

# The Alberta COVID 19 Relaunch Plan: What We Know Today

May 11, 2020

## Supporting Resources and Q&A Summary

This information was gathered on May 11<sup>th</sup> during the question & answer period of the Alberta COVID 19 Relaunch Plan: What We Know Today Webinar, with additional answers collected from the presenting organizations following the webinar.

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## **Alberta's Relaunch Plan**

**Impact of opening services in zones/cities on different timelines - how to minimize people from closed cities traveling to nearby open cities to access services.**

**AH Response:** No longer applicable.

**Has there been consideration given to having varied relaunch plans for different zones, depending on active cases, outbreaks and transmission per zone?**

**AH/AHS Response:** Based on local conditions, activity may be increased or decreased in the zones as we move forward. A local relaunch monitoring metric of 50 active cases per 100,000 population is used to demonstrate where local public health measures may be required. This metric is used on a relaunch map that shows any municipalities with additional public health restrictions in place, on the [alberta.ca/covid](https://www.alberta.ca/covid) webpage.

**Why does it seem that some zones are doing very little in response to COVID?**

**AH/AHS Response:** Progression to Stage 3 will be determined by the success of the Stage 2, considering health care system capacity, hospitalization and intensive care unit (ICU) cases, and infection rates.

**When is the expected peak for Covid-19?**

**AH Response:** Alberta Health provided a modeling update on April 28, 2020 as part of the media update <https://www.alberta.ca/assets/documents/covid-19-case-modelling-projection-april-28.pdf>.

With the public health measures that are in place, Alberta has been successful in flattening the curve to ensure the health care system is not overwhelmed. The peak of the first wave happened in late April. Alberta Health is closely monitoring health care system capacity, hospitalization and ICU cases, and infection rates, along with the experiences of other countries and jurisdictions to inform public health measures in anticipation that a second wave might occur.

**Why is the province reopening before we reach the peak of COVID cases?**

**AH Response:** Alberta's Relaunch Strategy puts safety first while gradually reopening Albertans have done very well complying with public health interventions and flattened the curve. The modeling and disease numbers has shown the benefit of public health interventions. As such, Alberta can begin to relaunch and have shown a support of operating in a new normal COVID-19 world. Alberta released updated modeling data (<https://www.alberta.ca/assets/documents/covid-19-case-modelling-projection-april-28.pdf>) on April 28, 2020, that showed the expected peak within Alberta during the end of May/early June. That modeling was based on assumptions about ongoing transmission that our public health measures minimized, therefore the peak was reached earlier than expected. Our current data shows that the public health measures worked, Albertans are doing their part to prevent the spread, and the health care system continues to be able to cope with COVID-19. With strict safety guidelines in place, Albertans can and should confidently support Alberta businesses as we relaunch the economy.

**What is the incubation period for COVID-19 and how does this impact relaunch plans?**

**AH Response:** The average incubation of COVID-19 is around 5 days. The longest expected incubation is 14 days and is used as a margin of safety for quarantine. Progression to Stage 2 has been determined by the success of Stage 1, considering health care system capacity, hospitalization and intensive care unit (ICU) cases, and infection rates.

**With a vaccine anticipated to take many months, if developed at all, is Alberta considering a herd immunity approach (i.e., Sweden)? Why haven't we adopted this approach?**

**AH Response:** Dr. Deena Hinshaw spoke about Sweden's approach during the May 19, 2020 media update. Questions about whether Alberta could have implemented less strict COVID-19 restrictions like Sweden are difficult to answer. Alberta and Sweden have substantially different demographics, for example, more than half of households in Sweden are single-person households, while in Alberta less than a quarter of households are single persons. This makes physical distancing from others day-to-day more difficult. Sweden has experienced higher death rates when compared to other countries. Alberta Health has posted a comparison of Alberta's and Sweden's statistics to demonstrate the impacts of the different approaches - <https://www.alberta.ca/assets/documents/covid19-cases-alberta-vs-sweden.pdf>. It is also important to note that while Sweden implemented less formal restrictions, their economic slow-down is very similar to that of neighbouring countries (around 7% economic decline) while at the same time they experienced significantly higher death rates than those neighboring countries.

Sweden's approach reflects its faith in the ability of citizens to act responsibly in the face of the coronavirus pandemic. It implemented recommendations not requirements, although it did close post-secondary institutions and high schools, put a cap in place for gatherings of 50 people, and instituted other restrictions on activities as well.

**Are evidence-based healthcare leaders an obstacle to a common-sense relaunch of Alberta's plan to deal with the COVID-19?**

**AH Response:** Modelling that was used to estimate the potential burden on the acute care system was based on mathematical frameworks that looked at the total possible number of infected individuals, not just the number that would be diagnosed. That is why the overall numbers were higher than other models that predicted the number that would be diagnosed. The number predicted to potentially need acute care beds for COVID was much higher than Alberta's actual experience, however if Alberta had seen the same hospitalization rates by population as Quebec, we would have hit our elevated scenario numbers for hospital utilization. This demonstrates the need we had to be prepared, as when planning was underway we did not know which path we would be going down. Thanks to early public health interventions, transmission was greatly reduced and we were able to have a lower and earlier peak than would otherwise have been the case.

Alberta's Relaunch Strategy that is now underway puts safety first while gradually reopening businesses, resuming activities and getting people back to work. The sequencing of relaunch is based on an approach that considers both the risks to the public of spread of COVID and economic and social impact of population interventions.

## Re-Opening of Clinical Services

### When are medical students expected to return to clinical practice?

**CPSA Response:** It's best to contact the medical schools for this information.

### Should physicians in high risk groups for COVID (or with high risk family members) return to in-person work?

**CPSA Response:** Everyone should self-reflect on their own health and personal circumstances when deciding whether to return to in-person work. Physicians are encouraged to provide virtual care whenever possible during the pandemic, for their own safety as well as that of their families and patients.

### Are there plans to "repatriate" RNs to their original clinics to support the relaunch and ensure adequate staffing?

**AHS Response:** AHS will be continuously working to balance the staffing needs of relaunch, COVID-19 response and providing ongoing services.

### When is the approximate timing to have the new isolation protocols for acute and primary care that Dr. Hinshaw mentioned?

**AH Response:** CMOH Order 16-2020 provides guidance for health care providers until the regulatory colleges publish COVID-19 guidelines for their members. This would be applicable to health care providers working outside of AHS. For health care providers working in AHS facilities, AHS will also have specific guidelines.

