

# CMO SMOH Weekly Notice for AHS Medical Staff

May 7, 2021

## This week:

- Highlighted Topics
  - What to Tell your Patients about Vaccines
  - Government of Alberta Introduces Stronger Public Health Measures
  - From the Archives: Verna's Video Message — Spotlight on Environmental Public Health
- MD Culture Shift
- Verna's Weekly Video Message — Mental Health Week and Health and Safety Week
- Mental Wellness Moment — Dealing With COVID-19 Fatigue
- Doctor of the Week
- National Recognition for Lifetime's Work in Public Health
- CMO Physician Conversation Series Save the Date: May 20
- University of Calgary COVID Corner: Vaccines vs. Variants Part 2
- Highlights from the CEO All Staff Update
  - COVID-19 Case Status in Alberta
  - COVID-19 Testing for Healthcare Workers — the Latest Numbers
  - COVID-19 Immunization
  - You're Invited to Join Verna for Leadership Discussion
  - Clinician Volunteers, Donations Sought for India COVID-19 Aid Project
  - Continuing Care Visitation Restrictions Being Eased by Alberta Health
- Beyond COVID-19
  - Medical Assistance in Dying Legislation Changes
  - New Lab-developed Procedure Improves Treatment for Fire Victims
  - Malware Aware
- Additional Resources for Physicians

## Highlighted Topics

### All Albertans 12+ are Soon to be Eligible to Book for mRNA COVID-19 Immunization Appointments

According to the federal government, Alberta is scheduled to get more than 2.4 million doses of COVID-19 vaccines — almost all of it Pfizer-BioNTech — between now and July 4. With this vaccine supply, we should be able to immunize an estimated 300,000 Albertans per week.

#### What to Tell your Patients about Vaccines:

- All Albertans 12+ are soon to be eligible to book for mRNA COVID-19 immunization appointments.
  - Starting May 6, Albertans born in 1991 or before can book (age 30+)
  - Starting May 10, Albertans born in 2009 or before can book (age 12+)
- **Why get immunized:** Immunization is a critically important means of protecting yourself, your colleagues, loved ones and the greater community from COVID-19. Without immunization, we have seen that even healthy Albertans are at risk of severe illness and even death from COVID-19. Widespread immunization will help all Albertans return to a more normal way of life, sooner.
- **How to get immunized:** Please encourage your eligible patients to sign up now through [participating pharmacies](#), the [AHS online immunization booking tool](#) or by calling Health Link at 811.
- For more information, including COVID-19 vaccine FAQs, please visit [ahs.ca](https://www.ahs.ca).

### Government of Alberta Introduces Stronger Public Health Measures

On May 5, the Government of Alberta announced increases in public health measures to stop the spike of COVID-19 cases in the province.

These restrictions are provincewide and impact:

- Schools and post-secondary classes
- Restaurants, bars, pubs, lounges and cafes
- Retail
- Entertainment and recreation facilities
- Banquet halls, community halls, conference centres and hotels
- Personal and wellness services
- Health, social and professional services
- Indoor and outdoor fitness, performance and education
- Working from home
- Indoor and outdoor social gatherings
- Out-of-town travel and visitors
- Weddings and funerals
- Places of worship

For details on these measures, please visit [alberta.ca/enhanced-public-health-measures](https://alberta.ca/enhanced-public-health-measures).

### **Verna's Video Message — Spotlight on Environmental Public Health**

During the COVID-19 pandemic, the work of Environmental Public Health has grown exponentially and the role the team plays is vast and vital. We know, for many, the COVID-19 restrictions can be difficult and this is a stressful time – mentally, emotionally and financially. Sometimes this leads to heated emotions.

Joining Verna to talk more [about the great work of Environmental Public Health and the challenges they face](#) are:

- Dr. Kathryn Koliaska, Lead Medical Officer of Health for the North Zone and Safe Healthy Environments
- Mark Fehr, Executive Director, Safe Healthy Environments

Kathryn and Mark share how the pandemic has changed Environmental Public Health's role and how public health inspectors work with police and municipal partners.

Watch the video [here](#).

### **MD Culture Shift**

**MD Culture Shift Newsletter:** [Issue 03: May 2021](#).

**Physician Wellness Zoom Rooms:** On pause now and through the summer.

**Well Doc Alberta Community Bulletin Board:** [Community Bulletin Board | welldocalberta](#). To post physician wellness related events and research, email [WellDocAlberta@ucalgary.ca](mailto:WellDocAlberta@ucalgary.ca).

