent. Is there financial aid available to me?

- On Oct. 9, 2020, the Government of Canada announced changes to financial aid, including a new sick leave benefit and a new caregiver benefit for those forced to take time off work to care for a dependent because of the pandemic. Learn more about the benefits and supports available [here](#).
- Refer to [this question](#) for details about paid leave or income support if you or a family member must isolate but don't have paid leave or other income support.

162. I am not a frontline healthcare worker. Am I allowed to work from home?

- We continue to ask those who are able to work from home within their role to do so, until further notice.
- The [COVID-19 Relaunch Playbook](#) contains guidance and support for staff who are working remotely
- Remote staff should refrain from entering their offices if they have not been asked to return by their leaders. Leaders must ensure that remote staff only go to AHS workplaces for valid business reasons, and all staff must complete the [Fit for Work Screening](#) prior to entering any AHS workplace.
- For more information, reference the [COVID-19 Temporary Alternate Workplace Arrangement Guide](#).

163. Where can I get more information about the tools I need to work effectively from home?

- Information has been posted on Insite to explain the [technical options for working from home](#) and for [accessing applications remotely](#).
- Review the [Technology Best Practices for Working Remotely](#) or [Working remotely during COVID-19](#) for more tips and advice.

164. What privacy and security steps should I take when working from home?

- To help protect privacy and confidentiality when discussing patient, health and AHS business information, only use [approved and secured](#) conferencing tools to ensure our compliance with the [Health Information Act](#) and [Freedom of Information and Protection of Privacy Act](#).
- [Health Information sharing during COVID-19](#) has been updated to include additional details of when information can be shared by the Medical Officer of Health, under the *Public Health Act*.

165. I'm struggling to balance my work responsibilities with the needs of my children and/or family. Where can I get more resources or support?

- Check the [Employee and Family Assistance Program resource guide](#) or reach out to the [Employee & Family Assistance Program](#) at 1-877-273-3134 for professional supports.
- [Healthy Together](#) is AHS' guide to family and home life during COVID-19.
- [Supporting you with kids at home](#) or [talking to your kids about COVID-19](#).
- [Helping teens adapt to the new normal](#)
- [Working remotely during COVID-19](#)

- [Back to school with COVID-19](#)

166. I'm working from home but have parking access. Can I suspend my parking?

- AHS employees with monthly parking privileges who are still working from home can apply to temporarily suspend their parking. Refer to [Temporary Suspension of Parking Privileges](#). Please refer to the [FAQ's](#) for more information on start dates and reimbursements.
- For all questions/concerns regarding parking, please refer to [Insite](#) for a complete list of Parking Offices and contact information

COVID-19 Vaccine Rollout

AHS and the [Government of Alberta](#) are distributing COVID-19 vaccine through a phased immunization program. More information is available on our [COVID-19 Vaccine FAQ](#) and at alberta.ca/covid.

Additional Resources:

- [COVID-19 Immunization for Health Professionals](#)
- [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
- [Community Physicians FAQ](#)
- [Vaccine Sequencing for Healthcare Workers](#)
- [COVID-19 Immunization Online Booking Tool FAQ](#)
- [COVID-19: What You Need to Know](#)
 - Who should get the vaccine
 - How many doses you need
 - How well the vaccine works
 - Side effects
 - Who should not get the vaccine
 - [Care after immunization](#)
- [Common Questions about Vaccine Safety](#)

168. Who is currently eligible to receive the COVID-19 vaccine?

- As of November 24, 2021, all Albertans five years of age and older are eligible to receive their first dose
- Book your appointment online at ahs.ca/covidvaccine, through a participating pharmacy, or call Health

Link at 811.

