

CMO SMOH Notice for AHS Medical Staff

September 10, 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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We start today's email with an update on hospital capacity.

As most of you are surely aware, AHS is experiencing significant capacity challenges during this fourth wave of the COVID-19 pandemic. Through your efforts, we're continuing to do all we can to increase capacity, particularly in our ICUs, where pressure on our staff, physicians and resources is intense.

Dr. Verna Yiu talked about this situation yesterday (Sept. 9) during a Government of Alberta press conference and you can see her comments [here](#).

Today (Sept. 10), our ICUs are at 86 per cent of total capacity, including the surge capacity we have created to date. There are 230 people in ICU. About 76 per cent of those are patients with COVID-19.

In the past seven days, we have added 59 ICU surge beds. We now have a total of 93 surge beds above our baseline of 173 ICU beds.

In the face of rising numbers of patients with COVID-19 needing hospital care and our concurrent efforts to meet the needs of patients who require other non-COVID-19 care, we have to continue to take every possible measure in order to maintain our ICU capacity, and increase it wherever possible.

And unfortunately, that means additional postponed surgeries.

On Wednesday, Calgary Zone made the difficult decision to postpone all scheduled elective surgeries and many outpatient procedures for the remainder of this week at our Calgary hospitals. This includes some non-urgent, scheduled pediatric surgeries.

We are also having to postpone some non-urgent transplant cases, and a small number of cancer surgeries that can safely be delayed for a period of time due to the stage and nature of the particular cancer.

Postponing elective surgeries allows us to deploy qualified physicians and staff to support intensive care and critical care beds. Still, our hearts go out to patients and their loved ones affected by these surgical postponements. The pandemic is having a significant impact on many Alberta patients, not just those with COVID-19.

Capacity will continue to be a huge challenge for us.

We'd also like to thank our nurses, physicians and all healthcare team members for creating these additional beds, which has given us some much-needed breathing room. Our deep gratitude also extends to all of you throughout AHS — those on the front lines and those supporting the front lines — who are keeping the health system functional, so we can continue to provide Albertans with the high-quality prevention services and care they require. We cannot overstate our gratitude for our people who continue to work tirelessly 18 months into the pandemic.

If you are a clinician trained in critical care and have additional availability, please contact your medical leader.

The situation is fluid and changing daily. We will aim to give you the most up-to-date information and, to that end, this all-staff email will once again move to weekly.

The COVID-19 case status below will help explain why extra capacity and resources are much needed now, and will continue to be needed in the weeks ahead.

[Tocilizumab](#)

Tocilizumab is a drug that may be used to help prevent hospitalized COVID-19 patients with severe disease from progressing further. AHS has clinical guidelines for tocilizumab use in hospitalized patients with severe worsening COVID-19 pneumonia.

There is currently a global shortage of tocilizumab that is not expected to resolve until December, at the earliest. AHS monitors tocilizumab supply and usage closely to help determine future supply needs and ensure usage aligns with clinical criteria. Supply is moved between hospitals within the province as required to meet current patient needs.

COVID-19 is not the only condition that tocilizumab is used to treat. AHS maintains a small, separate tocilizumab supply for patients with other conditions that also has critical uses, including cytokine storm, which is an urgent medical condition requiring prompt treatment. This separate supply cannot be used for COVID-19 patients.

[Casirivimab/Imdevimab \(REGEN-COV\)](#)

AHS is introducing a new therapy, Casirivimab/Imdevimab (REGEN-COV), for treating patients hospitalized due to COVID-19.

Note: With current hospitalization volumes, the limited supply of this treatment will be sufficient to treat roughly 100 patients.

A clinical trial found that REGEN-COV reduced mortality in patients who test negative for the presence of COVID-19 antibodies (seronegative). In order to maximize the benefits of using the limited supply available, use is restricted to these patients.

Use and supply of REGEN-COV will be closely monitored, as will any emerging evidence, and guidance and formulary criteria will be updated, if necessary.

Scientific Advisory Group Rapid Review: Medical Exemptions for COVID-19 Vaccine

AHS Scientific Advisory Group (SAG) conducted a jurisdictional scan to explore what medical conditions are contraindications or considered as medical exemptions from COVID-19 immunization. The report focusses on the vaccine products available for use in Canada at present.

