

CMO SMOH Notice for AHS Medical Staff

December 3, 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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Support for Physicians

Physician Wellness

Moral distress is a psychological response to an experience of moral conflict or moral constraint, which is especially likely to occur during public health emergencies and in other situations when there are extreme resource limitations affecting patient care and the safety of health care workers (from the CMA document: COVID-19 and Moral Distress). All physicians may be at risk of moral distress.

MD Culture Shift is looking for your help to proactively identify physicians on your teams who may be at an increased risk of experiencing moral distress, with a focus on providing emotional support.

The [Physician & Family Support Program \(PFSP\)](#) continues to offer services on an individual basis that you can access by calling the assistance line at 1-877-767-4637.



The Physician & Family Support Program

New: The PFSP is offering small group sessions with a qualified therapist. A group would consist of six to 12 physicians (e.g., from the same team or department) with a qualified therapist. Sessions could be virtual or in-person. Physician leaders interested in this option for their teams should call the PFSP assistance line at 1-877-767-4637 for further discussion.

Well Doc Alberta

Well Doc Alberta is offering an educational session of approximately 60 minutes in length. Questions about or requests for the session are submitted by the physician leader via email to welldocalberta@ucalgary.ca.

Before organizing an educational or small group session, we suggest that leaders communicate with their teams to provide direct support and to gauge interest in attending a session. We recognize that many physicians are experiencing fatigue and burnout and may not have the capacity for another time commitment.

Some additional resources:

- [Moral Distress](#) (Insite login required), AHS Change the Conversation resource
- [The Long Shadow of Covid](#), Well Doc Alberta
- [The Repair of Moral Injury](#), Cleveringa Dallaire [Critical Conversation Series](#)
- [Covid-19 and Moral Distress](#), Canadian Medical Association
- [Pandemic Wellness Toolkit](#), Canadian Medical Association

First Cases of Omicron in Alberta

This week, Alberta Health announced the first cases of the Omicron variant in Alberta.

The [World Health Organization](#) designated the Omicron (B.1.1.529) SARS-CoV-2 variant as a variant of concern on Nov. 26.

The Government of Canada has implemented [enhanced border measures](#) for all travellers who have been in 10 African countries within the last 14 days before arriving in Canada.

Early evidence suggests there may be an increased risk of transmission and reinfection with this variant, so people who have been previously infected with COVID-19 could be reinfected more easily. There is as no evidence of increased disease severity yet.

Alberta's genomic surveillance system is capable of detecting Omicron, and the Public Health Agency of Canada, Alberta Health, and AHS continue to monitor for this variant.

Being fully immunized has historically provided a high level of protection against severe outcomes even with new variants of concern.

Omicron's Impact on AHS Physicians and Staff and Current Guidance

All international travellers, including AHS staff, arriving in Canada must ensure they are aware of, understand, and comply with all federal requirements with regards to COVID-19.

Please continue to use the [Fit for Work](#) and [Return to Work](#) guides, which consider international travel and advise appropriate action.

Please also continue to use current measures and precautions in place. All current guidance and algorithms consider international travellers and advise appropriate precautions.

Anyone requiring an Infection Prevention and Control (IPC) consult over the weekend can reach out to IPC on call.

APL: Genetic Sequencing & Variant Screening

Alberta Precision Laboratories (APL) has been actively monitoring the genetic code of SARS-CoV-2 in Alberta since the beginning of the pandemic to understand how the virus is evolving in our population and to detect the arrival of variant strains from outside the province. By monitoring the virus's entire genetic code, and sharing this information with national and international health authorities, we are able to identify and track strains that may pose new challenges for diagnosing and treating the disease in our community.

All of APL's COVID-19 testing methods are capable of detecting all known strains of the virus, but additional testing of positive cases is required to identify whether a patient is infected with a specific variant. APL has developed its own PCR tests that are used to screen positive test results for variants of concern. In addition, hundreds of selected samples are subject to full genome sequencing each week, to monitor for new mutations. Variant cases of COVID-19 are publicly reported by [Alberta Health](#).

