

CMO SMOH Notice for AHS Medical Staff

August 27, 2021

We would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of Treaties 6, 7 & 8, and the homeland of the Métis. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

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- Additional Resources for Physicians

Wave Four Update

With the rise in COVID-19 cases in the community and the increasing demand on hospital resources, we're proactively taking steps to create additional acute and ICU capacity.

Some non-urgent surgeries and procedures will be postponed to ensure we have the beds and physicians and staff required to take care of all patients needing hospital care, including those with COVID-19 as well as other Albertans who are sick or injured.

This approach mirrors similar surgical reductions during previous waves. AHS will maintain emergent, urgent procedures, as well as prioritized cancer surgeries. These measures will help free up space in our hospitals for patients who need a higher level of care, and allow us to redeploy frontline physicians, staff and resources to areas of greatest need.

To date, service adjustments are being planned in two zones:

- Edmonton Zone: Up to 30 per cent of non-urgent surgeries and procedures will be postponed starting Aug. 30. This will allow the zone to add up to 25 surge ICU beds by the end of next week.
- North Zone: Approximately 45 elective surgical procedures per week at the Queen Elizabeth II Hospital in Grande Prairie will be postponed starting Aug. 30. This will allow the site to increase bed capacity and create a dedicated COVID-19 unit.

AHS is currently working through the province's surgical backlog brought on by the pandemic. For the last two months we have been operating at 100 per cent of pre-COVID-19 surgical levels, and have been performing more non-urgent scheduled surgeries. All backlogged surgeries in wave one have been rebooked and 96 per cent of all delayed surgeries from waves one, two and three have been completed.

In the meantime, to remain responsive to the current and changing needs of the pandemic, we are maintaining testing staff and physicians. COVID-19 testing at assessment centres for symptomatic individuals is being extended until at least Sept. 27. AHS will continue to provide swabbing support in the zones and maintain the necessary staff to provide testing services.

Staff hired into temporary assessment centre positions will be contacted directly by their manager to discuss their position status. There is also ongoing planning underway with primary care regarding COVID-19 testing. As new information becomes available, we will share updates.

We are strongly urging anyone who isn't immunized to book appointments immediately. Immunization is the best way to protect yourself and those around you. The majority of hospitalizations are among unimmunized Albertans. From June 1 – Aug. 25, 88 per cent of total ICU patients were unimmunized, eight per cent per partially immunized and four per cent were fully immunized.

Same-day appointments are available in all zones. Albertans can book COVID-19 immunization appointments online at ahs.ca/covidvaccine, at [participating pharmacies](#) or by calling Health Link at 811.

If you have questions about COVID-19 immunization, there are multiple resources available. Check out [Stick with the Facts, Stick Together](#) on Insite where there is: a [myth busters info sheet](#), [worker safety moment](#), [FAQ](#), [leader talking points](#) and an [infographic](#). If you would like to specifically speak to someone about your questions, please contact Workplace Health and Safety in your zone [here](#).

MD Culture Shift

MD Culture Shift Newsletter: [Issue 05: July/August 2021](#)

University of Calgary COVID Corner is Back

COVID Corner, hosted by the University of Calgary, offers updates on various topics and aspects related to the COVID-19 pandemic.

This next session, *Moving into the Grey: The Fourth Wave and Beyond*, will address the most recent information and direction from medical organizations within Alberta.

Note: If you registered for COVID Corner in 2020/2021, you will have to register again for the new 2021/2022 sessions.

Date: September 8
Time: 7-9 p.m. MST
Register: [Here](#)

Doctor of the Week Call for Nominations

Doctor of the Week shows the people, faces and stories of the physicians caring for patients across Alberta Health Services. Physicians for this feature are nominated by their colleagues. Contact cmo@ahs.ca to nominate a physician to be featured here.

Highlights from the CEO All Staff Update

COVID-19 Case Status in Alberta

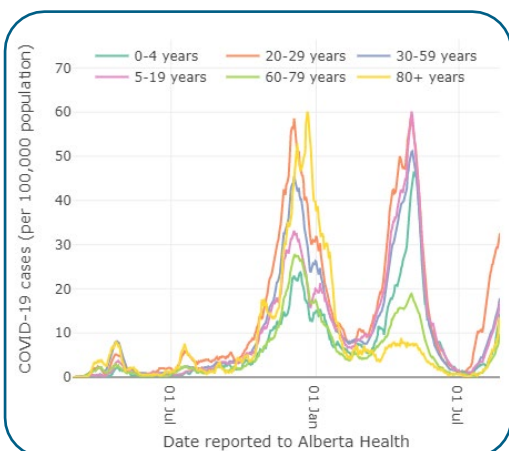
For the two-week period, Thursday, Aug. 12 to Wednesday, Aug. 25.

