

COVID-19 Status

April 6, 2020

We have confirmed 69 new cases of COVID-19 over the past 24 hours, bringing the provincial total to 1,250. Of the total cases, 152 are suspected to be through community transmission from an unknown source, 84 have been hospitalized and 26 admitted to intensive care units (ICU). Currently, there are 48 cases in hospital, with 13 in ICU. The number of recovered cases is now at 279. 64,806 tests have been conducted to date in Alberta.

There were three more deaths in Alberta today, in the Calgary, Central and North zones. In total, 23 Albertans have now passed away from COVID-19. Our deepest sympathies are with the families of these individuals and the healthcare teams who were caring for them. We feel every one of these losses deeply.

Cases across Alberta are as follows:

- Central Zone: 67
- Calgary Zone: 774
- Edmonton Zone: 309
- North Zone: 77
- South Zone: 20

Hospital and Continuing Care Visitation

Given the increasing spread of COVID-19 in Alberta, the difficult decision has been made [to enhance visiting restrictions](#) in hospitals, long-term care, supportive living, congregate living and hospice care settings. Effective immediately, **no visitors** will be permitted in these facilities.

Exceptions will be made for visitors attending to a resident who is dying, and for maternity and pediatric patients. Sites may, in rare situations, make an exception and allow one essential visitor in a continuing care or hospital setting where the resident's or patient's care needs cannot be met without their assistance.

An essential visitor, designated by the resident, patient or guardian (or other alternate decision maker), may be a family member, friend or paid caregiver over 18 years of age.

Visitors who are permitted under these exceptions must be verified and undergo a health screening prior to entering the facility. This may include a temperature check or a [questionnaire](#). They will be escorted by staff to their family member's room and must remain there; they are not permitted to visit other residents, patients or move about within the facility.

You will NOT be allowed to visit if you meet any of the following criteria:

- You have an illness that can be transmitted (symptoms including fever, cough, or feeling unwell);
- You are immunocompromised
- You are on self-isolation for COVID-19

- You are being tested for COVID-19;
- You have tested positive for COVID-19. You will not be allowed to visit until you have recovered and receive clearance from medical officials.

In end of life situations when there may be a critical need to visit a loved one, visitors with/or without symptoms may be provided with Personal Protective Equipment (PPE) and escorted to and from the room. Staff are advised to contact their local Infection Prevention and Control office for guidance in these situations.

We know this will be difficult and disappointing news to some Albertans. Together, we continue to make these difficult decisions in order to keep our most vulnerable citizens safe from illness. We encourage Albertans to look for other ways to reach out to their loved ones. Even spending just a few minutes on the phone can go a long way toward reducing feelings of loneliness and isolation.

Things You Need to Know

Modelling in Alberta

AHS has been working with experts within our province, across the country and internationally to predict how COVID-19 will affect Albertans and the healthcare system. We are taking into account the experiences of other countries and provinces as we create models to inform our planning at AHS.

We have already taken extreme measures in our capacity planning, based on what we know to date, to prepare our facilities for the anticipated surge in patients with COVID-19. For example, we are making 2,250 beds available in Alberta's facilities through capacity planning measures. We've been able to do this by:

- Postponing all elective surgeries and procedures
- Transforming some operating rooms and surgical recovery rooms into intensive care areas
- Identifying other possible patient care areas, including alcoves, hallways and other spaces
- Discharging patients as soon as they are well enough to go home, and moving seniors out of hospitals and into more appropriate care in the community.

We've also initiated planning to redeploy physicians, staff and equipment, including PPE, to areas of greatest need. And, we've reduced non-essential lab and diagnostic imaging procedures to focus our resources where they are most required.

We have undertaken extensive modelling for Personal Protective Equipment (PPE). We are focused on ensuring we have sufficient PPE for all who need it and are closely monitoring our supplies. We have made strides in procuring additional PPE through suppliers in Alberta, North America and abroad.

Later this week, the Province of Alberta will release our modelling predictions and share additional information on the capacity work and preparation plans underway across the province. At that time, we will share the best information we have regarding how we anticipate COVID-19 will impact Alberta. As we have these details, we will share them across AHS, to keep you up-to-date on this work.

Change in Requirements for Tests of Clearance

As noted yesterday, Alberta Health has [removed the requirement for laboratory tests to confirm that someone has cleared a COVID-19 infection](#). Anyone with COVID-19 symptoms is legally required to

isolate themselves for 10 days from the onset of symptoms, until their symptoms have resolved. If a healthcare worker has been confirmed to be infected with COVID-19, in addition to these requirements, they must also not attend work in any setting for an additional four days, as outlined in the [Return to Work Guide](#).