APL is prioritizing all non-Delta variant cases for genetic sequencing, as Omicron is a relative of the Alpha variant (B.1.1.7) and shares some of the characteristic mutations that are identified by our PCR screening tests for variants. All of the non-Deltas are being sequenced using rapid sequencing technology that takes 4-5 days to complete, in addition to full genome sequencing that takes 2-3 weeks.

Learn more about APL's work tracking the genetic evolution of COVID-19 in the podcast series by [Genome Alberta](#), and check out the [frequently asked questions](#).

MD Culture Shift

MD Culture Shift Resources

- Check out our latest **MD Culture Shift newsletter** ([December edition](#))

Wellness

Don't forget to complete the [Canadian Medical Association \(CMA\) National Physician Health Survey](#). By taking part in the survey and sharing your experiences, you will help the CMA, and other stakeholders, identify the individual- and system-level changes needed to better support physicians, create a healthier medical culture and guide the country's post-pandemic recovery.

Update about Alberta Health's Z-code Implementation and Overhead Arrangements for Physicians working in AHS Facilities

Alberta Health (AH) has [issued an updated bulletin](#) about the delay of the implementation of z-codes to Oct. 1, 2022. Z-codes are facility-based health service codes that physicians use to bill fee for service in AHS facilities. This is a postponement of the implementation date planned by AH, which was originally set for October 2020 and postponed until December 2021.

Another medical bulletin will be issued from Alberta Health closer to Oct. 1, 2022 providing information about next steps. Physicians who have questions or concerns regarding z-codes may contact Alberta Health at health-pcsp.admin@gov.ab.ca.

In the interim, all physicians are still required to use the appropriate out-of-office fee codes (z-codes) when claiming for services provided in a publicly funded facility; **however, the out-of-office rate will be equal to the in-office rate for all physicians.**

AHS continues to work closely with Alberta Health to gain a greater understanding of the impact of the codes on physicians working in AHS facilities.

Separately, AHS has been developing a new framework to provide a clear, principle-based approach to overhead arrangements to improve equity and transparency amongst physicians working in AHS spaces and those who choose to work in community practices.

AHS has engaged with physicians and medical leaders across the province to ensure the framework is equitable and was built using a collaborative process and will be working towards implementing an overhead arrangement with all physicians who work in ambulatory care settings.

These overhead arrangements will allow time for Alberta Health to assess next steps for z-codes. AHS will provide information about overhead arrangements as it is available and more information about the AHS Physician Overhead approach will be provided to medical staff early in the new year.

Physicians who have additional questions or concerns regarding these changes are encouraged to contact their respective zone medical leader.

Updated Sotrovimab Eligibility

Because there is a limited supply of sotrovimab, treatment will be given to patients who are most likely to get severe COVID-19 illness and are at a greater risk of being hospitalized. This includes:

- Unvaccinated people who have not received any doses of a COVID-19 vaccine and are:
 - 55 years of age and older, regardless of pre-existing health conditions
 - 18 years of age and older with a with one of the following pre-existing health conditions:
 - diabetes
 - obesity
 - chronic kidney disease
 - congestive heart failure
 - chronic obstructive pulmonary disease, and moderate-to-severe asthma
- pregnancy
- vaccinated or unvaccinated patients who are immunocompromised due to one of the following reasons:
 - have received a transplant (solid organ or stem cell)
 - are an oncology patient who has received a dose of any IV or oral chemotherapy or other immunosuppressive treatment since December 2020
 - are a patient with inflammatory conditions (e.g. rheumatoid arthritis, lupus, inflammatory bowel disease) who has received a dose of any systemic immunosuppressive treatment since December 2020.

Wabasca Nursing Team Wins RhPAP 2021 Rhapsody Rural Health-Care Heroes Award

The pandemic has brought various challenges to all of our lives, to say the least, but our healthcare teams continually push beyond obstacles and barriers to continue to teach, learn and grow. One team in particular, broke through the barriers and won the Rural Health Professions Action Plan (RhPAP) [Rhapsody Health-Care Heroes Award](#) for their innovation in implementing virtual health technology to train nurses.

Before the pandemic, AHS would visit rural healthcare centres to train healthcare staff. But restrictions implemented due to the pandemic to ensure patient and staff safety created barriers to this training. Partnering with eSIM™ (Educate, Simulate, Innovate, Motivate), a provincial Quality & Healthcare Improvement Simulation program, the nursing team at Wabasca/Desmarais Healthcare Centre introduced virtual simulation to keep up-to-date on procedures.