### **Equity in Medicine 2021 Virtual Conference: Overcoming Barriers in Medicine**

Join a half day virtual conference on June 12 to hear from keynote speakers on topics such as, "Taking a long, hard look at gender based violence in science and medicine in Canada," "Just a moment! Adapting EDI education to the attention span of an emergency physician," and more. For more information, and to register, visit [equityinmed.com](https://equityinmed.com).

### **Equity, Diversity and Inclusion (EDI)**

Dr. Kim Kelly is hosting a [YEG Women in Health Networking](#) event with speaker Dr. Shannon Ruzycki presenting "Equity & Diversity in Research and Research in Equity & Diversity."

The objective of this session is to increase knowledge of EDI research findings to help us move the needle. Dr. Ruzycski's research focuses on equity, diversity and inclusion in the health workforce. She co-chairs the University of Calgary Department of Medicine's Anti-Racism and Equity and Diversity Working Groups.

**Date:** June 15

**Time:** 7 p.m.

**Meeting Registration:** [Zoom](#)

### **Verna's Weekly Video Message – Mental Health Week and Health and Safety Week**

The daily demands of fighting COVID-19 are taking a toll on mental health. We know this has not been easy. Many have had to deal with fatigue, stress and loss. And yet, our people continue to do great work as we continue to protect the health of our communities, patients, families, and each other.

As we come to the end of Mental Health Week and Health and Safety Week, we are reminded to continue to look after our physical and mental well-being all year round.

Joining Verna this week to offer helpful tips and to reinforce the importance of having both physically and psychologically safe work environments are:

- Dr. Mircea Fagarasanu, Senior Program Director, Workplace Health and Safety
- Dr. Jennifer Williams, Physician with Internal Medicine and South Sector Physician lead in Wellness and Diversity
- Mona Sikal, Executive Director, Employee Relations

We encourage you to take a few minutes to complete this [short survey](#) (Insite login required) to help us understand what future resources you need to support your mental health at work.

If you or your loved ones are struggling, please remember confidential supports are always available through the Physician & Family Support Program:

- CALL 1-877-SOS-4MDS (767-4637)
- International: 403-930-0529 (you may call collect)
- CONFIDENTIAL 24 Hours a Day/7 Days a Week/365 Days a Year.

### **Mental Wellness Moment — Dealing With COVID-19 Fatigue**

In the latest Mental Wellness Moment, Dr. Nicholas Mitchell — AHS Provincial Medical Director for Addiction and Mental Health — talks about the many ways the pandemic has affected Albertans' mental health and identifies supports that can help people manage the stresses and anxieties they might be feeling during this global health crisis.

Watch the video [here](#).

### **Doctor of the Week – Dr. Marc Shaw**



As an active member within Connect Care, Dr. Shaw has held many roles including: Physician Builder, MIL and Senior Area Trainer.

In September 2020, Dr. Shaw accepted the role of Associate Chief Medical Information Officer for the North Zone. In addition to his surgical practice and resequencing the Connect Care waves, Dr. Shaw has always maintained an attitude of optimism, engagement and enthusiasm within his team. Dr. Shaw's polished and professional approach was proven to be successful amongst his peers in preparation for Wave 3 launch of Connect Care, as 100 per cent of physicians had completed their "On Our Best Behaviour" Connect Care training as a result of his leadership. He has also been a strong advocate for the successful adoption of the Connect Care IDs which are necessary for any lab and DI requests.

Thank you, Dr. Shaw, for your leadership and commitments to rural healthcare.

### **National Recognition for Lifetime's Work in Public Health**

We'd like to congratulate Dr. Brent Friesen with our Population, Public and Indigenous Health team for receiving the Honorary Life Membership award by the Canadian Public Health Association (CPHA). The CPHA, the only Canadian non-governmental organization focused exclusively on public health, recognizes Dr. Friesen for being "a remarkable physician who has made significant contributions to all facets of public health and, in particular, health promotion, disease and injury prevention, and environmental health."

In awarding its Honorary Life Membership, the CPHA highlighted two nationally recognized health programs that Dr. Friesen supported: Best Practice - Best Beginnings, an outreach nursing service to marginalized pregnant and post-partum women and their infants, and Comprehensive School Health.

