

CMO SMOH Notice for AHS Medical Staff

December 30, 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.

This week:

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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

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

COVID-19 Updates and New Information You Need to Know

Update on Omicron variant spread

The Omicron variant continues to rapidly spread across the province and has resulted in an exponential growth in COVID-19 cases.

On Dec. 29, the positivity rate was 33.3 per cent, the highest during the pandemic.

At this time, hospitalizations remain relatively stable; however, we know from previous waves that hospitalizations are a lagging indicator. We will not know the impact of Omicron on our acute care system until later in January.

We can expect to see hospitalizations rise in the coming weeks. While there may be a lower risk of serious illness with Omicron, the substantial rise in cases could still have a significant impact on the hospital system.

The actions we take now can help slow the spread of Omicron:

- Stay home and away from others if you are sick.
- Reduce your in-person social interactions and close contacts by 50 per cent.
- Abide by all current [public health measures](#) and [travel advice](#).
- For healthcare workers, continue to use the [COVID-19 online self-assessment tool](#) to determine if you need to book a PCR test.
- Complete the [COVID-19 Daily Fit for Work Screening](#) before your shift.
- Get immunized – whatever dose you are eligible for and with the first available vaccine.

Rapid vs. PCR testing

To conserve testing capacity and reserve PCR testing for higher-risk groups, [rapid tests](#) are available for at-home personal use to screen symptomatic and asymptomatic people.

Alberta Health recommends symptomatic people use at-home rapid tests, if they have access to one, rather than getting a PCR test. People who have a positive rapid test, including children who have no medical risk factors, do not need PCR confirmation.

The exceptions to this recommendation are if a person lives or works in a [high-priority setting](#) (such as acute care, continuing care, congregate care, correctional facilities and shelters), or qualifies for [Sotrovimab](#) treatment. These individuals should still get a PCR test if they test positive on a rapid test.

This exception means that if you are a healthcare worker working in a high-priority setting, as described above, you should get a PCR test.

If you **have symptoms and test positive** on a rapid test, consider that as confirmation that you have COVID-19, isolate immediately and notify any close contacts.

If you have **no symptoms and test positive** on a rapid test, isolate immediately and take a second rapid test in 24 hours. If the second result is negative, your isolation can end unless you develop symptoms. If the second result is positive, continue isolating for 10 days or until symptoms resolve, whichever is longer.

If you **have symptoms and test negative** on a rapid test, stay home and away from others until you feel better, even if you have multiple negative rapid tests.

If you have not already picked up your at-home rapid test kit, visit alberta.ca/CovidRapidTests to find the location nearest you.

PCR testing through AHS continues to be available for:

- People with symptoms of COVID-19 who do not have a positive rapid test result.
- People who have been told by AHS Public Health to get a test.

Temporary site access limitations enacted

In response to the Omicron variant, AHS is proactively taking precautions to limit transmission of the virus.

Site access is temporarily limited for designated support persons and visitors who are close contacts of a confirmed or probable case of COVID-19. The limitation will pertain to all designated support persons and visitors, even if they are fully immunized, until we have more information about the risks of transmissibility posed by Omicron.

Anyone who is a close contact of someone with COVID-19, or has a case of COVID-19 in their home, cannot access continuing care or AHS acute care sites as a designated support person or visitor for 14 days from the date of their last exposure.

Given this additional limitation to access, it is extremely important that frontline staff work with patients and their designated support persons to arrange for an alternative designated support person, should the primary not be able to access the site. It is also important to provide [alternative communication options](#) such as video chat and phone calls.

The COVID-19 Family Presence & Visitation Taskforce has updated the following to reflect precautions taken for Omicron and the decision to screen out close contacts:

- **Acute Care Directive:** [COVID-19 Directive Designated Support and Visitor Access in Acute Care, Ambulatory and Emergency](#)
- **Acute Care Guidance:** [Provincial Designated Support Persons and Visitor Access Guidance for all AHS Acute Care, Ambulatory, Urgent and Emergency Care sites](#)

Screening Forms:

- [Designated Support Person and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care Facilities](#) and
- [COVID-19 Continuing Care Daily Checklist for Visitors and Volunteers](#)

Compassionate Exemption:

- [Compassionate Exemption Application Process for End-of-Life Visitation](#)
(Note: the federal process for international travellers has been updated to reflect recent changes and there is a new process for asymptomatic close contacts to apply for the purposes of an exemption for end-of-life visitation.)