Watch the video [here](#).

Rhapsody Awards recognize rural Alberta health professionals or teams that demonstrate superior commitment to their patients, health-care team, and community.

Congratulations to the Wabasca/Desmarais Healthcare Centre nursing team!

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.

Highlights from the CEO All Staff Update

COVID-19 Case Status in Alberta

ICU Capacity Update (as of 12:30 p.m. Dec. 3)

AHS continues to do all it can to ensure we have enough ICU capacity to meet patient demand.

With pressure easing slightly on our ICUs, we are reducing the available surge beds so that we can redeploy staff back to caring for non-COVID patients who need surgeries and procedures completed.

We will ensure that we maintain ICU capacity above daily demand to a planned maximum of 380 beds as long as staff and physician availability allows, and will readjust our plans as needed if COVID-19 cases rise again.

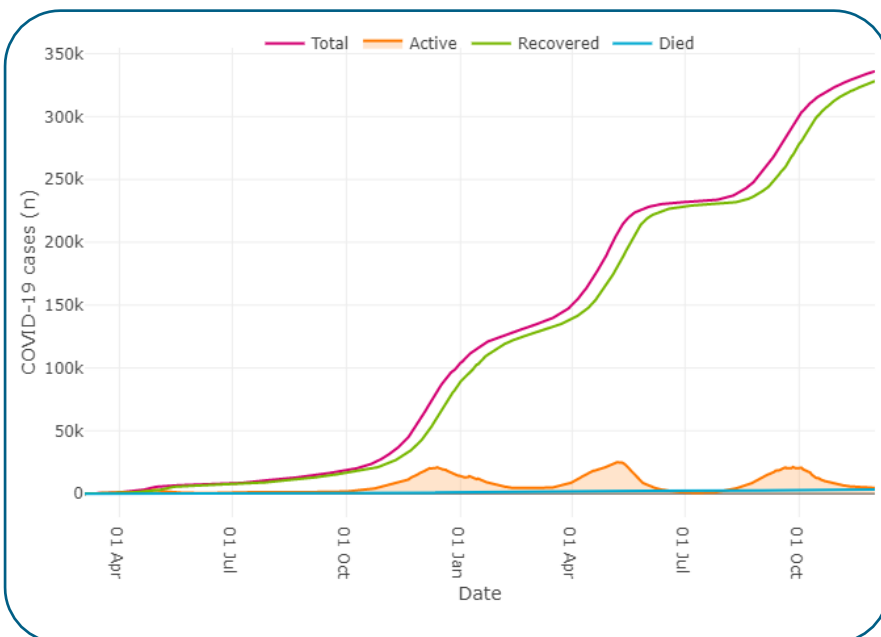
- We currently have 242 general adult ICU beds open in Alberta, including 69 additional spaces above our baseline of 173 general adult ICU beds. There are currently 192 patients in ICU.
- Provincially, ICU capacity (including additional surge beds) is currently at 79 per cent. Without the additional surge spaces, provincial ICU capacity would be at 111 per cent.
- In Calgary Zone, we currently have 87 ICU beds, including 21 additional spaces. Calgary Zone ICU is operating at 80 per cent of current capacity (including 15 COVID patients in ICU).
- In Edmonton Zone, we currently have 101 ICU beds, including 29 additional spaces. Edmonton Zone is operating at 86 per cent of current capacity (including 33 COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 83 per cent of current capacity (including six COVID-19 patients in ICU).
- In South Zone, we currently have 24 ICU beds, including seven additional ICU spaces. South Zone ICU is currently operating at 42 per cent capacity (including six COVID-19 patients in ICU).
- In North Zone, we have 12 ICU spaces (split between Grande Prairie and Fort McMurray), including six additional ICU spaces. North Zone ICU is currently operating at 83 per cent capacity (including six COVID-19 patients in ICU).