There was an average of 677 new cases per day for the 14-day period ending on Aug. 25, compared to 303 cases per day the previous reporting period (July 29 to Aug. 11), a 123.4 per cent increase.

Over the past two weeks, the Edmonton zone had the highest total number of new cases at 2,956 (an average of 211 cases per day), an increase of 206.0 per cent from the previous 14 day period (972 new cases reported July 29 to Aug. 11, 69 cases per day). All zones saw an increase in cases this week but the Central zone saw the largest increase in number of new cases compared to the previous reporting period, up 232.0 per cent with 1,022 new cases, an average of 73 new cases per day, compared to 22 new cases per day (309 new cases reported July 29 to Aug. 11).

Cases by age group

On Aug. 22, most age groups had a seven-day rolling average rate of COVID-19 ranging from 9.71 (ages 60-79) to 17.86 (ages 30-59) cases per 100,000 people. However, those aged 20-29 had the highest rate with a large gap with a rate of 32.57 cases per 100,000 people. A visual representation of these trends in cases in Alberta by age group is provided in the figure below.

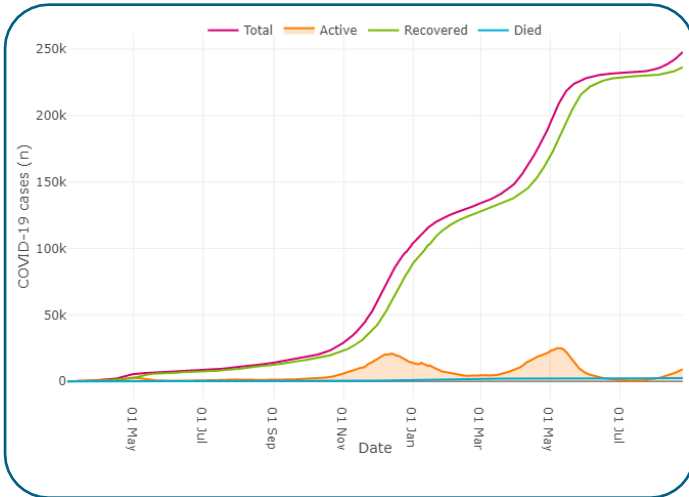


Active cases

As of Aug. 25, there are 9,066 active cases in Alberta, a 121.0 per cent increase compared to Aug. 11. All zones reported a steep increase in active cases ranging from 57.4 per cent in the Calgary zone to 231.0 per cent in the Central zone. After 29 consecutive reports, Calgary zone has been overtaken by Edmonton zone for the most active cases with 2,857.

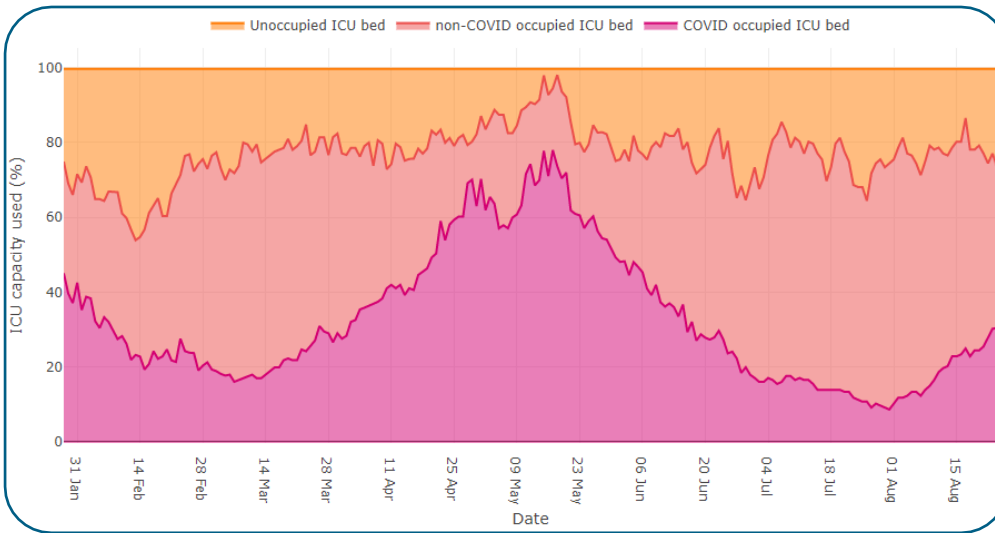
The full breakdown of the number of active cases by zone reported by Alberta Health on Aug. 25 versus Aug. 11 is presented below:

	Active Cases (as of Aug. 25)	Active Cases (as of Aug. 11)	Per cent Change
Calgary	2,673	1,698	57.4%
Edmonton	2,857	955	199.0%
North	1,491	566	163.4%
Central	967	292	231.0%
South	1,055	582	81.3%
Unknown	23	8	187.5%



Hospitalizations and ICUs

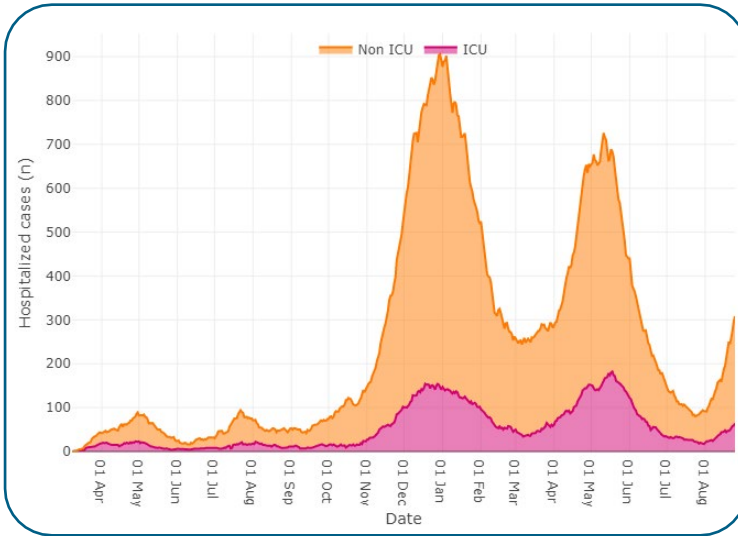
On Aug. 25, 64 individuals were in ICUs compared to 36 individuals in ICUs on Aug. 11, a 77.8 per cent increase. The most recent reporting on Aug. 24, puts our ICU capacity being used at 74 per cent, with 30.7 per cent of ICU beds being occupied by a COVID-19 patient (compared to 18.9 per cent on Aug. 11). The figure below is a visual representation of ICU capacity in Alberta:



A total of 244 individuals were in non-ICU hospital beds on Aug. 25 compared to 121 individuals in non-ICU hospital beds on Aug. 11, a 101.7 per cent increase.

The breakdown of hospitalizations by zone as of Aug. 25 is as follows:

- 108 hospitalizations with 27 of those in ICUs in the Edmonton Zone,
- 94 hospitalizations with 15 of those in ICUs in the Calgary Zone,
- 42 hospitalizations with 13 of those in ICUs in the South Zone,
- 34 hospitalizations with 4 of those in ICUs in the North Zone, and
- 30 hospitalizations with 5 of those in ICUs in the Central Zone.



Variants of concern

For variants of concern, on Aug. 25, the proportion of active cases which are known variants of concern, compared to the proportion on Aug. 11, was:

COVID-19 Variant	Proportion of Active Cases (Aug. 25)	Proportion of Active Cases (Aug. 11)	Difference
B.1.1.7 (UK) Variant	0.1%	0.6%	-0.5%
B.1.351 (South African) Variant	0%	0%	N/A
B.1.617 (India) Variant	78.3%	76.3%	+2.0%
P.1 (Brazilian) Variant	0.2%	1.0%	-0.8%
Overall	78.7%	78.0%	+0.7%

Other notable COVID-19-related information

As of Aug. 25:

- A total of 247,786 cases of COVID-19 have been detected in Alberta and a total of 10,214 individuals have ever been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 236,360 Albertans have recovered from COVID-19.
- 2,360 individuals have passed away from COVID-19 including 29 net new deaths over the past two weeks. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- A total of 5,066,185 tests have been conducted and 2,305,194 individuals have ever been tested. From Aug. 12 to Aug. 25, 114,797 COVID-19 tests were completed, an average of 8,200 tests per day. During this period, the daily positivity ranged from 6.28 per cent to 10.77 per cent.

