



Message from
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*AHS Update: Update on AHS COVID-19 Protocols:
Masking, Fit for Work, and Family Presence and
Visitation*

Please print and share with your teams as needed

Dear staff, physicians and volunteers,

 **Today's Update**

- **Our Priorities**
- **Supports When You Need Them**
- **COVID-19 Cases in Alberta**
- **AHS COVID-19 Protocols and Guidelines – Masking, Fit for Work and Visitation**
- **HQCA to Lead Review of EMS Response to Dog Attack**
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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.

Our Priorities

The AHS Update message includes the latest information on our COVID-19 response, as well as updates on the progress AHS is making on its 10 priority areas. Each week will include updates on specific initiatives connected to some of the 10 priorities. We have much to accomplish together in these areas, so we want to make sure our teams have the most current information on the work underway and on the work ahead.

Priority: Alberta Surgical Initiative (ASI)

The Alberta Surgical Initiative (ASI) will improve timely access to surgical care in Alberta. The goal of ASI is to ensure adult and pediatric patients receive scheduled surgeries within clinically appropriate timeframes. The Diagnostic Imaging CT and MRI Action Plan is intended to bring CT and MRI wait times within clinical targets for patients across Alberta by 2025.

Current surgical status

We continue to work diligently to recover to pre-pandemic surgical status. Over the past four weeks, the average of weekly volumes for surgical activity is 91 per cent of our pre-pandemic surgical volumes. Our total surgical wait list for adults sits at approximately 72,323, compared to approximately 72,860 at the beginning of May. In February 2020, before the pandemic, our total wait list was 68,000.

Edson cataract-surgery program marks anniversary

It has been a year since the Edson Community Health Centre began its cataract surgery program. In that time, 380 patients have been able to remain in their own community to have their procedure performed. Learn more about [how the teams have been providing care for Albertans in their local community, and next steps](#).

Priority: Public Health and Pandemic Response and Recovery

COVID-19 has had significant impacts on the delivery of health services in Alberta, including challenges related to controlling the spread of infection in facilities and ensuring capacity in acute care, intensive care, surgery and public health services. As we move from a pandemic to sustained management of COVID-19, AHS remains committed to maintaining readiness and ensuring it is ready to respond to all communicable diseases, including COVID-19, by protecting staff and those most

vulnerable to severe outcomes. AHS will continue to provide access to treatments and vaccines, and implement strategies to reduce vaccine hesitancy and increase vaccination rates for all vaccine-preventable diseases. AHS has resumed all population-based screening programs and broader access to screening and treatment of sexually transmitted infections (STIs); syphilis, in particular. AHS will expand and enhance supports for long-COVID conditions, increase intensive care capacity, and ensure volume and activity for other services return to, or exceed, pre-pandemic levels. Child health and wellness is a key area of focus, given the physical and mental impact of the pandemic on Alberta's young people. AHS public health teams will accelerate pre-pandemic work, while continuing to respond to the needs of Albertans as we live with COVID-19.

Critical Care Beds

Alberta Health Services has now opened 22 of the 50 new permanent intensive care unit (ICU) beds supported by the Government of Alberta in Budget 2022. This brings the provincial ICU baseline to 195 beds, up from 173. The goal is to reach 223 ICU beds across all AHS zones through a government investment of \$100 million. To date, additional ICU beds have been added in the following zones: North (3), Edmonton (6), Calgary (9) and South (4). Central Zone expects to add four new beds by the end of June.

Additional nurses, allied health professionals, clinical support service positions and pharmacists have been hired to support these beds, to ensure the health system can respond quickly to future waves of the pandemic or other health system demands.

National Indigenous Peoples Month

Many events have already taken place to date to celebrate National Indigenous Peoples Month across AHS. AHS teams have attended virtual presentations, including those by The Métis Nation of Alberta, the Maskwacis Maternal, Child & Family Wellbeing Research Group, the Blackfoot Confederacy, Quality of Care in the Emergency Department for First Nation Members in Alberta, and the physician panels, have been informative, inspiring and help us provide culturally safe, accessible healthcare. In the week ahead, AHS staff, physicians and volunteers are encouraged to take part in activities planned for National Indigenous Peoples Day on Tuesday, June 21, at several sites around the province. There are also virtual events scheduled for next week with the closing ceremonies planned for Friday, June 24 at 3 p.m. More information is available at [2022 National Indigenous Peoples Month Celebrations | Together 4 Health](#).



Supports When You Need Them

Mental Health Support at Your Own Pace

If you are coping with depression and anxiety, know you are not alone. There is help available through [i-Volve](#), an online, self-paced Cognitive Behavioural Therapy (CBT) program for mild depression and anxiety.