New and Active Cases

For the seven-day period ending on Dec. 1, there was an average of 315 new cases of COVID-19 per day, compared to 382 cases per day the previous week (Nov. 18 to Nov. 24), a 17.5 per cent decrease. Four out of five zones reported decreases in the number of new cases per day compared to the previous week, ranging from an 11.9 per cent decrease in Calgary Zone to a 37.5 per cent

decrease in Central Zone. Edmonton Zone was the only zone to report an increase in the number of new cases per day with 87 new cases per day, compared to 85 new cases per day the previous week (Nov. 18 to Nov. 24). Over the past week, Calgary Zone reported the highest total number of new cases with 884 (an average of 126 cases per day).

As of Dec. 1, there are 4,539 active cases in Alberta, a 12.3 per cent decrease compared to Nov. 24. Most zones reported a decrease in active cases: the zone with the largest reported decrease was South Zone, down 20.6 per cent from Nov. 24. For the ninth week in a row, Calgary Zone reported the most active cases with 1,765.

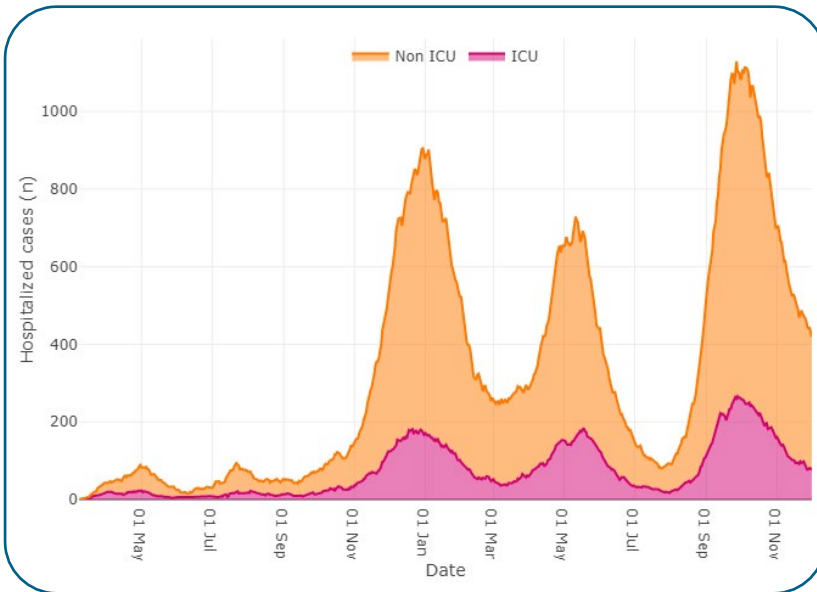


Hospitalizations

A total of 343 individuals were in non-ICU hospital beds for COVID-19 on Dec. 1, compared to 374 individuals in non-ICU hospital beds on Nov. 24, an 8.3 per cent decrease.

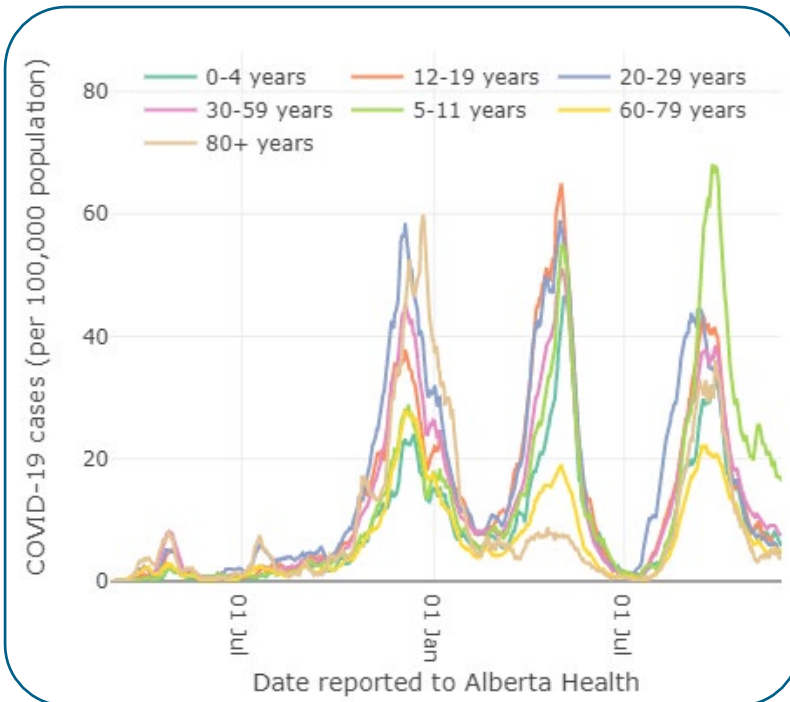
The breakdown of hospitalizations by zone as of Dec. 1 is as follows:

- 132 hospitalizations with 40 of those in ICUs in the Edmonton Zone
- 104 hospitalizations with 17 of those in ICUs in the Calgary Zone
- 80 hospitalizations with 6 of those in ICUs in the Central Zone
- 59 hospitalizations with 6 of those in ICUs in the North Zone
- 44 hospitalizations with 7 of those in ICUs in the South Zone



Cases by Age Group

As of Nov. 28, children aged five to 11 – who, until last week, were ineligible to receive the COVID-19 vaccine – had the highest seven-day rolling average of new daily COVID-19 cases, with 16.43 cases per 100,000 children. Albertans aged 30 to 59 had the second-highest rate with 7.57 cases per 100,000 people. Trends in cases in Alberta by age group are shown below.



Variants of Concern

For variants of concern, the lab ended targeted screening of positive samples for strain-typing on Nov. 23. From Nov. 23 to Nov. 29, the average percent of positive samples that were strain-typed was 92 per cent. Of those strain-typed the rolling average was 99.8 per cent Delta variant. The remaining 0.2 per cent were a wild variant. Strain-typing takes a number of days and these numbers may change as lab data becomes available.

Other notable COVID-19-related information:

As of Dec. 1:

- A total of 336,043 cases of COVID-19 have been detected in Alberta and a total of 15,102 individuals have ever been hospitalized, which amounts to 4.5 individuals for every 100 cases. In all, 328,247 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- 3,257 individuals have passed away from COVID-19, including 25 deaths since the last report. 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 6,145,923 tests have been conducted and 2,589,440 individuals have ever been tested. From Nov. 25 to Dec. 1, 53,456 COVID-19 tests were completed, an average of 7,637 tests per day. During this period, the daily positivity ranged from 3.88 per cent to 4.64 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 R value is updated every two weeks. From Nov. 15 to Nov. 28 the province-wide R value was 0.88 and the previously reported value was 0.92.

Public reporting of outbreaks in schools continues and you can find more information, [here](#).

Updated COVID-19 Record Available to Albertans

Alberta's new vaccine card is now available through the Alberta Health website. The updated card aligns with Canadian federal standards, and is the proof of vaccination required for international and domestic travel.

In addition to featuring both of Canada's official languages, a change to the size of the printable QR card, as well as the card holder's first and middle name are now included. When accessing the card, the website allows those with booster doses to choose either a single or double sided document displaying all vaccines, depending on preference. Alberta Health also anticipates a mobile friendly version to be available in the near future.

Albertans can access the new version of the vaccine record with the QR code at alberta.ca/CovidRecords. Albertans can also continue to obtain their printed vaccine record at no cost by visiting a registry agent office or by calling Health Link at 811.

Albertans planning to travel need to check the required travel documents with the [Government of Canada](#) and their destination ahead of any interprovincial or international travel.

Accepted Proof of Vaccination for REP

The following are considered valid forms of proof of vaccination accepted by operators participating in the [REP](#):

- [Alberta vaccine record with QR code](#) (paper or digital)
- [Vaccine records from other provinces and territories](#)
- First Nation vaccine records
- Out-of-country vaccine records along with a valid ID, such as a passport
- Canadian Armed Forces vaccine records
- U.S. Military proof of vaccination and ID card

AHS continues to receive a high volume of COVID-19 immunization records submitted through the [online Alberta Immunization Record Self Submission Portal](#), which require further review and verification. Verified submission information will display in your [MyHealth Records](#) account, but it may

take two to three weeks. Our teams are doing everything they can to work through these requests as quickly as possible.

If you are experiencing issues getting your immunization record with a QR code, please visit www.alberta.ca/CovidRecordsHelp.

