

Omicron Update: A Deeper Dive on Community Management

January 11, 2022

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We acknowledge that we are located on and webcasting to Treaty 6, Treaty 7 and Treaty 8 territories; traditional lands of diverse Indigenous peoples including the Cree, Metis, Nakoda Sioux, Iroquois, Dene, Inuit, Blackfoot Confederacy, the Tsuut'ina First Nation, the Stoney Nakoda and many others whose histories, languages and cultures continue to influence our vibrant community.

We respect the histories, languages and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.

Objectives

- Provincial update on Omicron from CMOH
- How to support capacity and safety in the PMH and community (Guidance document)
 - a. Appropriateness of care (Safe care)
 - b. Clinical care resources
 - c. PPE updates
- PCN Zone strategies
- AHS overflow contingencies and projects



Alberta COVID-19

Update

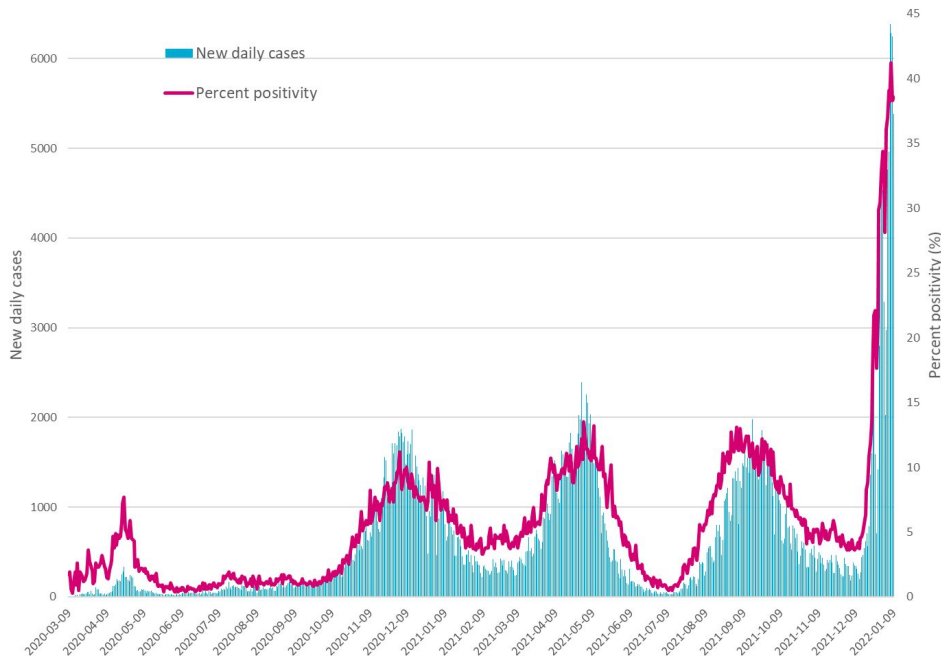
Dr. Rosana Salvaterra, Public Health Physician

January 11, 2022

Alberta

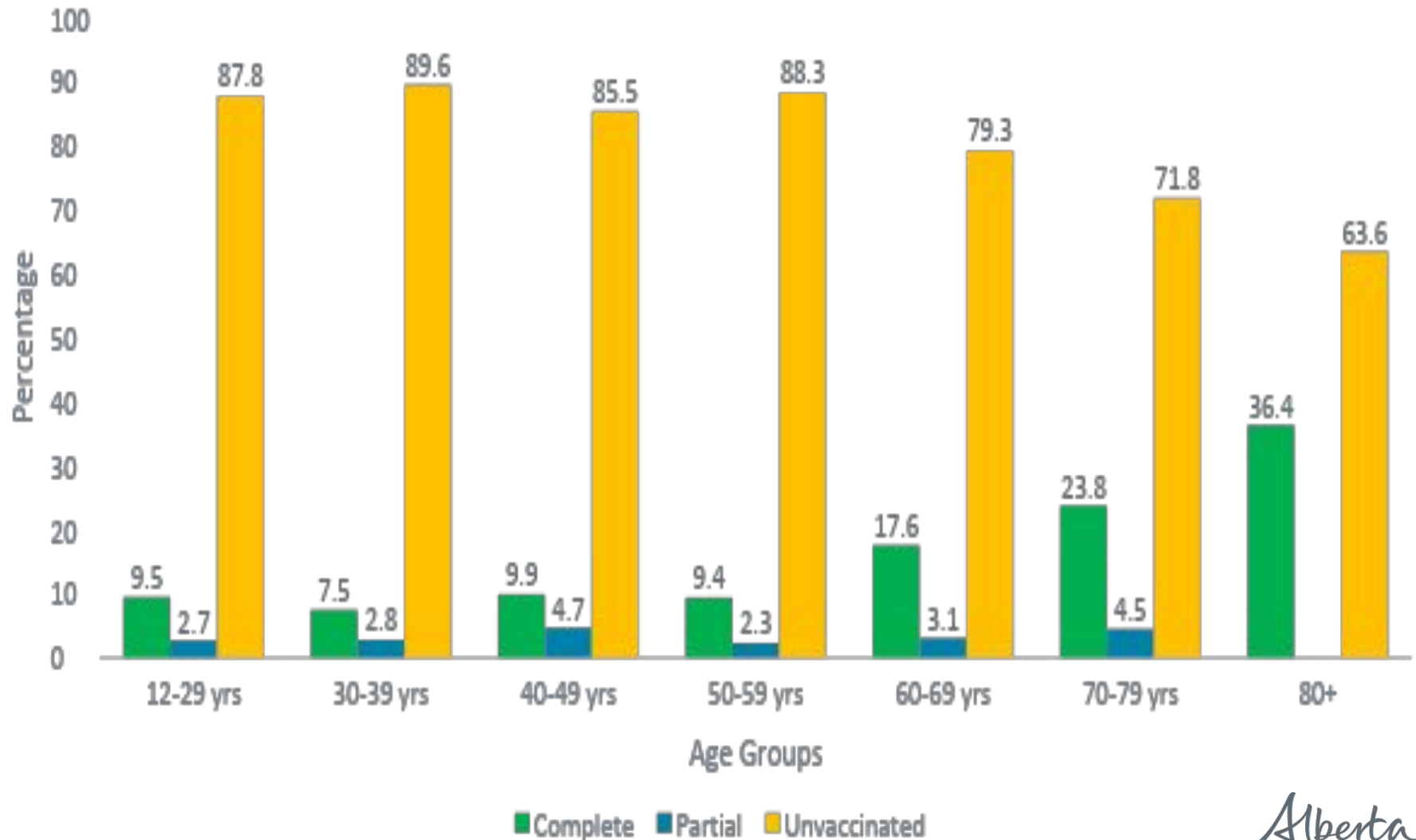
Cases in Alberta: current status

(As of January 9, 2021)

