

# CMO SMOH Notice for AHS Medical Staff

December 17, 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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## Omicron Variant in Alberta at a Glance

Today, we're beginning with some information and context on omicron variant. As you've likely read, the COVID-19 Variant of Concern, Omicron, was first detected in Alberta on Nov. 30, 2021. There are 323 cases to date, including 302 confirmed, 15 suspect and six probable. Fifty-six per cent of Alberta's Omicron cases are in the Calgary zone, and all but 50 cases are in those under the age of 60.

Seventy eight per cent of the Omicron variant-positive Albertans have been fully immunized; and seven per cent have additional doses. Currently, there are no hospitalizations, ICU admissions or deaths as a result of the Omicron variant.

Overall, COVID-19 cases in Alberta hit 500 Thursday for the first time since Nov. 5. The positivity rate is likewise increasing, and is at 6.4 per cent today compared to 4.5 per cent two days ago.

There is an expectation that positive cases are going to continue to grow in the days ahead, and we have once again started planning for higher case numbers in the community, and for Albertans potentially needing hospital care. For those involved in that planning and preparation, we thank you.

There are some early lessons from other jurisdictions. Ontario has seen rapid growth in the variant and it's predicted that Omicron will become the dominant variant this week. Ontario has not reported any hospitalizations or deaths among the Omicron cases, and the early outbreaks have tended to be among a young adult population. It is too soon to tell the degree to which Omicron can cause serious illness. In the U.K., Omicron cases are increasing, and on Thursday, the U.K. reported its highest

daily COVID-19 case count since the beginning of the pandemic. The U.K. is seeing limited hospitalization to date, and has reported one death as a result of the Omicron variant.

Globally, it's being reported that Omicron spreads more easily than other variants, and is more likely to evade immunity. Compared with other variants, Omicron is more likely to cause re-infection in people who have been infected before, and to cause symptomatic infection among people who are fully vaccinated. Early studies demonstrate that vaccine efficacy among those who have two doses of either Pfizer or AstraZeneca vaccines is limited in preventing symptomatic infection, though do seem to significantly reduce the risk of hospitalization. Vaccine effectiveness increases dramatically with the third booster of an mRNA vaccine, indicating how important it is to get the booster as soon as eligible, especially as Omicron is poised to become the dominant variant in Alberta very soon.

All healthcare workers are eligible for a booster, as well as all adults aged 50 and over, as long as six months have lapsed since the second dose. (See below for additional immunization information.)

Data sources include: U.K. Health Security Agency, Center for Infectious Disease Research and Policy and Science Table: COVID-19 Advisory for Ontario.

### **AHS Immunization Policy**

Vaccines remain a critical way to limit the spread of COVID-19. They are effective and safe.

The [Immunization of Workers for COVID-19 policy](#) was developed and implemented for one main reason – to keep our patients and staff from getting COVID-19 while in our care or working at our sites.

Those who are unimmunized are more likely to contract COVID-19, and their risk of acquiring and passing an infection onto others is much times higher. Unimmunized are at higher risk of severe illness. This is why we will continue to strive for a fully immunized active workforce.

It is crucial our patients know they are coming into an environment where those who care for them are doing everything they can to protect them, including getting immunized and we must keep our healthcare teams healthy as you are essential to keeping our healthcare system available for all Albertans.

We are extremely grateful to the vast majority of our workforce — 97.4 per cent of full-time and part-time staff, and 99.8 per cent of physicians who are now fully immunized.

Our Immunization of Workers for COVID-19 Policy is more necessary than ever, as we must continue to do everything we can to protect vulnerable Albertans and keep our healthcare system strong against the highly-transmissible Omicron variant.

In response to the spread of Omicron, the Government of Canada has implemented [enhanced border measures](#) and the [Government of Alberta](#) has expanded vaccine boosters and is providing free rapid test kits. More details are available below.

### **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**

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](mailto: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

### **Harassment is Never Ok: Supports are Available to Keep you Safe**

As we enter the holiday season and continue to respond to this pandemic, we know emotions may be running high during these challenging times. Patients, clients, families and visitors may feel stressed or scared when they arrive at our sites and especially at screening tables, which are often their first point of contact. Some people may react emotionally – and you may feel disrespected and/or unsafe. We want to remind you that there are several resources to prevent, address and respond to harassment and violence.

