

CMO SMOH Notice for AHS Medical Staff

February 18, 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.

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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

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.

AHS Experiencing Temporary Shortage of Blood Test Supplies

AHS is taking steps to conserve blood test supplies due to the global shortage of medical-grade plastics that has led to a temporary shortage of the most commonly used vials for collecting blood samples across the province.

Alberta physicians are requested to halt ordering non-urgent blood tests until further notice, and patients are encouraged to consult their physicians to determine if their blood tests can be safely delayed until further notice.

We are prioritizing our limited supplies for tests required for urgent and acute care purposes. Alberta Precision Laboratories (APL) continues to work with vendors to have shipments sent as soon as possible and are investigating alternate supplies, but APL anticipates supplies will be tight for the foreseeable future.

For more information, please see Alberta Precision Laboratories' [bulletin](#).

Choosing Wisely Canada's guidelines for appropriate lab testing are also a helpful resource for primary care and hospital physicians to avoid ordering unnecessary tests. The guidelines can be found in a [joint statement](#) on using lab tests wisely during supply shortages issued this week by the Canadian Society of Clinical Chemists, along with Choosing Wisely Canada and the Canadian Association of Medical Biochemists.

Expanded Criteria for Sotrovimab or Paxlovid™

The eligibility criteria for patients to receive either Sotrovimab or Paxlovid™ has expanded. The eligibility criteria for both treatments are as follows:

- People who are unvaccinated or have only received one dose of a COVID-19 vaccine and are:
 - 55 years of age and older, regardless of other health conditions
 - Pregnant (Sotrovimab and Paxlovid™ may be used in pregnancy if potential benefits outweigh the potential risks to the fetus.)
 - 18 years of age and older with a co-morbidity identified in the initial COMET-ICE study:
 - diabetes (taking medication for treatment)
 - obesity (BMI >30)
 - chronic kidney disease (estimated glomerular filtration rate, <60 ml per minute per 1.73 m² of body-surface area)
 - congestive heart failure (New York Heart Association class II, III, or IV)
 - chronic obstructive pulmonary disease, and moderate-to-severe asthma
- Regardless of their COVID-19 vaccine status, immunocompromised patients, including:
 - Transplant patients (solid organ or stem cell)
 - Oncology patients that have received a dose of any IV or oral chemotherapy or other immunosuppressive treatment since December 2020
 - Patients with inflammatory conditions (e.g. rheumatoid arthritis, lupus, inflammatory bowel disease) who have received a dose of any systemic immunosuppressive treatment since December 2020.

Patients who have tested positive for COVID-19 and whose symptoms began less than five days ago can call the dedicated Health Link line at 1-844-343-0971 to find out if they qualify to receive either Sotrovimab or Paxlovid™.

Health Link will ask patients questions to determine eligibility for either treatment before referring them to a physician with the AHS Outpatient COVID-19 Treatment Program who will either prescribe Paxlovid™ or obtain consent and book an appointment for the patient to receive a Sotrovimab infusion. During their assessments, patients will be required to produce a list of current medications, including over-the-counter and health products they are taking. Visit <https://covid-vaccine.canada.ca/info/paxlovid-en.html> to learn more about the potential drug interactions.

If physicians are contacted by patients with newly diagnosed COVID-19, and either the patient or physician has questions about eligibility for either treatment, they should direct patients to call the Health Link number at 1-844-343-0971. Physicians should not make referrals directly, unless they are overseeing the care of a solid organ or stem cell transplant patient, or a patient in Long-Term Care. These treatments are not replacements for COVID-19 vaccination. Albertans are strongly encouraged to get fully vaccinated against COVID-19.

Additional resources about Paxlovid™ and Sotrovimab can be found online at www.ahs.ca/covidopt.

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. 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.

Highlights from the CEO All Staff Update

Note: Recognizing some medical staff use an alternate email address instead of an AHS email address, this section is included to ensure all AHS medical staff have all up-to-date organizational information that pertains to the pandemic and AHS medical staff practices.