### Why can't surgeries be resumed at our site if we have adequate resources?

**AH/AHS Response:** Based on local conditions, activity may be increased or decreased in the zones as we move forward. A local relaunch monitoring metric of 50 active cases per 100,000 population is used to demonstrate where local public health measures may be required. This metric is used on a relaunch map that shows any municipalities with additional public health restrictions in place, on the <https://www.alberta.ca/coronavirus-info-for-albertans.aspx> webpage.

Progression to Stage 3 will be determined by the success of the Stage 2, considering health care system capacity, hospitalization and intensive care unit (ICU) cases, and infection rates.

Each site and Zone developed their health services capacity plan collaboratively and based their planning and local available resources and guiding provincial public health considerations, including availability of nursing and ancillary staff like Lab and MDR staff.

Stay tuned as more details around relaunch plans are communicated.

### Can uninsured surgical procedures deemed necessary for work and health be resumed in low quantities if all precautions are taken?

**AH Response:** Scheduled, non-urgent surgeries may begin on or prior to May 14, 2020, as they are included in pre-Stage 1 and Stage 1 of Alberta's relaunch strategy. Visit the website for more details <https://www.alberta.ca/alberta-relaunch-strategy.aspx>.

**The rural sites have had a slower resumption of surgical and ambulatory cases than the urban sites despite the physicians being ready and the cases being equivalent. Can you explain why the rural surgical plan lags behind that of the cities?**

**AHS Response:** Surgery resumption is based on available resources including human health resources and ancillary services support. All Zones are resuming scheduled services once all of the appropriate resources are in place and in some cases this may require a redeployment of staff back to their home sites and/or establishment of support services. As such, there might be some sites that are able to do this more quickly than others, but overall, all sites are resuming services where staff and resources are in place.

**Why is the planned ramping up of surgical services higher in Calgary than in Edmonton, given the COVID testing results?**

**AHS Response:** The initial six week re-launch was scaled and gradual to ensure all available resources were in place to perform scheduled surgery safely in all Zones. In some Zones, the scale up was slow due to the virus trajectory. In Calgary Zone the local availability of Chartered Surgical Facilities (CSFs) allowed for increased volumes in day surgeries like cataracts to initiate out of the local hospitals. As a result, numbers appear inflated in Calgary Zone, but are due to the CSF availability to do minor procedures out of the hospital in the initial stages of relaunch.

**Will endoscopy units be opened over weekends to manage waitlists that are becoming dangerously long? We are already overcapacity pre-COVID.**

**AHS Response:** Additional endoscopies in the 'semi urgent' category will resume. Complete plans for additional ramp up activities are underway.

**When can cosmetic procedures start to be offered again?**

**AH Response:** Cosmetic procedures were identified in phase 2 of the province's relaunch: <https://www.alberta.ca/alberta-relaunch-strategy.aspx>

**To whom do we submit the surgical resumption plan?**

**AHS Response:** There are surgical leaders in every Zone that are working on the plan and assessment weekly. Please reach out to your Zone Department Heads if you have questions on the plan in your Zone.

**Will AHS eventually be opening up more overtime (over and above what was available before COVID) to make up for the backlog of surgical procedures as this current situation resolves? What about elective surgeries and surgeries requiring overnight stays?**

**AHS Response:** A more comprehensive staged re-opening plan is under development and the goal will be to get us back to pre-COVID-19 activity levels including opening up time in ORs to pre-COVID-19 levels. However, this staged recovery will take time and throughout all stages resource availability in case of a COVID-19 surge must be considered.

Currently, AHS is starting with re-initiation of day surgery and Chartered Surgical Facilities to minimize impact to acute care inpatient beds and resources. We wanted to restart slowly to monitor use of PPE and avoid complications requiring hospital stays and see how day surgeries go first. Next surgeries will depend on wait times, urgency, and ability to do appropriate distancing and access to lab and allied health services.

Resumption of additional surgeries will continue to be re-evaluated.

**I am an orthopedic surgeon and do insurance assessments following car accidents etc. These are for the purposes of disability evaluations, not for treatment purposes. These are called Independent assessments. Are these acceptable to be done at this stage?**

**AH Response:** Regulatory Colleges are developing guidelines for their members to enable providers to resume delivering services. Please refer to the guidelines released by your College. If the guidelines are not specific enough regarding a particular service, please connect with the College for further clarification.

**How are home care services being managed? Are there any restrictions on what home care services physicians should be requesting for patients?**

**AHS Response:** With the onset of the pandemic, home care services were scaled back to meet more essential service needs but were not stopped and new clients have continued to be enrolled in to the program. Physicians who feel that their patients/clients require home care services should continue to refer, recognizing that patients/clients can also self-refer, and services will be provided as per assessed needs. Please note that home care services are provided based on assessed unmet need. Physicians don't order/request specific home care services.

**When will CT and MRI booking resume? Wait times were extremely long pre-COVID. Is there a plan to manage the backlog?**

**AHS Response:** Diagnostic Imaging (DI) resumption is in alignment with the Ambulatory Care plan and the Alberta Surgical Initiative. Urgent DI care continues to be provided. Routine patients will rebooked with the start of stage two (expected mid-June). Diagnostic Imaging has a plan on how to catch up on the deferred patients over the summer and into the fall. There is a draft three-year plan on getting the CT and MRI patient wait time to target clinical wait time targets that was planned to start April 1 but now is delayed until we have rebooked our deferred patients.

**When will we be able to send health sciences students for serology needed for required immunizations (i.e., Hepatitis B, varicella)?**

**AHS Response:** The community laboratory system is in the process of activating their relaunch strategy intended to increase community collection and testing capacity while maintaining appropriate physical distancing in our community locations. Please expect further communications from APL and Dynalife as restrictions are lifted.

**Can you provide guidance on restarting screening & labs? What do we do with overdue patients and how do we determine how long testing can be delayed?**

**AH Response:** Lab recommendations are still to not order routine and non-essential tests. Testing based on what is required for immediate patient management. Lab bulletin updates posted on AHS website and also in FAQ's for community physicians.

Most recent bulletin: <https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-continuation-ordering-only-clinically-necessary-testing.pdf>

Link to lab bulletin webpage: <https://www.albertahealthservices.ca/lab/Page3290.aspx>

**Optometrists are open now for all routine and non-urgent patients as per Alberta Optometrists Association. Have the Ophthalmologists also started seeing routine, non-urgent cases?**

**AH Response:** Regulated health care professionals, including optometrists and ophthalmologist, can resume services as long as they follow approved guidelines set by their professional colleges.