Expanded COVID-19 Testing

Yesterday, testing for COVID-19 was expanded to include any members of the following groups, if experiencing symptoms consistent with COVID-19:

- Group home workers and shelter workers
- First responders, including firefighters
- Those involved in COVID-19 enforcement, including police, peace officers, bylaw officers, environmental health officers, and fish and wildlife officers
- Correctional facility staff, working in provincial or federal facilities

Anyone among these groups is urged to use AHS' online assessment tool for [Healthcare and Shelter Workers / Enforcement Personnel / First Responders](#).

This is in addition to those **symptomatic individuals** who are already being prioritized for testing, including:

- People who are hospitalized with respiratory illness
- Residents of continuing care and other similar facilities
- Anyone who works in the following health care settings or provides the following services:
 - AHS or Covenant Facility in which patient care is provided
 - Home Care
 - Primary Care
 - Diagnostic imaging or Laboratory Clinics
 - Medical Specialty Clinics
 - Continuing Care and Licensed Supportive Living Sites
 - EMS and Medical First Responders
 - Pharmacists and Pharmacy Technicians

Anyone with symptoms who does not fit any of these categories should stay home and self-isolate for a minimum of 10 days from the start of their symptoms, or until symptoms resolve, whichever is longer. Remember, healthcare workers should not go back to work in a healthcare setting for 14 days from the onset of symptoms, or until symptoms resolve, whichever is longer.

Alberta Precision Laboratories COVID-19 Response

The COVID-19 global pandemic has put additional pressures on all parts of the health system, including laboratory services. Teams at Alberta Precision Laboratories (APL) have been working 20 hours a day, seven days a week, for the past few weeks in order to deal with a surge in demand for COVID-19-related testing, as well as manage ongoing needs for other testing. Dr. Graham Tipples — APL's Medical-Scientific Director at the Provincial Laboratory for Public Health — [answers questions about when APL started to respond to COVID-19](#), what APL's response looks like now and what it might look like in the weeks ahead.



Important Medication Management

The COVID-19 pandemic is placing significant strains on resources worldwide, including medication supplies. AHS Pharmacy Services is working to ensure that we have the necessary medication supplies to care for our patients.

Personal Protective Equipment (PPE) Update

AHS has created a PPE Task Force to consolidate best practice guidelines and information. We will regularly share updates here related to PPE. For example, an updated clinical guidance for continuous use of PPE document available [here](#) provides clear direction on PPE use in clinical settings. There is also new information on bringing personal PPE to work available [here](#).

AHS also supplies PPE beyond our organization, to physician offices, continuing care facilities, community groups involved in the pandemic response, and beyond. As such, AHS is working on provincial modelling for supply and demand. We are reassured by the modelling predictions to date, and will continue to be diligent in this work. We are testing some of that modelling now in the clinical settings to ensure that modelling assumptions hold true. We want to reassure, that we are laser focused on ensuring we have sufficient PPE supplies for all who need it. We are preparing for all scenarios and we are closely monitoring our supplies. We have made strides in procuring additional PPE and we continue to connect with suppliers in Alberta, North America and abroad.

In the days and weeks ahead, we need to make sure that we are all mindful of conserving PPE for those interactions where it is advised. For the latest information, please visit PPE task force [website](#) at ahs.ca/covidppe which contains all existing PPE guidance and support documents, in addition to a new [Frequently Asked Questions](#) document, and AHS PPE Taskforce Guidance documents.

AHS is investigating recycling or re-using some PPE equipment, after ensuring the equipment is cleaned and sterilized, just as other jurisdictions are doing. There will be more information shared on that as our research is complete and protocols put in place.

Our main PPE message today is that we are confident in our supply of PPE; this is going to be a joint effort between all frontline care providers and our community stakeholders. Global supply chains are in flux, and the impact of this is not known at this time. We all need to conserve PPE, utilize what's recommended by our guidelines, and be aware of the latest information and best practice. We will continue to share information on this critical topic.

Protecting our Elders

Over the past days and weeks, our province has been forced to grieve the loss of too many Albertans to COVID-19, many of whom were elderly. Alberta Health Services Provincial Medical Director for Seniors Health, Dr. James Silvius, shares an important message with Albertans about [protecting our vulnerable seniors' population during the COVID-19 pandemic](#).



Enhanced environmental cleaning during COVID-19.

During this pandemic, keeping our facilities clean is critical to patient and staff safety, therefore we are enhancing our approach to cleaning protocols. Cleaning and disinfection is a shared responsibility by both healthcare workers and Environmental Services teams. We ask that routine practices include the cleaning and disinfection of surfaces, especially high-touch surfaces, to reduce the spread of infection.

Managers should consider assigning designated staff to complete enhanced environmental cleaning. Staff performing cleaning duties are to follow all cleaning process and principles:

- [IPC Best Practice Guidelines | Equipment Cleaning, Disinfection & Storage](#)
- [Environmental Services Policy and Practice Documents](#)

More details about enhanced environmental cleaning can be found [here](#).