COVID-19 Case Status in Alberta

ICU Update

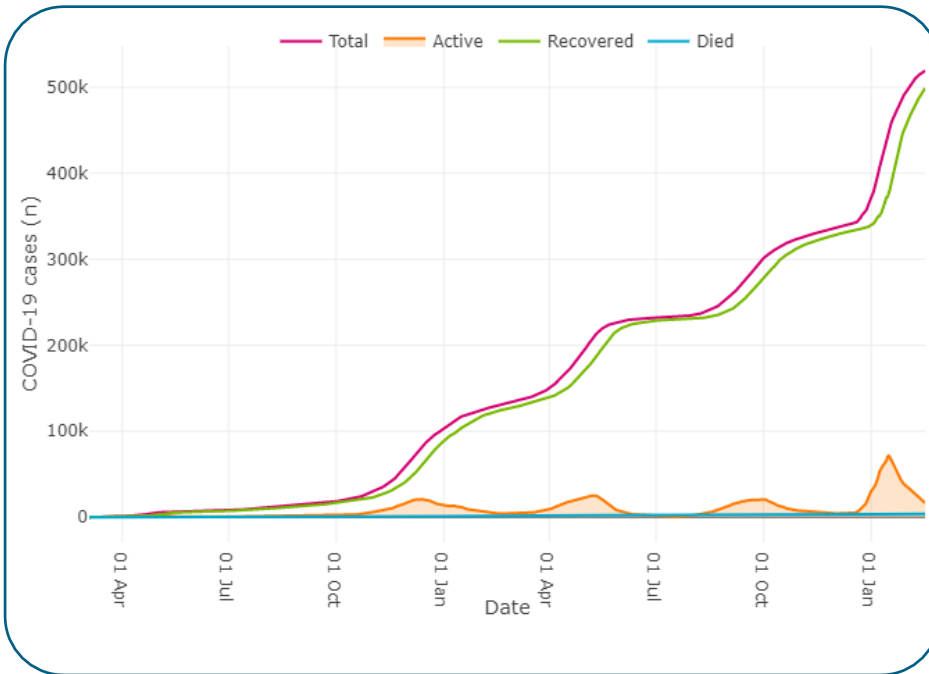
AHS currently has 241 general adult ICU beds open in Alberta, including 68 additional spaces above our baseline of 173 general adult ICU beds. As of 12:30 p.m. today (Feb. 18), there were 193 patients in ICU. Provincially, ICU capacity (including additional surge beds) is at 80 per cent. Without the additional surge spaces, provincial ICU capacity would be at 112 per cent, virtually unchanged from one week ago.

New and Active Cases

As of Feb. 16, there were 16,551 active cases in Alberta, a 34.7 per cent decrease compared to Feb. 9. All five zones reported a decrease in active cases compared to the last report, as you can see in the table below.

	Active Cases (as of Feb. 16)	Active Cases (as of Feb. 9)	Per cent Change
Calgary	6,094	9,930	-38.6%
Edmonton	4,809	7,298	-34.1%
North	1,948	2,594	-24.9%
Central	2,045	2,979	-31.4%
South	1,542	2,269	-32.0%
Unknown	113	269	-58.0%
Overall	16,551	25,339	-34.7%

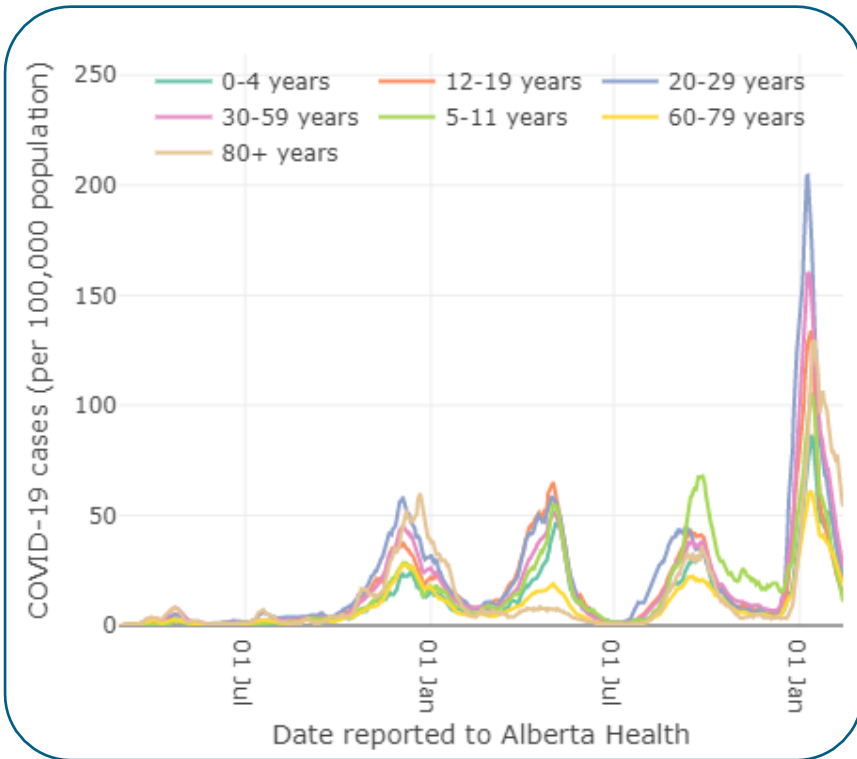
For the seven-day period ending on Feb. 16, there was an average of 996 new cases of COVID-19 per day, compared to 1,658 cases per day the previous reporting period (Feb. 3-9), almost a 40 per cent decrease. The Calgary Zone reported the highest total number of new cases with 2,526 (an average of 361 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.