### **When will the 30 day maximum on prescription dispensing be revised or lifted?**

**AH Response:** To handle the critical drug supply issues that affected Alberta and the world due to COVID-19, government recommended pharmacists dispense a maximum 30-day supply of prescription drugs, when appropriate. This made sure pharmacies could supply people with the prescriptions they needed. Because of this temporary measure and the evolving COVID-19 situation, conditions have improved.

As of June 15, pharmacists in Alberta can begin to give out larger quantities again, up to a 100-day supply.

While supply levels appear to be returning to normal, some drugs are still in limited supply. Pharmacists should use their professional judgment and dispense a 30-day supply when necessary for specific drugs that continue to have shortages or supply chain issues. Pharmacists can use the drug shortage list posted on the Alberta Blue Cross website as a reference. If a medication dispensed is on the list, government-sponsored drug plan members will pay the maximum copayment of \$8. Government, industry, pharmacy organizations, and other health sector partners continue to monitor supply levels. If there is evidence that there isn't enough supply, or that drugs are being stockpiled, government could re-introduce limits.

To find out if a specific drug is affected by a shortage or supply chain issue, people are encouraged to ask their pharmacist when they have their prescriptions filled.

Albertans can access information on specific drug shortages at the Drug Shortages Canada website, where companies are required to report all actual and anticipated shortages within specific time frames. Health Canada has also published a list of critical drugs that are in high demand or in shortage. A list will also be available for pharmacies on the Alberta Blue Cross website. <https://www.ab.bluecross.ca/providers/pharmacy-price-files.php>

To avoid multiple trips to the pharmacy, Albertans may wish to check if their pharmacy can deliver medications to their home or provide curbside pick-up to support Albertans with social distancing requirements.

### **Longer term children's mental health facilities that allow weekend passes may increase relative risk for acquiring COVID when outside the facility. Is there guidance on whether these facilities should remain open?**

**AHS Response:** AHS continues to operate essential services during COVID-19, including children's mental health services, sometimes at a reduced level, and optimizing virtual care where appropriate.

AHS has operational and outbreak standards to help ensure children who are admitted to mental health facilities or living in congregate health settings are safe during COVID-19. This include restricting patient movement and adherence to all IPC protocols.

Passes granted to children from these facilities would be determined by physician order based on assessment and in consultation with parents/caregivers. In these cases, the family/caregiver will be provided information on prevention, including hand hygiene and physical distancing. The child will be screened upon re-entry after the pass and appropriate measures taken if indicated.

**When can we resume the regular weekly visits to Long Term care facilities, as we are doing mostly virtual care now?**

**AH Response:** As long as the site is not on outbreak, there is no preclusion to resuming on site clinical visits, however it is recommended that physicians attempt to minimize the number of sites they visit in person. If the site is on outbreak, work was done at zone level to identify how onsite coverage would occur.

**Does the restriction on gatherings of more than 15 people apply to my family practice office? Even if patients are in separate exam rooms?**

AH Response: Page 9 indicates that max of 15 people does not apply to how many staff you may have working in a clinic: <https://open.alberta.ca/dataset/2a615f78-aa9e-48d9-a323-9f2c08b07667/resource/fcca7551-9a32-4ec0-9545-aa5163f8a284/download/health-cmoh-record-of-decision-cmoh-16-2020.pdf>

Additional recommendations re: limiting people in a clinic and maintaining social distancing can be found here: <https://www.albertadoctors.org/COVID-19-info-resources/community-health-clinic-prov-relaunch-re.pdf>

**Will group visits be permitted in any circumstances?**

**AHS Response:** Within AHS, we will not be reinitiating group services at this time due to challenges with physical distancing and the risk it poses to patients and providers. Group visits should be done virtually and 1:1 services for urgent care should continue. By exception, clinics may book 1-1 visits to deliver essential teaching and instructions.

**When should our clinic restart in-person appointments for various services / patients? Are there guidelines to support physician decision making on this?**

**AH Response:** Live answered: Each patient circumstance will have unique factors impacting how time sensitive services are. It's a combination of the clinical need of a patient, risk factors, scheduling options and how you can structure appointment to reduce risk, other factors impacting patient. It will be up to physicians, and the college to work within that risk framework. We cannot provide straightforward guidance for various scenarios.

Additional answer: CPSA is still recommending that in-person visits should only be done if needed, virtual visits should still be the first choice if patient's health can be managed in that way. Criteria to help physicians assess when an in-person visit may be needed can be found here:

[http://www.cpsa.ca/wp-content/uploads/2020/05/AP\\_COVID-19-Reopening-Practice-V-03.pdf](http://www.cpsa.ca/wp-content/uploads/2020/05/AP_COVID-19-Reopening-Practice-V-03.pdf)

As the relaunch progresses that advice may change. Please check the CPSA website regularly for updates.

You may find it helpful to access the following resources on panel management to assist you continue to reach out to patients who are complex. Consider using your team and extended team to reach out to those who are both medically and socially complex. For example, patients with COPD, Diabetes, socially isolated, at risk for mental health decline, etc. This resource gives practical tips on panel management during these times. <https://actt.albertadoctors.org/MPN-Algorithm>

You may find this recent literature review on virtual care helpful.

<https://actt.albertadoctors.org/file/VirtualVisitsLitSummary2020.pdf> as well as the links embedded into this algorithm. Meeting Patients' Needs: Algorithm for Today's Primary and Specialty Care Teams <https://actt.albertadoctors.org/MPN-Algorithm>. During last week's webinar community



specialists shared some helpful examples of incorporating virtual care into their practice  
<https://www.albertadoctors.org/services/media-publications/webinars-online-learning>

## Re-Opening Guidance for Businesses

**Is there any plan to communicate with/monitor businesses which re-open to ensure they follow the recommendations and support their employees properly i.e. if they have respiratory symptoms?**

**AH Response:** Guidance documents for businesses are being published online at  
<https://www.alberta.ca/biz-connect.aspx>.

Businesses that are found to be violating the public health orders by the Chief Medical Officer of Health (<https://www.alberta.ca/covid-19-orders-and-legislation.aspx>) may be fined. Fines start at \$1,000. Courts could also administer fines of up to \$100,000 for a first offence and up to \$500,000 for a subsequent offence for more serious violations.

