

CMO SMOH Weekly Notice for AHS Medical Staff

December 4, 2020

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COVID-19 Case Status in Alberta

The spread of COVID-19 in the province showed no signs of slowing down over the past week (Nov. 26-Dec. 2), as Alberta set highs for daily new cases, hospitalizations and ICU admissions.

Over those seven days, more than 1,200 new cases were reported each day, with records set on Nov. 27 and Dec. 2: 1,730 and 1,861 new cases respectively. There was an average of 1,596 new cases daily, compared to 1,295 the previous week, a 23 per cent increase. There were 6,226 cases among individuals ages 20 to 49 years, which represents 56 per cent of all new cases.

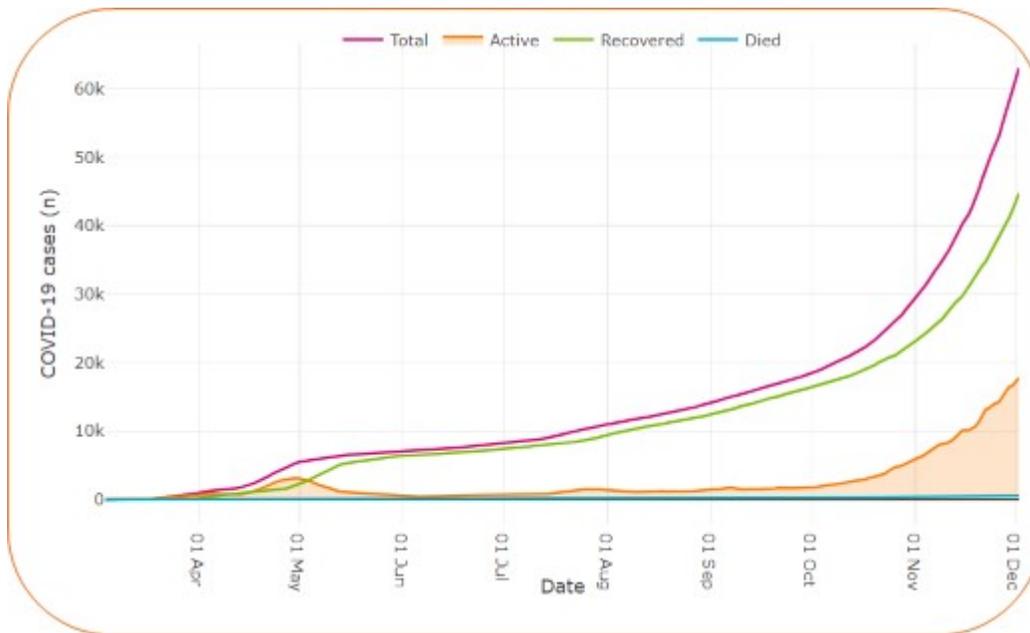


Image source: alberta.ca

Four of the five zones reported an increase in active cases, with South Zone being the exception. Edmonton Zone continues to have the most active cases with 8,331, a 29 per cent increase over the previous week. Central Zone reported a 32 per cent increase in active cases, the largest proportional increase among the zones.

The table below shows the number of active cases in each zone for the last two weeks.

	<i>Active Cases Week ending Dec. 2</i>	<i>Active Cases Week ending Nov. 25</i>	<i>Per cent change</i>
<i>Edmonton</i>	8,331	6,444	29%
<i>Calgary</i>	6,445	5,126	26%
<i>Central</i>	1,251	947	32%
<i>North</i>	991	789	26%
<i>South</i>	633	664	-5%
<i>Unknown</i>	92	82	12%

Hospitalizations and ICU admissions

The number of individuals being treated for COVID-19 in Alberta hospitals continues to trend upward. As of Dec. 2, there are a record of 511 individuals are being treated in Alberta hospitals for COVID-19, with 97 in ICUs. The highest number of COVID-19 patients in the ICU since the start of the pandemic occurred on Nov. 30, with 99.