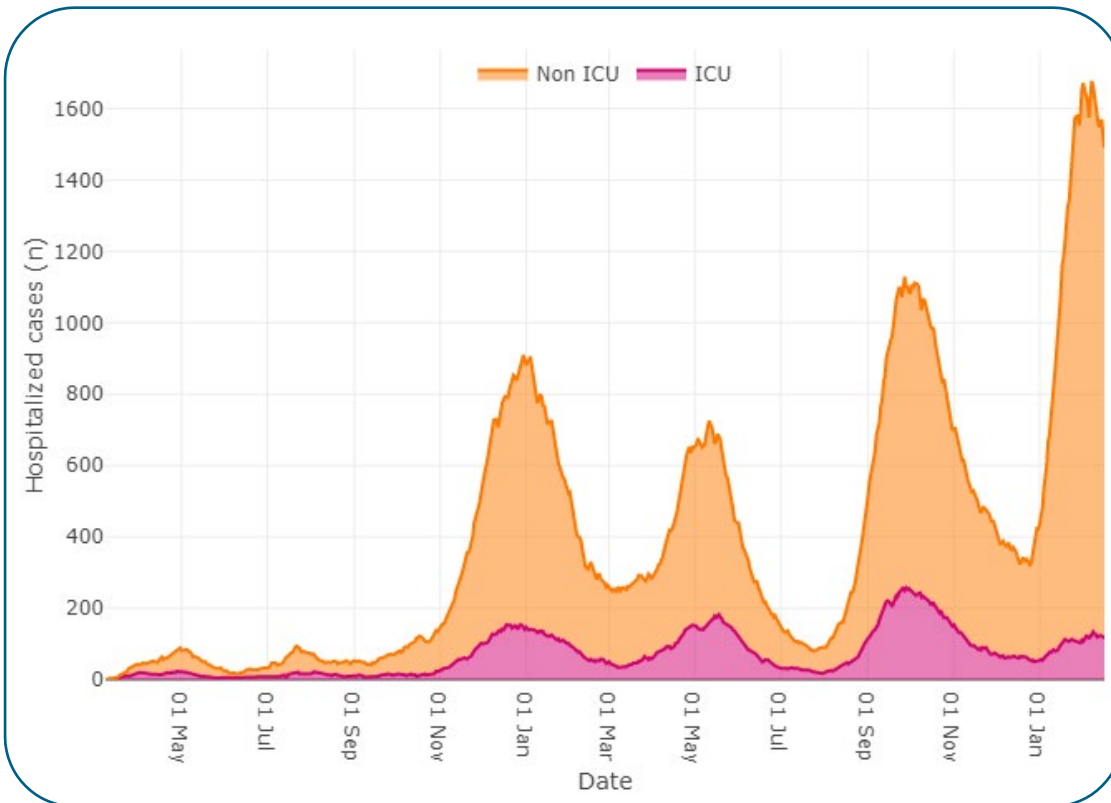
Cases by Age Group

As of Feb. 13, Albertans aged 80+ have the highest seven-day rolling average rate of new daily COVID-19 cases, with 54.0 cases per 100,000 people. Albertans aged 30-59 had the second-highest rate with 26.3, followed by those aged 20-29 with 21.1. 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 1,375 individuals were in non-ICU hospital beds with COVID-19 on Feb. 16 compared to 1,511 on Feb. 9, a 9.0 per cent decrease.