If you are concerned someone is not following public health orders, you can:

- Remind the person that not following public health orders is against the law and puts people at risk
- Submit a complaint to AHS public health inspectors:  
<https://ephisahs.microsoftcrmporals.com/create-case/>

**Has there been any improvement/changes to blue cross in light of employment changes and possible loss of coverage for medication, physio, chiro, etc.?**

**AH response:** Current information about the Alberta Blue Cross Non-Group coverage is available here: <https://www.alberta.ca/non-group-coverage.aspx>

## Re-Opening Guidance for Families

**Concerns regarding schools/daycare/day camps reopening.**

**AH's Live Response:** We hope to gather information from places that have reopened schools, on what works well, what are the risks. It's difficult to know how to manage the illness in children because case numbers are so low. For summer camps, it will not be my recommendation to reopen sleep-away camps. We are looking at reopening day camps with restrictions in place (distancing, sanitization). The main advice we have for people is to limit close contacts and when you do have close contacts, make them as safe as possible.

For more information on relaunch, visit <https://www.alberta.ca/alberta-relaunch-strategy.aspx>.

**What are Alberta's recommendations on creating cohort families?**

**AH Response:** Info on creating cohort families can be found here: <https://www.alberta.ca/prevent-the-spread.aspx>.

**When will family members be able to visit isolated seniors in assisted living or long-term care (with appropriate distancing / PPE)?**

**AH Response:** Visitors to patients at continuing care facilities will continue to have restrictions, however we recognize the burden of isolation that visitor restrictions place on residents, and work is underway to get feedback on how to balance residents' need for social interaction with the need to protect people in these high risk settings from COVID outbreaks.

## Travel Guidelines

### Is non-essential travel within the province permitted?

**AH Response:** Non-essential travel is not recommended, but there are no restrictions in place.

### What are the requirements for those traveling internationally?

**AH Response:** You are legally required to self-isolate for 14 days if you have returned from travel outside of Canada

Return to Work guidelines for community physicians and teams can be found here:

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-community-physicians-return-to-work.pdf>

### Is there an official protocol set for healthcare providers travelling between two provinces? i.e. isolation period

**AH Response:** Live answered: The recommendation for everyone is to avoid non-essential travel, but there is no restriction on inter-provincial travel right now. Follow general protocols if you experience any signs of sickness or were in contact with anyone who was sick.

## Clinical/Practice Guidelines

### I work in a walk-in clinic and doctors are seeing patients face to face if they pass COVID screening questions. Many patients could have waited or been assessed virtually or by phone. How should we manage this?

**CPSA Response:** A recommendation would include adding signage to clinic door, website, phone system greeting and voicemail providing guidelines for walk-in patients visiting your clinic.

### CPSA is suggesting that we collaborate with colleagues regarding indications for specific inpatient visits. This is impractical during the pandemic as hallway consultations are not occurring. How can solo surgical specialty practitioners consult with peers?

**CPSA Response:** Checking with your colleagues is just one of the measures we suggest. If it's not possible through virtual means, it's not a requirement. It's meant to be one of the options available to physicians when considering what care is appropriate for in person visits.

## Screening for COVID-19

### Do you have a timeline on the development of the resource mentioned for community clinics and considerations?

**AH's Live Response:** AH and PCNs are working on this. There is an acute care guidance document that can help as a starting point. Maybe we can have something out soon for community clinics.

### What guidelines are in place for testing or screening surgical patients for COVID?

**AHS/AH Response:** Screening processes are in place at each site. Guidance for testing and management of COVID-19 can be found in the Public health disease management guidelines : coronavirus – COVID-19, which is updated as recommendations change or new information is available.

<https://open.alberta.ca/dataset/a86d7a85-ce89-4e1c-9ec6-d1179674988f/resource/ba1e9346-ac17-4dba-b957-47d1230dd2b3/download/covid-19-guideline-2020-05-21.pdf>

AHS also has resources about COVID testing and management

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-2019-staff-faq.pdf>

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-faq.pdf>

**Does patient screening in community ambulatory care clinics including temperature checking or a symptom/contact list?**

**AHS Response:** Screening of patients should be done prior to appointments or prior to being seen for those who present for care. The AHS on-line self-assessment tool should be encouraged. Screening at ambulatory care clinics involves asking about symptoms, contact with COVID positive patients and recent travel. Further information regarding ambulatory screening can be found here: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-resuming-ambul-care-clncls-z0.pdf>.

**Should we take the temperature of all patients?**

**AH Response:** There is no current public health order mandating patients to be screened by temperature taking in community health settings. However, if this is a procedure that a clinic would like add to their process, then that is up to their discretion. Order 16 notes that patients should be screened over the phone for symptoms of COVID-19 before scheduling appointments, and upon arrival.

**Do family practice clinics need to do the Daily Fit to Work screening and Daily log of staff on site?**

**AH Response:** CMOH Order 16-2020 provides guidance for health care providers until the regulatory college publishes COVID-19 guidelines.

**Are doctors required to undergo weekly COVID testing to ensure they are not positive and putting patients at risk?**

**AH Response:** All providers (including physicians), should use the fit for work questionnaire: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-community-physicians-fit-for-work.pdf>.

**When we will get a rapid screening test?**

**AH Response:** Health Canada must approve the use of new medical testing, including COVID-19 rapid screening tests. Alberta is working with researchers to support the development of these rapid screening tests. Before selecting a test to use widely in Alberta, it is important to assess accuracy, ease of use at high volumes, and availability of the platform. Alberta evaluates each test's sensitivity and specificity and is now examining cross-reactivity with other coronaviruses.

**How accurate are the tests being used and when can I expect to see a positive result from a swab following exposure?**

**AH's Live Response:** We are using a few types of swabs. We understand that when someone is infected, they have the highest viral load quite early on. If there is virus on the swab, the lab test will pick it up 99% of the time. Exact accuracy will depend on different factors - how swab taken, when during course of disease it was taken.

Antibody tests are not confirmed to be reliable yet and have not been validated for use at this time. Those currently available are not diagnostic tests and will not tell us about current infection. We hope they will be useful to do population surveys.

**Why can't we do swabs in our facilities if we are set up to do so safely?**

**AH Response:** Policies and procedure regarding swabbing in community settings are set by AHS. For additional information <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-faq.pdf> and <https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin->

[major-changes-in-covid-19-specimen-collection-recommendations.pdf](#)  
<https://www.albertahealthservices.ca/assets/wf/lab/wf-lab-bulletin-new-collection-kit-for-covid-19-and-respiratory-virus-testing.pdf>.

**Are we doing any “self-swabbing” testing?**

**AH Response:** We are not using self-swabbing at the moment, but are aware that some studies have looked at this. The sensitivity of self-swabbing seems slightly less than health-practitioner collected swabs based on some reports, however this could be a measure to explore in the future.