- See information on [Second Doses](#)

167. I have concerns about COVID-19 vaccines. Where can I find more information?

- AHS has launched an awareness campaign to help staff get the information they need to stay safe and address different feelings and concerns about COVID-19 immunization.
- This campaign is aimed to create a safe space to support staff who have questions about getting immunized. By continuing to build trust, sharing fact-based information and having ongoing conversations with each other about COVID-19 immunization, we can maintain a work environment that promotes worker and patient safety
- Visit the [COVID-19 Immunization Insite](#) page for regular updates and resources as they become available.

168. Do the vaccines contain fetal tissue?

- None of the COVID-19 vaccines in Alberta contain fetal cells or tissue. The COVID-19 vaccines do not contain any aborted fetal cells.
- While AstraZeneca and Janssen vaccine production used laboratory-grown human cell lines, neither the Pfizer nor the Moderna COVID-19 vaccine used this production process. Pfizer and Moderna do not require the use of any fetal cell cultures in order to produce the vaccine. Something called fetal cell lines, which are different from actual fetal cells, were used in what is called a confirmation test for the Pfizer (Comirnaty) and Moderna (Spikevax) vaccines. This test was used to verify that these vaccines work, but isn't used in manufacturing the vaccines themselves
- Fetal cell lines have been grown in labs for decades. These cells have multiplied, creating generations of fetal cell lines. This means that the cells scientists use today no longer contain fetal tissue.
- Several religious groups and bioethics institutes have issued statements and guidance about the COVID-19 vaccines.
 - **For example, The Vatican has issued clear guidance that permits Roman Catholics in good faith to receive COVID-19 vaccines that use fetal cell lines in development or production.**
- We understand this topic is very sensitive and important for some. We want everyone to feel like they are making a fully informed decision about getting a COVID-19 vaccine. We encourage anyone with concerns or questions to talk with their doctor about the risks and benefits of the COVID-19 vaccines.

169. Are staff able to leave work during their scheduled shift to be immunized?

- On April 21, the Government of Alberta introduced [job-protected paid leave](#) to allow Albertans to access their COVID-19 vaccine. This new legislation means that all AHS employees, whether full-time, part-time or casual, can access up to three consecutive hours of paid leave (or longer if the employer deems it reasonable) to get each dose of the COVID-19 vaccine. This also includes addition or booster doses.
- AHS strongly urges eligible healthcare workers to get immunized against COVID-19 as soon as possible. Employees and managers should work together when scheduling COVID-19 vaccination leaves. Employees are required to give their leader as much notice as possible before requesting this leave.
- This leave only applies to appointments that occur during a shift and not those that occur during unscheduled time.

170. What is the course of action if managers are unable to/are not willing to let staff leave during work time (due to workload or competing priorities) to be immunized?

- Employees and managers should work together when scheduling COVID-19 vaccination leaves. Employees are required to give their leader as much notice as possible before taking their leave.
- Managers should have open and frank discussions with employees if they feel they cannot grant the leave, and work with employees to look at all other options for scheduling the vaccination leave.

171. Are staff able to take time off work to take their children to their COVID-19 immunization appointments?

- In order to avoid creating additional staffing pressures, employees with children who are eligible for the COVID-19 vaccine are asked to make these appointments during off duty time, whenever possible.
- Managers and employees are encouraged to explore available options with respect to time off requests in order to minimize time absent from work and allow easier coverage for the absence.

- In the event that an employee is unable to make an appointment for their children during off duty time, the employee must discuss this with their manager and request time off through the normal processes. Requests for time off during a shift are approved at the discretion of the manager based on operational needs.
- Approved time off will be coded as vacation, personal leave, or other appropriate banked time the employee has accumulated.
- **Note:** the three hour paid vaccination leave recently introduced by the Government of Alberta covers only an employee's vaccination, and not those of dependents or family members. [Refer to this question](#) for more information