The program is free of charge and can help identify, challenge and overcome anxious or depressive thoughts, behaviours and emotions. i-Volve is available through [Homeweb](#). You can access i-Volve, anytime, anywhere.

For support with any issue, call the [Employee and Family Assistance Program](#) (EFAP) intake line at 1-877-273-3134. Physicians can contact the [AMA Physician and Family Support Program](#) at 1-877-SOS-4MDS.

Support is available if you ever feel uncertain or overwhelmed. See the [Resilience, Wellness and Mental Health Resource Guide](#) for a comprehensive list of health and wellness supports. You can also download [Headversity](#), the resilience app, to learn skills to proactively build your mental health. Questions? Contact wellness@ahs.ca.

COVID-19 Status

ICU 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 210 general adult ICU beds open in Alberta, including 15 additional spaces above our baseline of 195 general adult ICU beds. There are currently 166 patients in ICU.

Provincially, ICU capacity (including additional surge beds) is currently at 79 per cent. Without the additional surge spaces, provincial ICU capacity would be at 85 per cent.

- In Calgary Zone, we currently have 75 ICU beds. Calgary Zone ICU is operating at 88 per cent of current capacity (including seven COVID-19 patients in ICU).
- In Edmonton Zone, we currently have 83 ICU beds, including five additional spaces. Edmonton Zone is operating at 82 per cent of current capacity (including nine COVID-19 patients in ICU).
- In Central Zone, we currently have 18 ICU beds, including six additional spaces. Central Zone ICU is operating at 50 per cent of current capacity (including one COVID-19 patient in ICU).
- In South Zone, we currently have 21 ICU beds. South Zone ICU is currently operating at 67 per cent capacity (there are currently no COVID-19 patients in ICU).
- In North Zone, we have 13 ICU spaces (split between Grande Prairie and Fort McMurray), including four additional ICU spaces. North Zone ICU is currently operating at 69 per cent capacity (there are currently no COVID-19 patients in ICU).

Hospitalizations

On June 13, 700 individuals were in non-ICU hospital beds for COVID-19, compared to 820 individuals in non-ICU hospital beds on June 6, a 14.6 per cent decrease.

Variants of Concern

Alberta Precision Laboratories (APL) continues to closely monitor SARS-CoV-2 variants. From June 7-13, an average of 71 per cent of positive samples were strain-typed. Of those, the seven-day rolling average was 83 per cent Omicron BA.2 lineage, 17 per cent non-BA.2 Omicron lineages (comprising BA.1, BA.4, and BA.5 cases). Delta was not detected during this period.

As global data is updated, sub-lineage designations are refined, which may affect lineage calls in Alberta. We continue to monitor our data and adjust as information becomes available. BA.4 and BA.5 are lineages of Omicron that have been detected at low levels in several countries, but high case numbers have been observed in South Africa and Portugal. While BA.4 and BA.5 appear to transmit more readily than BA.2 due to their ability to evade immunity from immunization or prior infection, there is no evidence that they cause more severe disease than other Omicron lineages.

Recombinant SARS-CoV-2 strains have been detected and are circulating in Alberta,

as well as across Canada and the world at very low levels. The recombinants detected in Alberta are recombinants within the Omicron lineage and are not thought to be of any increased biological concern compared with the predominant BA.2 strain.

Recombinants occur as part of the evolution of SARS-CoV-2 and are being monitored as we remain in frequent communication with our provincial and national public health partners.

New Cases

For the seven-day period ending on June 13, there was an average of 206 new cases of COVID-19 detected per day, compared to 259 cases per day the previous reporting period (May 31 to June 6) — a 20.5 per cent decrease. The Calgary Zone reported the highest total number of detected new cases with 657 (an average of 94 detections per day). Four out of five zones reported a decrease in the number of new cases detected this reporting period, compared to the previous week as you can see in the table below:

Zone	New Cases (June 7-June 13)	New Cases (May 31- June 6)	Percent Change
Calgary	657	988	-33.5%
Edmonton	516	498	+3.6%
North	61	78	-21.8%
Central	142	170	-16.5%
South	65	78	-16.7%
Unknown	1	1	n/a
Total	1,442	1,813	-20.5%

Please note:

- 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.
- Alberta Health has stopped reporting the number of active COVID-19 cases.

Wastewater Surveillance

Wastewater can provide an early indication of infection trends in a community. For wastewater surveillance comparing weekly averages:

- Across all twenty wastewater sites in Alberta, only three locations showed a significant increase in COVID-19 RNA in the wastewater this week. These sites were High River and Okotoks in Calgary Zone, and Grande Prairie in North Zone. The remaining 17 sites decreased or had no significant changes.

Frequency of reporting updates vary by sampling site. The above interpretations were made from available data as of June 13 at noon. The Alberta Wastewater Surveillance Program is a collaboration between the University of Calgary, University of Alberta, APL and Alberta Health.