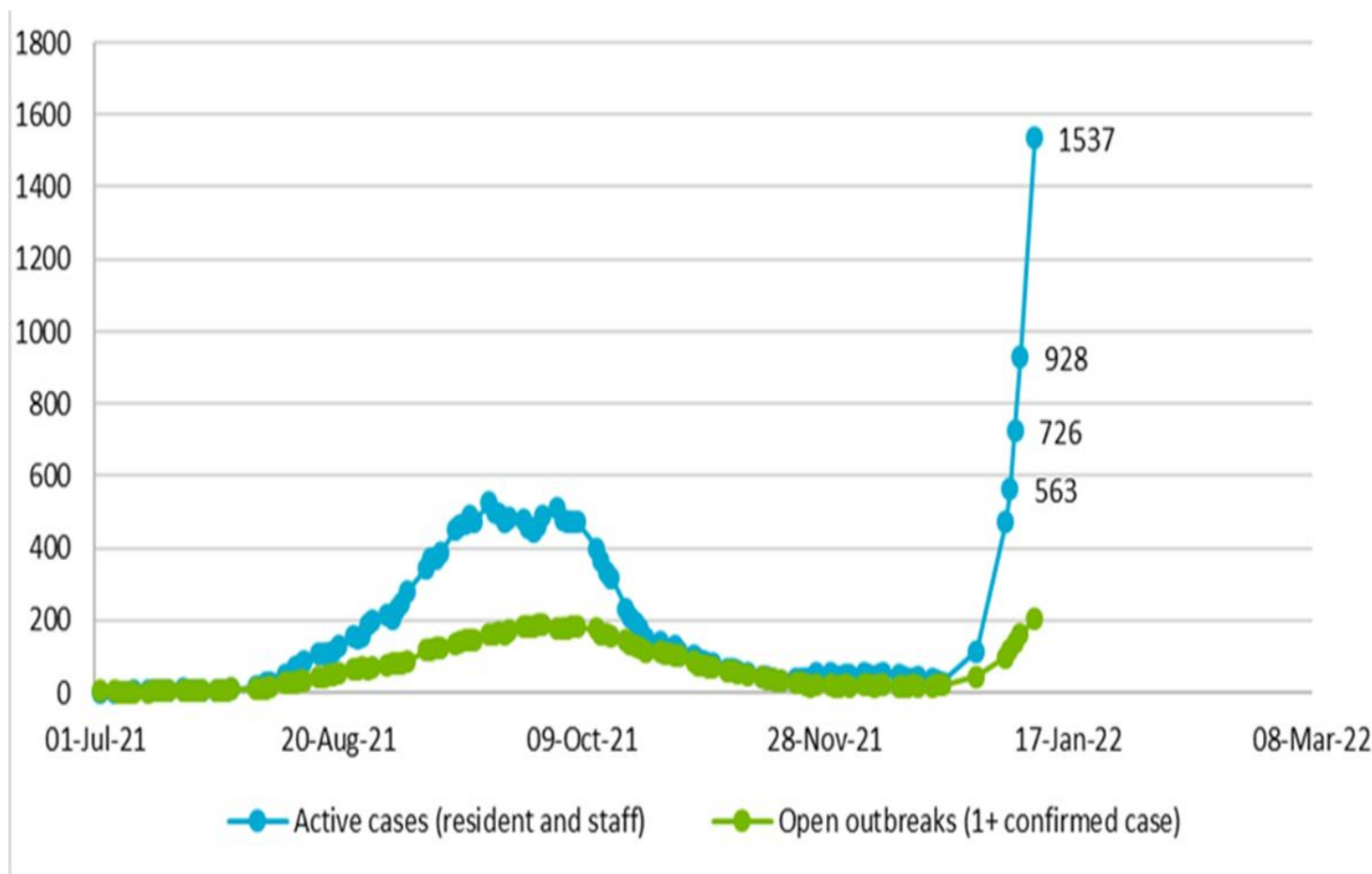


- The number of daily new cases in Alberta is increasing rapidly: they increased from around 320 per day in early December to around 5,000 on January 9. This is likely an underestimate given decreases in testing over the holiday season.
- Percent positivity continues to climb: daily positivity increased from around 22% to around 39% in just two weeks (December 27 to January 9).
- These increases are driven largely by increasing case rates in the Calgary Zone (percent positivity: around 44%), where Omicron cases are highest. Cases in Edmonton are also climbing (percent positivity: around 36%).
- ICU and non-ICU hospitalizations have increased in the past few days.

Alberta's COVID-19 cases in ICU by vaccine status (Sept 09, 2021 – Jan 09, 2022)



Active Cases and Open Outbreaks in Congregate Care (July 2021 – January 2022)



Update on Rapid Antigen Test Supply

- Alberta Health is continuing to process workplace applications, including those from physician offices. There is at least a 14 day wait for shipments as part of the process.
- Over 4 million tests are being shipped to schools initially and almost a third of those have already been shipped.
- The supply from the federal government and manufacturers is delayed and we ask for patience as we do our best to secure that supply.

Booster and Pediatric Vaccine Uptake

- **Moderna (adult only):**
 - **100 mcg (0.5 mL):** 65+, immunocompromised regardless of age, residents of congregate care regardless of age
 - **50 mcg (0.25 mL):** Everyone else (Pfizer preferred for <30 year of age due to increased myocarditis risk)
- **Pfizer:**
 - **30 mcg (0.3 mL):** Everyone 12 years and older, same booster dose as primary series
 - **Pediatric 10 mcg (0.2 mL):** Available at AHS PH clinics, recommended interval is 8 weeks between doses **but can be shortened to minimum 3 weeks per parent preferences**

Moderna Vaccine Update in Alberta

Supply Update

- Due to current limited supply of the Pfizer vaccine in Canada, **Albertans 30 years of age and older who are eligible for a booster dose are encouraged to receive a dose of the Moderna vaccine**, regardless of what vaccine they received for their first and second doses.
- **Pharmacies are encouraged to use Moderna vaccine** for third doses whenever possible, and pharmacists are currently able to order as much additional supply of Moderna as they require to meet increased demand.

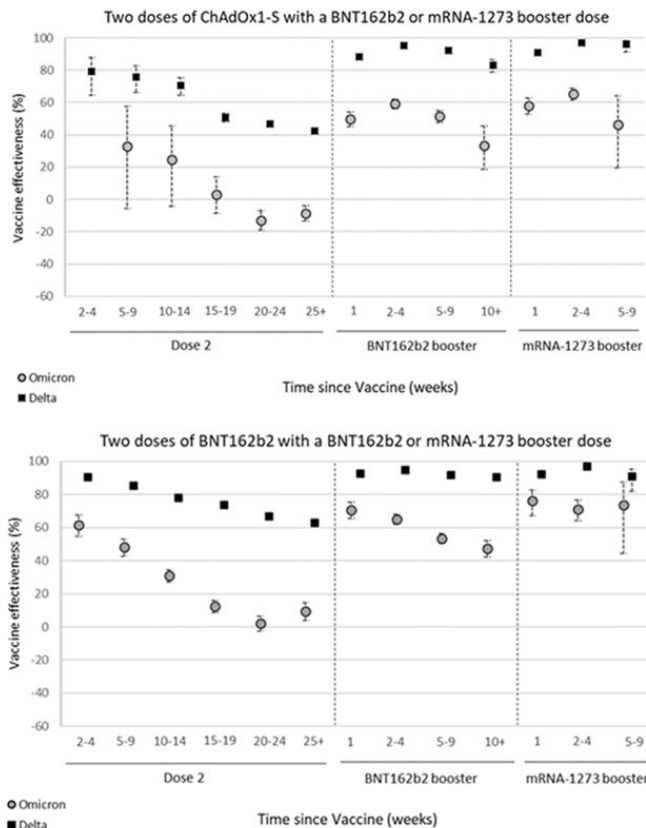
Efficacy update

- **Pfizer and Moderna use the same mRNA technology and both offer a high level of protection against COVID-19**, particularly against severe outcomes.
- In fact, **some evidence shows Moderna may be even more effective**, so we urge Albertans to take advantage of whichever is available to them most conveniently.

Booking your vaccine

- Albertans can access the **Alberta Vaccine Booking System**, to determine locations that have available supply and appointments, and choose the one most conveniently located for them with the soonest available appointment time.
- **Some pharmacies are also taking walk-ins** based on supply and capacity for vaccine administration.

How well do Moderna/Pfizer Work against Omicron?



UK Technical Briefing 33 (23 Dec 2021)

“Among those who received an AstraZeneca primary course, vaccine effectiveness was around 60% 2 to 4 weeks after either a Pfizer or Moderna booster, then dropped to 35% with a Pfizer booster and 45% with a Moderna booster by 10 weeks after the booster.

Among those who received a Pfizer primary course, vaccine effectiveness (against symptomatic illness):

- ***~70% after a Pfizer booster, dropping to 45% after 10-plus weeks***
- ***Stayed around 70 to 75% after a Moderna booster up to 9 weeks after booster.”***

COVID-19 Guidance for Community Providers

Source:

albertahealthservices.ca/assets/info/ppih/inf-ppih-covid-19-primary-care-guidance.pdf

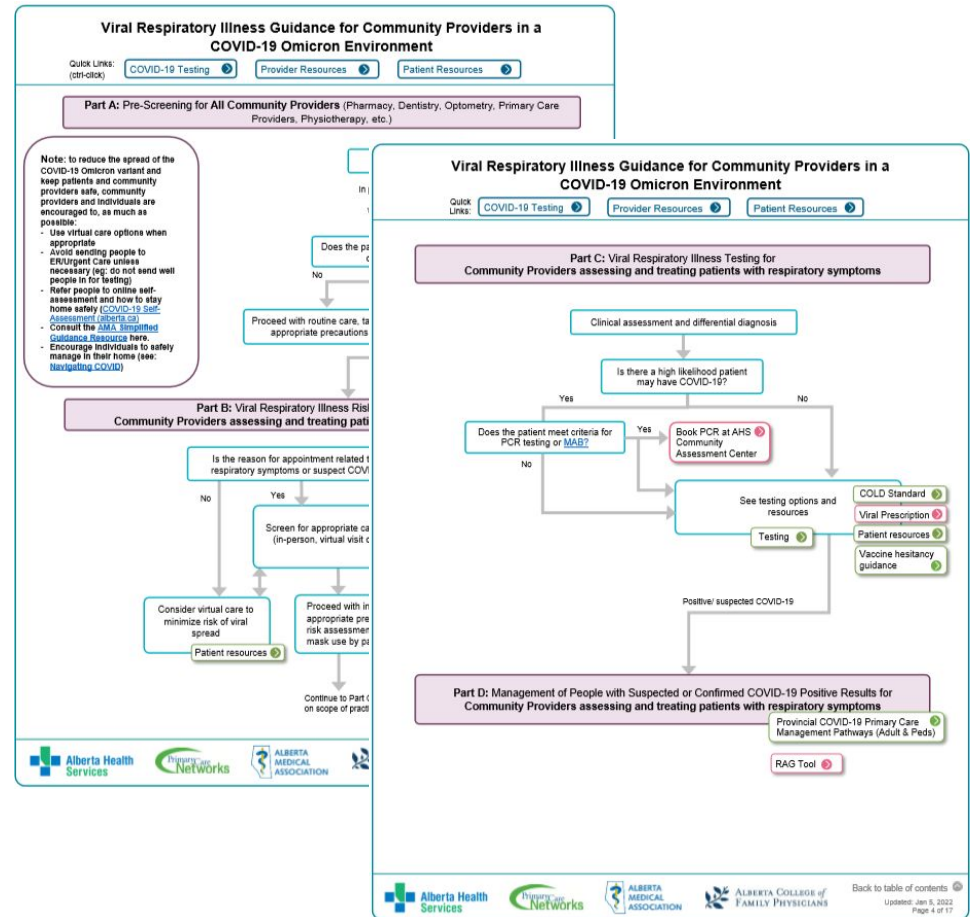
COVID-19 Guidance for Community Providers