Variants of Concern

From Feb. 8-14, an average of 69 per cent of positive samples were strain-typed for variants of concern. Of those strain-typed, the rolling average was 92.1 per cent Omicron, 0.1 per cent Delta, and 7.8 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:

- Data from the last seven days indicate 41.4 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 28.3 per cent had COVID-19 as a contributing cause, and 30.3 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 58.0 per cent; 28.0 per cent had COVID-19 as a contributing cause, and about 14.0 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.
- As of Feb. 16, 3,822 individuals have passed away from COVID-19, including 104 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. 16, 519,351 cases of COVID-19 have been detected in Alberta and 20,507 individuals have been hospitalized, which amounts to 3.9 individuals for every 100 cases. In all, 498,978 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. 10-16, 25,718 COVID-19 tests were completed, a seven-day average of 3,674 tests per day. During this period, the daily positivity ranged from 23.39 per cent to 34.40 per cent. As of Feb. 16, 6.82 million tests have been conducted and 2.72 million individuals have been tested. COVID-19 testing eligibility has changed recently to accommodate the demand due to the increase in cases.

COVID-19 Updates and New Information You Need to Know

Designated support person and visitor screening update

Updates have been made to designated support person and visitor screening forms for acute care, ambulatory care, emergency, urgent care and continuing care.

All designated support persons and visitors who are close contacts of a case of COVID-19 can now access AHS sites 10 days since their last exposure. Previous screening required 14 days since last exposure.

This change reflects Alberta Health's current recommended symptom monitoring for close contacts of COVID-19 cases. The resource below have been updated to reflect this change:

- [Designated Support Person and Visitor Screening Questionnaire for Acute Care, Ambulatory, Emergency and Urgent Care Facilities](#)
- [Designated Support Person and Visitor Screening Questionnaire for Continuing Care Facilities](#)
- [AHS Close Contacts webpage](#)

More information is available at ahs.ca/visitation.

AGMP Guidance Updated

The AHS provincial guidance for designated support person access for suspected or confirmed COVID-19 patients undergoing a continuous Aerosol-Generating Medical Procedure (AGMP) in acute and continuing care settings has been updated to align with current masking requirements.

Designated support persons and visitors who will be with a patient or resident undergoing an AGMP are now required to wear an N95 mask in acute care and a KN95 or N95 mask in continuing care settings. The updated guidance is available [here](#).

Continuous masking at all AHS, APL and Covenant sites

A reminder: all physicians, staff, volunteers and designated support persons both in patient care areas, as well as common spaces (including cafeterias and waiting areas), are still required to wear a mask while attending an AHS, Alberta Precision Laboratories (APL) or Covenant Health facility.

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. Masking is an additional safeguard to protect both patients and healthcare workers.

Continuous masking remains in place at all acute care, continuing care and community locations, including immunization and lab collection sites provincially.

In addition to masking, all AHS and Covenant sites will continue to require visitors to perform hand hygiene, physical distancing and health screening upon entry.

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

COVID-19 Immunization Update

Federal travel changes

This week, the Government of Canada announced a series of adjustments to the current border measures, representing the beginning of a phased easing of travel restrictions.

Starting Feb. 28, travellers arriving to Canada from any country, who qualify as fully vaccinated, will be randomly selected for arrival testing. Fully vaccinated travellers selected will no longer be required to quarantine while awaiting their test result.

Unvaccinated travellers will continue to be required to test on arrival, on day eight, and quarantine for 14 days. Unvaccinated foreign nationals will not be permitted to enter Canada unless they meet one of the exemptions.

Travellers will now have the option of using a COVID-19 rapid antigen test result (taken the day prior to their scheduled flight or arrival at the land border or marine port of entry) or a molecular test result (taken no more than 72 hours before their scheduled flight or arrival at the land border or marine port of entry) to meet pre-entry requirements. Taking a rapid antigen test at home is not sufficient to meet the pre-entry requirement. The Government of Canada has also adjusted its Travel Health Notice from a Level 3 to a Level 2. This means the government will no longer recommend that Canadians avoid travel for non-essential purposes. For more information, visit the [Government of Canada website](#).

Eligibility expanded for additional doses

More Albertans are now eligible to receive additional doses of the COVID-19 vaccine. This includes those 12 to 17 years of age with [underlying health conditions](#) or who are First Nations, Métis or Inuit. These individuals are now 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.

Also included are children five to 11 years of age with [severe immunocompromising conditions](#) who are now 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 is now available.

Change in hours for Health Link vaccine booking line

Due to a significant decrease in call volumes in the overnight hours, the Health Link Vaccine Booking Line will no longer assist with booking COVID-19 vaccine appointments from 11 p.m. to 6 a.m. This change will start at 11 p.m. today (Feb. 18).

The Health Link Vaccine Booking Line will continue to operate seven days a week, between the hours of 6 a.m. and 11 p.m. for those needing assistance with booking their vaccine appointment.