172. I've been immunized against COVID-19, now what?

- Immunized healthcare workers are still required to adhere to existing PPE guidance, including continuous masking, continuous eye protection and IPC recommendations for COVID-19.
- Watch this [PPE Question of the Week video](#) for more information.
- Continue to adhere to [public health measures](#) after being immunized to help protect the small percentage of people who are still susceptible after receiving their vaccine. While the COVID-19 vaccines being delivered have shown very high effectiveness in clinical trials, no vaccines are 100 per cent protective.
- As we learn more about the duration of protection and the effectiveness current vaccines have in reducing transmission of COVID-19, it's important for all immunized healthcare workers to continue to adhere to all PPE, IPC and public health guidance and complete the Daily Fit for Work Screening.
- Refer to information on [Daily Fit for Work Screening](#)

173. Should I leave a gap between getting the flu and COVID-19 vaccines?

- Everyone should get immunized against influenza each year. Having both illnesses at once can be dangerous. Vaccines are safe, effective and save lives.
- You can get an inactivated influenza (non-live) vaccine at the same time or any time before or after getting a COVID-19 vaccine.

174. Should I get the COVID-19 vaccine if I am pregnant?

- Refer to AHS' [Position Statement on Pregnant Healthcare Workers and COVID-19](#) for general guidance.
- Refer to the following resources for more information:
 - i. [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
 - ii. [Community Physicians FAQ](#)
 - iii. [Alberta COVID-19 Vaccination in Pregnancy Factsheet for Practitioners](#)
 - iv. [Refer to ahs.ca/vaccinepregnancy](#)

175. Should I get the COVID-19 vaccine if I am breastfeeding?

- It is unknown whether Pfizer-BioNTech or Moderna COVID-19 vaccines are excreted in human milk. A risk to the newborns/infants cannot be excluded.
- At this time, there is an absence of evidence on the use of COVID-19 vaccine in breast feeding individuals. These groups were not included in large enough numbers in the initial trials to provide solid information.
- COVID-19 vaccine may be offered to individuals in the eligible group who are breastfeeding if a risk assessment with their primary healthcare provider or medical specialist determines that the benefits outweigh the potential risks for the mother and infant.
- However, the individual may also be immunized without consulting their primary healthcare provider or medical specialist following their acknowledgment of the absence of evidence on the use of COVID-19 vaccine in this population.
- Refer to the following resources for more information:
 - i. [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
 - ii. [Community Physicians FAQ](#)
 - iii. [Refer to ahs.ca/vaccinepregnancy](#)

176. Should I get the COVID-19 vaccine if I am immunocompromised or have an auto-immune disorder?

- COVID-19 vaccine may be offered to individuals in the eligible group who are immunosuppressed due to disease or treatment and those with an auto-immune disorder if a risk assessment with their primary

healthcare provider or medical specialist determines that the benefits outweigh the potential risks. Risks would include that:

- i. Immunocompromised persons may have a diminished immune response to the vaccine, and
 - ii. There is a theoretical concern that mRNA vaccine may elicit an inflammatory response and possibly exacerbate existing autoimmune diseases. However, current applications of mRNA technology for COVID-19 vaccines have been optimized to reduce this risk
- However, with the exception of solid organ transplant (SOT) and hematopoietic stem cell transplant (HSCT) clients, the individual may also be immunized without consulting their primary healthcare provider or medical specialist following their acknowledgment of the risks mentioned above and the absence of evidence on the use of COVID-19 vaccine in these populations.
 - Refer to the following resources for more information:
 - i. [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
 - ii. [Community Physicians FAQ](#)

177. Who should NOT receive the COVID-19 vaccine?

- The vaccine may not be given to those who have previously had a serious allergic reaction to any of the vaccine ingredients.
- It is recommended that the COVID-19 vaccine not be given within two weeks of having a live vaccine (e.g., Measles, mumps and rubella (MMR) vaccines).
- In order to protect the health and safety of staff and the public, anyone with COVID-19 symptoms or who are isolating/quarantining should not attend an immunization appointment and should rebook for a later date.
- Refer to the following resources for more information:
 - [COVID-19 Vaccine Q&A for Healthcare Practitioners \(AH\)](#)
 - [Community Physicians FAQ](#)