In the Zones

Zone Emergency Operations Centre (ZEOC) Update – Edmonton

The Community Health Services (CHS) Division in the Edmonton Zone has risen to the occasion to provide a variety of COVID-19 services. CHS Leadership and frontline staff have been instrumental in the planning, scheduling, staffing and ongoing operations of the Assessment Centres, the Secondary Assessment sites, and now within group homes. This team has partnered with our community agencies and been integral to the ongoing support of our most vulnerable populations, with direct services being provided at the EXPO Centre.

Since our COVID-19 response began a few short weeks ago, Community Health Services has stood up four Assessment Centres and swabbed approximately 20,000 Albertans. CHS has also worked with our acute care partners to set up the Secondary Assessment Centre at the Butterdome. This has taken place while continuing to support zone-wide immunization programs, Healthy Beginnings program, urgent care, family care and other ambulatory clinics. They also have collaborated with Primary Care Networks to support primary care physicians in the zone.



Members of our Community Health Services team getting ready for the very first shift on the opening day of Edmonton's first Assessment Centre on March 7. Please note: this photo was taken prior to public health guidance on physical distancing was in place.

Zone Emergency Operations Centre (ZEOC) Update – North

In response to COVID-19, the North ZEOC Public Health Branch is continuing to ensure North Zone vulnerable populations, specifically the homeless, have the supports they need. This work involves ongoing engagement with municipalities and community service partners to identify challenges, opportunities and supports. The Public Health Branch is also regularly engaging with local Hutterite, Mennonite and Indigenous communities and residents to provide COVID-19 information and resources.

Across the North Zone, teams continue to proactively prepare for a surge in demand for health services related to COVID-19. This work includes finalizing plans to use alternate treatment centres for the two regional hospitals – the QEII in Grande Prairie and Northern Lights Regional Health Centre in Fort McMurray – in the event their emergency departments exceed their respective surge plans.

An alternative treatment centre would provide 12 hours of care, seven days a week, for patients with mild to moderate symptoms of COVID-19 or Influenza-like-illness. The zone continues to proactively identify and assess other communities which may require alternative treatment centres.

Clarification on Non-Essential Lab Testing

Patients who require laboratory tests for immediate management of their care will be served and all testing ordered on the requisition will be performed. We want to emphasize that no patients will be denied service and all necessary specimens will be collected.

Pausing or postponing non-essential testing will help alleviate the strain on the laboratory system at a time when so many lab resources are directed towards COVID-19. This measure also aligns with physical distancing recommendations by reducing foot traffic into labs and eliminating close-contact patient interactions unless necessary.

Support services for frontline healthcare staff

The [Psychologists' Association of Alberta](#) and [Canadian Psychological Association](#) are now connecting frontline healthcare providers who may be feeling stressed, overwhelmed or distressed as a result of the COVID-19 pandemic, with members who are providing pro bono psychological services. Please visit these organizations' websites to learn more.

Auto-dialer Test Result Delivery Update

We launched an automated call back system pilot project to contact individuals who tested negative for COVID-19. We are very happy to share with you that as of 10 a.m. today, we were able to process 1,888 calls for negative test results since the launch of this pilot yesterday, with a 95 per cent success rate. This means that 95 per cent of those who were called were successfully reached by the auto-dialer. All unsuccessful calls are redialled by the auto-dialer later in the day, or followed up with directly by Health Link, ensuring everyone receives their results.

We are working with this new technology to improve our processes of providing test results. In the coming weeks, it is anticipated this pilot will be expanded to provide negative test results this way across the province.

We want to extend our gratitude to all the teams who worked very hard, and very quickly, to get this pilot up and running, and to the Health Link team and clerical staff who continue to ensure Albertans receive their test results in a timely manner.

Zoom Conferencing

As organizations around the world have been finding new ways to conduct business in our new normal of virtually connecting, there have been discussions about the safety of some platforms. In the past few days, there have been concerns raised in media about the security of Zoom in particular.

The version of Zoom that AHS uses is not the publicly available version. AHS uses an enterprise, or business-specific version of Zoom, which adheres to Canadian and international security standards, federal legislation and best practices for business and healthcare.

At this time, Zoom's use within AHS is strictly for communication; it is not used to store sensitive health information. In addition to its standard business meeting application, many of our current users are physicians who use Zoom to deliver virtual care to patients. Remember, whenever sending a link to a patient for teleconferencing, never include any identifiable health, personal or business-related information without first encrypting the email.

AHS is actively working to ensure Zoom is configured to meet privacy and security requirements for AHS' specific needs and healthcare environment.

Important: All AHS groups using Zoom, or any videoconferencing tool, are obligated to adhere to our legislation, policies, best practices, code of conduct, and guidelines when representing AHS.

Thank you and stay safe.

*****Please share this information as appropriate*****

*****For Alberta Health Services – Indigenous specific questions/concerns please**

email ahs.ecc.operations.ih@ahs.ca ***

*****For Indigenous Services Canada please**

email sac.cdemergenciesab-urgencesmtab.isc@canada.ca ***

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