Immunization of Workers for COVID-19 Policy Updated – Testing Option Introduced

At the [direction of the Government](#), AHS will temporarily introduce frequent, targeted COVID-19 testing as part of our [Immunization of Workers for COVID-19 Policy](#). Only work locations at significant risk of service disruptions due to staffing shortages resulting from workers who are not fully immunized will be part of the testing program, which will be reviewed by the end of March 2022.

Eligible workers who are not fully immunized at a very limited number of work locations will be able to provide proof of negative COVID-19 tests starting Dec. 13, 2021, to ensure uninterrupted patient care. The list of work location is still being finalized, and workers at affected work locations will receive a formal notification if the testing option is available to them. The immunization policy deadline will also be adjusted to Dec. 13 to accommodate the introduction of targeted testing.

We've had an overwhelmingly positive response to the policy and we're extremely grateful to all employees and physicians who are now fully immunized. To date, 97 per cent of AHS full-time and part-time employees and more than 99 per cent of physicians have submitted proof of immunization.

We stand by our immunization policy, which was implemented to protect patients and healthcare workers. Patient care has always been the focus of our policy – we must do everything we can to ensure vulnerable patients are protected in our care. We continue to recommend COVID-19 immunization as part of our overall approach to protect patients and one another.

Question? See the updated [leader](#) and [medical and midwifery staff and employee](#) FAQs. These will continue to be updated as more details are confirmed.

COVID-19 Immunization Update

Additional booster vaccines announced

As announced by [Alberta Health](#) on Dec. 1, additional Albertans 18 years and older will be eligible for a booster dose in a staged approach, starting with those aged 60+. These eligible Albertans can now book appointments for a booster dose of an mRNA vaccine six months after receiving their second dose. First appointments will be available beginning on Dec 6

Third doses will be available by appointment only. Eligible individuals can book appointments for third doses online with participating pharmacies by using the Alberta vaccine [booking system](#). Albertans can also call 811, [participating pharmacies](#) or participating physicians' offices.

Third doses of COVID-19 vaccine continue to be available to other eligible populations, including frontline healthcare workers who provide direct patient care, had their first two doses of vaccine less than eight weeks apart, and are at least six months from their second dose. For a full list of all groups that are eligible, visit alberta.ca/vaccine.

The booster dose is not required to be considered fully immunized for the purpose of the AHS' Immunization of Workers for COVID-19 Policy. Healthcare workers will not be contacted by AHS when they are eligible to receive an additional dose. Please book your own appointment when you are eligible.

Booking is based on the honour system and appointments can be made through the [online booking tool](#), [participating clinics](#), pharmacies and doctor's office, or by calling Health Link at 811. Individuals who live on a First Nations reserve can access third doses through local public health clinics on-reserve.

AHS strongly encourages eligible healthcare workers to get their additional dose as soon as they are able.

Vaccine availability

AstraZeneca - Currently, there is no supply of the AstraZeneca vaccine in the province. Additional supply is expected later in December. Individuals requiring second doses of AstraZeneca should call Health Link to get on a wait list for notification when the vaccine has arrived. We will keep you updated as more information becomes available.

Janssen (Johnson and Johnson) - The Janssen vaccine continues to be available for Albertans 18 years of age and older. Due to limited supply, the vaccine is only administered at AHS clinics in select locations across the province. Call Health Link at 811 to book an appointment.

Only one dose of the Janssen vaccine is needed to be fully immunized. A booster dose of an mRNA vaccine is recommended after six months. At this time, the Janssen vaccine is only for people who haven't had any doses of the COVID-19 vaccines before. It will not be provided as a second dose or a booster dose.

Vaccine rollout to children five to 11 continues

More than 40,231 doses of the COVID-19 vaccine have been given to children aged five to 11, since appointments opened for this age group last Friday. Appointments continue to be available for this age group across the province at AHS immunization clinics and select pharmacies.

Appointments must be booked [online](#) or by calling Health Link at 811. Walk-ins are not available at this time. Children who live on a First Nations reserve can access doses through the nursing stations or public health clinics on-reserve.

Alberta Health has recommended that the interval between first and second doses should be at least eight weeks. It is recommended, but not required, to wait for a period of at least 14 days before and after the administration of the COVID-19 pediatric vaccine and the administration of another vaccine.