This is a temporary limitation. The COVID-19 Family Presence & Visitation Taskforce will continue to review and update the provincial guidance on a regular basis based on the current pandemic situation. Learn more at ahs.ca/visitation.

MD Culture Shift

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.

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

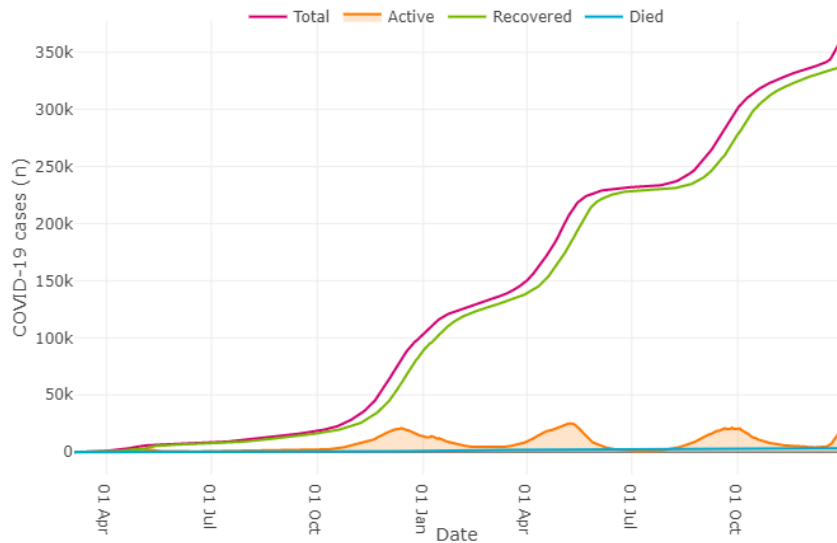
ICU Capacity Update

We currently have 251 general adult ICU beds open in Alberta, including 78 additional spaces above our baseline of 173 general adult ICU beds. There are currently 173 patients in ICU. Provincially, ICU capacity (including additional surge beds) is currently at 69 per cent. Without the additional surge spaces, provincial ICU capacity would be at 100 per cent.

New and Active Cases

For the seven-day period ending on Dec. 28, there was an average of 1,808 new cases of COVID-19 per day, compared to 767 cases per day the previous reporting period (Dec. 16-21), a 135.7 per cent increase. All zones reported an increase in the number of new daily cases, ranging from a 75.0 per cent increase in the North Zone to a 201.8 per cent increase in the Edmonton Zone, compared to the previous reporting period. The Calgary Zone reported the highest total number of new cases with 6,476 (a seven-day average of 925 new cases per day).

As of Dec. 28, there are 17,396 active cases in Alberta, a 146.2 per cent increase compared to Dec. 21.



All zones reported an increase in active cases compared to the last report, as you can see in the table below. Please note: Given Alberta Health announced last week that many people with a self-administered positive rapid test do not need PCR testing, we know the data underestimates the number of people infected with COVID-19 across the province.

	Active Cases (as of December 28)	Active Cases (as of December 21)*	Per cent Change
Calgary	9,293	3,887	+139.0%
Edmonton	6,216	2,087	+198.0%
North	597	406	+47.0%
Central	687	454	+51.3%
South	471	223	+111.2%
Unknown	132	8	+1,550.0%

Hospitalizations

A total of 292 individuals with COVID-19 were in non-ICU hospital beds on Dec. 28 compared to 272 individuals on Dec. 21, a 7.35 per cent increase.

Variants of Concern

From Dec. 21-27, an average of 38 per cent of positive samples were strain-typed. Of those strain-typed, the rolling average was 85.9 per cent Omicron variant, 11.6 per cent Delta variant, and 2.4 per cent wild type or presumptive variant. As of Dec. 28, 7,025 cases involving the Omicron variant have

been detected. Strain-typing takes several days and these numbers may change as lab data becomes available.

Other notable COVID-19-related information:

- As of Dec. 28, a total of 357,623 cases of COVID-19 have been detected in Alberta and a total of 15,577 individuals have been hospitalized, which amounts to 4.4 individuals for every 100 cases. In all, 336,917 Albertans have recovered from COVID-19, meaning they are no longer considered contagious. The number of Albertans who have recovered from COVID-19 does not reflect the recovery time from longer-lasting effects associated with a COVID-19 infection that could persist beyond the time in which people are contagious.
- As of Dec. 28, 3,310 individuals have passed away from COVID-19, including 11 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. 22 to Dec. 28, 62,115 COVID-19 tests were completed, a seven-day average of 10,353 tests per day. As of Dec. 28, a total of 6.37 million tests have been conducted and 2.63 million individuals have been tested.
- The R values were not updated this week.

