

# CMO SMOH Notice for AHS Medical Staff

February 11, 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 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.*

**Request for feedback:**

- *Are these updates helpful?*
- *Do you have questions or information that isn't covered here that you would like to see, or know more about?*
- *Do you know a physician or team who have gone above and beyond during the pandemic, that you would like to see covered in an upcoming edition?*

Let us know at [CMO@ahs.ca](mailto:CMO@ahs.ca).

## **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.



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

## **MD Culture Shift**

**NEW** - Check out the February edition of the [MD Culture Shift Newsletter - Issue 11 Feb 2022](#)

**Trauma Informed Leadership:** The MD Culture Shift team released a podcast on Trauma Informed Leadership recognizing the collective trauma we have all experienced through the pandemic and other work associated trauma in healthcare. [Listen](#) to Dr. Jennifer Williams and Jodi Ploquin discuss Trauma Informed Leadership.

Interested in learning more about how you can become a trauma-informed leader? AHS Physician Wellness, Diversity and Development is offering a 15 minute introduction to the topic, and three hour workshops delivered by trainers certified through the Crisis and Trauma Resource Institute (CTRI).

- Tues. March 22, 8 – 11 a.m. (virtual)
- Wed. March 30, 5:30 – 8:30 p.m. (virtual)

To book a 15 minute presentation or register for an upcoming workshop, email [jodi.ploquin@ahs.ca](mailto:jodi.ploquin@ahs.ca).

## **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.*

### **Call for women physician nominations**

March 11 is Canadian Women's Physician Day. We encourage you to nominate a women physician that you would like to recognize. Email your nomination to [CMO@ahs.ca](mailto:CMO@ahs.ca).

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

## COVID-19 Case Status in Alberta

### ICU Update

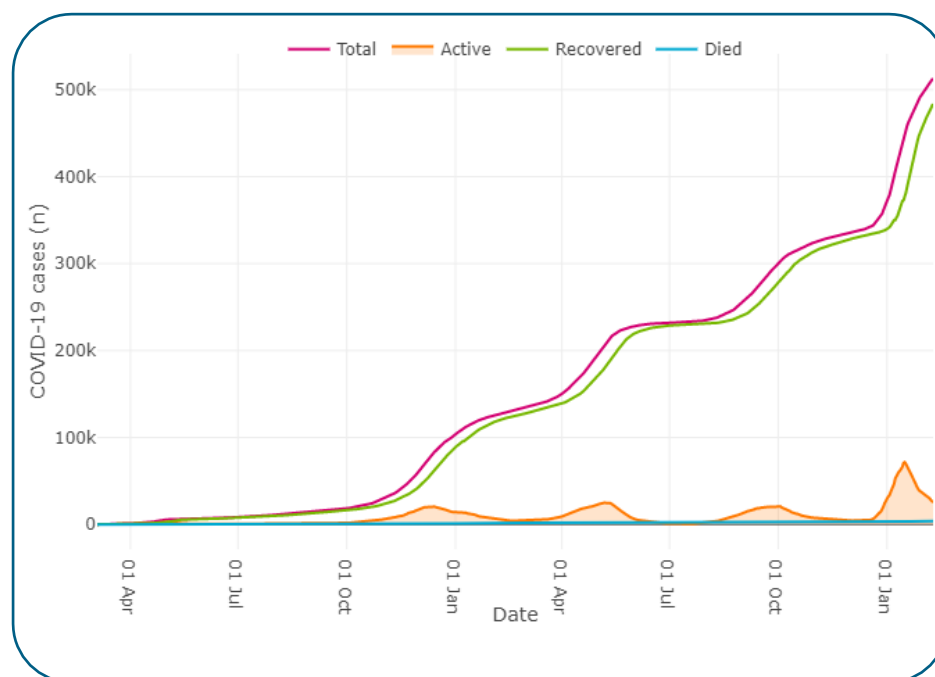
AHS has 241 general adult ICU beds open in Alberta, including 68 additional spaces above our baseline of 173 general adult ICU beds. This morning, there were 196 patients in ICU. Provincially, ICU capacity (including additional surge beds) is at 81 per cent. Without the additional surge spaces, provincial ICU capacity would be at 113 per cent.

### New and Active Cases

As of Feb. 9, there were 25,339 active cases in Alberta, a 25.2 per cent decrease compared to Feb. 2. All five zones reported a decrease in active cases compared to the previous week, as you can see in the table below.

