

# CMO SMOH Notice for AHS Medical Staff

January 7, 2022

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:

- Support for Physicians
- COVID-19 Updates and New Information You Need to Know
  - Further changes to case investigation and outbreak management
  - New web resource helps Albertans manage COVID-19 symptoms at home
  - Attending work with COVID-19 symptoms, positive test, or close contact
  - Update: Designated support and visitor access screening questionnaires
  - Common COVID questions
- MD Culture Shift
- Doctor of the Week: Dr. Christa Aubrey
- Reminder to have a back-up call schedule in place
- Additional Information from the CEO All Staff Update
  - COVID-19 Case Status in Alberta
  - COVID-19 Immunization Update
  - Influenza immunization update
  - Verna's Video Message – The Omicron variant
- Additional Resources for Physicians

## 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

### **COVID-19 Updates and New Information You Need to Know**

#### **Further changes to case investigation and outbreak management**

In response to the continued rapid spread of the Omicron variant, AHS has made additional changes to case investigation and outbreak management.

At this level of COVID-19 spread in our communities, and with multiple possible sources of infection for each case, we have shifted our approach in order to continue to mitigate COVID-19 spread in high-risk settings, while also supporting other areas of the healthcare system in need.

We do not make these decisions lightly. As we have many times before, we must remain nimble to the changing needs of the pandemic response.

**Effective Dec. 31**, AHS has paused investigation and outbreak management activities for children, schools and daycares. With [students returning to classrooms on Jan. 10](#), students and school staff will still be notified of their test results by SMS text or autodialer, and may receive a call to ensure they are aware of isolation requirements.

The team will continue to support investigation for:

- Patients in hospital with COVID-19
- Healthcare workers
- Residents and staff of congregate care settings (including LTC, DSL, lodges, hospices)
- Residents and staff of congregate living settings (corrections, shelters)

The team will continue to call people who have not consented to receive their test results by SMS text or autodialer, complete routine case notification calls as capacity allows, and support reporting for adverse events following immunization. People who have had a PCR test will continue to receive a SMS text message or autodialer notification with their test result.

In addition, outbreak management is now focused on the following **high priority settings** only:

- Acute care
- Congregate care (long term care, designated supportive living, lodges, hospices)
- Congregate living (corrections, shelters)

Outbreak management for all non-high priority settings has been paused. This includes schools and daycares.

The outbreak team will no longer routinely declare new outbreaks in settings outside the high priority ones. Community outbreaks with a surge in cases leading to severe outcomes will be addressed as needed.

We expect to see COVID-19 cases connected to workplaces increase and our teams will continue to support workplaces with recommendations to prevent further spread of the virus.

### **Self-care resource helps Albertans manage COVID-19 symptoms at home**

Following the rapid spread of the Omicron variant throughout the province and the growth in COVID-19 cases, many Albertans calling Health Link 811 are unsure how to manage symptoms, or if they need to seek care with a positive COVID-19 test result.

While COVID-19 can cause serious illness, most people can recover without special treatment.

AHS has launched [a new web resource](#) to help Albertans manage mild COVID-19 symptoms at home. It includes:

- What to do when you have symptoms of COVID-19
- How to provide effective self-care at home to yourself or a family member
- When to test for COVID-19, and
- How to manage prolonged COVID-19 symptoms.

#### *Preserving capacity*

We need to ensure people who need immediate care in Urgent Care Centres, Emergency Departments and hospitals are able to receive it, and that those who can manage mild COVID-19 symptoms can care for themselves and their loved ones at home.

Albertans can visit the site at [ahs.ca/covidselfcare](https://ahs.ca/covidselfcare).

### **Attending work with COVID-19 Symptoms, Positive Test, or Close Contact**

AHS has updated the [Attending work with COVID-19 symptoms, positive test, or close contact directive](#) to align with public health measures announced on Dec. 31, which came into effect on Jan. 3. These changes are necessary to balance the protection of our people and patients from the highly transmissible Omicron variant, as well as to ensure we have the staffing necessary to maintain critical services.

Key changes to the directive include:

- Shorter work restriction period for fully immunized healthcare workers who test positive for COVID-19. This means fully immunized workers can return to work after day 5 as long as symptoms are improving and you've been without fever for 24 hours.
- New guidance for healthcare workers who are close contacts:
  - Introduction of 10 days of rapid testing for close contacts who are fully immunized (note, this differs from the temporary frequent testing option under the [Immunization or Testing of Workers for COVID-19 Policy](#)).
  - Fully immunized workers with a booster dose can remain at work if they are a close contact, without any testing requirement, as long as it has been at least 14 days since the booster dose.