COVID-19 Immunization Update

Get immunized – whatever dose you are eligible for and first available vaccine

One of the critical ways we can each help to slow Omicron's spread is to get immunized – with whatever dose we are eligible for, and whichever type of vaccine is available to us first.

Albertans aged 18 and older who received their second COVID-19 vaccine at least five months ago are encouraged to book a third dose as soon as possible. Booster doses are not currently approved for those 12 to 17 years of age, unless they have an [eligible immunocompromising condition](#).

Please take the first mRNA vaccine available to you for a third dose rather than waiting for your preferred brand to be available. Both the Moderna and Pfizer vaccines offer a high level of protection against severe outcomes from COVID-19.

The Moderna vaccine is recommended for people ages 30 and up. We have ample Moderna supply available across the province at this time.

The Pfizer vaccine is being administered for people 12 to 29 years of age for booster purposes, as a cautionary measure. While there is a slightly increased risk of myocarditis in younger people from Moderna, especially in males, individuals are much more likely to experience myocarditis from COVID-19 infection than the vaccine.

The Pfizer vaccine will be available as supplies last. We anticipate additional supply in the coming weeks.

Book appointments for third doses online with participating pharmacies or AHS by using the [Alberta vaccine booking system](#) or by calling AHS at 811.

COVID-19 infection and getting your vaccine

If you have COVID-19 or have symptoms on the day you are scheduled for your vaccine, please reschedule your appointment. Please wait until you have completed your required isolation period and are feeling better before getting the vaccine, or your next dose.

Even if you are already infected with COVID-19 just before or just after getting the vaccine, being immunized will still help lower your risk of becoming seriously ill and potentially needing to be in the hospital. You are also less likely to spread the virus to others if you are immunized.

For more information, visit the [COVID-19 Vaccine FAQ](#).

Vaccine rollout to ages 5 to 11 continues

As of Dec. 28, approximately 35.5 per cent of children aged five to 11 have received one dose of the COVID-19 vaccine.

Appointments continue to be available and can be booked [online](#) or by calling Health Link at 811. Appointments are only available at AHS sites. In the rural zones, walk-in appointments are available at some sites. Children who live on a First Nations reserve can access doses through the nursing stations or public health clinics on-reserve.

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 – If you received AstraZeneca for your first dose, you can choose either the AstraZeneca vaccine or an mRNA vaccine (Pfizer/Moderna) for your second dose. Both options will provide additional protection and count as completing your vaccine series in Canada. International jurisdictions may have different standards for a complete immunization series. Call Health Link at 811 to book your second dose of AstraZeneca. If you received two doses of AstraZeneca for your primary vaccine series, it is recommended that you receive an mRNA vaccine as your booster dose at least six months after your second dose. If you received the AstraZeneca vaccine as a first dose, followed by a two-dose mRNA vaccine series, a booster dose is not recommended or required at this time.

Janssen (Johnson and Johnson) – The Janssen vaccine is available for people 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 and only one dose of the Janssen vaccine is needed to be fully immunized. The Janssen vaccine is available for Albertans 18 years of age and older and is administered at AHS clinics in select locations across the province.

mRNA vaccines – These vaccines continue to be recommended as the most safe and effective vaccine choice for those able to receive them. People 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.

Verna's Video Message — The Importance of Recognition

If there's been one constant throughout the history of AHS, it's the dedication, compassion and professionalism of our people. This has been especially true during the pandemic.

You provide the very best care to patients across the province, and also do your very best to support one another. Albertans see this every day, and share their appreciation on social media, on our [Share the Love webpage](#), and in their emails to us.

What's just as important is the [recognition and appreciation](#) we share with and for each other. Whether it's a simple 'thank you,' a note in this weekly update, or a long-service recognition event, these things matter. In fact, they are essential.

Our Recognition Services team supports these efforts across AHS, and [here with Verna today to talk about their work](#), and the importance of recognition are:

- Thora Eyford, Senior Lead, Talent Management Strategies.

- Louise Poole, Senior Advisor, Talent Management Strategies.

Visit the [Recognition Services webpage](#) to find ways to share gratitude with one another and recognize your peers for their excellent work.

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](#)
- [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
 - 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

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Physical
distancing
works