See the resources below if support is needed:

- [Safe work practices for COVID-19 AHS Facilities Non-Clinical Screeners](#)
- [Recommendations for COVID-19 AHS Facilities Non-Clinical Screeners](#)
- [Self-care and communication strategies for COVID-19 screening stations](#)
- [How to Stay Safe and be Respectful with Each Other](#)

Harassment is never okay and will not be accepted. Please report harassment and violence when it happens by taking the following actions:

- Tell someone. If needed, access First Aid and/or contact Emergency Response (i.e. Protective Services Communication Centre at 1-888-999-3770) or 911.
- Tell Your Medical Leader: IMMEDIATELY
- Report Using MySafetyNet: [Physician](#) | [Medical leader](#)

Protecting the safety of patients, physicians and staff remains our top priority and is imperative to providing quality care.

## **MD Culture Shift**

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

## **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](mailto:cmo@ahs.ca) to nominate a physician to be featured here.*



This week's Doctor of the Week is Dr. Sophia Pin, a Gynecologic Oncologist and Assistant Professor in the Department of Obstetrics & Gynecology at the University of Alberta.

Dr. Pin also holds the position of Enhanced Recovery After Surgery (ERAS) Gynecologic Oncologist Lead of the North/Edmonton Zone and is a part of the Surgical Strategic Clinical Network Committee.

"What drew me to gynecologic oncology was meeting people at a critical turn in their life and following them through their whole cancer journey, including the intricate surgery, chemotherapy and follow-up," says Dr. Pin.

"Being able to provide patients with the continuity of care throughout their cancer care and treatment is incredibly fulfilling."

In addition to her role in patient care, Dr. Pin's research interests include studies in quality improvement, with a project focusing on same-day discharge.

Her diligent and impressive work has resulted in being awarded the Women and Children's Health Research Institute Clinical Community Integration Support Program grant for a prospective study involving early endometrial cancer and obesity.

"The study will explore whether supervised medical weight loss prior to surgery for women with early endometrial cancer and obesity will improve patient outcomes," explains Dr. Pin.

In her spare time, you can find Dr. Pin outdoors, running, cycling and travelling, and spending quality time with her husband and their three young children.

From us and your team, thank you, Dr. Pin, for being an inspiration to your colleagues and patients.

## **Highlights from the CEO All Staff Update**

**[Government of Canada Advises Against Non-Essential International Travel](#)**

Effective Dec. 15, the [Public Health Agency of Canada](#) is advising international travellers, regardless of their vaccination status, to avoid non-essential travel internationally.

The Omicron variant is present in all continents, with community transmission reported in some countries. This variant has a large number of concerning mutations, with preliminary evidence suggesting a growth advantage over the Delta variant and a potential decrease in vaccine protection against infection.

If you must travel internationally, monitor and review Canada's [entry requirements](#) before and during your travel as arrival to Canada following international travel could be severely restricted.

Fully vaccinated travellers who have been in any country other than Canada and the United States in the 14 days prior to entry to Canada may be selected for arrival testing. The Government of Canada is increasing the number of fully vaccinated travellers being selected for testing to reach 100 per cent of vaccinated travellers in the coming weeks.

Travellers must [quarantine in a suitable place](#) until they receive a negative test result. Requirements for [unvaccinated travellers](#) remain unchanged.

AHS strongly advises all staff to follow provincial and federal advisories. For more information see the [AHS COVID-19 Travel and Vacation Guidelines](#). AHS staff should continue to use the [Daily Fit for Work Screening](#) and [Return to Work](#) guides, which consider international travel and advise appropriate action. Please remember to follow all safety measures in place including staying home when sick.

Failure to follow travel advisories may leave staff unable to return to Canada and possibly ineligible for health and other benefits.

Any staff who must travel internationally for essential purposes should discuss potential coverage options with their leaders in the case their return to work date is impacted.

### **New Social Gathering Restrictions**

Effective Dec. 15, indoor private social gatherings are no longer limited to two households. The maximum number of individuals 18 years and older is limited to 10. In addition, there is no distinction between vaccinated and unvaccinated Albertans. Outdoor social gathering capacity remains at 20 people, regardless of vaccination status.

All other current [public health restrictions](#) continue to remain in effect, including mandatory masking in indoor public places, and physical distancing between households.