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Agenda

- Part A (pre-screening): for all community providers
- Part B (risk assessment),
- Part C (testing) and
- Part D (acute and post COVID management)



Clinic Preparation and Pre-Screening

Viral Respiratory Illness Guidance for Community Providers in a COVID-19 Omicron Environment

Quick Links:
(ctrl-click)

[COVID-19 Testing](#)

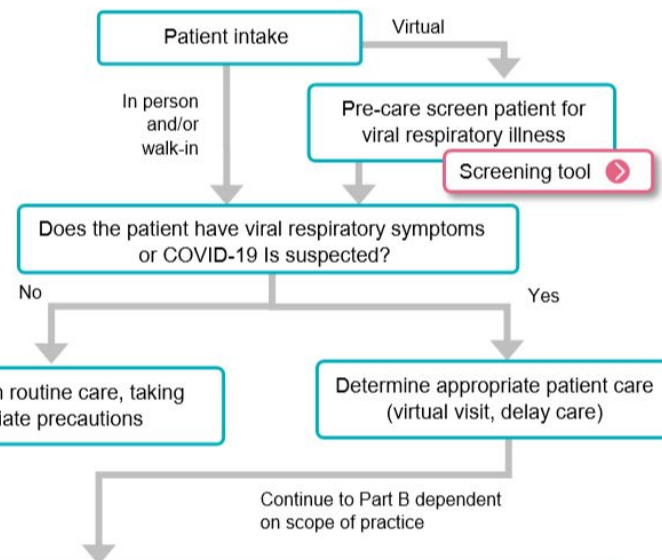
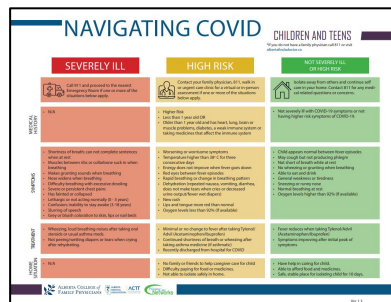
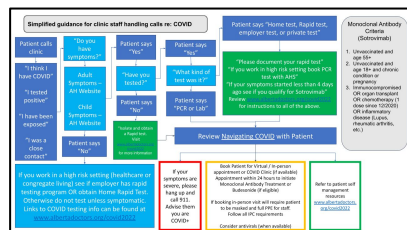
[Provider Resources](#)

[Patient Resources](#)

Part A: Pre-Screening for All Community Providers (Pharmacy, Dentistry, Optometry, Primary Care Providers, Physiotherapy, etc.)

Note: to reduce the spread of the COVID-19 Omicron variant and keep patients and community providers safe, community providers and individuals are encouraged to, as much as possible:

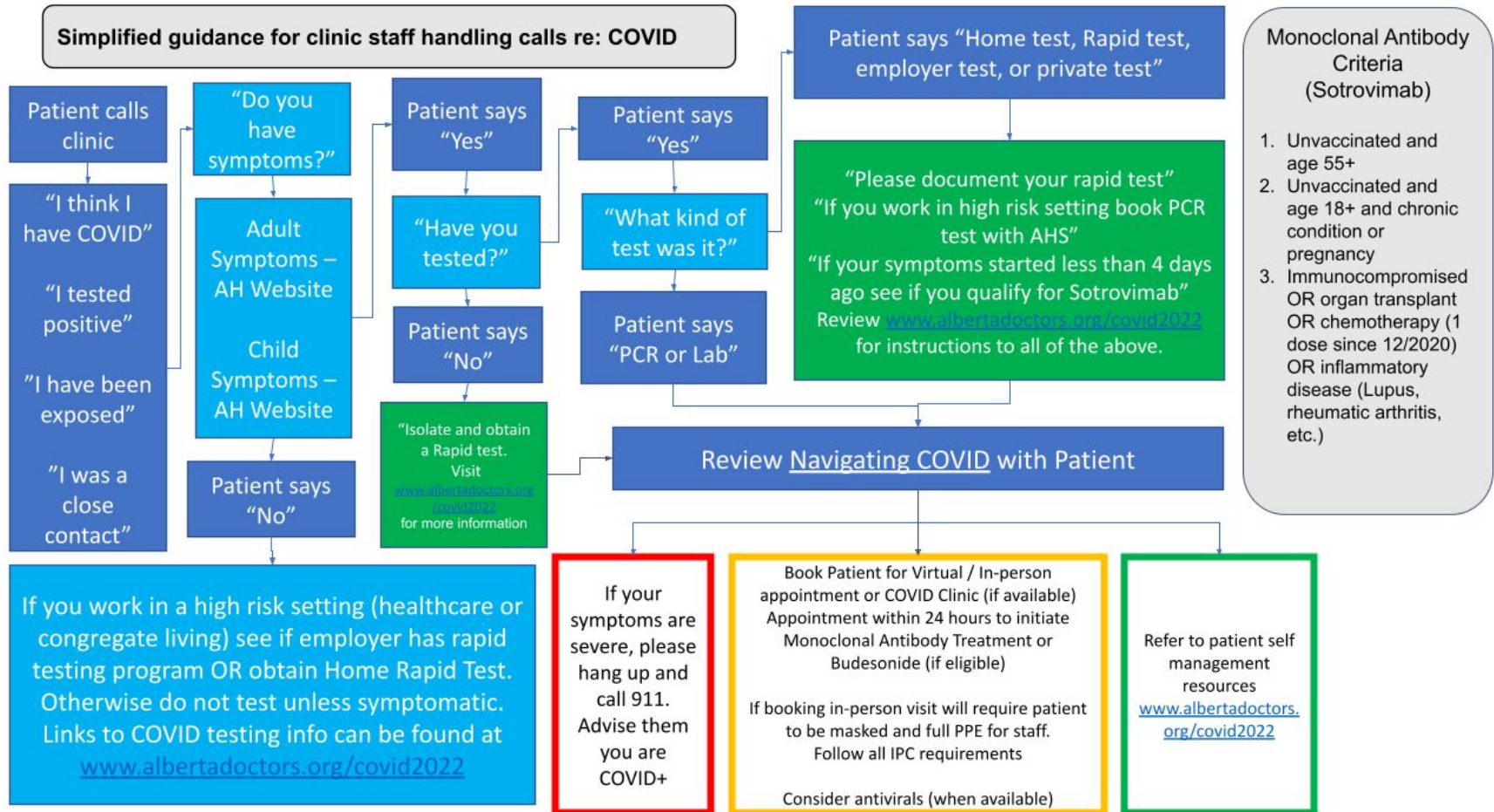
- Use virtual care options when appropriate
- Avoid sending people to ER/Urgent Care unless necessary (eg: do not send well people in for testing)
- Refer people to online self-assessment and how to stay home safely ([COVID-19 Self-Assessment \(alberta.ca\)](#))
- Consult the [AMA Simplified Guidance Resource](#) here.
- Encourage individuals to safely manage in their home (see: [Navigating COVID](#))



Part B: Viral Respiratory Illness Risk Assessment for Community Providers assessing and treating patients with respiratory symptoms

Managing Clinic Patient Flow

www.albertadoctors.org/COVID-19-info-resources/simplified-guidance-for-clinic-staff.pdf



Red, Amber, Green (RAG) Clinical Screening Tool

NAVIGATING COVID

ADULTS AND CHILD BEARING TEENS

*If you do not have a family physician call 811 or visit
albertafindadoctor.ca

	SEVERELY ILL	HIGH RISK	NOT SEVERELY ILL OR HIGH RISK
	Call 911 and proceed to the nearest Emergency Room if one or more of the situations below apply.	Contact your family physician, 811, walk in or urgent care clinic for a virtual or in-person assessment if one or more of the situations below apply.	Isolate away from others and continue self
RISK PROFILE	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> You might be following any of the following: Unvaccinated High blood pressure, kidney disease, in medicines 	
SYMPTOMS	<ul style="list-style-type: none"> Severe shortness of breath, can not complete sentences when at rest Severe or persistent chest pains Has fainted or collapsed Confusion; inability to stay awake Slurring of speech Grey or bluish coloration to skin, lips or nail beds 	<ul style="list-style-type: none"> Worsening symptoms Fever high returns after Return of symptoms Increasing shortness of breath Signs of dehydration, mouth, pale, lightheaded Any pregnant or pregnant 	
TREATMENT RESPONSE	<ul style="list-style-type: none"> Shortness of breath not getting better if you are on home oxygen 	<ul style="list-style-type: none"> Minimal or no response to Advil (Acetaminophen/Ibuprofen) Continued taking asthma medicine Recently discharged from hospital for COVID 	
HOME SITUATION	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Lives alone Medicine taking Difficulty 	