- Workers who are not fully immunized will be restricted from work for 14 days if they become a close contact.

Please continue to follow [CMOH orders](#) for work restriction requirements for staff working at continuing care.

Please note to obtain a rapid test kit:

- [Rapid test kits](#) are available at select locations, including pharmacies and assessment centres (pending availability - look for local communications)
- Unimmunized workers must continue to test at a private provider (not self-administered) as outlined in our immunization policy
- AHS is working to secure and distribute rapid tests to staff; full availability across the province and areas will take some time

Now that changes to the directive are effective, we have updated the [Fit for Work Tools](#) and the [Return to Work guide](#) and [decision chart](#).

Please note: some of the questions in the Fit for Work questionnaires have changed. Please read the following updated screening questionnaires below:

- [Standard](#) (Staff Acute Care & Non-continuing Care)
- [Staff working at continuing care](#)
- [Outbreak unit/area/site or unit on watch](#) (Staff – acute care/non-continuing care)

Staff must continue to use the Online Fit for Work Screening Tool found [here](#).

### **Update: Designated Support and Visitor Access Screening Questionnaires**

As we continue to learn more about the Omicron variant of COVID-19, AHS is proactively taking precautions to limit transmission of the virus.

As such, AHS will continue to require that designated support persons and visitors, who test positive for COVID-19, whether asymptomatic or symptomatic, not enter an acute care, ambulatory, urgent or emergency services site for a minimum of 10 days from the positive test date or from the onset of COVID-19 symptoms, unless qualifying for a CMOH exemption as the designated support person for minor children or dependent adults in need of medical care. This is regardless of immunization status. For those who are symptomatic, symptoms must have resolved and they must be fever free for at least 24 hours before entry.

As healthcare settings are more vulnerable environments, maintaining the 10-day requirement will help us to protect those in our care.

Please review the screening questionnaires to ensure you are using the latest version:

- [Standard](#) (Daily Designated Support Person & Visitor Screening Questionnaire For Acute Care, Ambulatory, Emergency & Urgent Care)
- [Visitors to continuing care](#)

More information on designated support and visitor access is available at [ahs.ca/visitation](https://ahs.ca/visitation).

### **Common COVID questions**

## Is eight weeks between doses of COVID-19 vaccine for children still advised in light of the Omicron variant?

Yes. Second doses are recommended at least eight weeks after the first dose. This may help to maximize protection, including against variants of concern, as longer intervals (such as eight weeks) between vaccine doses allow for more robust strength and breadth of immune responses and may provide more durable protection.

### 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](mailto:cmo@ahs.ca) to nominate a physician to be featured here. Please provide the nominee's full name and email address.*



This week's Doctor of the Week is Christa Aubrey, a physician who was nominated by her colleagues for her hard work, kindness and knowledge.

Dr. Aubrey is a Gynecologic Oncologist with an academic placement in the Department of Obstetrics & Gynecology at the University of Alberta.

"What I love most is having my own patients. It is what excited me in the last many years of my residency and fellowship and is the best part of the job," says Aubrey.

"Following patients through surgery, chemotherapy, and into a palliative setting in some instances, is very fulfilling."

It was the ability to help people in their moment of need that first inspired Dr. Aubrey to pursue a career in medicine.

"The confidence of knowing what to do in a situation where someone is ill drew me to become a physician. I liked the idea of me someday being able to know how to respond."

In addition to the opportunity to work directly with patients, Dr. Aubrey is also devoted to sharing her knowledge.

"I am most proud when I am able to operate on someone, find out if they have cancer, and what is their best treatment strategy, and teach residents through the process."

In her spare time, you can find Dr. Aubrey staying active outdoors with her family.

“I love spending my time with my beautiful girls Elizabeth and Sophia, and my husband Chris. We spend a lot of time in the mountains. I love outdoor activities, running, biking, and yoga, and exercising mind and body, travelling, biking and reading.”

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

### **Reminder to have a back-up call schedule in place**

The Omicron variant is rising rapidly throughout the province and we have seen significant growth in COVID-19 cases.

To help prepare your teams, remember to ensure you have a back-up plan and back-up call schedule if one is not already in place. This will help our teams to manage any unforeseeable absences that may result from the rapid spread of Omicron.

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

### **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.

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.

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 177 patients in ICU.