### **CMO Physician Conversation Series Save the Date: May 20**

May 24-28 is Rural Health Week, and, our next CMO Physician Conversation Series discussion will be focused on rural health care in Alberta.

**Date:** May 20

**Time:** 5-6 p.m. MST

**Register in advance for this meeting:** [Here](#)

\*After registering, you will receive a confirmation email containing information about joining the meeting.

This session is intended for all physicians working in rural and urban communities, medical students and residents and will feature physicians working in South, Central and North Zones.

We'll cover the following topics:

- What is a typical day like for physicians working in rural and remote areas?
- What should urban physicians know about rural physicians that would help them collaborate more effectively?
- What are the rewards and challenges for physicians working in rural and remote areas?
- How can AHS best support rural and remote physicians?

Following the presentation, there will be time for questions.

### **University of Calgary COVID Corner: Vaccines vs. Variants Part 2**

COVID Corner, hosted by the University of Calgary, offers updates on various topics and aspects related to the COVID-19 pandemic. The next session in the series, held on May 12, will build on the March 10 session which covered the following objectives:

- Describe the prevalence and potential impact of SARS-CoV-2 variants, including the likelihood of future waves of COVID-19
- Examine the efficacy of vaccines in preventing COVID-19 and virus transmission in the community, including potential efficacy against variants
- Demonstrate the impact of non-pharmaceutical interventions and identify the public health measures most likely to prevent future waves of COVID-19
- Recognize the economic impact of COVID-19 and how economic recovery can be influenced by public health strategies related to relaxing restrictions

**Date:** Wednesday, May 12, 7-9 p.m. MST

**Register:** [Here](#)

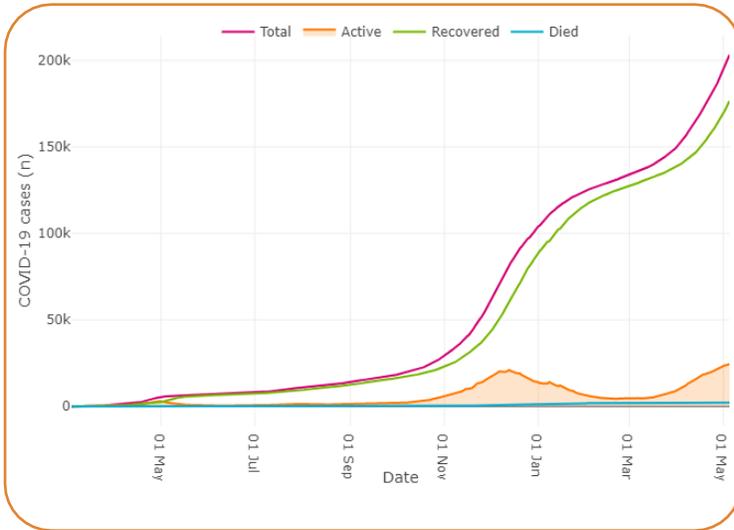
## Highlights from the CEO All Staff Update

### COVID-19 Case Status in Alberta

This week, Alberta set new records for most active cases of COVID-19, highest average daily new cases and most ICU admissions related to the virus. As of May 5, there was a record of 24,497 active cases in Alberta, an increase of 14.6 per cent (representing 3,112 additional active cases) than the previous week. AHS Calgary Zone reported the most active cases for the 17th week in a row with 10,639. The other four AHS zones also reported week-over-week increases, although Edmonton Zone remained relatively stable, as you can see in the table below.