Across all of the guidelines reviewed, there were very few medical reasons why someone is not able to receive one of the COVID-19 vaccines.

For more information about this report, see the [Rapid Review](#).

For more information about the COVID-19 vaccines, please visit the [AHS COVID-19 Vaccine webpage](#).

For more information about the AHS accommodation process for individuals with contraindications to COVID-19 vaccines, please stay tuned, there will be information forthcoming early next week including a dedicated FAQ and details about the process.

MD Culture Shift

NEW: MD Culture Shift Newsletter: [Issue 06: September 2021](#)

Note correction: Email for PLI course registration is ProvMAProfDevelopment@ahs.ca

Leadership Development

Provincial Medical Affairs is pleased to sponsor the following virtual Physician Leadership Institute (PLI) courses for 2021/2022:

- Coaching for Excellence – Nov. 8-10: 8 a.m.-12 p.m. MST each day
- Leading Change – Dec. 8-9: 9 a.m.-3:30 p.m. MST each day.
- Building and Leading Teams – Jan. 19-20, 2022: 9 a.m.-3:30 p.m. MST each day.
- Leadership Strategies for Sustainable Physician Engagement – Feb. 17 & 24, 2022 (two Thursdays) - Day 1, 9 a.m.-4 p.m. MST and Day 2, 9 a.m.-3:30 p.m. MST.
- Talent Management for Exceptional Leadership - TBA

To register, email: ProvMAProfDevelopment@ahs.ca

COVID-19 Immunization Policy Update

As was communicated last week by AHS directly to the workforce, and by the media more broadly, AHS is implementing a policy of immunization for workers for COVID-19. A finalized policy is expected in the coming days.

AHS workers, including medical and midwifery staff, are required to be fully immunized no later than October 31. This means the latest a second dose could be administered to still meet the deadline is October 16. To be able to have a second dose no later than October 16, any healthcare workers who haven't yet had their first dose need to make plans to do so very quickly. Appointments can be

booked at an AHS clinic or participating pharmacy at <https://bookvaccine.alberta.ca/vaccine/s/>, at a [walk-in clinic](#), a [doctor's office](#) or call Health Link at 811.

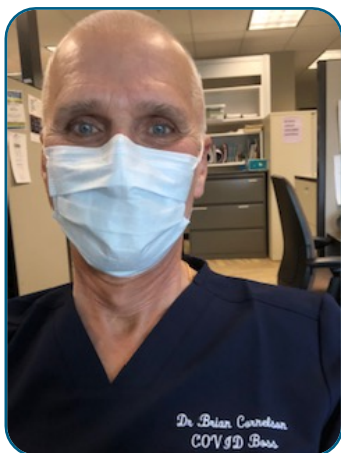
More details will be provided in the finalized policy and FAQ, which is currently planned for release early the week of September 13, including the following:

- How to provide record of immunization to AHS: Many AHS employees, medical and midwifery staff have already submitted a form to WHS after receiving their second dose but these will need to be resubmitted on a soon to be released new form to enable AHS to verify immunization. Anyone who didn't submit the previous form will need to submit the new one as soon as possible, once it's available.
- How to request a medical exception under the policy: AHS anticipates very few medical and midwifery staff members will request a medical exception but for those who will, a form is being created for their respective health care providers to complete and then submit to an AHS adjudication panel to review.

As Dr. Yiu said in her Aug. 31 email to the workforce about this policy, AHS is grateful for everything you do and we will need to continue to work together to maintain a work environment that promotes worker safety and well-being. Thank you for your ongoing support and dedication.

Doctor of the Week

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.



This week's Doctor of the Week is Dr. Brian Cornelison, medical director at East Calgary Family Care Centre (FCC) where they focus on providing care to complex patients. Nominated for his outstanding contributions to his patients and his colleagues, after 46 years practicing, Dr. Cornelison is also retiring this month, and has had a tremendous impact on his patients and his colleagues.

Although he talks about retiring, he's considering working a couple days a week in Victoria, BC, where he is moving to.

"Medicine is too much fun to just stop," says Dr. Cornelison.

"I decided I was going to be a physician when I was admitted to hospital with pneumonia when I was seven years old. That might scare most kids away, but my parents told me it's all I talked about after I was in hospital. I like to make a difference in people's lives, and I am honored and humbled by the trust they put in me. I've had so many opportunities throughout my career."