188 What happens to staff who were immunized in Alberta and become ill?

- As with all vaccines, there's a chance that there will be side effects. Side effects include pain at the injection site and redness and swelling at the injection site.
- These local side effects are usually mild or moderate and resolve within a few days of vaccination.
- Systemic side effects include fatigue, headache, muscle pain, joint pain, chills, and fever.
- These systemic side effects are usually mild or moderate and resolve within a few days of vaccination.
- Since these systemic side effects are similar to symptoms of COVID-19, healthcare workers should be directed to follow existing immunization after-care guidance.
- Refer to [this question](#) to learn more about work restrictions if you experience symptoms after being immunized.

189 How is AHS tracking COVID-19 immunization in healthcare workers?

- We are asking staff to complete the COVID-19 immunization reporting form that is available on [Insite](#) after your second dose. This information will be used or disclosed to appropriately plan, manage and allocate resources in the event of an outbreak to protect patients, families and healthcare workers. Your health information is collected under the authority of sections 20(b), 21(1)(a), and 27(1) and (2) of the Health Information Act ("HIA").

190 How is AHS managing vaccine wastage?

- While current waste levels of COVID-19 vaccine are extremely low, AHS has implemented a provincial [waste mitigation strategy](#) to ensure we continue to roll out COVID-19 vaccines efficiently, while minimizing the number of COVID-19 vaccine doses that are unused.
- AHS uses an evolving list of eligible individuals, consistent with current sequencing, who can be offered immunization.

191 Have there been any adverse events following immunization with the COVID-19 vaccine?

- Refer to [Alberta Health](#) for the most up-to-date figures on adverse events following immunization (AEFI) that have been reported to Alberta Health and AHS.
- Healthcare providers play a crucial role in monitoring vaccine safety and are obligated to report adverse

effects that may be linked to immunization. Report adverse events to the [AHS Provincial AEFI Team](#).

Rapid Antigen Testing for Healthcare Workers

192 Who are the rapid antigen test kits for?

- Rapid antigen test kits can be used for any workers who have COVID-19 symptoms regardless of their immunization status. For scenarios when rapid testing is recommended, see the [Attending work with COVID-19 symptoms, positive test or close contact directive](#).

193 How accurate are the rapid antigen test kits?

- Rapid antigen tests should catch most cases when used on people with symptoms, but they are not as accurate as lab-based PCR testing. The likelihood of someone with symptoms having a false positive result from a rapid test is low when the disease prevalence is high. The likelihood of someone with symptoms having a false negative result can occur, especially if tested too early from their symptom onset, which is why repeat testing 24 hours later is recommended. Anyone exhibiting symptoms of COVID-19 should self-isolate and follow all public health precautions until their symptoms are gone, regardless of rapid test results.
- The likelihood of someone without symptoms having a false negative result is very high, which is why a negative test result cannot replace appropriate public health measure and a negative test in someone with ongoing symptoms should be repeated.

194 What is the difference between a rapid antigen test and a PCR test?

- A rapid antigen test looks for a protein from the virus that causes COVID-19, and is a simple test that does not require specialized equipment and can produce a result in as little as 15 minutes.
- A polymerase chain reaction (PCR) test looks for the genetic material of the virus that causes COVID-19. They are highly sensitive tests that can identify the virus earlier in an infection than an antigen test. PCR tests can only be done in a lab, by an expert, and it can take one to three days to generate a test result.
- For more information, see this [resource](#).

195 Where do I get a rapid antigen test kit?

- AHS continues to secure and distribute rapid antigen tests.
- [Rapid antigen test kits](#) are also available at select locations, including pharmacies and assessment centres (pending availability - look for local communications).
- Site distribution plans should allow the availability of tests for fully immunized staff who become close contacts and require testing to finish out their 10-day testing period.
- Note: A booster dose is not a condition of employment at this time and staff and managers should not be asking for this information directly.
- We will continue to update this section as more information is available.

