



Questions from the Summit RE: novel coronavirus (COVID-19)

1) how long for results?

A: Can take up to 4 days

<https://www.albertahealthservices.ca/topics/Page16944.aspx>

2) what happens if doctor is exposed (I work rurally and only two doctors)?

A: Contact with a Confirmed Case of COVID-19

If you were in contact with a confirmed case of COVID-19 in the last 14 days, regardless of which country you were in, we recommend that you self-isolate and limit your contact with others for 14 days and call Health Link 811 for additional advice.

<https://www.albertahealthservices.ca/topics/Page16997.aspx>

Who should be assessed for COVID-19?

- People who develop a fever and/or cough or difficulty breathing should be assessed for COVID-19 if, within 14 days before symptoms began, they meet any of the following criteria:
<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-case-def.pdf>.
- Anyone meeting these criteria should avoid contact with others and call Health Link 811 for advice.

3) for a colleague doctor who is due to travel to Ireland in two weeks would you advise to go or not?

A: Travel outside Canada is not recommended for Albertans at this time. Given the rapid global spread of COVID-19, it is no longer possible to assess health risks for the duration of the trip.

- a. [Public Health Agency of Canada's travel health advisories page](#)
- b. [World Health Organization's travel bulletins](#)

From: <https://www.alberta.ca/coronavirus-info-for-albertans.aspx#toc-7>

4) This week, prior to the suggestion to test anyone who travelled outside of Canada with fever/cough, I've seen some patients with travel to places that weren't on the previous list of countries to test (ex. Mexico, USA). Would it be recommended to call any of those patients and now recommend that they contact health link for testing?

A1

- **Phone the patient and assess symptoms**



- **Advise the patient that because of the recently expanded screening criteria, based on their date of return they still may be eligible for testing**
- **Advise patient to phone HealthLink 811 for screening and triage**
- **HealthLink and Assessment Centre will assess need for COVID-19 swab and determine need for self-isolation**
- **If patient's symptoms have resolved and they do not wish to be tested again, they do not need to self-isolate**

5) We are a group of 5 doctors at Protea Medical Clinic with a very high-risk population (some 70%) of people over 65 years with chronic and complex medical problems. We would appreciate knowing who to contact to plan ahead to receive PPE.

Until today at the ACFP none of us had heard that AHS was planning to supply us. Today we heard that PPE will be distributed based on risk. We very much appreciate the assistance so that we may protect our staff, doctors and patients and provide the best possible care to our patients.

A: Here is the detail regarding ordering PPE

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-distribution.pdf>

PPE distribution process

- **All PCNs will receive a pre-determined supply of contact/droplet PPE from the AHS emergency supply based on PCN panel numbers and includes:**
 - o **For provider caring for patient: procedure mask, shield and gown**
 - o **For COVID-19 symptomatic patients: procedure mask**
- **Other supplies including hand sanitizer will not be distributed: refer to FAQs for primary care on ahs.ca for other options:**
<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-faq.pdf>
- **N95 respirators will not be supplied as they are not required for routine care**
- **Distribution of PPE to clinics will be based on need, through your PCN ED**

Finally the Chief Medical Officer's message today should go to all Alberta physicians.

6) On the topic of screening, for patients who have returned from travel from outside Canada over two weeks ago, but had symptoms of cough/fever within those first 14 days of returning - should they still be screened? For example, patients who have



travelled to say the US or Mexico and returned with a cough and fever say early in February. At the time they were seen, they didn't meet criteria for screening. But now they do. So my question is, if these patients are still symptomatic with either a cough or fever, should they be screened?

A:

- **Phone the patient and assess symptoms**
- **Advise the patient that because of the recently expanded screening criteria, based on their date of return they still may be eligible for testing**
- **Advise patient to phone HealthLink 811 for screening and triage**
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7) what is the advice for doctors who have travel personal travel booked? Most countries now have some cases. For example my husband who works as Pre-construction manager with a construction company, received a letter yesterday regarding travel. They were advised re self isolating following returning from travelok for my hubby as he will get paid to work from home. As FFS docs we won't not to mention I wouldn't be able to see my patients
Is there any advice as physicians?

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8) Should we look at cancelling personal travel???

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b. World Health Organization's travel bulletins

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9) I believe 811 have long wait time now so people are phoning our clinic in Calgary re guidance. IF we believe someone is high risk and needs testing, where is the testing location we should be sending them too, or should we be diverting it via community paramedics to do home swabs.

Patients will not wait 43 minutes on hold to 811 they will hang up and call our clinic, so we need concrete guidelines

A: Unfortunately at this time, Health Link is the only method for Assessment Referral.

10) If a patient presents to clinic and within 14 days is diagnosed with COVID, how will that affect clinics? Even if when they presented to us they had no symptoms, they theoretically could be still shedding the virus... And our clinic, office staff, nurses, doctors and patients are then exposed. Do we, as a clinic, need to then close and self-isolate? If we do testing in our clinic and a swab is positive, will the same self-isolation apply?

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11) Are there populations of physicians that should avoid contact with possible COVID pts and/or testing? I.e specific medical conditions, pregnancy, etc

Older adults, people with immune compromising conditions and chronic diseases appear to be at greater risk of severe disease, so consideration should be given to



protecting them from possible exposure to COVID-19 cases.

There is an increased risk of more severe outcomes for Canadians:

- aged 65 and over
- with compromised immune systems
- with underlying medical conditions

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html#r>

Vulnerable populations may include <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/vulnerable-populations-covid-19.html>

Anyone who is:

- an older adult
- at risk due to underlying medical conditions (e.g. heart disease, hypertension, diabetes, chronic respiratory diseases, cancer)
- at risk due to a compromised immune system from a medical condition or treatment (e.g. chemotherapy)