The R value, also known as the reproduction number, describes the ability of a disease to spread. It tells us the average number of people that someone with COVID-19 will infect. An R value of 1 means an infected person will infect one other person on average. Values below 1 mean transmission is decreasing; above 1, transmission is increasing. The province-wide R value from Aug. 16 to Aug. 22 was 1.19, the previously reported value was 1.25.

Alberta Health has advised to stop school reporting since only summer schools are open at the moment. As of now, there are no directions for reporting in fall.

COVID-19 Immunization Update

Take our COVID-19 immunization clinic survey – deadline August 31

We want to hear from frontline physicians and staff and learn from their experience working in AHS COVID-19 immunization clinics. Participate in the [AHS COVID-19 Immunization Clinic Survey](#) by the end of the day on August 31. All responses will remain anonymous and the survey takes five to 10 minutes to complete. Any AHS staff member or physician who worked in a COVID-19 immunization clinic is invited to participate. The survey results will be used to inform the development of an evaluation report that the COVID-19 Vaccine Task Force Evaluation Unit will complete this fall. If you have any questions, please email Christina.Loitz@ahs.ca. Thank you for your continued support.

Proof of immunization & accessing records

If you require proof of COVID-19 immunization for travel, or for access to certain business, workplaces, facilities or events, we encourage you to review local policies prior to your visit to ensure you have the appropriate documentation.

There are several ways to provide proof of your immunization status, including:

- The paper immunization record you receive at the time of your appointment.
- Print a copy of your immunization records from [MyHealth Records](#) (if you are 14 years of age and older). You can also download the [MyHealth Records App](#) to have your health records stored on your phone or handheld device for easy access.
- If you are unable to access MyHealth Records, you can request a copy through your immunization provider. For those immunized in AHS, you can call Health Link 811 for assistance or request a copy at your next immunization appointment.

More information, including how to submit out-of-province and out-of-country immunization records into AHS' web-based [vaccine registry](#), can be found at [Immunization Records](#). Additional information about vaccine records and vaccine passports can be found at [Proof of Vaccination FAQ](#).

Get immunized before back-to-school

As of Aug. 24, about 66 per cent of Albertans between the ages of 12 and 29 have received their first dose of vaccine and 56 per cent of this population is fully immunized (having received both their first and second dose). With lower rates of immunization uptake compared to eligible Albertans overall, adolescents and young adults have a higher chance of getting the virus (including variant strains) and transmitting it to those who are not immunized.

The best way parents can protect their children under the age of 12, who are not currently eligible for the vaccine, is to get immunized themselves.

Even though AHS is supporting schools to provide COVID-19 immunization starting on Sept. 7 for grades 7 to 12, students, teachers and staff do not need to wait for in-school clinics to get the vaccine. Appointments for first and second doses continue to be available at walk-in clinics across the province, through the AHS online booking tool at ahs.ca/covidvaccine, by calling 811 or through [participating pharmacies](#).

Please continue to encourage those you know who are eligible to receive the vaccine to do so. Together we can boost immunization rates and in turn help enhance the safety of students, their families, teachers and school staff when for most, classes resume next week.

Remember to submit your Got My COVID-19 Immunization Form

If you have received your COVID-19 immunization, please fill out the "Got My COVID-19 Immunization Form" on [Insite](#). It's important that you report your immunization status after receiving your second dose of the COVID-19 vaccine. Immunization status is a crucial step in helping us to appropriately plan, manage and allocate resources in the event of a COVID-19 outbreak to protect patients, families and healthcare workers.

[COVID-19 Testing for Healthcare Workers — The Latest Numbers](#)

We continue to update the testing data for healthcare workers in the [AHS Healthcare Worker COVID-19 Testing dashboard](#). These statistics provide the total number of AHS and Alberta Precision Laboratories (APL) employees and physicians tested, including a breakdown of the number of positive tests and those who have been confirmed to have been exposed in the workplace.