	Active Cases (as of Feb. 9)	Active Cases (as of Feb. 2)	Per cent Change
<b>Calgary</b>	9,930	13,771	-27.9%
<b>Edmonton</b>	7,298	10,415	-29.9%
<b>North</b>	2,594	2,918	-11.1%
<b>Central</b>	2,979	3,633	-18.0%
<b>South</b>	2,269	2,741	-17.2%
<b>Unknown</b>	269	401	-32.9%
<b>Overall</b>	25,339	33,879	-25.2%

For the seven-day period ending on Feb. 9, there was an average of 1,663 new cases of COVID-19 per day, compared to 2,496 cases per day the previous reporting period (Jan. 27 to Feb. 2), a 33.4 per cent decrease. The Calgary Zone reported the highest total number of new cases with 4,592 (an average of 656 new cases per day).

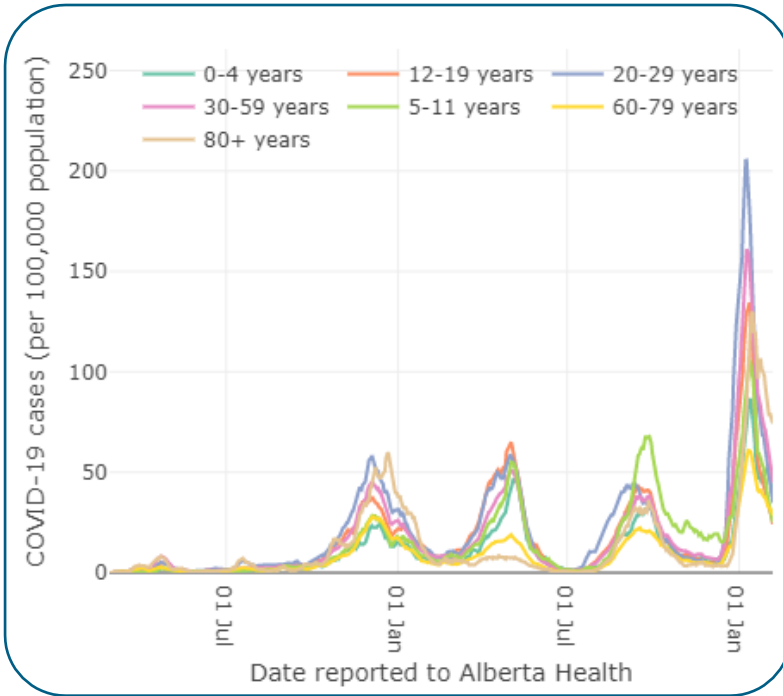


Please note: We know these data underestimate the number of people with COVID-19 across the province, and changes in testing eligibility make it difficult to compare cases week over week.

### Cases by Age Group

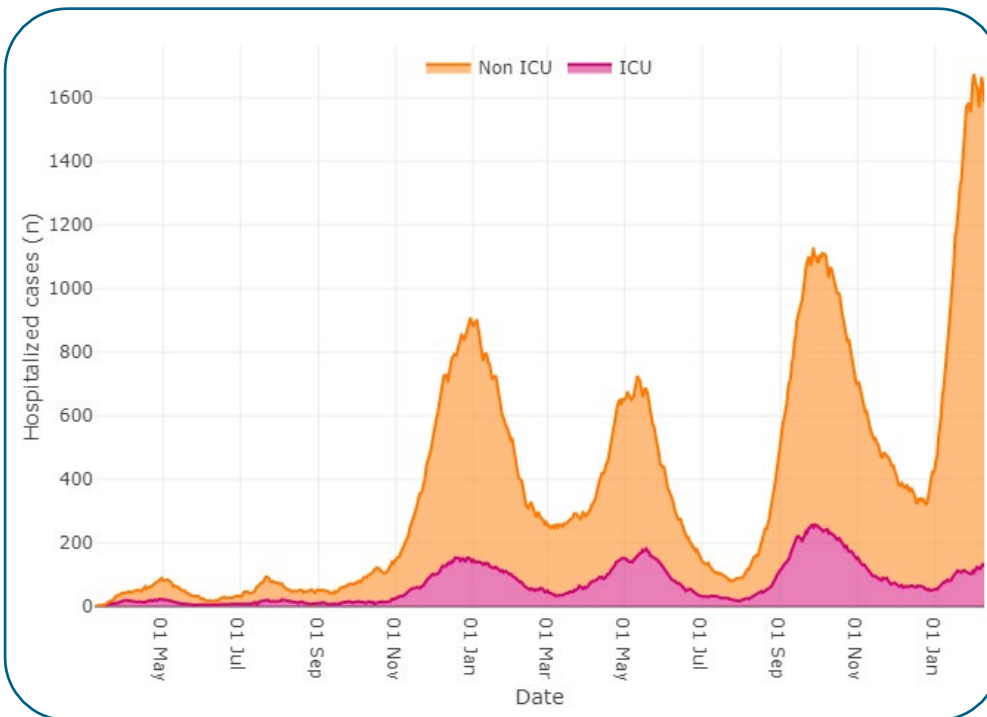
As of Feb. 6, Albertans aged 80+ have the highest seven-day rolling average rate of new daily COVID-19 cases, with 74.29 cases per 100,000 people. Albertans aged 30-59 had the second-