For those needing to book their vaccine between 11 p.m. and 5:59 a.m., the Alberta Vaccine Booking System will continue to be available online for COVID-19 vaccine appointment bookings 24 hours a day, seven days a week.

Only the Health Link Vaccine Booking Line will be affected by this change. Albertans can continue to call Health Link 811 to speak to a registered nurse for health concerns 24 hours a day, seven days a week.

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 are confirmed to have been exposed in the workplace. The testing data does not include rapid antigen test results for healthcare workers.

As of Feb. 15:

- 93,016 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 21,840 (or 23.48 per cent) have tested positive.
- Of the 8,291 employees who have tested positive and whose source of infection has been determined, 724 (or 8.73 per cent) acquired their infection through a workplace exposure. An additional 13,800 employees who have tested positive are still under investigation as to the source of infection.
- 6,468 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 994 (or 15.37 per cent) have tested positive.
- Of the 333 physicians who have tested positive and whose source of infection has been determined, 27 (or 8.11 per cent) acquired their infection through a workplace exposure. An additional 671 physicians who have tested positive are still under investigation as to the source of infection.

For more information, see the AHS Healthcare Worker COVID-19 Testing [infographic](#).

Verna's Weekly Video Message: Pink Shirt Day and Respectful Workplaces

The past two years have been very challenging for all of us, in different ways. Sometimes the prolonged stress we carry from the pandemic can lead to strained interactions with those who hold different views from us.

So more than ever, we need to be kind, show compassion and respect, and empathy towards one another. [Pink Shirt Day](#) is a good reminder of how important it is to practice respectful behavior.

This international anti-bullying campaign was started by students in Nova Scotia 15 years ago, and falls on February 23 this year. Joining Verna to [talk about Pink Shirt Day](#) and the importance of promoting and reinforcing a positive and [respectful workplace](#) are:

- Tara Foster, interim program manager, Respectful Workplaces
- Peggy Mann, director, Prevention of Workplace Violence

- Liane Manz, executive director of Medicine at the Royal Alexandra Hospital

PPE Question of the Week — A Message of Gratitude

Since the start of the pandemic, there have been countless stories of dedication, hard work and personal sacrifices from staff and physicians across the province. Every day, what each and every AHS employee does truly matters, and makes a difference in ways both big and small. [This week's video](#) is a heartfelt thank you from Dr. Mark Joffe, AHS VP and Medical Director.

Reminder: Harassment and Violence Supports are Available to Keep you Safe

We know this is a stressful time for our physicians and staff and understand that emotions may be running high during these challenging times. Patients, clients, families and visitors may feel stressed or frustrated when they visit or access our sites and you may feel disrespected or unsafe as a result.

Harassment is never ok and will not be accepted. We want to remind you that there are several resources to prevent, address and respond to harassment and violence. Please see the harassment and violence section in the [COVID-19 Physician and Staff FAQ](#) for supports and resources. If you have any questions or have other safety concerns, please reach out to your medical leader.

Join the Feb. 28 President's Speaker Series Event on Misinformation and the Pandemic

You're invited to join an online discussion on the harms of misinformation and lessons learned at the [President's Speaker Series](#) event on Feb. 28 from 10 to 11 a.m.

The spread of misinformation seems to intensify with each passing week, and research tells us that misinformation is doing tangible harm – to public health, public discourse, and public trust. This is especially true during the COVID-19 pandemic. So how did we get here and what can we do about it?

Our keynote speaker presenting on this topic is professor [Tim Caulfield](#), who is a Canada Research Chair in Health Law and Policy, a Professor in the Faculty of Law and the School of Public Health, and Research Director of the Health Law Institute at the University of Alberta.

[Click here](#) to register. Questions? Email pss@ahs.ca.

International Recognition for AHS Pandemic Response

AHS' pandemic response has been recognized internationally in the Journal of Business Continuity & Emergency Planning.

Authors Eric Bone and Jeffrey Tochkin, both with AHS Emergency / Disaster Management, outlined how our pandemic response had its roots in how we have dealt with other challenging events. Emergencies such as the Fort McMurray wildfire, the southern Alberta floods and the fentanyl crisis have all created learning opportunities and helped AHS strengthen its response capabilities.

The paper, "The benefits of lessons learned: The COVID-19 experience in the Canadian province of Alberta," considers adaptations and improvements from 2009 to March 2020 that have contributed to "greater organizational healthcare resiliency at AHS."

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
 - 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 \(CPSA\)](#).

Dr. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. Laura McDougall

Senior Medical Officer of Health