As of Aug. 24:

- 80,389 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 6,245 (or 7.77 per cent) have tested positive.
- Of the 5,104 employees who have tested positive and whose source of infection has been determined, 602 (or 11.79 per cent) acquired their infection through a workplace exposure. An additional 1,141 employees who have tested positive are still under investigation as to the source of infection.
- 5,641 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 269 (or 4.77 per cent) have tested positive.
- Of the 223 physicians who have tested positive and whose source of infection has been determined, 21 (or 9.42 per cent) acquired their infection through a workplace exposure. An additional 46 physicians who have tested positive are still under investigation as to the source of infection.

For more information, see the AHS Healthcare Worker COVID-19 Testing [infographic](#) and [dashboard](#).

A [summary report](#) on healthcare worker COVID-19 testing data from Dec. 1, 2020, to Feb. 28, 2021, is now available on Insite. AHS reviews the healthcare worker testing data on a quarterly basis to monitor trends and ensure our COVID-19 guidance continues to reflect the current environment.

[Help Available for Those with Lingering COVID-19 Symptoms](#)

In-person, phone and online resources are available for those struggling with lingering symptoms of COVID-19 and can be found on [MyHealth.Alberta.ca](#) or [Getting Healthy after COVID-19](#).

Most people who have tested positive for the virus fully recover. However, as many as one in four individuals are left with lingering physical, psychological, social and cognitive effects that can include chronic fatigue, muscle weakness, 'brain fog,' anxiety/depression and shortness of breath, known as 'Long COVID.' Most of these individuals can manage their own symptoms, with the appropriate resources and supports.

They include:

- A [symptom self-management guide](#) to help patients recover after COVID-19.
- Information on COVID-19 Recovery Clinics.
- Alberta Healthy Living Program's free classes for patients
- Together4Health – an online community where Long COVID patients can connect, share experiences, coping tools/mechanisms and where they could ask questions.
- Phone support available from: Health Link (811); Rehabilitation Advice Line (1-866-379-0563); and 24/7 support from the Addiction and Mental Health Helpline (1-866-332-2322).

[Resources for health professionals](#) are also available. They include care pathways and toolkits; and a Long COVID Rehabilitation and Functional Screening and Assessment Tool to help providers determine what rehabilitation supports may be required moving forward.

[Updated Daily Fit for Work, Designated Support & Visitor Screening Documents](#)

AHS has updated the screening resources to align with a new [Directive: Attending work with COVID-19 Symptoms, Positive Test or Close Contact](#), [Directive: Designated family / support access and visitation in acute care, ambulatory, and emergency sites](#), and the most recent Alberta Health COVID-19 guidelines to keep our physicians, staff and patients safe.

See the following updated screening documents below:

- [COVID-19 Daily Fit for Work Screening Protocol](#)
- [Screening Questionnaires](#)
 - [Standard](#) (Staff Acute Care & Non-continuing Care)
 - [Standard](#) (Daily Designated Support Person & Visitor Screening Questionnaire For Acute Care, Ambulatory, Emergency & Urgent Care)
 - [Staff and physicians working at continuing care](#)
 - [Visitors to continuing care](#)
 - [Outbreak unit/area/site or unit on watch \(staff and physicians – acute care/non-continuing care\)](#)
- [Online Fit for Work Screening Tool](#)

The screening questionnaires have been updated to ask employees and physicians for their vaccination status if they are confirmed to be a close contact. The collection of information from staff and physicians through the Daily Fit for Work Screening documents is used solely for the purposes of determining fit for work status. For more information, please see [Staff FAQ](#).

Specific screening for physicians and staff working at continuing care facilities (long-term care, designated supportive living, or congregate living) will continue to meet requirements from the latest Chief Medical Officer of Health [Orders](#).

The updated resources are posted to the ahs.ca/fitforwork. Information related to screening for people visiting patients is available at ahs.ca/visitation.

Physicians with questions should speak with their medical leader.

[PPE Video of the Week](#)

As restrictions are lifted, what supports are in place for our physicians and staff as we continue to ensure the health and safety of our patients, and each other? This is the topic of the latest [PPE of the week video](#).

These and other resources are available on Insite, including:

- [How to Support Mask Wearing](#)
- [How to Stay Safe and be Respectful with Each Other](#)
- [Workplace Harassment & Violence Prevention](#)
- [Resilience, Wellness and Mental Health Resource Guide](#)
- [Recommendations for COVID-19 AHS Facilities Non-Clinical Screeners](#)
- [Safe Work Practices for COVID-19 AHS Facilities Non-Clinical Screeners](#)

If a situation cannot be de-escalated safely, a Code White can be called. Code White will alert a site to an incident of aggression or violence, with the intent of ensuring everyone's safety. More information on Code White can be found on [Insite](#).