196 Where can I find a list of Health Canada approved rapid, point-of-care, antigen tests for COVID-19?

- The following list shows approved rapid antigen tests as of March 18, 2022. This list will be reviewed regularly and updated as appropriate.
 - Rapid Response COVID-19 Antigen Rapid Test Device (Btx Inc.)
 - Rapid Response COVID-19 Antigen Rapid Test Cassette- At Home (Btx Inc.)
 - SARS-CoV-2 Rapid Antigen Test (Roche Molecular Systems Inc.)
 - Panbio COVID-19 Antigen Self-test (Abbott Rapid Diagnostics Jena GmbH)
 - Panbio COVID-19 Antigen Rapid Test Device (Nasal) (Abbott Rapid Diagnostics Jena GmbH)
 - Panbio COVID-19 Antigen Rapid Test Device (Nasopharyngeal) (Abbott Rapid Diagnostics Jena GmbH)
 - BD Veritor At-home COVID-19 Test (Becton Dickinson and Company)
 - BD Veritor System For Rapid Detection of SARS-CoV-2 (Becton Dickinson and Company)

- BD Veritor System For Rapid Detection of SARS-CoV-2 & Flu A+B (Becton Dickinson and Company)
- Bd Kit For Rapid Detection of SARS-CoV-2 (Becton Dickinson and Company)
- Standard Q COVID-19 antigen test (SD Biosensor Inc.)
- SARS-CoV-2 Antigen Self-Test Nasal (SD Biosensor Inc.)
- SARS-CoV-2 Rapid Antigen Test Nasal (SD Biosensor Inc.)
- Sofia SARS Antigen Fia (Quidel Corporation)
- Sofia 2 Flu + SARS Antigen Fia (Quidel Corporation)
- COVID-19 Antigen Rapid Test Device (Assure Tech. Co. Ltd.)
- Inteliswab COVID-19 Rapid Test Pro (Orasure technologies, Inc)
- Inteliswab COVID-19 Rapid Test (Orasure technologies, Inc)
- Covclear COVID-19 Rapid Antigen Test (Empowered Diagnostics, Llc)
- COVIDx-SARS-CoV-2 Rapid Antigen Test Kit (Lumos Diagnostics Inc)
- Artron COVID-19 Antigen Test (nasal) (Artron Laboratories Inc)
- Artron COVID-19 Antigen Test (nasopharyngeal) (Artron Laboratories Inc)
- Status COVID-19/flu (Princeton Biomeditech Corp)
- Ellume COVID-19 Home Test (Ellume Limited)
- Quickvue SARS Antigen Test (Quidel Corporation)
- Quickvue At-home Otc COVID-19 Test (Quidel Corporation)
- Rapid SARS-CoV-2 Antigen Test Card (Xiamen Boson Biotech Co., Ltd.)
- Binaxnow COVID-19 Antigen Self Test (Abbott Diagnostics Scarborough, Inc.)
- Binaxnow COVID-19 Ag Card (Abbott Diagnostics Scarborough, Inc.)
- Carestarfm COVID-19 Antigen (Access Bio, Inc.)
- Sgfi-flex COVID-19 AG (Sugentech, Inc.)
- Istatix COVID-19 Antigen Test (Biolytical Laboratories Inc.)
- Istatix COVID-19 Antigen Home Test (Biolytical Laboratories Inc.)
- Flowflex SARS-CoV-2 Antigen Rapid Test (Acon Biotech Co., Ltd)
- Medsup COVID-19 Rapid Antigen Test (Medsup Medical)
- Clinitest Rapid COVID-19 Antigen Self-test (Healgen Scientific Limited Liability Company)
- Pcl COVID19 Ag Gold (Pcl Inc.)