NAVIGATING COVID

CHILDREN AND TEENS

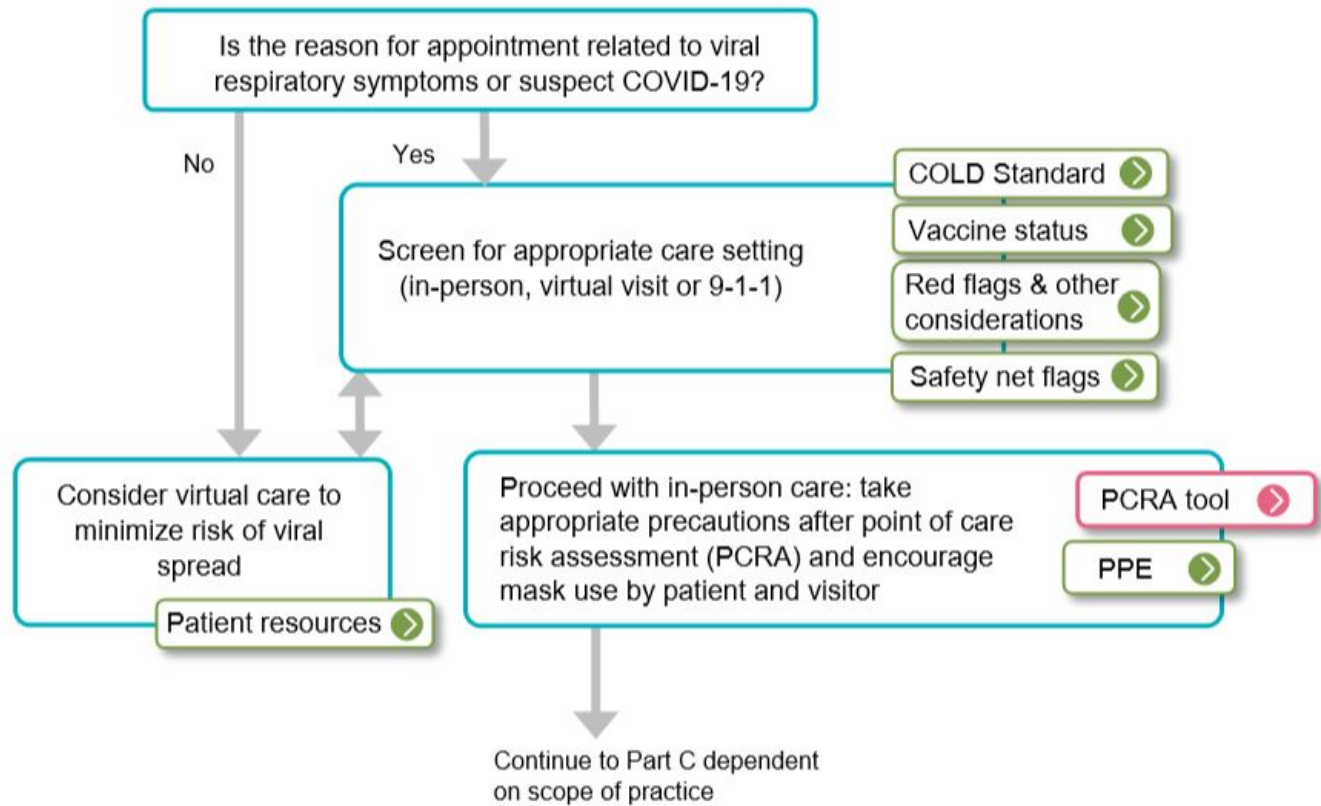
*If you do not have a family physician call 811 or visit
albertafindadoctor.ca

	SEVERELY ILL	HIGH RISK	NOT SEVERELY ILL OR HIGH RISK
	Call 911 and proceed to the nearest Emergency Room if one or more of the situations below apply.	Contact your family physician, 811, walk in or urgent care clinic for a virtual or in-person assessment if one or more of the situations below apply.	Isolate away from others and continue self care in your home. Contact 811 for any medical related questions or concerns.
MEDICAL HISTORY	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Higher Risk Less than 1 year old OR Older than 1 year old and has heart, lung, brain or muscle problems, diabetes, a weak immune system or taking medicines that affect the immune system 	<ul style="list-style-type: none"> Not severely ill with COVID-19 symptoms or not having higher risk symptoms of COVID-19.
SYMPTOMS	<ul style="list-style-type: none"> Shortness of breath; can not complete sentences when at rest Muscles between ribs or collarbone suck in when breathing Makes grunting sounds when breathing Noise widens when breathing Difficulty breathing with excessive drooling Severe or persistent chest pains Has fainted or collapsed Lethargic or not acting normally (0-3 years) Confusion; inability to stay awake (3-18 years) Slurring of speech Grey or bluish coloration to skin, lips or nail beds 	<ul style="list-style-type: none"> Worsening or worrisome symptoms Temperature higher than 38° C for three consecutive days Energy does not improve when fever goes down Red eyes between fever episodes Rapid breathing or change in breathing pattern Dehydration (repeated nausea, vomiting, diarrhea, does not make tears when cries or decreased urine output/fewer wet diapers) New rash Lips and tongue more red than normal Oxygen levels less than 92% (if available) 	<ul style="list-style-type: none"> Child appears normal between fever episodes May cough but not producing phlegm Not short of breath while at rest No wheezing or grunting when breathing Able to eat and drink General weakness or tiredness Sneezing or runny nose Normal breathing at rest Oxygen levels higher than 92% (if available)
TREATMENT	<ul style="list-style-type: none"> Wheezing, loud breathing noises after taking oral steroids or usual asthma meds. Not peeing/wetting diapers or tears when crying after rehydrating. 	<ul style="list-style-type: none"> Minimal or no change to fever after taking Tylenol/Advil (Acetaminophen/Ibuprofen) Continued shortness of breath or wheezing after taking asthma medicine (if asthmatic) Recently discharged from hospital for COVID 	<ul style="list-style-type: none"> Fever reduces when taking Tylenol/Advil (Acetaminophen/Ibuprofen) Symptoms improving after initial peak of symptoms
HOME SITUATION	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> No family or friends to help caregiver care for child Difficulty paying for food or medicines. Not able to isolate safely in home. 	<ul style="list-style-type: none"> Have help in caring for child. Able to afford food and medicines. Safe, stable place for isolating child for 10 days.

<https://www.albertadoctors.org/COVID-19-info-resources/navigating-covid.pdf>

Risk Assessment and PPE Preparation

Part B: Viral Respiratory Illness Risk Assessment for Community Providers assessing and treating patients with respiratory symptoms



Determining Appointment Type



COVID-19 Guidance for Community Providers

Virtual vs. In-person screening criteria



Managing Respiratory Tract Infections (RTIs): Virtual Care and COVID-19

Choosing Wisely: The Cold Standard: [Click to download the full toolkit](#)

	 INDICATIONS FOR VIRTUAL VISIT	 INDICATIONS FOR IN-PERSON VISIT
SUSPECTED OR CONFIRMED COVID-19	<ul style="list-style-type: none"> Fever Respiratory symptoms No shortness of breath 	<ul style="list-style-type: none"> Shortness of breath or hypoxia (if monitoring available) Concerns of dehydration Suspicion of secondary bacterial infection Any red flags**
EAR PAIN (In children over 6 months of age)	<ul style="list-style-type: none"> Symptoms <48 hours Fever <39°C Pain controlled with oral pain medication Otherwise feels well 	<ul style="list-style-type: none"> Symptoms >48 hours despite adequate pain medications Fever ≥39°C Feels unwell
SORE THROAT	<ul style="list-style-type: none"> Mild symptoms <48 hours Low suspicion for bacterial pharyngitis, e.g.: <ul style="list-style-type: none"> Over 15 years of age No fever Presence of cough or runny nose 	<ul style="list-style-type: none"> Persistent or worsening symptoms >48 hours, or High suspicion of bacterial pharyngitis, e.g.: <ul style="list-style-type: none"> Severe pain No cough or runny nose Fever without alternate cause
SINUS CONGESTION	<ul style="list-style-type: none"> Mild symptoms <7 days No red flags*** 	<ul style="list-style-type: none"> Presence of red flags***
COPD EXACERBATION	<ul style="list-style-type: none"> Patient able to do their activities of daily living Patient known to provider and reliable for virtual follow-up 	<ul style="list-style-type: none"> Patient is too short of breath to do their activities of daily living

Clinic Preparation and Pre-Screening

Reducing in office transmission

- Patients wait in their vehicles (may be virtual appointment but can convert to in-person quickly)
- Separate entrance for suspected cases
- Segregated room for patient needing to wait for public transit
- Surgical mask available for patient use

Clinic PPE Ordering

- 10-12 gowns/masks per physician per week (1 for physician, 1 for staff, small buffer)
- 10 physicians in clinic on average day (100-120 gowns/masks q week)
- Weekly order through PCN
 - Selecting KN95
 - Sizing, seal checking

Determining what PPE to use - Guidance Evolving

COVID-19 Guidance for Community Providers



	Patient with no COVID symptoms	Patient with confirmed or suspected COVID symptoms.
How should I see the patient?	Virtual or face to face	Virtual preferred if possible.
What mask/respirator should I wear face to face?	Continuous surgical masking	Fit tested N95. Seal-checked KN95. Well-fitting procedure/surgical mask.
What additional PPE should I wear face to face?	Continuous eye protection (goggles/shield) for all staff	Full PPE including gown, gloves, and eye protection (goggles/shield).
What PPE/mask should the patient wear?	Continuous masking (preferably surgical mask, not fabric)	
Where do I get PPE?		