Other notable COVID-19-related information:

- Data from the last seven days indicate that 25.4 per cent of new admissions to non-ICU spaces are due to COVID-19 infection directly, 42.3 per cent had COVID-19 as a contributing cause and 32.3 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 11.1 per cent; 66.7 per cent had COVID-19 as a contributing cause and 22.2 per cent were incidental infections or unclear.
- As of June 13, 4,591 individuals have passed away from COVID-19 including 24 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 June 13, a total of 586,108 cases of COVID-19 have been detected in Alberta and a total of 27,146 individuals have ever been hospitalized, which amounts to 4.6 individuals for every 100 cases.
- From June 7 to June 13, 10,980 COVID-19 tests were completed, a seven-day average of 1,569 tests per day. During this period, the daily positivity ranged from 11.62 per cent to 14.25 per cent.

Updated AHS COVID-19 Protocols and Guidelines

The Government of Alberta announced that as of June 15, the province has moved to the final step of a three-phase approach to easing public health measures. Details are in a [government news release](#).

AHS will continue to keep the health and well-being of our patients, families, staff, physicians, volunteers, and all Albertans at the forefront of everything we do.

Masking

With the implementation of Step 3 on June 15, masking will still be required at all AHS, Alberta Precision Laboratories and Covenant Health facilities. Continuous masking remains in place at all acute care, continuing care and community locations, including immunization and lab collection sites provincially.

[AHS' masking directive](#) will continue to apply to everyone, including staff, physicians, volunteers, designated support persons and visitors in patient care areas and in common spaces such as cafeterias and waiting areas.

Those who work in areas with no direct contact with patients or patient items (e.g., corporate settings, health records departments, laboratory services) are required to wear a mask continuously in all areas of their workplace, unless they are at a work space separated by at least two (2) metres, separated by a physical barrier, or working alone in an individual office. a) Only in an administrative setting (e.g., Southport Tower, Seventh Street Plaza) may AHS People choose to wear a non-procedure mask (e.g., their own clean cloth mask).

Why is continuous masking still in place?

Following the announcement on June 13 of the rescindment of Alberta's remaining COVID-19 guidelines, it is understandable that our healthcare teams may have questions about the COVID-19 guidelines and restrictions that continue to be in place at AHS sites.

While reducing restrictions may be an appropriate measure for the average Albertan, most individuals seeking care at AHS sites are more vulnerable to severe outcomes from COVID-19. Wearing a mask in all healthcare settings can help protect someone at higher risk of becoming significantly ill if they catch COVID-19, as well as the healthcare workers who provide care.

Community spread continues

There are over 700 individuals in our hospitals receiving care for COVID-19. Community spread continues to affect our clinics, emergency departments, urgent care centres and inpatient beds.

So, while COVID-19 continues to circulate in our community, we ask all visitors, staff, physicians, volunteers, and designated support persons to **mask-up in patient care areas** and other common spaces, including the cafeteria and waiting areas, as well as in non-patient care work areas, as noted above.

How is the decision to keep continuous masking in place made?

COVID-19 is a very challenging pandemic to manage. We continue to monitor multiple parameters including wastewater data and the number of hospitalizations in Alberta. We are making active decisions regarding the Personal Protective Equipment needed for protection of both staff/physicians, patients and visitors based on these and other relevant factors.

As we continue to enforce continuous masking, we also want to remind everyone that all AHS and Covenant sites will continue to require visitors to perform hand hygiene, physical distancing, and health screening upon entry. We thank you for helping us do that by **doing your part and continuing to mask-up**.

Fit for Work

As announced by Alberta Health earlier this week, effective June 15, 2022, while still recommended, Albertans are no longer required to isolate if they are symptomatic or test positive for COVID-19.

As we continue to ensure the safety of our vulnerable patients and one another, at this time, AHS staff will continue to be restricted from attending work when they have COVID-19 core symptoms or are confirmed to have COVID-19 in accordance with the [Attending Work with COVID-19 Symptoms, Positive Test or Close Contact Directive](#).

COVID-19 PCR testing will also continue to be available for [healthcare workers](#).

We thank all AHS staff for continuing to follow the current safety measures in place, including completing the [Daily Fit for Work Screening](#) before each shift. Please also continue other preventive actions such as physical distancing and [hand hygiene](#) to keep everyone safe, and prevent the spread of COVID-19.

The health and safety of all remains our priority. We will continue to make active decisions on restrictions and keep our teams informed about any changes to this policy.

Family Presence and Visitation

While the provincial government's decision to ease restrictions affects public sites, visitation precautions remain in place for the safety of patients, staff and services at AHS facilities.