Part of his 46 years as a physician included working in northwestern Ontario, Manitoba, Nepal, China, and most recently Ethiopia, where he helped establish the country's first family medicine training program before coming to Calgary in 2015. He has worked in Indigenous hospitals, remote nursing stations, rural and remote communities in Canada and Nepal, teaching clinics in Toronto and Winnipeg, HIV/AIDS clinics in Africa and Toronto, and a federal penitentiary.

"I work with a great team of physicians, nurse practitioners, nurses, mental health therapists, social workers, dietitians, a physiotherapist, an occupational therapist, a pharmacist and a data analyst, as well as a dedicated group of clerks who make everything possible" says Dr. Cornelison. "Everyone works together so that we can provide comprehensive care for people who need it the most. I love making a difference in people's lives, and working with a great team makes that easy."

Far from winding down to retirement, he has spent the last 18 months working to improve the care of

his patients during the pandemic, including playing an important role in developing clinical pathways for people suffering from persistent symptoms post COVID-19 infection.

“When COVID-19 first appeared last year the East Calgary FCC pivoted from providing chronic complex care to being a key nerve centre in the AHS COVID-19 response. We supported Health Link, Public Health and the primary care networks, and this spring, we became a vaccination centre. East Calgary FCC is the "can do" clinic.”

When asked how he spends time outside of work, he replied, “Who has time for hobbies? I've been exploring the area of functional medicine that goes beyond determining what the problem is to looking at why the problem has occurred in the first place. There's a strong emphasis on optimizing health rather than waiting for disease to occur.”

Thank you, Dr. Cornelson, for being an inspiration to your colleagues and patients. Your team at East Calgary FCC, and us, wish you great things as you transition to retirement.

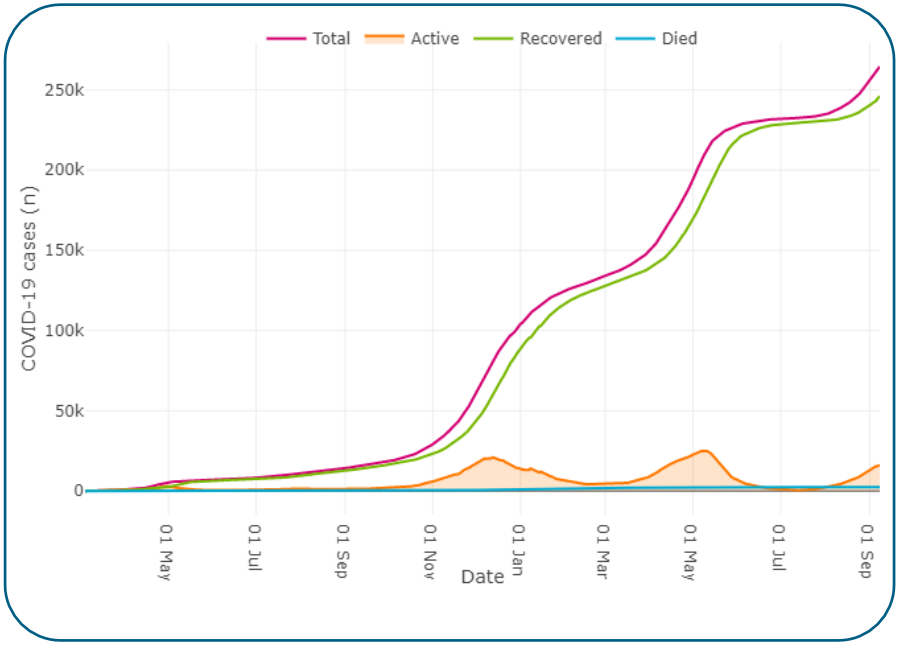
Highlights from the CEO All Staff Update

COVID-19 Case Status in Alberta

New and active cases, hospitalizations and ICU admissions have continued to rise sharply over the past two weeks, prompting the Government of Alberta to bring in temporary measures in an effort to protect the healthcare system and safeguard the health of Albertans. As of Sept. 8, there were 15,977 active cases of COVID-19 in Alberta, a 76.2 per cent increase compared to two weeks ago, with all five AHS zones reporting increases, as you can see in the table below.