**Is there an update on serology testing?**

**AH Response:**

- Alberta’s provincial laboratory is in the final stages of assessing a number of serology tests, including recent federally-approved tests.
- Before selecting a test to use widely in Alberta, it is important to assess accuracy, ease of use at high volumes, and availability of the platform. Alberta has evaluated each test’s sensitivity and specificity and is now examining cross-reactivity with other coronaviruses.
- The first population sero-surveys will begin in June, depending on the availability of sufficient quantities of the tests. Clinicians can order serology with approval of the Virologist On Call through the Public Health Laboratory if needed for clinical management of a patient.
- Alberta is considering a number of sero-surveys to determine the proportion of Albertans that have been exposed to COVID-19. Together, they will be representative of the broader Alberta population with respect to geographic location, age, sex, race, socioeconomic status, and presence of chronic disease.

**Is there a way to expedite testing and communication of results for health care workers?**

**AH Response:** Tests for health care workers are prioritized as much as possible.

**Decreasing the Spread of COVID-19**

**Do we need to clean exam rooms in between ALL patients? Or only ILI patients?**

**AH Response:** Cleaning guidelines can be found here:

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-community-physicians-environmental-cleaning.pdf>. Exam rooms should be cleaned after each patient.

**What type of protection should we have at clinic front desks?**

**AH Response:** Front desk staff should have a barrier in place, per page 5:

<https://open.alberta.ca/publications/cmoh-order-16-2020-2020-covid-19-response>.

Links to additional recommendations and guidelines: <https://www.albertadoctors.org/COVID-19-info-resources/community-health-clinic-prov-relaunch-re.pdf>.

**What is your advice regarding scenarios where multiple physicians need to share an office on a regular basis?**

**AH Response:** CMOH Order 16-2020 provides guidance for health care providers until the regulatory college publishes COVID-19 guidelines. In addition, the general workplace guidance for business owners re-opening or continuing operations has information about infection prevention and control measure that are helpful for workplaces.

**What is my risk as a physician of transmitting COVID to family or friends? I worry that I will be isolated.**

**AH Response:** We recommend having an open conversation with family and friends about the precautions health care providers are taking, such as wearing PPE (PPE guidelines and info on protecting yourself as a provider can be found here: <https://www.albertadoctors.org/COVID-19-info-resources/community-health-clinic-prov-relaunch-re.pdf>), and the use of other measures, such as physical distancing and avoiding gatherings, to reassure individuals about the measures to protect yourself.

**What is the probability of contracting COVID-19 while walking past someone at a distance closer than 2 meters?**

**AH Response:** COVID-19 is transmitted through tiny droplets of liquid produced by people who have the virus.

These droplets spread 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.)

COVID-19 is not airborne, so the chances of significant exposure from a casual contact like walking past someone is low.

Maintaining physical distance or wearing a mask if physical distance cannot be maintained, helps to reduce the droplets from being breathed in as well as reducing the likelihood that the droplets settle on your face, hand and commonly touched surfaces.

**Is it necessary to wash groceries or leave them in a garage for days?**

**AH's Live Response:** Leaving groceries in the garage for days is not required.

## **PPE**

**When the term "PPE" is used, what does that entail?**

**AH Response:** PPE guidelines differ depending on the patient and procedure. Guidelines can be found here: <https://open.alberta.ca/publications/cmoh-order-16-2020-2020-covid-19-response> and here: <https://www.albertadoctors.org/COVID-19-info-resources/community-health-clinic-prov-relaunch-re.pdf>.

**How can community physicians and clinics access PPE and ensure they have an adequate supply?**

**AH Response:** Alberta Health is taking steps to ensure physicians continue to have access to PPE and supplies as demand changes. Physicians should check AHS' website regularly for the most up-to-date information (<https://www.albertahealthservices.ca/topics/Page17048.aspx>).

AHS also has information on PPE ordering for community physicians:  
<https://www.albertahealthservices.ca/topics/Page16956.aspx>.

Lots of info on PPE is available here (including links on how to order at the end of document):  
<https://www.albertadoctors.org/COVID-19-info-resources/community-health-clinic-prov-relaunch-re.pdf>.

**How are concerns about supply and quality of PPE (i.e., masks) being dealt with, within and outside of AHS facilities?**

**AHS Response:** We understand there are concerns with both supply and types of PPE. Here is a document addressing concerns with procedure masks:

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-ppe-ahs-addresses-procedure-mask-concerns.pdf>. More information on PPE can be found here:

<https://www.albertahealthservices.ca/topics/Page17048.aspx>.

**In an effort to preserve PPE for physicians and nurses in a family care clinic, Is it safe to have front staff wear re-usable masks with filters, following recommended washing protocols?**

**AH Response:** PPE guidelines and info on protecting yourself as a provider can be found here:

<https://www.albertadoctors.org/COVID-19-info-resources/community-health-clinic-prov-relaunch-re.pdf>.

**We are community physicians and believe that we received an invoice from AHS for the PPE requested. Why are we being asked to pay for this?**

**AHS Response:** As of the date of the webinar (May 11), AHS had not billed community physicians for PPE. If you believe you incorrectly received an invoice, please email [phc@ahs.ca](mailto:phc@ahs.ca). For ongoing updates on PPE distribution, please visit [www.ahs.ca/covidPHC](http://www.ahs.ca/covidPHC) for the latest information.

**Who will cover the cost of additional PPE requirements for community physician clinics?**

**AH Response:** Alberta Health has announced provision of masks to Albertans and these are currently being distributed through vendor partners.

**Where do I get more information on PPE for aerosol generating medical procedures (AGMPs)?**

**AHS Response:** Please refer to the AGMP look up tool and more PPE info here:

<https://www.albertahealthservices.ca/topics/Page17048.aspx>. Prior to any patient interaction, a Point of Care Risk Assessment will aid in assessing the task, the patient and the environment including the most appropriate PPE needed. AHS guidance at this time is that it is not necessary to perform COVID-19 testing on an asymptomatic patient before providing routine, urgent or emergent health services, or before accepting a patient in transfer from another site.

**What should PPE requirements be for patients coming into our clinics (considering we know that asymptomatic transmission is possible)?**

**AH Response:** All health care providers or those working in patient care areas should be continuously masking: (page 9) <https://open.alberta.ca/publications/cmoh-order-16-2020-2020-covid-19-response>.

Masking recommendations can be found here: <https://www.albertadoctors.org/COVID-19-info-resources/community-health-clinic-prov-relaunch-re.pdf>.