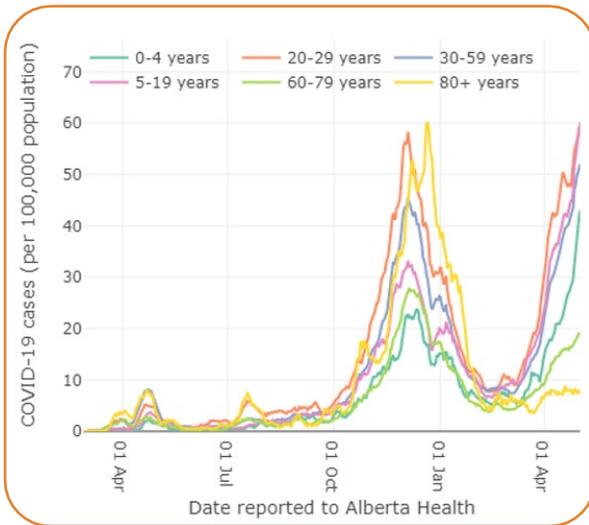
	<b>Active Cases (as of May 5)</b>	<b>Active Cases (as of April 28)</b>	<b>Per cent Change</b>
<b>Calgary</b>	10,639	8,962	+18.7%
<b>Edmonton</b>	5,979	5,916	+1.1%
<b>North</b>	3,616	2,994	+20.8%
<b>South</b>	1,321	1,064	+24.2%
<b>Central</b>	2,899	2,395	+21.0%
<b>Unknown</b>	43	54	-20.4%

Provincewide, there was an average of 2,074 new cases per day for the seven-day period ending on May 5, compared to 1,672 cases the previous week, a 24 per cent increase. This is also a record, eclipsing an average of 1,729 new cases set during the Dec. 3-9 reporting period. The Calgary Zone had the highest total number of new cases this week with 6,553, an average of 936 cases per day and a 39.4 per cent increase from the previous week, when 4,702 new cases were reported.



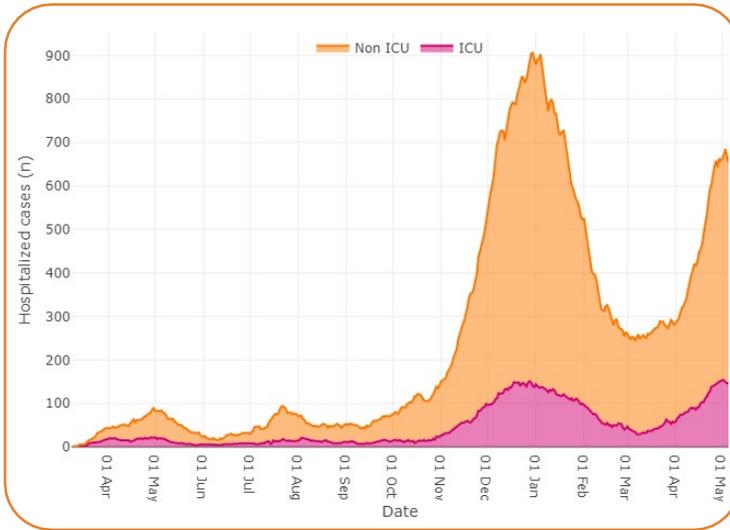
**Cases by age group**

On May 2, the seven-day rolling average among school-aged children (5-19 years) was 60.1 cases per 100,000 people, the highest rate per age group, followed by the 20-29 years age group at 51.4 cases per 100,000 people. The rate for people 80+ years, the age group with the highest rate in Wave 2, was only 8.0 cases per 100,000 people. A visual representation of these trends in cases in Alberta by age group is provided in the figure below.



**Hospitalizations and ICU admissions**

On May 1, there were 154 individuals with COVID-19 being treated in intensive care units (ICUs), eclipsing the previous record of 151 set on Dec.28, 2020. That number has since gone down. As of May 5, there were 146 individuals being treated in ICUs, a 3.3 per cent decrease in ICU admissions from the previous week when 151 individuals were in ICU on April 28. A total of 508 individuals were in non-ICU hospital beds on May 5 compared to 495 on April 28, a 2.6 per cent increase.



The breakdown of hospitalizations by zone as of May 5 is as follows:

	<b>Hospitalizations</b>	<b>ICUs</b>
<b>Calgary</b>	243	58
<b>Edmonton</b>	228	56
<b>North</b>	85	17
<b>Central</b>	63	10
<b>South</b>	35	5

### **Variants of concern**

On May 1, due to the overwhelming proportion of variants of concern (VOCs), changes were made to the decision rules of when to screen, the process by which we determine if a COVID-19 case is a variant or not. As a result, any figures that report the overall number of VOC cases, or count, will indicate a decrease in VOC cases when the decrease is actually being driven by a decrease in screening.