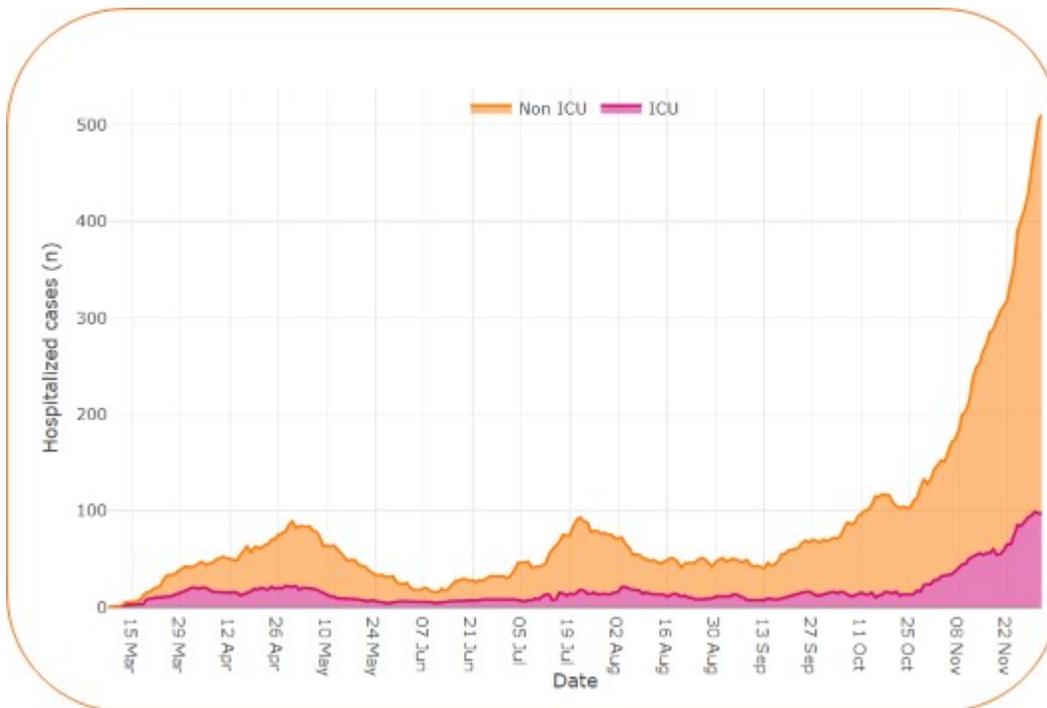


Image source: alberta.ca

Other notable COVID-19-related information:

- As of Dec. 2, a total of 63,023 cases of COVID-19 have occurred in Alberta and a total of 2,038 individuals have been hospitalized, which amounts to 3.2 individuals for every 100 cases. In all, 44,705 Albertans have recovered from COVID-19.
- Alberta has reported 575 deaths since the start of the pandemic, including 65 in the past week. We extend our condolences to the families of these individuals, and to all who have lost loved ones from any cause during this time.
- In the past week, 135,729 COVID-19 tests were completed, an average of 19,389 per day. A record number of tests was reached Nov. 27 and 28 with 21,693 and 23,317 tests performed, respectively. The daily positivity rate reached 9.46 per cent on Dec 2. A total of 2,309,153 test have been conducted as of Dec 2.
- As of Dec 3, AHS has confirmed 2,681 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. As of Dec. 2, 831 out of 2,415 schools in the province have reported an individual has attended their school while infectious or had in-school transmission. Since September, 22 students from Alberta schools have been hospitalized for COVID-19 with two being treated in ICUs.

Update: COVID-19 Testing for Healthcare Workers

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, Covenant Health 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.

As of Dec. 2:

- 67,523 employees (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 2,087 (or 3.09 per cent) have tested positive.
- Of the 899 employees who have tested positive and whose source of infection has been determined, 296 (or 32.9% per cent) acquired their infection through a workplace exposure. An additional 1,188 employees who have tested positive are still under investigation as to the source of infection.
- 4,331 physicians (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 98 (or 2.26 per cent) have tested positive.
- Of the 44 physicians who have tested positive and whose source of infection has been determined, seven (or 15.9 per cent) acquired their infection through a workplace exposure. An additional 54 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](#).