### **Free Rapid Testing Kits Available as of Today, Dec. 17**

Starting today, free COVID-19 rapid testing kits are available to Albertans at [select AHS sites and pharmacies](#) across the province. More than 500,000 rapid antigen test kits will initially be available for at home use, helping with early identification of infections in Albertans.

You may wonder why antigen tests and not PCR tests are being provided to Albertans. An antigen test looks for a protein from the virus that causes COVID-19, and is a simple test that does not require specialized equipment and can produce a result in as little as 15 minutes. A PCR test looks for the genetic material of the virus that causes COVID-19. PCR tests can only be done in a lab, by an expert, and it can take one to three days to generate a test result.

These antigen tests are intended for at-home personal use for regular screening in asymptomatic people. Rapid tests are only for people without COVID-19 symptoms, or for those who may have had a recent COVID-19 exposure.

Kits are available on a first-come first-served basis. There is a limit of one box (five tests per box) of tests within a 14-day period per person. Unvaccinated individuals must continue to obtain a negative COVID-19 test at their own expense administered through a private vendor or pharmacy for both travel and the REP. If an individual has COVID-19 symptoms, they should not use a rapid test but book a PCR test through AHS.

Albertans who screen positive on a rapid test or who have COVID-19 symptoms should book a confirmatory PCR test through AHS, and must isolate for 10 days or until they receive a negative PCR test result.

For more information on the Alberta Health rapid testing kit program, visit the [Alberta Health website](#).

### **Verna's Weekly Video Message: An Interview with Gregory Turnbull, AHS Board Chair**

Last week, Alberta Health appointed Gregory Turnbull to the position of AHS Board Chair for a three-year term.

As a former partner with McCarthy Tétrault LLP, Greg has more than 35 years of experience in corporate governance. Greg is no stranger to healthcare, as he is currently a member of the Advisory Council at the School of Public Policy and the Dean's Advisory Council at the Cumming School of Medicine, University of Calgary.

He is also a long-term member of the Calgary Health Foundation, where he most recently served as the Chair of the governance committee.

This week, Verna sat down with Greg to [learn a bit more about him](#) and how we can develop a shared vision for AHS.

### **COVID-19 Case Status in Alberta**

#### **ICU Capacity Update**

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 have reduced the number of available surge beds, so that we can redeploy staff back to caring for non-COVID-19 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.

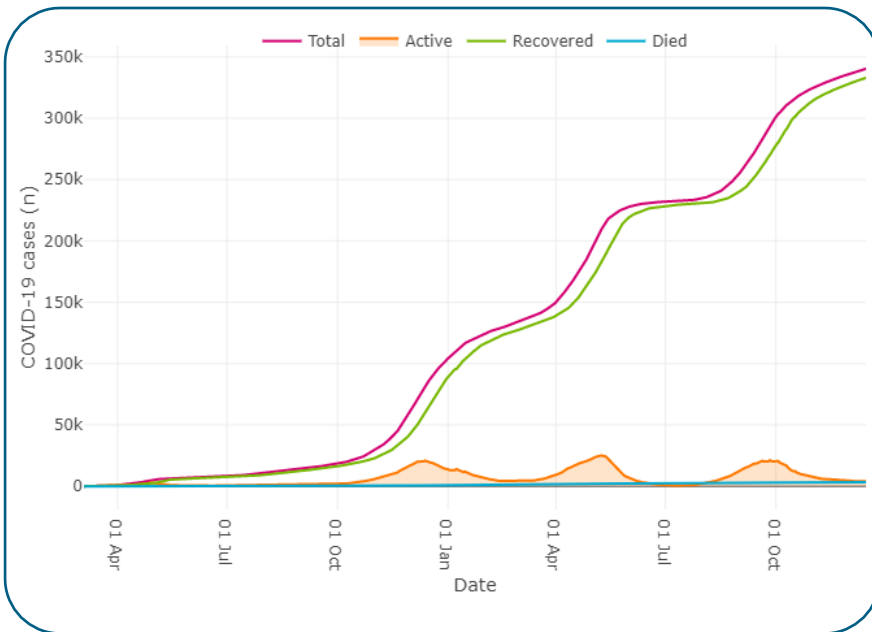
We currently have 228 general adult ICU beds open in Alberta, including 55 additional spaces above our baseline of 173 general adult ICU beds. There are currently 181 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 79 per cent. Without the additional surge spaces, provincial ICU capacity would be at 105 per cent.