Direct patient care providers and those working in patient care areas must follow continuous masking guidelines: (page 9) <https://open.alberta.ca/publications/cmoh-order-16-2020-2020-covid-19-response>.

**All visitors and patients to acute care and AHS facilities must wear masks, why is that not a requirement for patients entering our community clinics? Would it not be prudent for our patients to be masked on entry to our clinics?**

**AH Response:** Everyone is trying to manage availability of masks/PPE. Recommendation would be to advise patients to wear a mask if they have their own. Masks should be provided to symptomatic patients. All direct patient care providers and those working in patient care areas are required to follow continuous masking guidelines (page 9): <https://open.alberta.ca/publications/cmoh-order-16-2020-2020-covid-19-response>.

**Why are cloth masks acceptable to reducing transmission and not as acceptable PPE? Why would cloth masks be effective only uni-directionally?**

**AH Response:** Information from the government of Canada on non-medical masks can be found here: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html>

Alberta Health has already released guidance to help Albertans wear masks safely

<https://www.alberta.ca/masks.aspx> and <https://www.alberta.ca/assets/documents/covid-19-guidance-for-wearing-non-medical-masks.pdf>.

**How should physicians administer botulinum toxin injections to patients with dystonia affecting facial/jaw/eyelid muscles? What PPE is required?**

**AH Response:** PPE guidelines and info can be found here: <https://www.albertadoctors.org/COVID-19-info-resources/community-health-clinic-prov-relaunch-re.pdf>.

**What PPE should I wear to see patients without ILI symptoms or who have recovered from COVID-19?**

**AH Response:** The recommendations are to use N95 masks only when an aerosol-generating medical procedure is performed. Contact and droplet precaution PPE are otherwise sufficient for protection. Guidelines on the AHS website on the community physician section.

Use of surgical masks and wearing of PPE is required during the resumption of health services. CMOH Order 16-2020 page 9.

“All staff providing direct client/patient care or working in client/patient care areas must wear a surgical/procedure mask continuously, at all times and in all areas of the workplace if they are either involved in direct client/patient contact or cannot maintain adequate physical distancing (2 meters) from client/patient and co-workers.”

Patients with ILI symptoms require face masks. There currently is no clear direction on the use of mask requirements for patients without ILI symptoms.

## COVID-19-Related Patient Care

**Would CPSA make one person available for urgent advice for COVID-related patient care?**

**CPSA Response:** Tele-advice for providers on COVID patient care is available:

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-tele-advice.pdf>.

**What preparations are underway to help primary care physicians in the community manage mild to moderate COVID patients, particularly during reopening which may result in increased cases?**

**AHS Response:** A Primary Care Management Pathway was developed and is in the process of being adapted in each zone. Check with your zone or PCN leadership or refer here:

[www.ahs.ca/COVIDphc](http://www.ahs.ca/COVIDphc).

**What should a community clinic do if a staff member develops symptoms?**

**AH Response:** Exposure and return to work guidelines can be found here:

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-community-physicians-return-to-work.pdf>.

Also recommend clinics implement daily fit for work screening for all staff:

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-community-physicians-fit-for-work.pdf>.

**If you contract COVID-19 at work, can you make a WCB claim?**

**AH Response:** Only WCB claim if you have documented, work-related exposure to COVID resulting in positive transmission.

**Is there a guideline for physicians and clinics on how to care for patients who return to their primary care physicians for care after recovering from COVID?**

**AHS Response:** Check with your local Zone or PCN leadership on COVID care pathways in your zone. Links to pathways and forthcoming COVID monitoring and management guidelines are posted here:

[www.ahs.ca/COVIDphc](http://www.ahs.ca/COVIDphc). For specific patient concerns, reach out to your zone's COVID tele-advice

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-tele-advice.pdf>.

**Can you clarify what is required to clear a known positive patient from isolation requirements (i.e., if mild symptoms persist beyond 14 days from time of diagnosis)?**

**AH Response:** Isolation and quarantine requirements are listed in CMOH Order 05-2020:

<https://open.alberta.ca/dataset/005ee2c3-9877-4145-98d0-4306162ac5aa/resource/46aa9494-7454-4dd4-9f74-a250257be1ab/download/health-cmoh-record-fof-decision-cmoh-05-2020.pdf>.

Advice for management of COVID-19 can be found in the Public health disease management guidelines : coronavirus – COVID-19, which is updated as recommendations change or new information is available

<https://open.alberta.ca/dataset/a86d7a85-ce89-4e1c-9ec6-d1179674988f/resource/ba1e9346-ac17-4dba-b957-47d1230dd2b3/download/covid-19-guideline-2020-05-21.pdf>.



**My question pertains to the difference in mandated stay at home order for only certain COVID19 symptoms, even when criteria for testing has been expanded since May 4, 2020.**

**AH Response:** Although some people who have COVID experience atypical symptoms such as conjunctivitis, or nausea, vomiting and diarrhea, the majority have more typical symptoms such as fever, cough, shortness of breath, a sore throat, or a runny nose. Even though testing has been expanded, mandatory isolation still applies to the five main symptoms of COVID listed above.

Having said that, in health care, any workers who feel ill should not be going to work, and in continuing care, residents who experience symptoms on the longer list are isolated and tested promptly.

**Guidelines for patients with prolonged symptoms which may be attributable to non-COVID causes**

**AH Response:** Public Health Order 05-2020 requires any person who is exhibiting any of the symptoms (cough, fever, shortness of breath, runny nose or sore throat), which are not related to a pre-existing illness or health condition, must be in isolation for a minimum of 10 days from the start of their symptoms, or until the symptoms resolve whichever is longer.

If a person has a pre-existing illness or health condition that explains their symptoms (such as allergies), do not have to isolation or be tested for COVID-19, unless these symptoms change, they become a close contact to someone who tests positive for COVID-19 or have travelled internationally.

**Atypical COVID symptoms - information and guidance**

**AH Response:** Advice for management of COVID-19 can be found in the Public health disease management guidelines: coronavirus – COVID-19, which is updated as recommendations change or new information is available

<https://open.alberta.ca/dataset/a86d7a85-ce89-4e1c-9ec6-d1179674988f/resource/ba1e9346-ac17-4dba-b957-47d1230dd2b3/download/covid-19-guideline-2020-05-21.pdf>.

**Where can I find good information on the new pediatric inflammatory syndrome. What are we looking for and how do we manage it?**

**AHS Response:** Would suggest utilizing the provincial COVID-19 line through Specialist Link or ConnectMD here: [www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-tele-advice.pdf](http://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-primary-care-tele-advice.pdf).