highest rate with 44.86, followed by those aged 0 to 4 with 37.14. Targeted testing will be affecting age groups differently. Trends in cases in Alberta by age group are in the figure below:



### Hospitalizations

A total of 1,460 individuals were in non-ICU hospital beds for COVID-19 on Feb. 9 compared to 1,535 on Feb. 2, a 4.9 per cent decrease.



### Variants of Concern

From Feb. 1-7, an average of 67 per cent of positive samples were strain-typed. Of those strain-typed, the rolling average was 93.6 per cent Omicron variant, zero per cent Delta variant, and 6.4 per cent wild type or presumptive variant. Strain-typing takes several days, and these numbers may change as lab data becomes available.

**Other notable COVID-19-related information:**

- Data from the last seven days indicate 41.5 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 25.3 per cent had COVID-19 as a contributing cause, and 33.2 per cent are cases where the infection was not determined to be a cause of admission, or where it was not possible to determine. For ICU, the percentage of new admissions due to COVID-19 directly was 49.3 per cent; 31.3 per cent had COVID-19 as a contributing cause, and about 19.4 per cent were incidental infections or unclear. Alberta Health provides the proportion of new hospital admissions that are due to COVID-19, as compared to admissions because of other causes, at [alberta.ca/covid](https://alberta.ca/covid).
- As of Feb. 9, 3,718 individuals have passed away from COVID-19, including 110 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.
- As of Feb. 9, a total of 512,765 cases of COVID-19 have been detected in Alberta and a total of 19,874 individuals have been hospitalized, which amounts to 3.9 individuals for every 100 cases. In all, 483,708 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 a COVID-19 infection that could last beyond the time in which people are contagious.
- From Feb. 3-9, 36,104 COVID-19 tests were completed, a seven-day average of 5,158 tests per day. During this period, the daily positivity ranged from 29.26 per cent to 36.83 per cent. As of Feb. 9, a total of 6.80 million tests have been conducted and 2.71 million individuals have been tested. COVID-19 testing eligibility has changed recently to accommodate the demand due to the increase in cases.
- The R value was not updated this week.

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

### ***Government announces gradual reduction of pandemic health measures***

The Government of Alberta announced on Feb. 8 that CMOH orders related to the pandemic will be reduced and rescinded in three steps over the coming days and weeks. As part of the first step, the Restrictions Exemption Program has been removed and, as of Monday (Feb. 14), mandatory masking requirements will be removed for K-12 students and for children under 12. More information, including details of Steps 2 and 3, is available on the [government's website](#).

AHS continues to implement additional safety precautions to limit the transmission of COVID-19 in our facilities. These precautions go beyond current public health measures due to the vulnerability of the patients we care for and the need to keep our facilities safe.

### ***Continuous masking at all AHS and Covenant Sites***

Continuous masking for physicians, staff, volunteers, designated support persons (DSPs) and visitors remains in place at all AHS and Covenant acute care, continuing care and community sites, as well as in corporate and warehouse-type settings.

Patients seeking or receiving care are more vulnerable than the general population and outbreaks in these settings have a serious impact on patient outcomes and our ability to deliver services. Continuous is an additional safeguard to protect both patients and healthcare workers.

For more information, see [AHS Guidelines for Continuous Masking](#). There are no changes at this time to [existing PPE policies](#).

### ***Work restrictions remain in place***

Fully immunized workers who are symptomatic will continue to be work restricted for five days after symptom onset, or until symptoms have improved. Fully immunized workers who are asymptomatic will continue to be work restricted for five days after the date of their positive test.