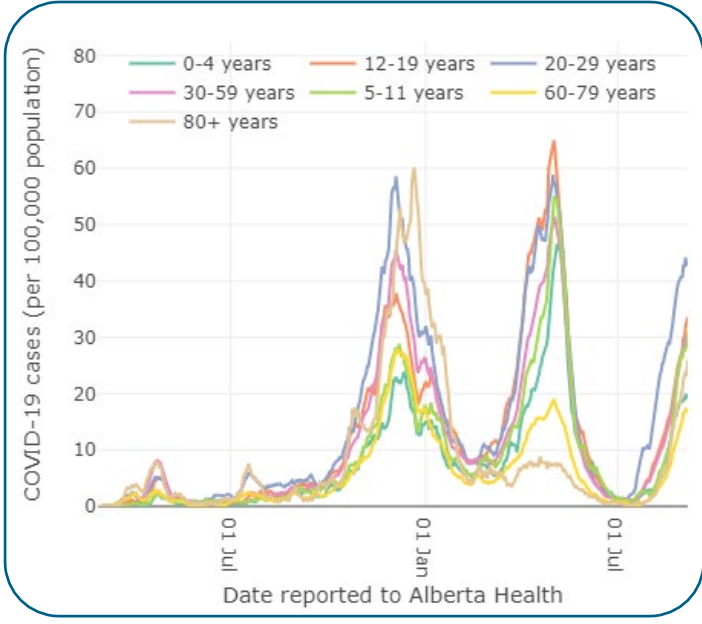
	Active Cases (as of Sept. 8)	Active Cases (as of Aug. 25)	Per cent Change
Calgary	4,417	2,673	+65.2%
Edmonton	4,783	2,857	+67.4%
North	2,900	1,491	+94.5%
Central	2,212	967	+128.7%
South	1,636	1,055	+55.1%
Unknown	29	23	+26.1%
Total	15,977	9,066	+76.2%

There was an average of 1,204 new daily cases for the 14-day period ending Sept. 8, compared to 672 new daily cases for the previous reporting period (Aug. 12-25), a 79.2 per cent increase.



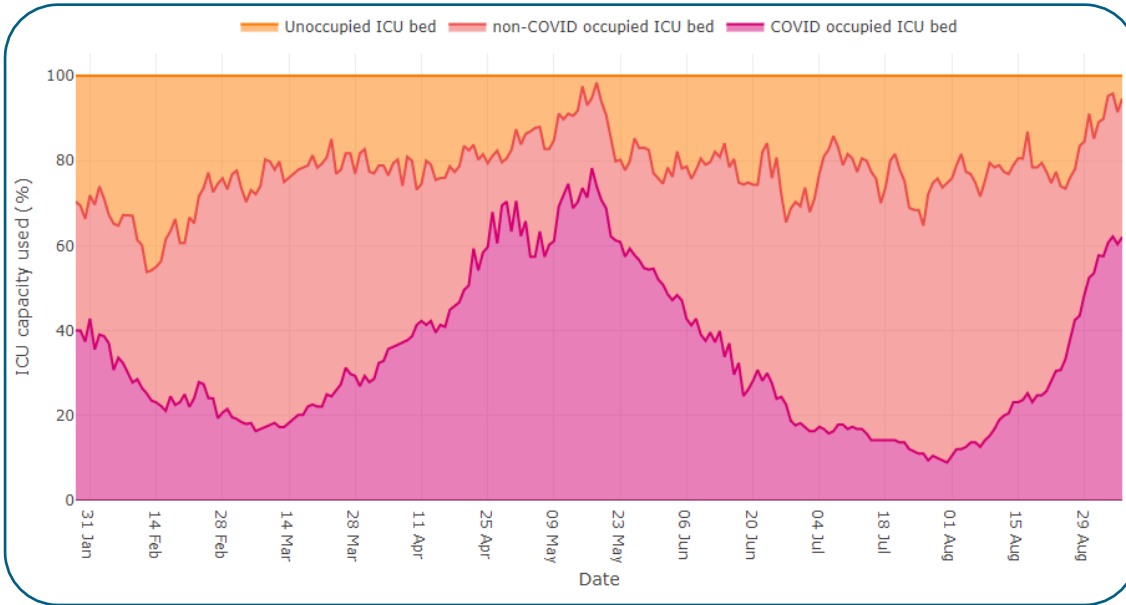
Cases by age group

Albertans ages 20 to 29 years had the highest seven-day rolling average of daily COVID-19 cases, with a rate of 43.1 cases per 100,000 people. The rates for all other age groups ranged from 17.4 (ages 60-79) to 33.6 (ages 12-19). A visual representation of these trends in cases by age group can be seen in the figure below.