**What criteria should be used to clear patients who require medical note/clearance at the request of an airline?**

**AH Response:** Isolation and quarantine requirements are listed in CMOH Order 05-2020: <https://open.alberta.ca/dataset/005ee2c3-9877-4145-98d0-4306162ac5aa/resource/46aa9494-7454-4dd4-9f74-a250257be1ab/download/health-cmoh-record-fof-decision-cmoh-05-2020.pdf>.

Advice for management of COVID-19 can be found in the Public health disease management guidelines : coronavirus – COVID-19, which is updated as recommendations change or new information is available <https://open.alberta.ca/dataset/a86d7a85-ce89-4e1c-9ec6-d1179674988f/resource/ba1e9346-ac17-4dba-b957-47d1230dd2b3/download/covid-19-guideline-2020-05-21.pdf>.

### **What do we know about the development of immunity following infection?**

**AH Response:** AHS has conducted a rapid evidence report that speaks to the immunity and re-infection from COVID-19. The review is available online

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-reinfection-rapid-review.pdf>.

### **Is COVID 19 a reportable disease?**

**AH Response:** Yes, Covid 19 is a reportable disease.

Advice for management, including reporting of COVID-19 can be found in the Public health disease management guidelines: coronavirus – COVID-19, which is updated as recommendations change or new information is available

### **Non-COVID-Related Patient Care**

**What is the consensus on appointments for new patients in search of a family doctor? Some patients are not mentioning issues/concerns over phone and are not identified until an in-person visit. What guidance do you have for new family physicians building patient panel during re-opening phase?**

**CPSA Response:** It's recommended that physicians use virtual care during the pandemic for initial illness assessment, triage for care and screening and determine whether an in-person visit is needed. The same principles can be applied to assessing new patients and building a patient panel. More tips on effectively using virtual care is available online: [http://www.cpsa.ca/wp-content/uploads/2020/03/AP\\_COVID-19-Virtual-Care.pdf](http://www.cpsa.ca/wp-content/uploads/2020/03/AP_COVID-19-Virtual-Care.pdf).

### **What is meant by “reaching out” to high risk groups?**

**AMA Response:** Please go to the AMA's virtual care page and scroll down to find the guidelines for members. This will help with principles and examples to assist. If you have any questions, please contact me on [norma.shiple@albertadoctors.org](mailto:norma.shiple@albertadoctors.org).

You may find it helpful to access the following resources on panel management to assist you continue to reach out to patients who are complex. Consider using your team and extended team to reach out to those who are both medically and socially complex. For example, patients with COPD, Diabetes, socially isolated, at risk for mental health decline, etc. This resource gives practical tips on panel management during these times. <https://actt.albertadoctors.org/MPN-Algorithm>.

You may find this link helpful. Meeting Patients' Needs: Algorithm for Today's Primary and Specialty Care Teams <https://actt.albertadoctors.org/MPN-Algorithm>.

Once you open it please navigate to the resources on panel management. These panel management resources provide information on identifying those patients within your practice who are socially and/or medically complex. It highlights information on leveraging the clinic, PCN and Zonal team to support vulnerable patients using outreach panel management approaches. In addition, you may find the recording from the webinar session on Panel Management helpful. Excellent examples were shared by Calgary Zone and how they are using this approach zonally and from family physicians <https://youtu.be/p51zLT87fUA>.

### **Are there are resources or criteria available for physicians being asked for doctors notes excusing patients from work?**

**AH's Live Response:** Not aware of any specific resources. It depends on the nature of their work, as well as the individual's risk factors. Also consider if workplace can out in place measures to make workplace safer. Alberta Health will take this away.

**What should be done for requested pre-operative assessments? Are in-office assessments by the family physician required or is a summary of current health status sufficient at this time?**

**AHS Response:** This process is varied by Zone and specialty. In some cases pre-operative assessments are being done virtually and in other cases a face-to-face visit is required or case summary is sufficient. Please follow up with the specialist upon referral and they can indicate what is required.

## **Virtual Care**

**What is the most easily accessible virtual care platform for patients that is acceptable?**

**AH Response:** There is more information from OIPC and CMPA on our Virtual Care webpage.  
<https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care#privacy>.

**How long should we plan to do virtual appointments?**

**CPSA Response:** CPSA guidelines recommend virtual visits when possible during the pandemic. Relaunch at very early stages so virtual visits will be ongoing. No definitive timeline but may well last over a year and may become a new norm.

See the literature review on virtual visits completed just last week.  
<https://actt.albertadoctors.org/file/VirtualVisitsLitSummary2020.pdf>.

**Is the AMA advocating to remove some of the limits on virtual codes? This is important for practice viability.**

**AMA Response:** The AMA continues to strongly advocate for more appropriate remuneration of the virtual care codes, including addition of the time modifiers. Alberta Health has, to date, declined to do that, however, we continue to advocate strongly for our members. In addition, the AMA has presented a robust clinical stabilization proposal to Albert Health which is intended, in part, to ensure that needed community medical infrastructure remains in place after the pandemic. Alberta Health has, to date, said they are considering the proposals, but has not yet acted.

AMA is advocating for more flexibility with current codes as you suggest and for adequate codes into the future

Evidence is strong to maintain virtual care visits. You may find this helpful:  
<https://actt.albertadoctors.org/file/VirtualVisitsLitSummary2020.pdf>.

**Will virtual care billing codes be continued after the pandemic ends?**

**AH Response:** The specific virtual care codes (03.01AD, 03.03CV, 03.03FV, 03.08CV, 08.19CW, 08.19CV, 08.19CX) will continue to be available.

<https://actt.albertadoctors.org/file/VirtualVisitsLitSummary2020.pdf>. You may find this helpful.

**Remuneration for virtual care is not sustainable due to limitations with the existing virtual codes (i.e., CMGP time modifiers for phone calls with patients). The ongoing financial strain on physician practices may have an impact of encouraging more in-person visits. Beyond the AMA, who is advocating to help physicians with sustainability?**

**CPSA Response:** CPSA is not involved in physician compensation and cannot speak to billing. In terms of providing virtual care, we have several resources available on our website to help physicians navigate this new way of caring for patients: <http://www.cpsa.ca/resources-for-physicians-during-covid-19/#VirtualCare>.