Visitation access restrictions are currently under review. We anticipate updates to designated family/support person and visitor access in acute, ambulatory, urgent and emergent care facilities to be provided soon, and will continue to provide updates to help support your work.

Current precautions are reflected in the [COVID-19 Guidance for Designated Support and Visitor Access in Acute, Ambulatory and Emergency/Urgent Care](#). At this time, measures including (but not limited to) limits on the number of designated family/support persons permitted per patient, masking requirements, entry screening, and limits to visitor access are still in effect.

Visitor requirements for AHS Continuing Care facilities are reflected in the [AHS Family Presence Policy Suite](#). Continuing Care facilities moved from COVID-19 directives to this policy in 2021.

The Family Presence Policy Suite is intended to provide ongoing visitation guidance for all sites once we transition away from COVID-19 directives.

Things You Need to Know

HQCA to Lead Review of EMS Response to Dog Attack

AHS announced on June 9 that an independent review will be carried out into the events surrounding the EMS response to the dog attack. Our thoughts remain with the family, friends, and neighbours of the Calgarian who died.

Today, we announced that the Health Quality Council of Alberta (HQCA) will lead the independent review into the EMS response. More details are available in today's

[news release](#).

Monkeypox Update

Since the last update on June 8, no new cases of Monkeypox have been reported in Alberta; as of June 16, 2022, there are four confirmed cases of Monkeypox in our province.

Monkeypox is a rare disease that does not pose a high risk to the public and does not spread easily between people. Transmission primarily occurs through close physical contact, and less commonly, may occur through large respiratory droplets with prolonged (estimated > 3 hours) face-to-face contact. In Canada, cases to date have been in those who have had close physical contact with infectious skin lesions during sexual activity.

Those who believe they have been in contact with a case of monkeypox are advised to self-isolate and CALL Health Link 811 or their primary care physician. They should also wear a mask and cover any lesions if leaving home to seek medical care AND should notify the healthcare facility in advance or upon arrival that they are concerned about Monkeypox to ensure appropriate precautions are in place.

New resources have been developed and are available on the [AHS Monkeypox webpage](#).

Interim CEO video message: National Indigenous Peoples Month

June is [National Indigenous Peoples Month](#), a time to recognize the cultures and stories of First Nations, Inuit and Métis peoples. It is important to honour, recognize and celebrate the beauty and strengths of the First Peoples of this land.

Indigenous health services are delivered throughout the province in partnership with Indigenous peoples to provide high quality, culturally safe, accessible healthcare. And by learning about and inspiring each other through these partnerships, we can enhance an inclusive healthcare system that is welcoming and respectful of all cultures, traditions and beliefs.

Joining me (Mauro) today to [talk about Indigenous Health and National Indigenous Peoples Month](#) are:

- Nadine McRee, Project Director, Indigenous Wellness Core
- Lori Meckelborg, Director of Performance, Impact and Measurement for the Indigenous Wellness Core



There is still time to design a new official AHS Orange Shirt for the Indigenous T-shirt design contest, by submitting entries at [Indigenous T-Shirt Design Contest 2022](#). For a complete listing of what is happening around AHS to celebrate Indigenous culture throughout the month of June, or to watch recordings of past sessions, please visit [2022 National Indigenous Peoples Month Celebrations | Together 4 Health](#).

Join the Next Virtual Health Webinar, June 21 – Digital Translation Services

The Virtual Health team welcomes Kayathiri Ganeshamoorthy, Provincial Program Lead, Interpretation and Translation Services, to lead a webinar on incorporating digital translation services into virtual care delivery. The webinar will introduce the services offered by the Interpretation and Translation Services, the importance of using a professional medical interpreter, a demo of the service on Zoom and more.

Date: Tuesday, June 21

Time: 12:00 p.m. – 12:45 p.m.

[Register](#) for the Virtual Health webinar on digital translation services in virtual care.

Be Well - Be Kind

Wrapping Up – A Flood of Memories

Together, we've accomplished many things over the past months and years, and we've also been through an enormous amount of change and stress. As we experienced heavy rainstorms over much of Alberta this week, with more to come in the forecast for next week, it certainly brings to mind the rains that happened at this same time nine years ago, when southern Alberta experienced one of the most devastating floods in our history. As we remember those days in June 2013, we know that many Albertans and significant numbers of our own staff and physicians were directly and indirectly affected by the damage. As we enter yet another season of

potential flooding, you may find some stress and anxiety associated with those memories and the new worries of the current potential for flooding and other environmental disasters we are facing. We want to remind you that help is available no matter when, or for what reason you might need it. If you need support, please visit [Employee & Family Assistance Program](#). EFAP is here to support you and your immediate family.

Thank you for your continued commitment to caring for Albertans this week.

With enduring appreciation and gratitude,

Mauro Chies

Interim AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health