For confirmed or suspected COVID symptoms, disinfect/discard PPE after face to face patient visit.

*PPE table updated Jan 11, 2022.

PPE for Community Medical Providers

Based on supply availability the following select PPE items are available to community primary care physicians, pediatricians and their staff at no-cost from AHS from January 4th until February 28th, 2022.

- Face shields
- gowns
- K-N95 respirators (N-95 respirators are NOT available at no-cost)
- PCN physicians should contact their PCN to clarify the ordering process.
- PCN hubs must compile all orders before submitting one form to AHS

Non-PCN Primary Care Physicians and Pediatricians Order Process

COVID-19 Guidance for Community Providers

*1 K-N95 respirators

- Seal check <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-seal-checks-disposable-kn95-respirators-8-5x11.pdf>

Where do I get PPE?

For a limited time, from January 4th until Feb 28th, [AHS will distribute no-cost PPE](#) to primary care physicians and their staff, pediatricians and their staff for the following:

- Gowns
- Shields
- K-N95 respirators

Order process:

- PCN member physicians may request select no-cost supplies, as per the maximums outlined, through your PCN point of contact (hub).
- Non-PCN primary care physicians and pediatricians may request select no-cost supplies, as per the maximums outlined, directly through AHS supply management, every 2 weeks. [Please use this form to order through AHS.](#)


All other PPE and supplies should be purchased through your usual process (private vendor or [purchase PPE from AHS order form](#)). N95 respirators are available for purchase through AHS.

Please email PHC@ahs.ca if you have any questions.

Updated: Jan 5, 2022

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 Alberta Health Services		No-Cost PPE Requisition for PCNs and Pediatricians	
*** Effective January 4, 2022 to February 28, 2022 ***			
Contract, Requestor and Delivery Information. Complete all boxes and provide all required information to avoid delay.			
Provider Organization Name: <input type="text"/>			
Organization Type: <input type="text"/>		Please Select from Dropdown	
# of Beds in Facility: <input type="text"/>		# of Clients/Residents on Outbreak Precaution: <input type="text"/>	
Name of Person to Contact If We Have Questions on How PPE Are Used: <input type="text"/>			
Contact Email: <input type="text"/>		Contact Phone: <input type="text"/>	
Please provide a brief description where and how PPE is used and by who: <input type="text"/>			
Requestor Name: <input type="text"/>		Requestor Phone: <input type="text"/>	
Requestor Email: <input type="text"/>		Requestor Phone: <input type="text"/>	
Billing Address: <input type="text"/>		Billing Address: <input type="text"/>	
City: <input type="text"/>		Province: <input type="text"/>	Postal Code: <input type="text"/>
Deliver to Address: <input type="text"/>			
Loading Dock on Site? <input type="text"/>		Please Select from Dropdown	
City: <input type="text"/>		Province: <input type="text"/>	Postal Code: <input type="text"/>
Delivery Contact Name: <input type="text"/>		Delivery Phone: <input type="text"/>	
Delivery Notes/Instructions: <input type="text"/>			

PPE Order Schedule

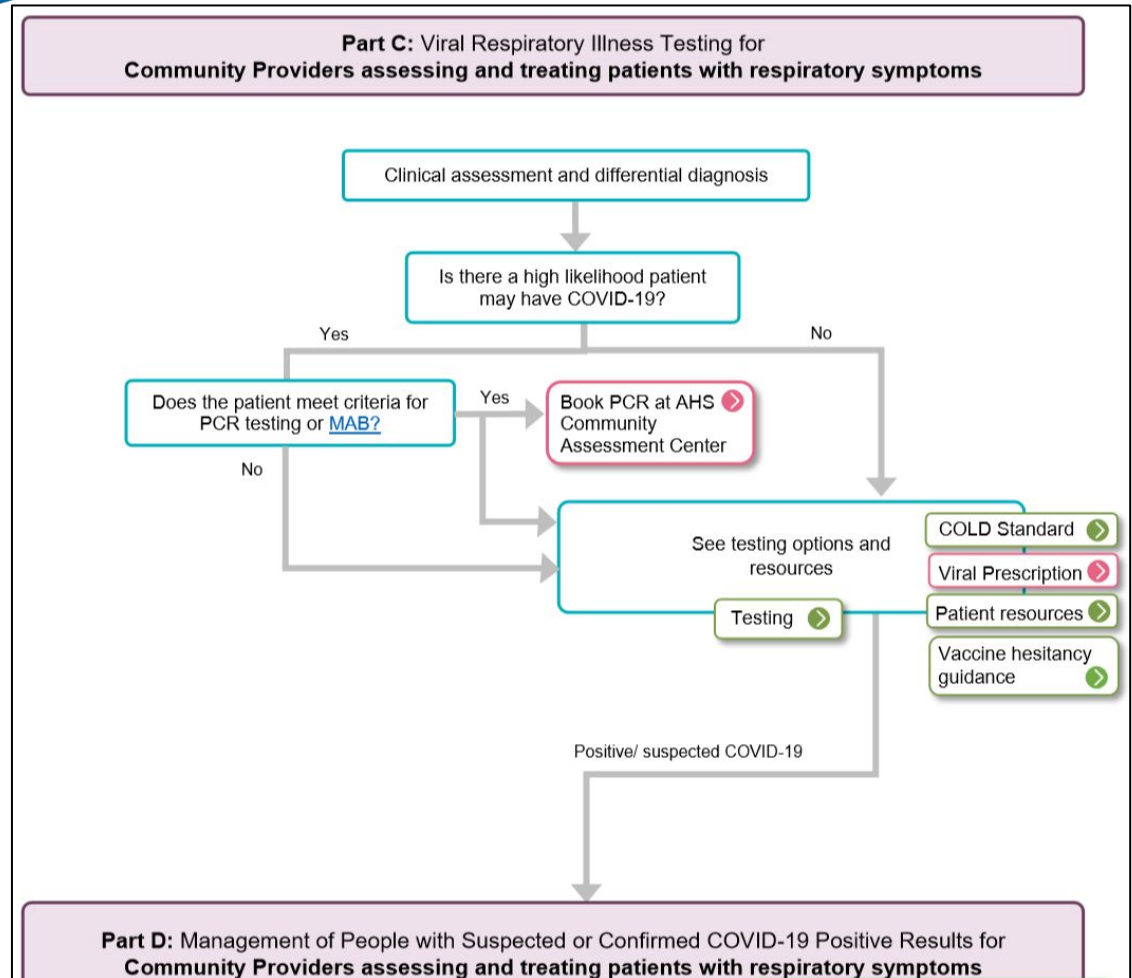
AHS will process request on a weekly schedule by zones.
Emergency orders will be accommodated on a case by case basis.

	North/South Zone	Central Zone	Calgary Zone	Edmonton Zone
Order Cut Off	Sunday	Monday	Tuesday	Wednesday
Shipping Day	Tuesday	Wednesday	Thursday	Friday

Ordering and shipping schedule is subject to change at any time based on system limitations and availability.

COVID-19 Omicron Testing Update

Testing guidelines for staff and patients



COVID-19 Omicron Testing Update

COVID-19 Guidance for Community Providers

2. Patient testing

Rapid Tests for patients in Primary Care: not currently available, details to be provided when available

	Patient rapid self-test	PCR through AHS testing sites	PCR in physician office
Who should test	People with COVID symptoms Patient without symptoms for workplace screening	For people who: • meet AHS testing criteria • may be eligible for MAB	For people who: • can't access AHS PCR testing, are present in clinic, and either: • meet AHS testing criteria OR • are eligible for MAB OR • are high risk
Access to the test	Patient gets free rapid tests through: Rapid testing at home Alberta.ca	Patient books online at COVID-19 Testing / Online Booking Alberta Health Services or calls 811 Check for latest testing options and process at Symptoms and testing Alberta.ca	Patient calls PCP to determine if appropriate to do PCR test in office
How to do the test	Follow package instructions	n/a	How to do a PCR test in clinic
What to do with test results	Patient: • Call PCP if feel unwell • Follow RAG tools Patient and Provider: * See instructions below Follow up PCR ONLY for people who: • meet AHS testing criteria OR • are eligible for MAB OR • are high risk	Patient: • Follow AHS instructions • Call PCP if feel unwell • Follow RAG tools Patient and Provider: * See instructions below	
	Provider: • Follow COVID pathways: COVID adult pathway COVID pediatric pathway		

Updated: Jan 5, 2022

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Rapid Tests for patients in Primary Care are not currently available.