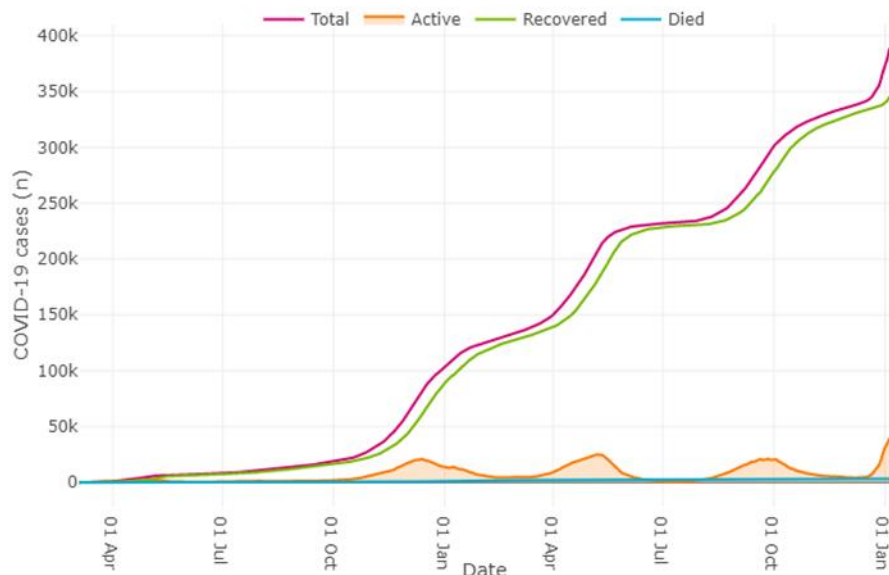
Provincially, ICU capacity (including additional surge beds) is currently at 73 per cent. Without the additional surge spaces, provincial ICU capacity would be at 102 per cent.

- In Calgary Zone, we currently have 91 ICU beds, including 25 additional spaces. Calgary Zone ICU is operating at 75 per cent of current capacity (including 26 COVID patients in ICU).
- In Edmonton Zone, we currently have 97 ICU beds, including 25 additional spaces. Edmonton Zone is operating at 76 per cent of current capacity (including 30 COVID patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 61 per cent of current capacity (including six COVID patients in ICU).
- In South Zone, we currently have 24 ICU beds, including seven additional ICU spaces. South Zone ICU is currently operating at 63 per cent capacity (including three COVID 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 75 per cent capacity (including three COVID patients in ICU).

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

For the eight-day period ending on Jan. 5\*, there was an average of 3,909 new cases of COVID-19 per day, compared to 1,810 cases per day the previous reporting period (Dec. 22 to Dec. 28), a 116.0 per cent increase. All zones reported an increase in the number of new cases per day, ranging from a 105.5 per cent increase in Edmonton Zone to a 210.0 per cent increase in South Zone,

compared to the previous reporting period. Calgary Zone reported the highest total number of new cases with 15,236 (an eight-day average of 1,905 new cases per day). \*The reporting period was adjusted to accommodate the holidays.