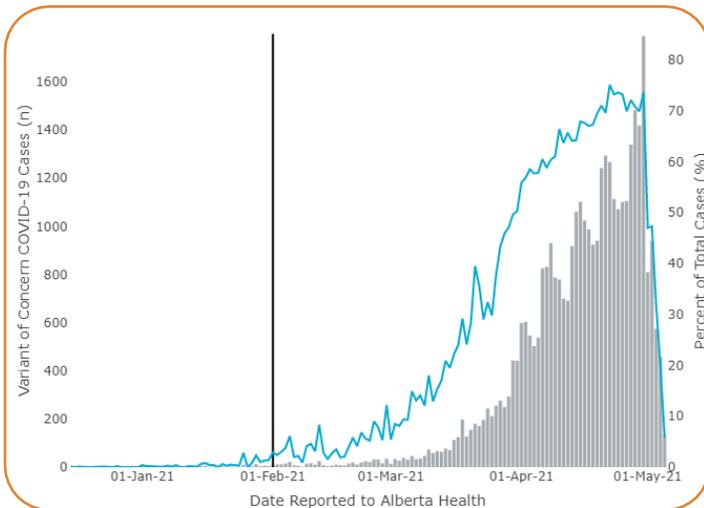
Due to this change, moving forward, we will be reporting a proportion of samples that are a VOC. In addition, the U.K. variant, B.1.1.7 is the dominant strain in circulation, so reporting on this variant will be phased out in this update and the focus will shift to the remaining VOCs.

On May 5, averaged over the previous seven days:

- 82.0 per cent of total samples successfully screened was the B.1.1.7 (UK) variant
- 4.1 per cent of total samples successfully screened was the P.1 (Brazil) variant
- 0.4 per cent of total samples successfully screened was the B.1.351 (South Africa) variant

The remaining per cent of total samples successfully screened are either a presumptive variant, a presumptive variant of interest, or not a variant.

The figure below shows new VOC cases (grey bars) and the percentage of VOC cases identified compared to other cases of COVID-19 (blue line). You can see the effect of the changes in screening protocols with the sharp drop on May 1:



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

As of May 5:

- A total of 203,135 cases of COVID-19 have been detected in Alberta and a total of 8,224 individuals have been hospitalized, which amounts to 4.0 individuals for every 100 cases. In all, 176,536 Albertans have recovered from COVID-19.
- 2,102 individuals have passed away from COVID-19, including 27 between April 29 and May 5. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- A total of 4.26 million tests have been conducted and nearly 2.1 million individuals have been tested. From April 29 to May 5, 126,025 COVID-19 tests were completed, an average of 18,004 tests per day. During this period, the daily positivity ranged from 10.33 per cent to 13.2 per cent, the highest positivity seen in Alberta since the beginning of the pandemic.
- For the winter school term, AHS has confirmed 7,586 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 1,284 out of 2,415 schools (53.2 per cent) in the province have reported an individual has attended their school while infectious or had in-school transmission.

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 provincewide R value from April 26 to May 2 was 1.12, whereas R value the previous week was 1.04. However, R values vary by zone; while the Calgary Zone reported an R value of 1.16 and the Edmonton Zone reported an R of 0.99, the rest of Alberta had the highest R value: 1.18.

### **COVID-19 Testing for Healthcare Workers — the Latest Numbers**

We continue to update the testing data for healthcare workers in the [AHS Healthcare Worker COVID-19 Testing dashboard](#). 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 have been confirmed to have been exposed in the workplace. Please note that a new page has been added to the dashboard that provides more detailed information regarding test results for COVID-19 variants.

As of May 5:

- 76,240 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 5,339 (or 7.00 per cent) have tested positive.

- Of the 3,241 employees who have tested positive and whose source of infection has been determined, 541 (or 16.7 per cent) acquired their infection through a workplace exposure. An additional 2,098 employees who have tested positive are still under investigation as to the source of infection.
- 5,278 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 229 (or 4.34 per cent) have tested positive.
- Of the 144 physicians who have tested positive and whose source of infection has been determined, 18 (or 12.5 per cent) acquired their infection through a workplace exposure. An additional 85 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](#) and [dashboard](#).

### **COVID-19 Immunization Updates**

#### ***By the Numbers***

As of 7 a.m. today (May 7), more than 1,729,300 total doses of COVID-19 vaccine have been administered in Alberta. More than 1,125,100 Albertans have received at least one dose of COVID-19 vaccine and more than 302,000 have received both Dose 1 and Dose 2.