Hospitalizations and ICUs

On Sept. 8, 154 individuals with COVID-19 were in ICU, compared to 64 on Aug. 25, a 140.6 per cent increase. Today's reporting (Sept. 10), shows ICU usage at 86 per cent, with 76 per cent of ICU beds occupied by a COVID-19 patient, compared to 33.3 per cent on Aug. 25. The figure below is a visual representation of ICU capacity in Alberta.



Also on Sept. 8, 525 individuals with COVID-19 were in non-ICU hospital beds, compared to 257 on Aug. 25, a 104.3 per cent increase. Hospitalizations by zone as of Sept. 8 are in the table below.

	Hospitalizations	ICUs
Edmonton	228	64
Calgary	192	43
Central	102	17
South	79	21
North	78	9

Variants of concern

The table below shows the proportion of active cases that are known variants of concern on Sept. 8 compared to Aug. 25. Please note: following your feedback, we are now using the World Health Organization’s naming system to identify COVID-19 variants of concern.

COVID-19 Variant	Proportion of active cases (Sept. 8)	Proportion of active cases (Aug. 25)	Difference
Alpha variant	0.1%	0.1%	0%
Beta variant	0%	0%	0%
Delta variant	78.6%	78.3%	+0.3%
Gamma variant	0%	0.2%	-0.2%
Overall	78.7%	78.7%	0%

Other notable COVID-19-related information

As of Sept. 8:

- A total of 264,564 cases of COVID-19 have been detected in Alberta and a total of 10,994 individuals have been hospitalized, which amounts to 4.2 individuals for every 100 cases. In all, 246,153 Albertans have recovered from COVID-19.
- 2,434 individuals have passed away from COVID-19, including 74 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 5.21 million tests have been conducted and 2.34 million individuals have been tested. From Aug. 26 to Sept. 8, 151,326 COVID-19 tests were completed, an average of

10,809 tests per day. During this period, the daily positivity ranged from 10.22 per cent to 12.82 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 provincewide R value from Aug. 30 to Sept. 5 was 1.12; the previously reported value was 1.19.

COVID-19 Immunization During Pregnancy

COVID-19, particularly the Delta variant, is highly infectious. Pregnant individuals are at a higher risk of getting very sick from COVID-19. In August alone, six pregnant Albertans were admitted to ICU due to COVID-19. All of them were unimmunized. To put this into context, only seven pregnant Albertans were admitted to ICU for COVID-19 during the entire first year of the pandemic from March 2020 to March 2021. In the six cases we saw last month, not only has COVID-19 had severe impacts on the parents' health, but also the child's. Five preterm births occurred as early as 29 weeks.

We strongly urge those who are pregnant, trying to become pregnant, or have recently delivered, to get both doses of the COVID-19 vaccine as soon as possible.

The COVID-19 vaccine is safe and effective for pregnant individuals and their babies, with mRNA vaccines being the safest type of COVID-19 vaccine to get during pregnancy. Patients can get the vaccine at any time (any trimester) during pregnancy.

The COVID-19 vaccine is also safe, and recommended, for those who are trying to get pregnant. There is no evidence of harm from COVID-19 vaccines for those who are pregnant or breastfeeding. The National Advisory Committee on Immunization and the Society of Obstetricians and Gynecologists of Canada recommend that those who are pregnant get a complete series of vaccine.

The following resources are available to share with patients and clients and to support conversations with patients who are pregnant, or thinking of getting pregnant, to help them make an informed decision about getting the COVID-19 vaccine:

- ahs.ca/vaccinepregnancy
- [Alberta COVID-19 Immunization in Pregnancy Factsheet for Practitioners](#)
- [COVID-19 Immunization in Pregnancy – What You Need to Know](#)
- [COVID-19 and Pregnancy, Birth, and Postpartum and Breastfeeding: Information for Expectant and New Parents Public Health](#)
- [Video: COVID-19 Vaccine and Pregnancy](#)

COVID-19 Immunization Update

Third / Additional Doses

A reminder that, as of Sept. 1, third/additional doses of the COVID-19 vaccine are available for eligible groups, including:

- Immunocompromised individuals 12 years of age and older with specific conditions — recommended at a minimum of eight weeks after their second dose.
- Residents of seniors' supportive living facilities — recommended at a minimum of five months after their second dose.
- Travellers to jurisdictions where Covishield/AstraZeneca or mixed doses are not recognized — available four weeks after their second dose.