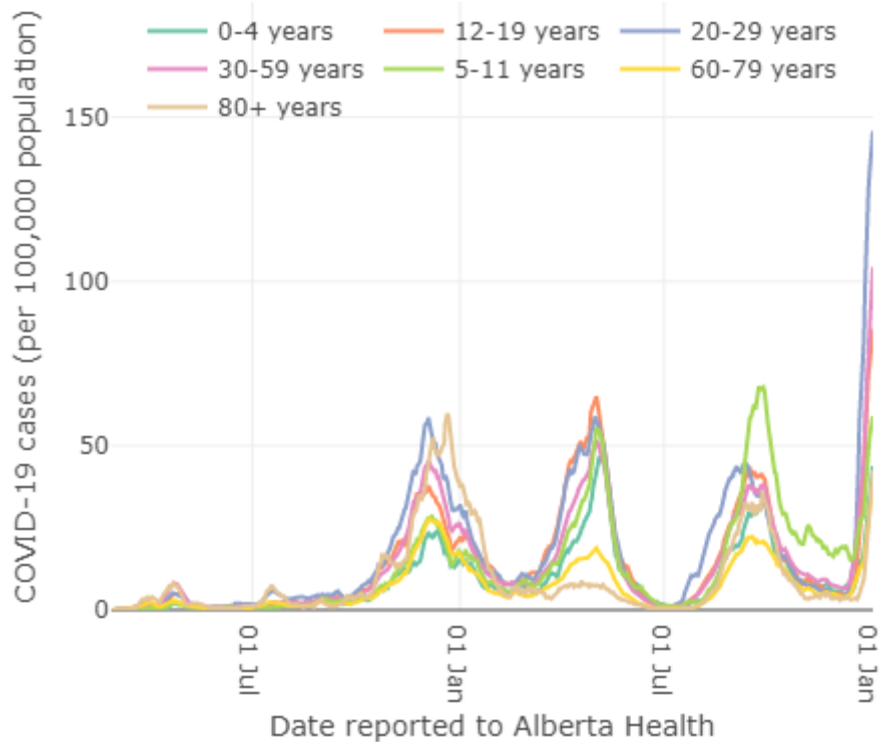


As of Jan. 5, there were 39,897 active cases in Alberta, a 129.3 per cent increase compared to Dec. 28. All zones reported an increase in active cases compared to the last report, as you can see in the table below. Please note: Given that many people with a self-administered positive rapid test do not need PCR testing, we know the data greatly underestimates the number of people infected with COVID-19 across the province.

	<b>Active Cases (as of Jan. 5)</b>	<b>Active Cases (as of Dec. 28)*</b>	<b>Per cent Change</b>
<b>Calgary</b>	19,261	9,293	+107.3%
<b>Edmonton</b>	14,972	6,216	+141.0%
<b>North</b>	1,523	597	+155.0%
<b>Central</b>	1,993	687	+239.5%
<b>South</b>	1,545	471	+228.0%
<b>Unknown</b>	603	132	+357.0%

### Cases by Age Group

As of Jan. 2, Albertans aged 20 to 29 had the highest seven-day rolling average of new daily COVID-19 cases, with 145.71 cases per 100,000 people, the highest rate reported during the pandemic. Albertans aged 30 to 59 had the second-highest rate with 104.43 cases per 100,000 people, followed by children aged 12 to 19 with 85.43 cases per 100,000 people. Trends in cases in Alberta by age group are shown in the graph below.



As of Jan. 5, 3,336 individuals have passed away from COVID-19 including 26 additional 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.

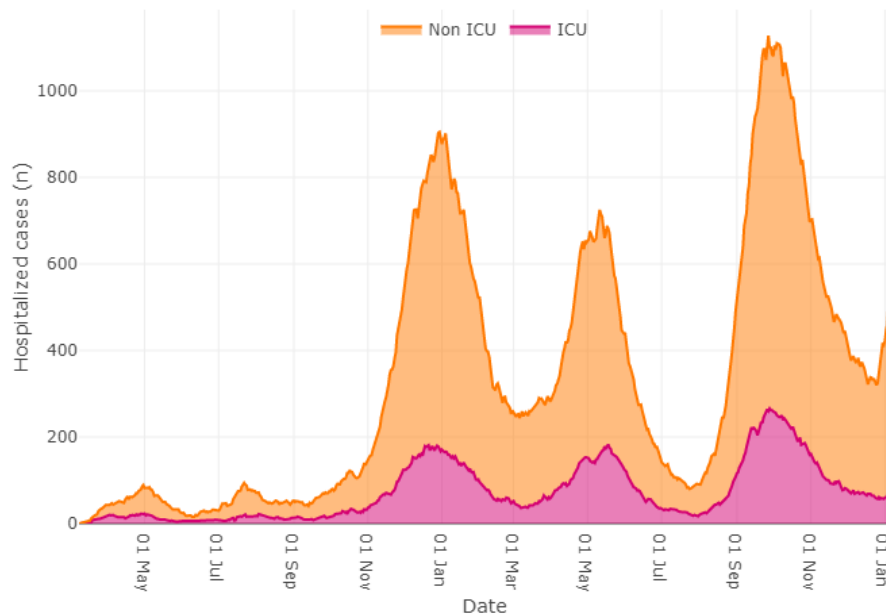
### Hospitalizations

434 individuals were in non-ICU hospital beds for COVID-19 on Jan. 5, compared to 314 individuals in non-ICU hospital beds on Dec. 28, a 38.2 per cent increase.

The breakdown of hospitalizations by zone as of Jan. 5 is as follows:

- 212 hospitalizations with 25 of those in ICUs in Calgary Zone,
- 136 hospitalizations with 25 of those in ICUs in Edmonton Zone,
- 77 hospitalizations with 7 of those in ICUs in Central Zone,
- 51 hospitalizations with 4 of those in ICUs in North Zone, and
- 22 hospitalizations with 3 of those in ICUs in South Zone.