Details to be provided when available

PCR Eligibility Update

(Jan 10, 2022)

The following is a list of individuals who are eligible to receive PCR testing:

- Continuing care residents and health care workers in acute care settings, shelters and correctional facilities
- Symptomatic household members of an individual working in continuing or acute care
- Emergency department or hospital patients of all ages
- Symptomatic community patients who would be eligible for Sotrovimab
- People from isolated and remote First Nation, Inuit and Métis communities, or those who travel to these communities for work
- Asymptomatic continuing care residents returning/readmitting from other health care settings
- Pediatric and adult oncology patients, prior to commencing chemotherapy
- Newborns born to COVID-positive parents
- Returning travelers who become symptomatic with 14 days after their arrival

RAT Access Issues - Work in progress

- Availability of Rapid Testing in your community
- Rapid testing and travel
- Medico-legal issues around testing

Self-Documentation and Self-Management

Alberta Self-Report of COVID-19 Rapid Antigen Test Result	
Name of Person Tested	
Date of Test	
Alberta Health Number	
Date of Birth	
Person who conducted the test	
Company which manufactured the test	
Lot number or other identification number from test packaging	
Sites swabbed (please check all which apply)	<input type="radio"/> throat <input type="radio"/> left nostril <input type="radio"/> right nostril

Please place test kit showing results in this box.
 (Put the test result right on top of this printed paper or in front of this image on your screen, then take a pic.)

I affirm that the information provided in this document is correct.




Name _____ Relationship to person tested _____

Signature _____ Date _____

Version 2, December 27, 2021

NAVIGATING COVID

ADULTS AND CHILDBEARING TEENS
*If you do not have a family physician call 811 or visit albertafindadoctor.ca

	SEVERELY ILL	HIGH RISK	NOT SEVERELY ILL OR HIGH RISK
RISK PROFILE	 Call 911 and proceed to the nearest Emergency Room if one or more of the situations below apply.	 Contact your family physician, 811, walk in or urgent care clinic for a virtual or in-person assessment if one or more of the below situations apply. <small>*may be eligible for monoclonal antibody treatment</small>	 Isolate away from others and continue self care in your home. Contact 811 for any medical related questions or concerns.
SYMPTOMS	<ul style="list-style-type: none"> N/A 	You might be at higher risk if one or more of the following apply: <ul style="list-style-type: none"> Unvaccinated, Age 60+, heart disease, high blood pressure, obesity, pregnancy, stroke, diabetes, chronic kidney disease, chronic obstructive pulmonary disease, immunosuppressed, organ transplant or on medicines to suppress immune system 	<ul style="list-style-type: none"> Not severely ill with COVID-19 symptoms or not having higher risk symptoms of COVID-19.
TREATMENT RESPONSE	<ul style="list-style-type: none"> Severe shortness of breath, can not complete sentences when at rest Severe or persistent chest pains Has fainted or collapsed Confusion; inability to stay awake Slurring of speech Grey or bluish coloration to skin, lips or nail beds 	<ul style="list-style-type: none"> Worsening or worrisome symptoms Fever higher than 39o C for three days or fever returns after 24 hours of being fever free Return of cough after being cough free Increasing shortness of breath Signs of dehydration such as: having very dry mouth, passing only a little urine, feeling very lightheaded Any pregnancy concerns (bleeding, lack of fetal movements, leaking fluids) Oxygen levels less than 92% (less than 95% if pregnant) 	<ul style="list-style-type: none"> May cough but not producing phlegm Not short of breath while at rest No wheezing when breathing Able to eat and drink General weakness or tiredness Sneezing or runny nose Respiratory rate less than 20 breaths per minute at rest Oxygen levels higher than 92% (95% or more if pregnant)
HOME SITUATION	<ul style="list-style-type: none"> Shortness of breath not getting better if you are on home oxygen 	<ul style="list-style-type: none"> Minimal or no change to fever after taking Tylenol/ Advil (Acetaminophen/Ibuprofen) Continued shortness of breath or wheezing after taking asthma medicines (if asthmatic) Recently discharged from hospital for COVID* 	<ul style="list-style-type: none"> Fever reduces when taking Tylenol/Advil (Acetaminophen/Ibuprofen) Symptoms improve after initial peak (typically after first 2 days) Able to safely isolate in home for 10 days
	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Lives alone or no family or friends to help get food, medicine or to check on you Difficulty paying for food or medicines 	<ul style="list-style-type: none"> Able to feed, clothe, bathe by yourself or with assistance

<https://sites.google.com/view/abccovid> obtained from
<https://www.albertadoctors.org/about/COVID-19/patient-resources>

Multiple Actions to Maximize Community Capacity and Response

- Updates to virtual billing codes
- Red Amber Green (RAG) tool developed by AMA
- Temporary no-cost PPE for primary care and pediatricians
- Updated guidance for primary care providers: screening, PPE usage, testing and management of presumed/confirmed COVID-19
- Changes to Return to Work guidance
- Health Link physician assessment line
- New self-care website from AHS (ahs.ca/covidselfcare)
- Expansion of virtual assessment by primary care, where possible
- COVID Clinics
- patient/ public/ provider communications tactics
- Zonal supports for unattached pts

Zonal Updates

- PCN and AHS collaborative planning underway in all zones
- Expect combination of AHS operated and PCN operated COVID-19 clinics
- Triggers to implement will consider emergency department and acute care utilization, Health Link call volumes, and workforce capacity
- If fully implemented will have clinics in at least 8 communities

COVID Clinics

- Aims:
 - Improve access, especially for unattached patients
 - Assist emergency departments and community physicians in managing high volumes of COVID-19
 - Reduce disease transmission
- Functions: screening, assessment and re-directing symptomatic people safely away from hospital emergency departments
 - Flexibility to accommodate community needs, physical layout, workforce, etc.
 - Operate 8+ hours per day, including after hours
 - Not intended to be testing centres

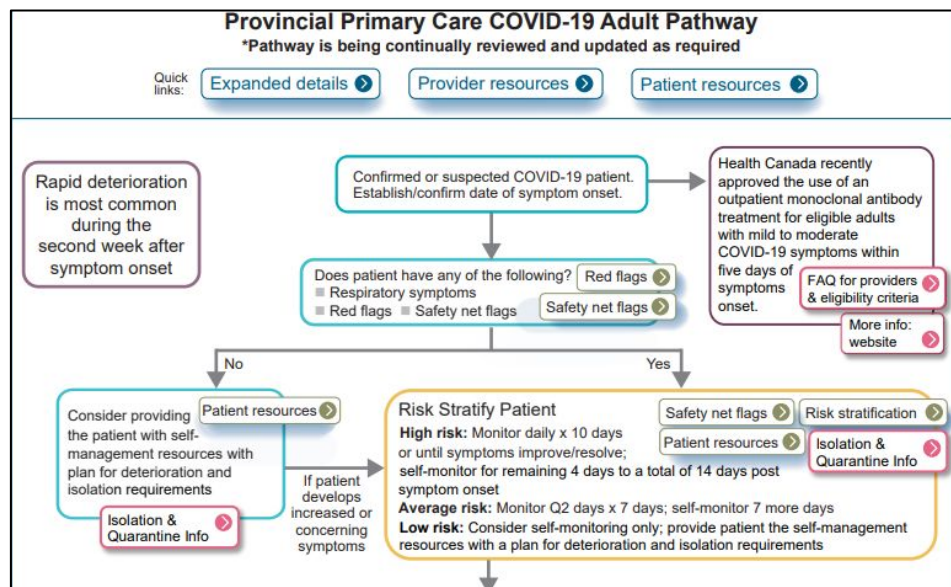
COVID-19 Patient Management in the Community

Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms


Provincial COVID-19 Primary Care Management Pathways (Adult & Peds)