#### ***100,000+ appointments booked in five hours***

On Thursday, May 6, more than 100,000 immunization appointments were booked between 8 a.m. and 1 p.m., and the number of booked appointments continue to rise. Thank you to all the teams for your hard work and preparation for making this possible. Let's keep the momentum going!



#### ***Milestone reached as more than 1 million shots administered***

This past week, immunizing teams hit the milestone of administering one million doses of COVID-19 vaccine — another milestone for the number of doses of COVID-19 vaccine administered by AHS. We are so grateful to all our dedicated immunizing teams who continue to work seven days a week to roll vaccine out as quickly as possible to Albertans provincewide. We appreciate and value all the work you have done and continue to do.



### **You're Invited to Join Verna for Leadership Discussion**

You are invited to join Verna and a panel of national healthcare leaders on Wednesday, May 12, from noon to 1:15 p.m., for a candid discussion about leadership during the COVID-19 pandemic.

Titled *Healthcare Under Siege: A Conversation on Leadership*, this free, online event is presented by the Ivey Business School's Leadership Institute and open to everyone, although the discussion may be of particular interest to existing and emerging healthcare leaders.

Joining Verna on the panel are [Georgina Black](#), Managing Partner, Government & Public Services, Deloitte Canada; [Heather Chalmers](#), President and CEO, GE Canada; and [Melissa Farrell](#), President, St Joseph's Healthcare Hamilton. [Jon Hantho](#), President and CEO of CBI Health, will moderate.

Panellists and Verna will reflect on personal leadership lessons, and share their thoughts on the future of health care in Canada and the critical role of character-based leadership in helping healthcare systems address post-pandemic challenges.

You can visit the [event webpage](#) for more information and/or to register.

### **Clinician Volunteers, Donations Sought for India COVID-19 Aid Project**

India's healthcare system has collapsed with hundreds of thousands of cases and thousands of deaths daily from COVID-19. There are massive shortages of medications, oxygen, ventilators and staff.

In response, a group of Calgary doctors, nurses and lawyers are working together with the Child Foundation, a Canada Revenue Agency-registered non-government organization (NGO), to develop the COVID-19 India SOS project which aims to help at least 1,000 people in Delhi and a nearby rural area. They are fundraising for cash donations to purchase oxygen concentrators, medications and equipment. The group is also organizing virtual consultations, with Canadian physicians supporting on-the-ground nurses and doctors to keep lower-acuity patients out of hospital.

If you are interested in donating, go to the [Child Foundation website](#). If you are a clinician and able to volunteer some time to support your colleagues on the other side of the world, we will share information next week on how to sign up.

### **Continuing Care Visitation Restrictions Being Eased by Alberta Health**

On Monday, changes are being made to the visitation restrictions in continuing care sites, allowing four designated family/support persons per resident instead of two, which has been the case since last summer. Alberta Health eased the restrictions because of the uptake of COVID-19 vaccinations among residents and staff in continuing care sites.

We recognize the importance and value of relationships between residents, their families and support persons, and encourage all opportunities to facilitate these connections. We will be supporting continuing care operators, residents and their families to ensure sites, with the approval of residents, are able to adopt the changes.

Starting May 10, the following changes will come into effect:

- Each resident may have up to four different people acting as their designated family/support persons. This is an increase from two, and can include minors.
- Where possible, and provided the majority of residents agree, indoor social gatherings with visitors can now resume, as long as they are all from the same household and distancing, masking and other health measures remain in place.
- Outdoor social visits at these facilities can expand to up to 10 people. This is double the current limit of five.

These changes will vary by site. Each site must develop their own visiting approach that falls within the guidelines set out in [CMOH Order 16-2021](#), based upon the specific risks at that site, and reflects the risk tolerance as discussed with the residents who live at that site. This work is underway and will be communicated at the site level in the coming weeks.

Temporary limitations for visitors (i.e. non-designated family/support persons) may still occur in the event of a COVID-19 outbreak or where the risk tolerance of residents is low. All restrictions must be determined in collaboration with the care team, site, residents/legal decision makers and families. Visitation for residents at the end-of-life will continue to be supported. Immunization rates are a key factor in the revised visitation approach but designated family/support persons and visitors will not be required to disclose vaccination status.