Unimmunized workers, who are participating in the testing option as outlined in the [Immunization or Testing of Workers for COVID-19 policy](#) and test positive for COVID-19, will continue to be work restricted for 10 days after symptom onset or until symptoms have improved, whichever is longer.

All workers are asked to continue to follow the direction outlined in the [Immunization or Testing of Workers for COVID-19 Policy](#) and [Attending Work with COVID-19 Symptoms, Positive Test, or Close Contact](#). The [Return to Work Decision Chart](#) remains in place to guide staff, physicians and leaders

These guidelines, including [Daily Fit for Work Screening](#), apply to physicians and staff employed in all areas of AHS, including front-line workers, as well as those in corporate, warehouse and community settings. We continue to encourage physicians and staff with symptoms of illness to stay home from work.

### **Access requirements for designated family/support persons and visitors at AHS Sites**

Access precautions for designated support persons (DSPs) and visitors continue to go beyond current public health measures to protect vulnerable patients and to keep health services safe. At this time, access in acute care remains restricted to what is outlined in the [Provincial DSP and Visitor Access Guidelines](#) and [AHS Directive](#) and for continuing care, what is outlined by [CMOH order](#).

We recognize site screeners and unit staff may get questions from the public about restrictions that remain in place, and physicians and staff may face difficult situations as a result. Please refer to [Recommendations for COVID-19 AHS Facilities Non-Clinical Screeners](#) and [Safe Work Practices for COVID-19 AHS Facilities Non-Clinical Screeners](#) for resources on how to stay safe, prevent and safely respond to challenging encounters.

### **AHS introduces 21-day rapid testing grace period after positivity**

AHS has introduced a 21-day rapid antigen testing grace period following a positive infection and a reduced work restriction period for unimmunized physicians and staff who become a close contact to align with public health guidance.

Rapid antigen testing is no longer required for anyone who has tested positive for COVID-19 in the previous **21 days**. This change applies to:

- Workers who are not fully immunized and required to test under the *Immunization or Testing of Workers for COVID-19 Policy*;
- Workers who are not fully immunized and required to test as a result of becoming a close contact under the *Attending Work with COVID-19 Symptoms, Positive Test or Close Contact Directive*; and
- Fully-immunized workers (no booster) who have become a close contact.

For workers who are not fully immunized, see the [policy FAQ](#) to learn what you need to do after the 21-day grace period. For fully-immunized workers, see the rapid antigen testing section in the [COVID-19 FAQ](#).

Please review the updated resources and tools below:

- [Immunization or Testing of Workers for COVID-19 Policy](#)
- [Attending Work with COVID-19 Symptoms, Positive Test or Close Contact](#)
- [Daily Fit for Work Screening](#)
- [Return to Work Decision Chart](#) and [Return to Work Guide](#)
- [Summary of Healthcare Worker Testing Requirements](#)

If you have questions, please talk to your medical leader.

### ***Kaye Edmonton clinic PRU To close Sunday***

The Kaye Edmonton Clinic's Pandemic Response Unit (PRU) will be deactivated on Sunday (Feb. 13).

The PRU opened to patients on Jan. 27, and it allowed AHS to expand capacity within the Edmonton Zone. A total of 30 patients were admitted to the PRU since it opened. The PRU was staffed for 18 beds but patient numbers fluctuated day to day.

Patients admitted to the PRU were either recovering from COVID-19 and no longer infectious, or were patients with less complex healthcare needs than those being cared for in traditional inpatient spaces. The PRU accepted patients from hospitals across the zone.

In preparation for the PRU's deactivation, staff have started the transfer process for patients. Most patients will be discharged home or to other placements in the zone.

We would like to thank and acknowledge the PRU staff and physicians for their contributions in activating and running the PRU. Their hard work, flexibility, positivity and dedication are greatly appreciated. While we are glad to be in a position where we can deactivate the PRU, it is also reassuring to know we have a process in place to successfully activate and staff the unit if needed.

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

#### ***Eligibility expanded for additional doses***

[Alberta Health](#) has expanded the eligibility criteria for additional doses to include:

- Adolescents 12 – 17 years old with [underlying health conditions](#). They will be eligible for a booster dose at five months after the completion of their primary vaccine series. This includes a fourth dose for those recommended a three-dose primary series due to being severely immunocompromised.
- Children five – 11 years old with [severe immunocompromising conditions](#). They will be recommended to have a three-dose primary series. Recommended spacing is four weeks between doses one and two, and eight weeks between doses two and three. A shorter interval between doses two and three (no less than 28 days) may be allowed under certain circumstances.