## Variant Screening

Targeted screening for variants of concern resumed on Dec. 23, 2021. For variants of concern, from Dec. 28 to Jan. 3, the average percent of positive samples that were strain-typed was 20 per cent. Of those strain-typed, the rolling average was 93.4 per cent Omicron variant, 3.9 per cent Delta variant, and 2.7 per cent wild type or presumptive 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 Jan. 5, 388,995 cases of COVID-19 have been detected in Alberta and 15,960 individuals have ever been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 345,762 Albertans have recovered from COVID-19, meaning they are no longer considered contagious.
- From Dec. 29 to Jan. 5, 89,211 COVID-19 tests were completed, an eight-day average of 11,151 tests per day. During this period, the daily positivity ranged from 28.03 per cent to 39.05 per cent. This is the highest percent positive reported during the pandemic. As of Jan. 5, 6,463,880 tests have been conducted and 2,657,823 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 Dec. 27 to Jan. 2 the province-wide R value was 1.35 and the previously reported value was 0.96.
- Public reporting of schools continues and you can find more information, [here](#).

## COVID-19 Immunization Update

*Get immunized – take the first mRNA vaccine available for your third dose*

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.

Moderna is in good supply and we anticipate additional Pfizer supply in the coming weeks. The Moderna vaccine is recommended for people ages 30 and up.

The Pfizer vaccine is recommended 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.

Albertans aged 18 and older who received their second COVID-19 vaccine at least five months ago should book a third dose as soon as possible.

Book appointments for third doses online with participating pharmacies, or AHS by using the [Alberta vaccine booking system](#), by calling or walking into your local pharmacy, or calling AHS at 811. In addition, there are some family physicians offering vaccines in their clinics.

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

As of Jan. 4, approximately 37.3 per cent of children aged five to 11 have received one dose of the COVID-19 vaccine.

Appointments can be booked [online](#) or by calling Health Link at 811 and are only available at AHS sites. In the rural zones, walk-ins are available at some sites. Check [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.

In Canada, third doses are not currently recommended for children five to 11. They are also not currently recommended for those 12 to 17 years of age, unless they have an [eligible immunocompromising condition](#). Evidence continues to be reviewed nationally and provincially.

This week, the [U.S. Food and Drug Administration \(FDA\)](#) authorized the use of a third dose of the Pfizer vaccine for children between 12 and 15 years of age. They also shortened the time between the completion of a primary vaccine series and a booster dose to at least five months, and authorized a third dose for children aged five to 11 years who are immunocompromised.

#### *Get immunized after COVID-19 infection*

There is no mandatory waiting period between having COVID-19 disease and being immunized; however, if you've had COVID-19, you must wait until you have completed your required [isolation period](#) and are feeling better before getting the vaccine, or your next dose.

Some medicines can affect the way your immune system responds to vaccines. People who take medicines that affect their immune system, or had medicine to treat their COVID-19 infection should check with their doctor about when to get immunized.

For an overview of current evidence, general recommendations and clinical considerations see [Information on Immunization after COVID-19 Infection](#) from Alberta's Chief Medical Officer of Health.

#### *Vaccine availability*

**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 five months.

**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 five 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.

## Influenza immunization update

As of Jan. 1, 1,104,224 doses of influenza vaccine have been administered, which is approximately 25 per cent of the population. 17 influenza cases were identified over the holidays, bringing the total to 34 confirmed cases of influenza, so far this season.

Influenza is serious and immunization works to lower your risk of influenza infection. It is safe to get the influenza and COVID-19 vaccines at the same time. We have substantial data regarding the safety of COVID-19 vaccines and currently, 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 staff, physicians and volunteers*

Staff, physicians and volunteers can choose to be immunized at 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.

## Verna's Video Message — The Omicron variant

As you know, Omicron, the latest COVID-19 variant of concern, is spreading across the province. Alberta's positivity rate has been as high as 39 per cent this week. This is the highest positivity rate we have ever had in this province, including all previous waves.

While we are still learning about Omicron, we do know that it is highly transmissible. We expect we will continue to see a considerable increase in cases over the coming weeks.

There are still many unknowns about this variant of concern. [Joining Verna on the vlog](#) to discuss what we have learned about Omicron and what it means for staff, patients and the healthcare system are:

- Dr. Mark Joffe, Vice President and Medical Director, Cancer Care Alberta, Clinical Support Services and Provincial Clinical Excellence
- Dr. Laura McDougall, Senior Medical Officer of Health

## 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](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