**AH response:** On March 17, 2020, the Ministry of Health added new fee codes to the Schedule of Medical Benefits (SOMB) to facilitate service delivery through telephone or secure videoconference (virtual care codes). These virtual care codes mirror existing in-person visit and consultation fee codes. While physicians are not able to bill modifiers, the rates for these virtual care services are in line with other Canadian jurisdictions. We are continuously monitoring the utilization of virtual care fee codes and making changes as needed. As an example, provision of chronic pain management and palliative care services were recently added to the list of services possible through virtual means (Med Bulletin 228 and 231).

Under the Alberta Health Care Insurance Act, the Alberta Medical Association (AMA) is the sole and exclusive representative of Alberta physicians on matters relating to compensation for physicians. As such the Ministry is in regular contact with the AMA to better understand any changes required to the virtual care fee codes.

Physicians may find an Alternative Relationship Plan (ARP) as a more suitable compensation model. ARPs provide an alternative to the traditional method of physician compensation, with the majority of ARPs providing annualized (very similar to a salary model) or hourly physician-based payment rates. ARPs support diverse service delivery models, including virtual care. For further information about ARPs, please contact 780-643-1436 (Toll free 310-0000 in Alberta) or [health.arpinfo@gov.ab.ca](mailto:health.arpinfo@gov.ab.ca).

**How can we contact our high-risk patients and bill for the virtual visit if the billing rules dictate that virtual visits must be patient-initiated?**

**AH Response:** The virtual care codes are intended for patient-initiated visits, which can mean a variety of things in the context of medical care:

- A patient-initiated appointment to address a new problem; this may result from a notice from the physician's clinic that they are open and virtual care is available.
- Consultation services and clinically necessary follow-ups by the physician of a condition or treatment plan that was previously patient initiated.
- A physician-patient visit that was a result of panel management activities in either primary (medical home model) or specialty care practices (e.g., internal medicine, pediatrics, psychiatry) to ensure that patients with chronic diseases as well as medically and socially complex high-needs patients receive appropriate, ongoing care. PCN/clinic staff can initiate the call, however, virtual codes apply only to direct physician time spent with the patient.
- Physician: patient direct contact following referral by an AHS screening program including COVID-19.

## Physician Advocacy

**Can the AMA host additional webinars related to compensation and provide a forum for physicians to communicate about these topics?**

**AMA Response:** Request passed on to AMA.

**Could AHS leadership publicly comment on the cancellation of all Radiology contracts during the pandemic? Did AHS support or promote this decision?**

**AHS Response:** Radiologist contract termination was in response to a directive from Alberta Health. In a letter (AR 167779) to David Weyant, AHS Board Chair, AHS was directed to 'execute the termination clause within the agreements for radiologists for MRI and CT by March 31, 2020' in follow up to the AHS Review conducted by Ernst & Young.

**Will there be financial supports for community physicians or physicians who become infected and need to quarantine?**

**AH Response:** To support physicians who are in isolation or quarantine, tools and billing code changes have been made to allow physicians greater flexibility to deliver virtual care. For more information visit [http://www.cpsa.ca/wp-content/uploads/2020/03/AP\\_COVID-19-Virtual-Care.pdf](http://www.cpsa.ca/wp-content/uploads/2020/03/AP_COVID-19-Virtual-Care.pdf).

## Communication with the Public

**What communications to Albertans are being sent to encourage public to visit their family doctor for required care?**

**Dr. Hinshaw's Live Response:** tried to reiterate this in daily updates to the public and will continue to offer that reassurance. It's a delicate balance to encourage people to think about how they can safely be out and about and go to their doctor's office. If a virtual visit is sufficient, then that is completely safe. If they do need to go in, the clinic can take steps to make their visit safe.

**Additional AH Response:** AMA has launched a Stay Healthy Alberta campaign:  
<https://stayhealthyab.ca/>.

Physicians are also encouraged to manage their panel and may find this algorithm useful for your clinic team to identify and care for patients who may be at risk and not seeking care.  
<https://actt.albertadoctors.org/MPN-Algorithm>.

**Are the details of the modelling and analytics used to support decision-making available to the public?**

**AH Response:** Alberta Health provided a modeling update on April 28, 2020 as part of the media update <https://www.alberta.ca/assets/documents/covid-19-case-modelling-projection-april-28.pdf>.

Alberta Health releases updated data daily  
<https://www.alberta.ca/covid-19-alberta-data.aspx>.

**Are you giving the public clear direction about socially distanced visits?**

**AH Response:** Alberta Health provides guidance on how to safely practice physical distancing online  
<https://www.alberta.ca/prevent-the-spread.aspx#p25621s3>.

**Please comment on the public uptake of AB Trace Together - I have heard fears re: privacy concerns and a lack of understanding of the benefits. Are you doing any social media advertising to help build awareness?**

**AH Response:** Alberta Health recognizes the importance of protecting Albertans' privacy and developed the AB Trace Together App in adherence with the Health Information Act and Freedom of Information and Protection of Privacy Act. Detailed information is published online (<https://www.alberta.ca/ab-trace-together-privacy.aspx>) to explain how the app works and how information is protected.

Uptake has been slow, and we are working on social media campaigns to make clear the privacy protections, and the benefit of the app both for the user, and the community in having prompt notification of exposure.

**Will health leaders speak out if it seems that government decisions to open up the economy and social distancing is a risk to public and HCW safety? What measures are in place to reverse or slow down government decisions?**

**AH Response:** Answered live: We have learned from other countries' experiences. Some places have been able to slowly reopen and keep rates low; other countries have seen an uptick. Alberta will watch closely, and does have the ability to turn back on public health measures. We are aiming to move slowly enough to maintain steady state to avoid uptick and going back to more restrictive measures.

**What is the best way to encourage the public to wear masks?**

**AH Response:** Public education efforts regarding how to properly wear masks and when to wear them will continue in the coming days and weeks by both government and partners. Any support to encourage public mask wearing is appreciated, and physicians can influence their patients and social networks to encourage more regular mask use when out in public.

Alberta Health has already released guidance to help Albertans wear masks safely <https://www.alberta.ca/masks.aspx> and <https://www.alberta.ca/assets/documents/covid-19-guidance-for-wearing-non-medical-masks.pdf>.

**Access to and guidelines for public mask usage**

**AH Response:** Federal government and the Government of Alberta is now recommending wearing masks in public when it may not be possible to maintain 2 meter distance: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html>.

Alberta Health has already released guidance to help Albertans wear masks safely <https://www.alberta.ca/masks.aspx> and <https://www.alberta.ca/assets/documents/covid-19-guidance-for-wearing-non-medical-masks.pdf>.

Alberta Health has also announced provision of masks to Albertans and these are currently being distributed through vendor partners.