[Appointment booking](#) for these additional groups will be available starting Feb. 15.

#### ***Get whichever dose you are eligible for, as soon as possible***

We encourage physicians, staff and all Albertans to get immunized against COVID-19 with whichever dose you are eligible for, as soon as possible.

More than 8.3 million doses of COVID-19 vaccine have been safely administered in our province. As we've seen, immunization dramatically reduces the risk of severe illness and death from COVID-19 and helps prevent infection. Although vaccine effectiveness against infection declines over time, additional doses can boost immunity to improve protection and limit spread.

With the easing of public health measures, immunization is still the best and most effective means of protecting yourself, the people you work with, the people you love, and our greater community.

Book appointments [online](#), by calling or walking into your local pharmacy, or calling Health Link at 811. In addition, there are some family physicians offering vaccines in their clinics.

#### ***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.

### **Influenza Immunization Update**

As of Feb. 5, 1.18 million doses of influenza vaccine have been administered, which is around 26.8 per cent of the population. One influenza case was confirmed in the past week, bringing the total cases so far this season to 41.

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

By keeping the number of influenza cases and outbreaks low, we can help protect at-risk Albertans and reduce the pressure on our healthcare system.

#### *Influenza immunization information for physicians, staff and volunteers*

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

### **Verna's Weekly Video Message: An update from CPSM on the Joint PPE Statement and More**

Throughout the pandemic, PPE has played a huge role in protecting the health and safety of our people. It helps prevent exposure to and transmission of COVID-19 as you provide and support high-quality care to Albertans.

Our Contracting, Procurement & Supply Management (CPSM) teams have been essential in ensuring we have the PPE we need. Even before the pandemic, they worked proactively to identify not only existing supply chains to meet the surge in demand for PPE here in Alberta, but also finding new suppliers of products.

We all share the common goal of protecting the health and safety of our workers. This is why we also recently updated our joint statement with our union partners to ensure the safe and effective use of PPE. The updated joint statement reflects the evolving evidence on COVID-19 transmission and simplifies PPE guidance for all healthcare workers in Alberta.

Joining Verna to [tell us more about the work of CPSM and the importance of the joint PPE statement](#) are:

- Kerry Coroy, Senior Lead for Clinical Services, CPSM.
- Rod Kaliei, Executive Director, Workplace Health and Safety Standards and Innovation.

## **Beyond COVID-19**

### **Venous Thromboembolism Prophylaxis Policy Updated**

Venous thromboembolism (VTE) is a serious and common complication for those in hospital or undergoing surgery. An updated VTE policy is now available, and includes changes such as COVID-19 content which has already been implemented in physician practice.



For information, see the [policy](#).

### eScription Upgrade Coming to North Zone March 1

AHS' dictation/transcription platform is being upgraded from eScription Large Hospital (LH) to eScription One (eSOne).

This multiphase implementation began with the South Zone in February and the North Zone is scheduled to upgrade on March 1, with an anticipated completion of all areas by November 2022.

While the functionality of eSOne is similar to the current eScription LH changes you can expect include:

- New dictation telephone number
- Some keypad prompts
- New website for signing off reports

Please continue to monitor your email for further details and updates regarding the transition to eSOne. If you have any questions, please reach out to [speechrecognition@ahs.ca](mailto:speechrecognition@ahs.ca).



### AHS Loves our Volunteers

Valentine's Day is a time to celebrate love, and at AHS we love our volunteers. Volunteers are an integral part of the healthcare team, supporting and enhancing the work of our healthcare professionals, and [Volunteer Resources](#) is creative in identifying how volunteers can aid in your operations. We can help ease the stress of the ongoing pandemic by providing support to tired staff and understaffed programs.

AHS needs volunteers now more than ever. If you know someone looking to give back to their community, learn about careers in healthcare or gain valuable life experience, please visit [AHS.ca](#) to view current volunteer opportunities.

### 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](#)
- [Sotrovimab Easy Reference Guide](#)
- [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 \(CPSA\)](#).

**Dr. Francois Belanger**

Chief Medical Officer and Vice President, Quality

**Dr. Laura McDougall**

Senior Medical Officer of Health