Your diligence and efforts continue to make a meaningful difference in the health and well-being of Albertans – for this we are truly thankful.

Beyond COVID-19

[Updated: Venous Thromboembolism Prophylaxis Policy](#)

Venous Thromboembolism (VTE) is the collective term for Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE). VTE is a serious and common complication for those in hospital or undergoing surgery. The incidence of VTE can be reduced or prevented by identifying patients at risk and providing appropriate, evidence-informed thromboprophylaxis.

AHS is required to have a VTE Policy as per the Accreditation Canada Venous Thromboembolism Prophylaxis Required Organizational Practice (ROP), and an updated VTE policy is now available.

The updated policy incorporates minor changes, including some COVID-19 content which has already been implemented in physician practice.

Key revisions to the policy include:

- Addition of sub-acute and post-acute care where extended VTE prophylaxis is required or recommended with hip fracture/abdominal-pelvic cancer surgeries, major stroke and spinal cord injury
- Removal of unfractionated heparin where possible as part of safety and quality initiative to reduce risk of Heparin Induced Thrombocytopenia
- Addition of COVID-19 as a major risk factor for VTE, as per updated order sets for COVID-19 admissions
- Distinction between should/shall and roles and responsibilities for supporting VTE prophylaxis provision, as per AHS Legal
- Incorporation of informed consent for patients as an important part of VTE prophylaxis, as per Ethics review
- Clarification of the risk assessment process and appropriate use of risk assessment tools
- Clarification that the clinical target will remain for adult patients, as the VTE ROP is applicable to patients who are 18 years of age and older. A pediatric guideline is in process to support high risk pediatric populations that would not align well with the adult population.

For information, see the [VTE policy](#).

Additional Resources for Physicians:

- [Acute Care Outbreak Prevention & Management Task Force](#)
- [AHS Immunization Information](#)
- [AHS Virtual Health](#)
- [COVID-19 FAQ for Clinicians](#)
- [COVID-19 Resources for Community Physicians](#)
- [COVID-19 Testing and Self-Isolation Criteria](#)
- [CPSA's Physician Portal](#)
- [Cumming School of Medicine Continuing Medical Education \(CME\) Resources](#)
- [Government of Alberta Vaccination Updates](#)
- [How to Access AHS Insite and Email](#)
- How to do a Nasopharyngeal (NP) Swab
 - [Collection of a Nasopharyngeal and Throat Swab for Detection of Respiratory Infection:](#) Alberta Precision Laboratories
 - [Collection of a Nasopharyngeal Swab from an Adult:](#) Alberta Health Services
- [IPC Emerging Issues](#)
- [Online Healthcare Worker Self-Assessment Tool](#)
- [Physician & Family Support Program](#) - 1-877-SOS-4MDS (767-4637)
- [Physician Wellness Educational Resources: Well Doc Alberta](#)
- [Spectrum](#): A mobile app customized to deliver local antimicrobial stewardship guidelines, resistance data, dosing information, and AHS COVID-19 related content.
- COVID-19 Questions? Contact your local Zone Emergency Operations Centre (ZEOC):
 - ZEOC.South@ahs.ca
 - ZEOC.Calgary@ahs.ca
 - ZEOC.Central@ahs.ca
 - ZEOC.Edmonton@ahs.ca
 - PCH.ZEOCNorth@ahs.ca

For more information

- Visit the [COVID-19 Healthcare Professional information page](#) on the AHS website for more information.
- Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta \(CPSA\)](#).

This update is intended to provide a summary of the key action items, information and decisions for AHS Medical Staff in relation to clinical policies and practices, and for the COVID-19 pandemic response. It is forwarded to physicians' preferred email inbox.

Do you have COVID-19 questions, information, or a physician or team who have gone above and beyond during the pandemic, that you would like to see covered in an upcoming edition of the COVID-19 CMO update? Let us know at CMO@ahs.ca.

Sincerely,

Dr. Rollie Nichol on behalf of Dr. Francois Belanger

Associate Chief Medical Officer

Dr. David Strong on behalf of Dr. Laura McDougall

Lead Medical Officer of Health, Public Health Surveillance and Infrastructure