For more information, see [Third / Additional Doses](#). Additional information for healthcare providers on this topic can also be found [here](#).

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 can be found at [Proof of Vaccination FAQ](#).

Government Brings in Provincial Mask Mandate, Other Measures

On Sept. 3, the Government of Alberta announced [new temporary measures](#) to protect the health system from rising COVID-19 hospitalizations.

- Masks are now mandatory for all indoor public spaces and workplaces. Schools are not required to implement masking but school boards will continue to set COVID-19 management policies as they deem appropriate. Masks are not required while participating in a physical fitness activity, performance activity or a worship service.
- Restaurants, cafés, bars, pubs, nightclubs and other licensed establishments will be required to end alcohol service at 10 p.m.
- Albertans are encouraged to limit in-person contacts. The province strongly recommends that unvaccinated Albertans limit their indoor social gatherings to close contacts of only two cohort families up to a maximum of 10 people.
- It is also recommended that plans for in-person return to work be paused, and that employers revert to work-from-home where possible. To see how this might affect you, see the next item: Request for Remote Work Extended.

A one-time incentive of \$100 is now available for all Albertans ages 18 or older who receive a first or second dose of vaccine between Sept. 3 and Oct. 14.

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 Sept. 7:

- 81,310 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 6,747 (or 8.30 per cent) have tested positive.
- Of the 5,242 employees who have tested positive and whose source of infection has been determined, 608 (or 11.60 per cent) acquired their infection through a workplace exposure. An additional 1,505 employees who have tested positive are still under investigation as to the source of infection.
- 5,787 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 284 (or 4.91 per cent) have tested positive.
- Of the 228 physicians who have tested positive and whose source of infection has been determined, 21 (or 9.21 per cent) acquired their infection through a workplace exposure. An

additional 56 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](#).

Verna's Weekly Video Message: Immunization of Workers for COVID-19 Policy

Last week, we announced our policy on the immunization of workers for COVID-19.

Immunization is the best way to prevent the spread of COVID-19 and outbreaks in AHS facilities, as well as protecting our patients, visitors, and each other.

We have consulted with unions and other stakeholders to finalize the policy, which allows us to strengthen work we've done throughout the pandemic to keep hospitals and healthcare facilities safe.

Verna received several questions from this week about the policy, so she's invited three guests to [this week's vlog](#) to help answer them.

- Dr. Mircea Fagarasanu, Senior Program Director, Workplace Health and Safety,
- Dr. Braden Manns, Associate Chief Medical Officer
- Dr. Stephen Tsekrekos, Medical Director, Workplace Health & Safety

You can book your COVID-19 immunization appointment through the new [provincewide vaccine booking system](#). More information will be shared in the coming days with the release of the final policy and FAQ. If you have questions or concerns about the policy in the meantime, please email AHSVaccineTaskforce@ahs.ca.

Alberta Adopts New Vaccine Booking Tool

On Sept. 6, the AHS COVID-19 online immunization booking tool was taken offline, after AHS joined the new [provincewide vaccine booking system](#) launched in August by Alberta Health. The new Alberta Vaccine Booking System provides Albertans the ability to book into both first- and second-dose appointments, including outstanding COVID-19 vaccinations, at either an AHS clinic or pharmacy of their choice.

All available appointments based on location are visible in the new system, allowing Albertans to choose the appointment location most convenient for them.

This new system will help prepare Alberta for future large-scale vaccination efforts, including potential COVID-19 booster shots and other vaccine campaigns, such as annual influenza.

AHS staff, physicians and volunteers can now book appointments through the new tool. The tool will provide email or text confirmation once an appointment is booked, which is presented as verification at each immunization appointment.

The AHS COVID-19 online booking tool has been critical in Alberta's response to COVID-19. A big 'thank you' to all the teams who collaborated to create the tool, and remained dedicated, and nimble throughout the vaccine rollout. The AHS online tool booked close to three million appointments.