RAG Tool

NAVIGATING COVID		ADULTS AND CHILD BEARING TEENS
		<small>*If you do not have a family physician call 811 or visit albertafirstaiddoctor.ca</small>
	SEVERELY ILL	HIGH RISK
	Call 911 and proceed to the nearest Emergency Room if one or more of the situations below apply.	Contact your family physician, 811, walk in or urgent care clinic for a virtual or in-person assessment if one or more of the below situations apply. You may be eligible for monoclonal antibody treatment.
RESPONSE	N/A	You might be at higher risk if one or more of the following apply: • Unvaccinated, Age 60+, heart disease, high blood pressure, obesity, pregnancy, stroke, diabetes, chronic kidney disease, chronic obstructive pulmonary disease, immunosuppressed, organ transplant or on medicines to suppress immune system
SYMPTOMS	• Severe shortness of breath, can not complete sentences when at rest • Severe or persistent chest pains • Confusion; inability to stay awake • Slurring of speech • Grey or bluish coloration to skin, lips or nail beds	• Worsening or worrisome symptoms • Fever higher than 39.0 C for three days or fever returns after 24 hours of being fever free • Return of cough after being cough free • Increasing shortness of breath • Signs of dehydration such as having very dry mouth, passing only a little urine, feeling very lightheaded • Any pregnancy concerns (bleeding, lack of fetal movements, leaking fluids) • Oxygen levels less than 92% (less than 95% if pregnant)
TREATMENT RESPONSE	• Shortness of breath not getting better if you are on home oxygen	• Minimal or no change to fever after taking Tylenol/ Advil (Acetaminophen/Ibuprofen) • Continued shortness of breath or wheezing after taking asthma medicines (if asthmatic) • Recently discharged from hospital for COVID
HOME SITUATION	N/A	• Lives alone or no family or friends to help get food, medicine or to check on you • Difficulty paying for food or medicines
		NOT SEVERELY ILL OR HIGH RISK
		Isolate away from others and continue self care in your home. Contact 811 for any medical related questions or concerns.
		• Not severely ill with COVID-19 symptoms or not having higher risk symptoms of COVID-19.
		• May cough but not producing phlegm • Not short of breath while at rest • No wheezing when breathing • Able to eat and drink • General weakness or tiredness • Sneezing or runny nose • Respiratory rate less than 20 breaths per minute at rest • Oxygen levels higher than 92% (95% or more if pregnant)
		• Fever reduces when taking Tylenol/ Advil (Acetaminophen/Ibuprofen) • Symptoms improve after initial peak (typically after first 2 days) • Able to safely isolate in home for 10 days
		• Able to feed, clothe, bathe by yourself or with assistance




COVID-19 Assessment and Testing Tool




Healthy Albertans.
Healthy Communities.
Together.

[Home](#) | [Contact](#) | [Staff](#) | [Help](#) | [Patient Feedback](#) | [ᠠᠶᠢᠨᠠᠨᠠᠭᠤᠨ](#)



Health Advice 24/7



COVID-19 Info: [For Albertans](#) | [For Health Professionals](#) | **1** [Testing](#) | [Results](#) | [Family Support & Visitation](#)

A [CMOH order](#) remains in effect that requires continuous masking at all AHS and Covenant facilities provincewide.

[ABOUT AHS](#) ▾

[FIND HEALTHCARE](#) ▾

[INFORMATION](#)

Assessment & Testing

COVID-19

Use the COVID-19 assessment tool to determine what type of care you need based on your symptoms, how to manage mild symptoms at home and if you are eligible for PCR testing.

Rapid Testing At Home: Free COVID-19 [rapid testing kits](#) are available at select pharmacies and AHS sites across the province.

Note: Rapid test kits cannot be used for the [Restrictions Exemption Program](#) or travel.

Change or Cancel Your COVID-19 Test Appointment: If you have already booked a COVID-19 test using the online tool and would like to reschedule or cancel, visit [AHS.ca/mybooking](#). For cancelling a COVID-19 immunization appointment [visit here](#).

[Modify an Appointment](#) >

2 [COVID-19 Assessment & Testing](#) >

For Albertans

Free PCR testing at AHS Assessment Centres is available for:

- People with symptoms who may be eligible for [Sotrovimab](#) (monoclonal antibody treatment)
- People with symptoms who are household contacts of a person who works in continuing care or acute care
- Returning international travellers who become symptomatic within 14 days after their return to Canada

If you do not fall into the above list, you are not eligible for COVID-19 PCR testing from AHS.

You can use an [at-home rapid test](#) to screen for COVID-19. If you don't have access to one, stay home and away from other people until your symptoms get better.

If you have any of the [core symptoms](#) of COVID-19, you are **legally required** to [isolate](#).

Private testing is available, for a fee, for testing related to:

[COVID-19 Assessment & Testing](#) >

For Healthcare Workers and Workers in Specific High Risk Settings

People in the settings listed here should use the button above to determine if they need to book a test.

- Healthcare workers
- Group home, disability support and shelter workers;
- Correctional facility staff in provincial & federal facilities
- Individuals who provide services in a clinical care setting including hospitals, clinics, pharmacies

Fit for Work Assessment for Healthcare Workers

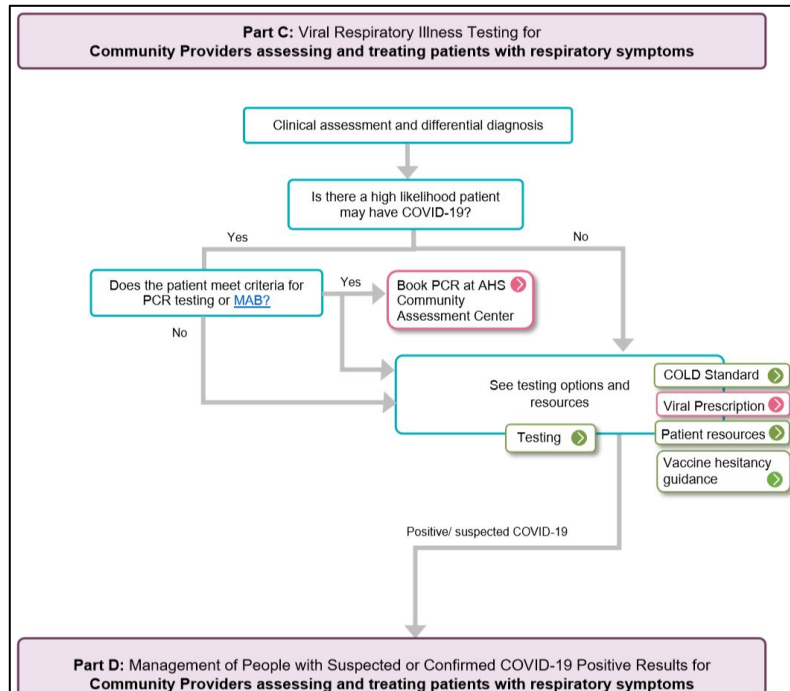
Complete the [Online Questionnaire](#).

Encourage clinic staff to send patients here to screen whether they need to see doctor.

This **assessment and testing** tool will funnel patients to testing, self management, or go to ED.

COVID-19 Patient Management in the Community

Part C: Treating patients with Viral Respiratory Symptoms



R_x Patient Name : _____ Date : _____

.....

The symptoms you presented with today suggest a VIRAL infection.

- ☐ Upper Respiratory Tract Infection (Common Cold) : Lasts 7-14 days
- ☐ Flu : Lasts 7-14 days
- ☐ Acute Pharyngitis ("Sore Throat") : Lasts 3-7 days, up to ≤10 days
- ☐ Acute Bronchitis/"Chest Cold" (Cough) : Lasts 7-21 days
- ☐ Acute Sinusitis ("Sinus Infection") : Lasts 7-14 days

You have not been prescribed antibiotics because antibiotics are not effective in treating viral infections. Antibiotics can cause side effects (e.g. diarrhea, yeast infections) and may cause serious harms such as severe diarrhea, allergic reactions, kidney or liver injury.

When you have a viral infection, it is very important to get plenty of rest and give your body time to fight off the virus.

If you follow these instructions, you should feel better soon :

- ➔ Rest as much as possible
- ➔ Drink plenty of fluids
- ➔ Wash your hands frequently
- ➔ Take over-the-counter medication, as advised :

- ☐ Acetaminophen (e.g. Tylenol®) for fever and aches
- ☐ Ibuprofen (e.g. Advil®) for fever and aches
- ☐ Naproxen (e.g. Aleve®) for fever and aches
- ☐ Lozenge (cough candy) for sore throat
- ☐ Nasal Saline (e.g. Salinex®) for nasal congestion
- ☐ Other : _____

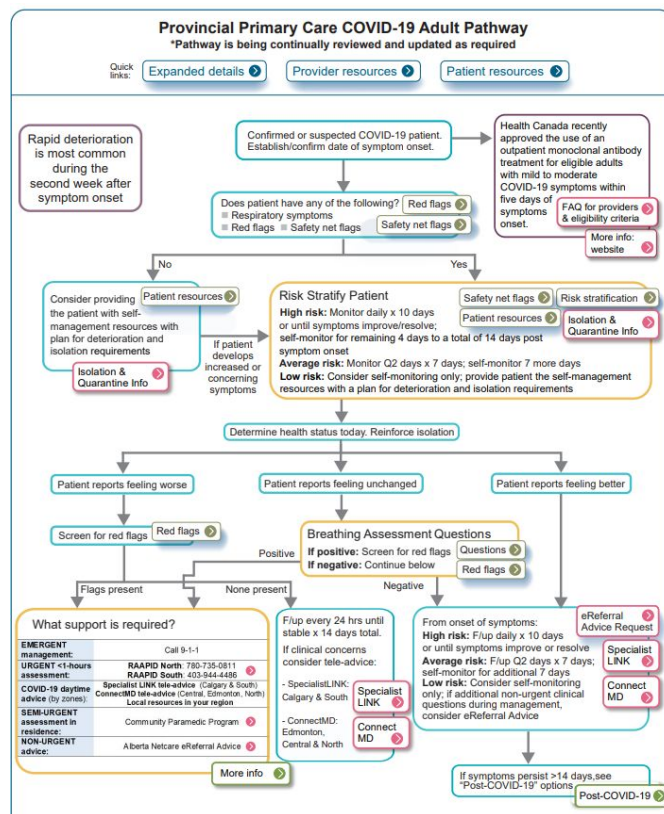
Therapeutic Management of Adult Patients with Mild COVID-19 Symptoms