#### **New and Active Cases**

For the seven-day period ending on Dec. 15, there was an average of 333 new cases of COVID-19 per day, compared to 300 cases per day the previous week (Dec. 2 to Dec. 8), an 11.0 per cent increase. Most zones reported an increase in the number of new cases per day, ranging from a 3.6 per cent increase in North Zone to a 23.0 per cent increase in Calgary Zone, compared to the previous week. Central Zone was the only zone to report a decrease in the number of new cases per day with a 10.0 per cent decrease. South Zone reported no change in the number of new case per day compared to the previous week. Calgary Zone reported the highest total number of new cases with 1,088 (an average of 155 new cases per day).

As of the Dec. 17 report, there are 4,431 active cases in Alberta, an 8.2 per cent increase compared to our last update on Dec. 8. Most zones reported a decrease in active cases. The zone with the largest reported decrease was North Zone. Edmonton Zone and Calgary Zone both reported an increase in active cases compared to Dec. 8. For the eleventh week in a row, Calgary Zone reported the most active cases with 2,069.

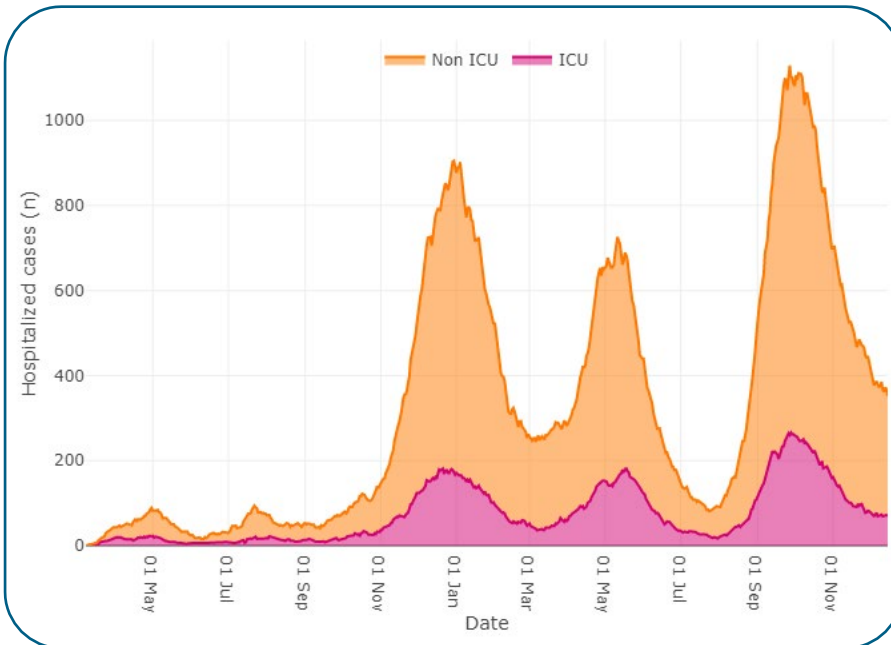


### Hospitalizations

A total of 282 individuals were in non-ICU hospital beds for COVID-19 on Dec. 15, compared to 304 individuals in non-ICU hospital beds on Dec. 8, a 7.2 per cent decrease.

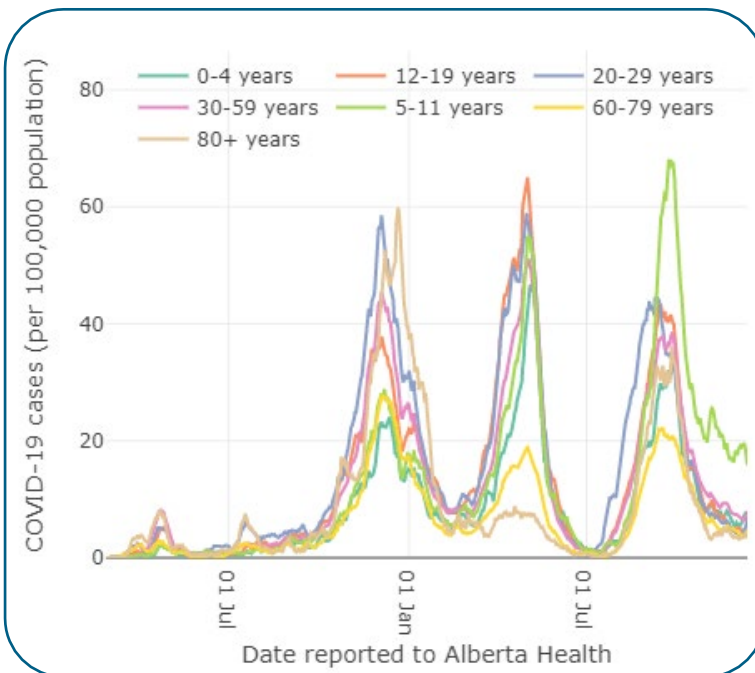
The breakdown of hospitalizations by zone as of Dec. 15, is as follows:

- 114 hospitalizations with 20 of those in ICUs in Calgary Zone
- 106 hospitalizations with 35 of those in ICUs in Edmonton Zone
- 68 hospitalizations with 9 of those in ICUs in Central Zone
- 41 hospitalizations with 3 of those in ICUs in North Zone
- 23 hospitalizations with 3 of those in ICUs in South Zone



### Cases by Age Group

As of Dec. 12, children aged five to 11 had the highest seven-day rolling average of new daily COVID-19 cases, with 15.86 cases per 100,000 children. Albertans aged 30 to 59 had the second-highest rate with 8.0 cases per 100,000 people. Trends in cases in Alberta by age group are shown below.



### Variants of Concern

For variants of concern, from Dec. 7 to Dec. 13, the average percent of positive samples that were strain-typed was 89 per cent. Of those strain-typed, the seven-day rolling average was 93.5 per cent Delta variant, 5.1 per cent Omicron variant, and 1.4 per cent wild type or presumptive variant. More details about Omicron in Alberta are outlined further below. 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. 17, a total of 341,023 cases of COVID-19 have been detected in Alberta and a total of 15,361 individuals have ever been hospitalized, which amounts to 4.5 individuals for every 100 cases. In all, 333,306 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- As of Dec. 17, 3,286 individuals have passed away from COVID-19 including 15 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.
- From Dec. 9 to Dec. 15, 56,110 COVID-19 tests were completed, an average of 8,016 tests per day. During this period, the daily positivity ranged from 3.72 per cent to 4.98 per cent. As of Dec. 15, a total of 6,258,563 tests have been conducted and 2,613,777 individuals have ever been tested.
- 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. 29 to Dec. 12, the provincewide R value was 0.96 and the previously reported value was 0.88.
- Public reporting of outbreaks in schools continues and you can find more information, [here](#).

#### **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 Dec. 14:

- 87,325 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 9,112 (or 10.43 per cent) have tested positive.
- Of the 6,794 employees who have tested positive and whose source of infection has been determined, 686 (or 10.10 per cent) acquired their infection through a workplace exposure. An additional 2,318 employees who have tested positive are still under investigation as to the source of infection.
- 6,143 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 385 (or 6.27 per cent) have tested positive.
- Of the 282 physicians who have tested positive and whose source of infection has been determined, 24 (or 8.51 per cent) acquired their infection through a workplace exposure. An additional 103 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](#).

#### **COVID-19 Immunization Update**

*Third doses available for additional Albertans*

As [announced by Alberta Health](#) earlier this week, third doses of COVID-19 vaccine are now available to additional Albertans, including:

- Healthcare workers (regardless of the spacing between their first two doses)
- Adults aged 50 and older

These individuals are eligible for a booster dose **at least six months** after their primary series (i.e. two doses of any combination of AstraZeneca, Pfizer and Moderna OR one dose of Janssen). Booking is based on the honour system and appointments can be made through the [online booking tool](#) or by calling Health Link at 811. Many pharmacies are also accepting walk-ins.

In addition to these groups, those previously eligible for an additional dose continue to be eligible. For a full list, visit [alberta.ca/vaccine](https://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.

#### *Vaccine rollout to ages 5 – 11 continues*

More than 96,800 pediatric vaccines have been administered to children aged five to 11. Appointments continue to be available for this age group at AHS immunization clinics and select pharmacies.

Appointments can be booked [online](#) or by calling Health Link at 811 and are only available at AHS sites. In the rural Zones, walk-in are available at some sites. Check [ahs.ca/vaccine](https://ahs.ca/vaccine) for more information. 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. Routine school immunizations can be administered regardless of spacing from the COVID-19 vaccine.