Albertans from throughout the province were able to depend on this tool and the teams behind it through some of the most critical times our province has ever faced. We are so proud of the countless hours everyone has continued to dedicate, to help ensure the health and well-being of millions of Albertans.

[Update on Aerosol Transmission and PPE](#)

There has been ongoing and increasing discussion recently on the possible role of aerosols in the transmission of SARS-CoV-2, the virus that causes COVID-19. AHS continues to monitor this very carefully through our ongoing COVID-19 response. We ensure the latest research, including the role of aerosols in transmission, from the Public Health Agency of Canada, the Centre for Disease Control, and the World Health Organization, is reflected in all guidelines, including the use of personal protective equipment (PPE).

These organizations, and our current guidelines, are aligned in concluding that aerosols are not considered the predominant mode of transmission of COVID-19. There are known exceptions to this, including where [aerosol-generating medical procedures \(AGMP\)](#) are performed and during indoor gatherings with limited or no ventilation, particularly where there is crowding or where activities such as singing, shouting or intense exercise occurs.

Throughout our COVID-19 response, our PPE guidance has emphasized that anyone present in a room where an AGMP is performed on a patient with COVID-19, suspected COVID-19, influenza-like illness (ILI) or with new or changing respiratory symptoms must don a fit-tested N95 respirator, together with eye protection, a gown and gloves.

As well, the [Joint Statement](#) with unions from this past February gives all front-line professionals the authority to make decisions regarding the choice of PPE necessary for their protection, based on their point-of-care risk/hazard assessment and professional judgment.

What might physicians and staff consider in choosing PPE before caring for a patient with COVID-19?

In following the [existing guidance](#), there may be situations where higher risk factors may come into play. This is the essence of a point-of-care risk assessment or hazard assessment.

For example, if healthcare workers are in a higher-risk situation, they may choose to don an N95 as an alternate form of respiratory protection. Factors contributing to this decision could include:

- Distance to the source individual: from lower risk (e.g., beyond two meters) to higher risk (e.g., “cheek to cheek”).
- Duration of exposure: from lower risk (e.g., an interaction lasting 30 seconds) to higher risk (e.g., an interaction lasting 30 minutes).
- Surrounding environment: from lower risk (e.g., a large patient room) to higher risk (e.g., a small, confined bathroom space).
- Source symptoms: from lower risk (e.g., patient with muscle aches and fatigue only) to higher risk (e.g., a patient who is actively coughing).
- Timing: from lower risk (beyond Day 5 of infection) to higher risk (first five days of infection).

Thank you for continuing to implement the PPE guidelines currently in place to keep ourselves and each other healthy and safe.

For more information, please read the [Considerations for Aerosol Transmission pdf](#) on the Alberta Health website.

[Further Clarity on Continuous Eyewear Mandate](#)

As we move through the fourth wave of the pandemic, and to help ensure the health and safety of both patients and staff, several sites across the province have re-implemented continuous eyewear for healthcare workers.

Eye protection is always an important component of Contact and Droplet precautions, in addition to a medical mask, gloves and gown. As such, provincewide, continuous eye protection must be maintained for all staff and physicians:

- In COVID-19 units.
- In settings experiencing COVID-19 outbreaks.
- When providing care or services within two meters of a patient with COVID-19, suspected COVID-19 or who is experiencing symptoms consistent with a respiratory tract infection.

For those who are fully vaccinated, as updated in the eye protection guidelines in May 2021, [eye protection](#) may be discontinued in all other instances.

Those who are fully vaccinated will not be quarantined following contact with COVID-19, if not wearing eye protection (providing they remain asymptomatic).

We thank all staff, and physicians for continuing to follow this guidance, as we continue to provide exemplary care to all Albertans.

For more information about eye protection, visit: [Use and Reuse of Eye Protection during the COVID-19 Pandemic](#).

Variant of Concern Testing Shifts to Targeted Screening

Alberta's COVID-19 testing program will no longer screen for variants of concern on all positive COVID-19 test samples, Alberta Precision Laboratories (APL) announced today (Sept. 10).

Instead, APL will begin screening for variants of concern only among targeted populations, including hospitalized and emergency department patients; patients involved in outbreaks; healthcare workers, and recent international travellers. These populations have a higher risk of being infected with a variant of concern or for spreading a variant of concern.