We are making this recommendation so we can accurately monitor adverse events following COVID-19 immunization and not incorrectly attribute the event to another vaccine. It is not due to any safety concern; there is no evidence that giving two vaccines within 14 days causes any increased risk to individuals or decrease in effectiveness.

Routine school immunizations can be administered regardless of spacing from COVID-19 vaccine due to the fact that both school immunizations and COVID-19 immunizations are important and the 14-day spacing could be a barrier preventing a child from getting vaccines.

If an individual presents at a clinic or another immunizer, individuals should not be turned away from receiving more than one vaccine on the same day or if they are within the 14-day period between the COVID-19 vaccine and another vaccine.

For more information, go visit ahs.ca/vaccinekids.

For a bit of fun, help take down COVID-zilla with a new interactive game at ahs.ca/CovidZilla.

Influenza Immunization Update

As of Nov. 27, 977,359 doses of influenza vaccine have been administered, which is about 22,1% of the population.

Zero additional influenza case has been identified this past week, leaving the total to five confirmed cases of influenza, so far this season.

Although the influenza activity we are seeing right now is less than we would see in a typical season, with changes to public health restrictions, more people travelling, and as more activities move indoors during the winter season, we can expect to see a rise in the number of Albertans with respiratory symptoms and other illnesses, including seasonal influenza.

Now more than ever we need Albertans to get immunized against influenza, to protect themselves, their families and community.

For more information on influenza, visit ahs.ca/influenza. Interactive aggregate data is available online at [Alberta influenza statistics](#).

Influenza immunization information for physicians, staff and volunteers

Staff, physicians and volunteers can choose to be immunized through a site champion on their unit or another nearby, a roving cart at their site where available, as well as a pharmacy, doctor's office or public health clinic.

Staff using these options are reminded to submit their [Got My Flu Shot form](#). See [Insite](#) for more on the staff immunization campaign.

COVID-19 Testing for Healthcare Workers — the Latest Numbers

We continue to update the testing data for healthcare workers. 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 November 30:

- 86,696 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 8,981 (or 10.36 per cent) have tested positive.
- Of the 6,652 employees who have tested positive and whose source of infection has been determined, 679 (or 10.21 per cent) acquired their infection through a workplace exposure. An additional 2,329 employees who have tested positive are still under investigation as to the source of infection.
- 6,106 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 376 (or 6.16 per cent) have tested positive.
- Of the 276 physicians who have tested positive and whose source of infection has been determined, 23 (or 8.33 per cent) acquired their infection through a workplace exposure. An additional 100 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](#).

Verna's Weekly Video Message: Debunking Vaccine Myths

As you know, immunization is one of the most effective ways to protect our health and is crucial in making workplaces safe and healthy for our patients and each other.

While COVID-19 vaccines have been proven safe and effective, we know many Albertans still have questions. Unfortunately, there is a lot of misinformation out there, especially on social media.

This can cause a lot of confusion and lead to people being hesitant about getting the vaccine.

Joining Verna to dispel some of the [more common myths](#) is Dr. Mark Joffe, an infectious disease specialist and our Vice President and Medical Director, Cancer Care Alberta, Clinical Support Services and Provincial Clinical Excellence. Watch the vlog [here](#).

Please Stay Home When Sick and Stay Vigilant

As a reminder, it's important that we continue to take the necessary steps to prevent the spread of COVID-19, and other viruses. In addition to being immunized for both COVID-19 and influenza, we cannot overstate the importance of **staying home when sick**.

Now is not the time to let your guard down. We must all continue to be diligent in modelling safe work practices. This includes completing your [fit for work screening](#) every day, adhering to [personal protective equipment](#) (PPE) measures, [washing your hands regularly](#) and [physically distancing](#) to prevent the spread of COVID-19.

Your actions matter and we each have a role to play in protecting each other – our patients, staff, physicians and volunteers. For more information see the Online Fit for Work Screening Tool found here: ahs.ca/fitforwork. Talk to your leader if you have questions about fit for work screening at your site.

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.

Dr. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. David Strong on behalf of Dr. Laura McDougall

Medical Officer of Health