Please ensure all communications are updated to reflect the current CMOH order. For more information, please visit [www.alberta.ca/covid19](http://www.alberta.ca/covid19)

## **Beyond COVID-19**

### **Medical Assistance in Dying Legislation Changes**

On March 17, 2021, changes were made to the medical assistance in dying law (MAID). The revised law mainly modifies MAID eligibility criteria and safeguards in response to the Superior Court of Québec's 2019 *Truchon* decision.

The law maintains the ability of an individual whose natural death is reasonably foreseeable, with revisions to conditions, to receive MAID, but also added provisions that no longer require a person's natural death to be reasonably foreseeable as an eligibility criterion for MAID. The [AHS summary of Bill C-7 changes to MAID](#) outlines the changes in three categories:

1. All individuals seeking MAID;
2. Individuals whose natural death is reasonably foreseeable; and
3. Individuals whose natural death is NOT reasonably foreseeable.

AHS takes direction from the federal government's legislation on how MAID is carried out and under what criteria patients can request it. We are revising our practices to align with the legislation, as such:

- MAID requests completed before March 17, 2021 will be assessed based on the old legislation, but those patients whose death is reasonably foreseeable will be informed of legislative changes and given the option to amend their application if they wish. This includes being informed of the ability to waive final consent if their death is reasonably foreseeable.
- Requests completed after March 17, 2021 will be assessed and carried out based on the new eligibility criteria and safeguards.

- Patients who submitted a record of request in the past but didn't meet the eligibility criteria must submit a new request to determine if they meet the new eligibility requirements.

Updated information, forms and process maps will be posted on [ahs.ca/maid](https://ahs.ca/maid) for the public and health care providers to access. If you have any questions or comments please email [maid.careteam@ahs.ca](mailto:maid.careteam@ahs.ca).

### **New Lab-developed Procedure Improves Treatment for Fire Victims**

During his fourth-year as a medical laboratory student at the University of Alberta, Steven Dang embarked on a project at the Misericordia Hospital laboratory to help improve treatment of patients rescued from house fires.

Patients who arrive at hospitals from house fires are often treated for cyanide poisoning due to the toxic fumes generated by fires in the home. A major side effect of treatment with the drug Hydroxocobalamin is that patients' blood plasma and urine turns red, which can interfere with many lab tests - leading to incorrect results that can affect patients' care and treatment for a wide range of health issues.

Dang and his supervisors, Dr. Josh Raizman and Dr. Albert Tsui, both Alberta Precision Laboratories clinical biochemists and members of the U of A's Department of Laboratory Medicine & Pathology, developed a new protocol to alert emergency room (ER) doctors of the potential for misdiagnosing patients receiving the treatment, helping to ensure correct patient care in these unique situations.

The protocol is now being used in the Misericordia and University of Alberta hospitals, where patients suffering from smoke inhalation injuries are most commonly treated in Edmonton, and was recently published in one of Canada's leading medical laboratory journals, [Clinical Biochemistry](#).

With the publication of their protocol, the team is hoping other hospitals across the province, and beyond, will develop similar protocols to improve the diagnosis and treatment of patients.

For more information, see the story [here](#).

### **Malware Aware**

Cybercriminals will look for any avenue to get malicious software (malware) onto your computer. Recently, AHS has noted an increasing number of cybercriminals creating fake websites that share documents (such as files ending in .pdf, .doc, .xls, etc.) or apps (.exe, .zip) that healthcare professionals would be interested in downloading.

If a user downloads these files from the cybercriminal's website, their computer will likely be infected by malware, which can destroy files, give the cybercriminal access to the user's computer and files, or infect the user's computer or the organization's full IT system.

Always practice safe surfing when browsing or downloading documents for the web. Read the [Malware FAQ & Tips for Safe Surfing](#) (login required) to help keep you and AHS safe from cybercriminals. And, if you click on something or download a document that you are concerned about, contact the [IT Service Desk](#) immediately.

### **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](#)
- [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 or contact [AHS.ECC@ahs.ca](mailto:AHS.ECC@ahs.ca).
- Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta \(CPSA\)](#).

*This update, provided every Friday, 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).*

Sincerely,

**Dr. Francois Belanger**

Chief Medical Officer and VP, Quality

**Dr. Laura McDougall**

Senior Medical Officer of Health



**Alberta Health  
Services**

Physical  
distancing  
works