#### *Vaccine availability*

**AstraZeneca** – AHS has received an additional 1,900 doses of the AstraZeneca vaccine. Individuals requiring second doses of AstraZeneca should call Health Link to book an appointment.

For those who received the AstraZeneca vaccine as a first dose, followed by a two-dose mRNA vaccine series (Pfizer or Moderna), a booster dose is not recommended or required at this time.

**Janssen (Johnson and Johnson)** – As announced by Alberta Health on [Dec. 15](#), the province is expected to receive 5,000 doses of the Janssen vaccine next week. This is in addition to the initial 5,000 dose shipment, of which 80 per cent has been used.

Please call Health Link at 811 to get on a wait list for notification when the vaccine has arrived.

The Janssen vaccine is available for Albertans 18 years of age and older who have not had any COVID-19 vaccines previously and is administered at AHS clinics in select locations across the province.

The Janssen vaccine is also available for individuals with a contraindication to currently available COVID-19 vaccines. This includes people who have had a dose of COVID-19 vaccine previously and had a serious adverse reaction. A minimum of 28 days from any previously received COVID-19 vaccine is required. Only one dose of the Janssen vaccine is needed to be fully immunized.

**mRNA Vaccines** – These vaccines continue to be recommended as the most safe and effective vaccine choice, for all those who are able to receive them. Individuals without a contraindication to an mRNA vaccine, who have been immunized with a single dose of Janssen as their only vaccine, are recommended to have a booster dose of mRNA vaccine after six months.

## **Influenza Immunization Update – Spread Joy, Not Germs**

As of Dec. 11, 1,044,623 doses of influenza vaccine have been administered, which is about 23.6 per cent of the population.

Eleven additional influenza case was identified this past week, bringing the total to 17 confirmed cases of influenza, so far this season.

To ensure a happy and healthy holiday season for you and your loved ones, we encourage you to get immunized against influenza, as soon as possible.

Influenza is serious and immunization works to lower your risk of influenza infection.

It's safe to get the influenza and COVID-19 vaccine at the same time. We have substantial data regarding the safety of COVID-19 vaccines and at this time, there are no known safety concerns with administering both vaccines at the same time.

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

### *[Influenza immunization information for physicians, staff and volunteers](#)*

Physicians, staff and volunteers can choose to be immunized through a site champion at their facility or a roving cart at their site, as well as a pharmacy, doctor's office or public health clinic (for children under five years of age and their family and household members).

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

## **One Year Anniversary of First COVID-19 Vaccines in Alberta**

On Dec. 15, 2020, registered respiratory therapist Sahra Kaahiye and registered nurse Tanya Harvey became the [first and second Albertans](#) to receive the COVID-19 vaccine.

"The timing of it being the first didn't really matter. The fact that we got the vaccine mattered," says Kaahiye. "The fact that it was in Alberta and we were eligible for getting it. It felt like it was a big step forward in the pandemic."

Harvey agrees. "We could begin the process of putting our lives back together, putting the economy back together, putting our workplaces back together."

The COVID-19 vaccine has been a major step forward in the battle against the virus, Kaahiye adds. "I look forward to where the future is going to take us."

Since Dec. 15, 2020, more than 7.2 million doses of the COVID-19 vaccine have been administered across the province. More than 85 per cent of eligible Albertans aged 12 and older have received both of their recommended doses, including 99.8 per cent of AHS physicians, and more than 89 per cent of Albertans aged 12 and older have received at least one dose.

### **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](#)

- [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](#)
- [MD News Digest](#)
- [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](mailto:ZEOC.South@ahs.ca)
  - [ZEOC.Calgary@ahs.ca](mailto:ZEOC.Calgary@ahs.ca)
  - [ZEOC.Central@ahs.ca](mailto:ZEOC.Central@ahs.ca)
  - [ZEOC.Edmonton@ahs.ca](mailto:ZEOC.Edmonton@ahs.ca)
  - [PCH.ZEOCNorth@ahs.ca](mailto: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](mailto:CMO@ahs.ca).*

**Dr. Francois Belanger**

Chief Medical Officer and Vice President, Quality

**Dr. Laura McDougall**

Senior Medical Officer of Health