The change will free up lab capacity for general COVID-19 testing as case numbers continue to rise, ensuring Albertans continue accessing testing and receiving their test results in a timely manner.

Virtually all COVID-19 cases in Alberta are the Delta variant, and public health measures in place to prevent and manage spread of the virus are now based on the variants of concern being widespread in our community.

Alberta's testing program is currently completing approximately 10,000 tests per day, and most patients are receiving their results within 24 to 48 hours.

Request for Remote Work Extended Until at least Dec. 31, 2021

Earlier this year, AHS asked that all staff and physicians who can work remotely within their roles continue to do so until at least the end of September. Following the Government of Alberta's [recommendation](#) last week that all employers pause their plans to have staff return to the workplace, we are extending our request for staff and physicians to continue working remotely where operationally feasible until at least Dec. 31, 2021.

We appreciate your patience and co-operation as we continue to focus our resources on responding to the fourth wave of COVID-19. AHS is currently developing a strategy that would enable post-pandemic remote and hybrid work arrangements to continue for eligible staff and physicians. Leaders will be given more information and resources to engage in discussions about remote work options with eligible staff in the coming months.

If you have any questions, please reach out to your medical leader.

Mental Wellness Moment — Managing Stress Related to Being Unable to Vaccinate Children Under 12

The ongoing pandemic continues to be a stressful time for everybody. Many parents and guardians could be feeling anxiety over the fact their children under 12 are currently ineligible to receive a COVID-19 vaccine. In this [Mental Wellness Moment](#), Dr. Nicholas Mitchell — Provincial Medical Director for AHS Addiction and Mental Health — provides some advice on how to manage this stress, and how to help unvaccinated children deal with any anxiety they might be feeling.

Beyond COVID-19

World Suicide Prevention Day: Creating Hope Through Action

Today, Sept. 10, 2021, AHS supports World Suicide Prevention Day (WSPD), an annual Canadian Association for Suicide Prevention initiative. This year's theme is *Creating Hope through Action*. The following resources and messages are available to help promote WSPD and raise awareness of suicide prevention with clients, patients, partners, coworkers and stakeholders:

- [Let's Talk Physician Suicide](#) – a podcast with guest Dr. Michael F. Myers hosted by Dr. Debrah Wirtzfeld, and Dr. Jane Lemaire
- [Suicide Prevention \(Insite\)](#)
- [Preventing Suicide: Injury Prevention & Safety, Information for Health Professionals \(External\)](#)
- [AHS SPEAKS: Suicide Prevention Education, Awareness, Knowledge & Skills](#)
- [Suicide Prevention Presentation](#)
- [WSPD Video](#)
- [After a suicide: Supporting clinicians after the loss of a colleague \(toolkit\)](#) – developed by the American Foundation for Suicide Prevention, for medical programs and residency/fellowship programs.
- [Infographic to support men at risk of suicide](#)
- [Toolkit to support men at risk of suicide](#)

The health, safety, and well-being of AHS staff and physicians are essential in our ability to provide high quality healthcare in Alberta. Remember, the Physician & Family Support Program (PFSP) is available for physicians, resident physicians, medical students and their immediate family members. Visit [Alberta Medical Association: PFSP](#), or:

- CALL 1-877-SOS-4MDS (767-4637)
- International: 403-930-0529 (you may call collect)
- CONFIDENTIAL 24 Hours a Day/7 Days a Week/365 Days a Year

In addition, if you or someone you know needs support, the Mental Help Line is a 24/7 confidential service that provides support, information and referrals to Albertans experiencing mental health concerns. Call 1-877-303-2642.

Together, we can prevent suicide in Alberta.

Virtual Care Best Practice Guide Now Available

The provincial Virtual Care Best Practice Guide was developed in collaboration with Virtual Health and Health Professions Strategy and Practice. The guide provides AHS healthcare providers with a comprehensive, single point of access to discipline-specific guidance using virtual modalities for clinical care provision to AHS patients. The Jurisdiction section addresses expectations for virtual care provision when AHS patients are located outside of Alberta. [You can now access the Guide on Insite any time.](#)

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](#) (New England Journal of Medicine)
- [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. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. Laura McDougall

Senior Medical Officer of Health