COVID-19 Guidance for Community Providers

Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms

Provincial COVID-19 Primary Care Management Pathways (Adult & Peds) ➔

RAG Tool ➔



Support for Pediatrician and Physician Urgent Patient Management

COVID-19 Guidance for Community Providers

Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms

Provincial COVID-19 Primary Care Management Pathways (Adult & Peds)

Provincial Primary Care COVID-19 Adult Pathway

*Pathway is being continually reviewed and updated as required

Provincial Primary Care COVID-19 Pediatric Pathway

*Pathway is being continually reviewed and updated as required

Level of Management

- Emergent
- Urgent <1hr assessment
- On-call advice from specialist through ConnectMD or SpecialistLink
- Non-urgent daytime advice

Level of Management	Clinical Presentation	Available Support and Resources
EMERGENT management:	Clinical Presentation: <ul style="list-style-type: none">• Respiratory: cyanosis, indrawing with accessory muscle use, grunting• Signs of shock: lethargy, non-responsiveness, altered mental status	Call 9-1-1
URGENT <1-hours assessment	Clinical Presentation: <ul style="list-style-type: none">• Respiratory: tachypnea• New onset of acute GI symptoms: abdominal pain, vomiting, diarrhea• Reduced urine output or signs of dehydration• Rash, non-purulent conjunctivitis, or mucocutaneous inflammation• Fever with temperature > 38 C for three consecutive days or more	Call RAAPID RAAPID North (for patients north of Red Deer): 1-800-282-9911 or 780-735-0811 RAAPID South (for patients south of Red Deer): 1-800-661-1700 or 403-944-4486 RAAPID website: RAAPID Alberta Health Services

Sotrovimab Program

Outpatient Monoclonal Antibody Infusions

- Simple idea – **Complex** program due to short window, limited research, requirement for IV infusion, monitoring, new interim approval, selected groups
- Eligibility and process available [Outpatient Treatment for COVID-19 | Alberta Health Services](#)
- Patient test positive RT-PCR – get text or call from CDC with message
 - Go to website to determine eligibility or call Health Link dedicated line 1-844-343-0971
 - Health Link screening particularly around symptom onset, vaccine status and conditions
 - If meet screening – referral sent to MAP physician who calls, does consent process
 - Consent and prescription sent to Sites for scheduling (zones, third party provider in Calgary/EDM or MIH if transplant patient/Paediatrics, LTC sites in MIH catchment)
 - Infusion site call patient back to arrange time

Sotrovimab Program

Outpatient Monoclonal Antibody Infusions

- Patient who test positive at home on a rapid antigen test and are less than 5 days symptomatic
 - If transplant patient – they can immediately call in to Health Link and get scheduled for infusion. Prior to infusion - confirmatory rapid test done if no PCR available
 - If not transplant patient – PCR test should be booked as quickly as possible and the testing tool is prioritizing eligible patients
 - Due to possible delays in test results, additional flexibility for infusions has been allowed if there is a good reason eg lung transplant patient.
- If symptoms already starting to improve at time of consenting process, infusions may not be offered after discussion with the patient especially if no immunocompromised status

Sotrovimab Program

Outpatient Monoclonal Antibody Infusions

- MAP physician available for questions through RAAPID 8 am to 8 pm only
- Patients have to go through Health Link to get registered and chart made up (physicians cannot just give the name) due to province wide program
 - **Do not call 811** – they need to call the dedicated line 1-844-343-0971
- FAQ for patients and physicians on the website can be printed off and used for reference/handout if patient doesn't have computer
- We don't have sites everywhere in province but have some in each zone
- Pediatrics less than 12 years – not Health Canada approved. 12 to 17 years need pediatrics ID consult and there is currently no research on benefit – guideline currently in process
- Effective against delta and omicron

Sotrovimab Program

Summary

- Sotrovimab = monoclonal antibody provided intravenously to those with mild-moderate COVID-19 to prevent deterioration (and hospitalization).
- Treatment - focused on those at highest risk for bad outcomes - unvaccinated Albertans over 55 and those with chronic disease who may not respond well to vaccination.
- Eligibility criteria and details on how to access the program are found at: <https://www.albertahealthservices.ca/topics/Page17753.aspx>

Outpatient Treatment for COVID-19 | Alberta Health Services

Sotrovimab is a new drug that was developed specifically for treating COVID-19 patients with mild to moderate symptoms. It is the first treatment to be offered to outpatients in Alberta and is administered by intravenous infusion within five days of symptom onset.

www.albertahealthservices.ca

Hospital Transitions to Community For COVID-19 Patients

COVID-19 Guidance for Community Providers

Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms

Provincial COVID-19 Primary Care Management Pathways (Adult & Peds)

Hospital Transitions to Community for COVID-19 Patients

The following resources outline how acute and primary care can work together to safely transition COVID-19 patients from home into hospital and back home. Resources were developed based on Alberta's new [Home to Hospital to Home Transitions Guideline](#) and help ensure continuity of care.

Some processes may require customization and will vary by zone. Check with your PCN for clarification on what may be happening in your zone.

Follow-up to community physicians at discharge:

- [Safe Discharge Home Checklist](#)
- [Safe Discharge Checklist Appendices](#)
- [COVID-19: My Discharge Checklist \(patient resource\)](#)
- [What is the COVID-19: My Discharge Checklist?](#)

Other resources for safe transitions:

- [Transitions Checklist for Primary Care \(Alberta Medical Association\)](#)
- [Provincial Home to Hospital To Home Transitions Guideline](#)

Appendix B: Most Responsible Physician Roles: Continuity with Primary Care Provider

• Discharge summary & transition plan for COVID-19 to PCP

The discharge summary and transition care plan sent to the PCP (within 24 hours of discharge) will include the discharge notification (above) and the following information dictated, at minimum:

- ☐ If the patient is lab confirmed COVID-19-positive at point of transition to community; or has been tested as negative (or presumed negative) for COVID-19 at point of transition
- ☐ Whether the patient has come into contact with known COVID-19-positive patients in acute stay, if known
- ☐ Where that patient is being discharged to, what the circumstances are in the discharged location and what isolation precautions have been advised to the patient
- ☐ PCP follow-up appointment timeline based on clinical assessment (i.e. 1 – 3 days post-discharge)
- ☐ Verbally communicate with and send written orders to Home Care (HC) for patients FN community or Métis settlement in addition to discharge dictation

NOTE: Home Care is not available on weekends in First Nations Communities

Post COVID-19 Advice Options For Providers

COVID-19 Guidance for Community Providers

Part D: Management of People with Suspected or Confirmed COVID-19 Positive Results for Community Providers assessing and treating patients with respiratory symptoms

Provincial COVID-19 Primary Care
Management Pathways (Adult & Peds)

Provincial Primary Care COVID-19 Adult Pathway

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Provincial Primary Care COVID-19 Pediatric Pathway

*Pathway is being continually reviewed and updated as required

Rehabilitation Advice Line
1-833-379-0563

Post-COVID-19 Advice Options

COVID-19 Tele-advice

Contact ConnectMD or Specialist LINK if:

- Patients have persistent, increased, or new onset of severe or worrisome symptoms such as chest pain, dyspnea, or fever

North, Edmonton & Central Zones:

Visit [ConnectMD](#) or call/text: 1-844-633-2263

Calgary & South Zones:

Visit [Specialistlink.ca](#) or call: 1-844-962-5465

Rehabilitation Advice Line

Call **1-833-379-0563** from anywhere in Alberta to receive advice on post-COVID-19 rehabilitation needs such as:

- Returning to daily activities
- Support with exercises/strengthening programs
- Getting assistance with finding in-person or virtual rehabilitation programs

Available for patients and providers. For more information, visit www.ahs.ca/ral

Post COVID-19/ Long COVID-19 Pathways

Purpose: supports providers with managing patients with post-COVID-19 rehabilitation needs.

- Calgary Zone:
https://www.specialistlink.ca/assets/pdf/CZ_LongCOVID_Pathway-1638813464.pdf
- Central Zone: (in development)
- Edmonton Zone: pcnconnectmd.com
- North Zone: (in development)
- Chinook PCN: (in development)

Post-COVID-19 Clinics

Calgary Zone

- Please see the Calgary Zone Long COVID pathway for more information:
https://www.specialistlink.ca/assets/pdf/CZ_LongCOVID_Pathway-1638813464.pdf

Edmonton & North Zones

- Edmonton North PCN COVID-19 Recovery Clinic
 - More information: www.pcncovidhub.ca
- Post-COVID-19 Pulmonary Clinic for Family Doctors
 - Run out of the Kaye Edmonton Clinic

Questions and Answers



Upcoming Webinars

- For upcoming & recorded AMA Webinars, visit:
<https://www.albertadoctors.org/services/media-publications/webinars-online-learning>