Physician COVID-19 Redeployment Availability

The College of Physicians and Surgeons of Alberta (CPSA) and Alberta Health Services (AHS) Medical Affairs are working together to support Alberta's COVID-19 response, to ensure we have the capacity to handle the anticipated surge in patients related to COVID-19.

On Thursday, December 3, the CPSA sent a message to licensed physicians asking them to log into CPSA's relaunched COVID-19 Physician Registry and enter their current availability to provide care due to COVID-19, and their willingness to be contacted by AHS Medical Affairs for COVID-19 redeployment opportunities if needed.

Data from physicians who agree to participate in the registry will be shared with AHS Medical Affairs regularly to understand the current impact of COVID-19 on the medical workforce by Zone and expedite contacting the most appropriate physicians for specific redeployment.

Thank you for completing the survey. We would like to thank all of our physicians for supporting the efforts in responding to COVID-19.

Eye Protection Added to AHS PPE Guidance

Protection of our staff, physicians and patients is our top priority and the need for ongoing and appropriate use of personal protective equipment (PPE) remains critical to preventing COVID-19.

As such, our PPE guidance will now include the use of eye protection. Eye protection should now be used continuously for all healthcare workers involved in patient care, which includes all interactions within two metres of a patient. Continuous eye protection will supplement our current PPE recommendation of continuous masking. Eye protection and a mask can be worn continuously for multiple patients, but should be changed as per [IPC protocols](#).

Face shields continue to be the preferred option for eye protection and will be available provincially. AHS Contracting, Procurement and Supply Management (CPSM) is aware of this update and will continue to provide all necessary supplies to sites.

Individuals may be permitted to bring their own prescription protective eyewear, provided it meets specifications outlined in the [bringing your own PPE to work](#) document. Current PPE guidance documents, as well as the [bringing your own PPE to work](#) document, have been updated to align with this change.

Dr. Mark Joffe, Chair of the PPE Taskforce, talks about this change in the latest [PPE Question of the Week video](#).

Previous videos in PPE Question of the Week series are available on the PPE webpage as well at ahs.ca/covidppe.

Update to WHS Exposure Criteria

To ensure alignment with the enhanced PPE guidance described in the previous item, and with eight months of experience, Workplace Health and Safety's (WHS's) approach to worker exposure assessment has been updated.

Contact and droplet precautions (gloves, gown, mask and eye protection) are appropriate PPE for providing care to those with COVID-19, suspect COVID-19 or influenza-like illness (ILI). The use of a mask and eye protection, together with diligent hand hygiene, are most critical for preventing respiratory infections. Subsequently, WHS will no longer exclude workers who wore a mask and eye protection, but were not wearing gloves or a gown, at the time of their patient interaction.

A fit-tested N95 respirator should always replace a surgical/procedure mask for anyone in the room when an aerosol-generating medical procedure (AGMP) is performed for patients with COVID-19, suspect COVID-19, ILI or any new or changing respiratory illness or diarrhea. In settings where an AGMP is performed on a patient with no respiratory symptoms who is then found subsequently to have COVID-19, use of a mask and eye protection at the time of the AGMP will now be considered sufficient protection.

These changes are being made to ensure AHS continues to follow best practices, while protecting our staff and physicians and limiting the need for workplace exclusions.

Please visit ahs.ca/covidppe for full information.

Clinical Pilot of Rapid Point-of-Care COVID-19 Testing Begins

Starting today at the hospital lab in Bonnyville, Alberta Precision Laboratories (APL) will begin piloting point-of-care rapid testing for COVID-19, providing faster, more convenient testing for the disease.

Patients who are within the first seven days of exhibiting symptoms are eligible for testing, allowing APL to quickly identify and notify positive cases within hours. This will speed up the appropriate care and isolation of patients, which will help reduce the spread of the virus in our communities. It will also divert many positive samples from the volumes going to the lab, which will help reduce turnaround times for COVID-19 tests overall.

Rapid point-of-care testing will also begin next week at COVID-19 assessment centres in Slave Lake and St. Paul, as well as one assessment centre in Calgary and one in Edmonton.

These pilots will inform APL and AHS on how to streamline processes related to patient management, results notifications and digital record keeping before the tests are deployed widely across the province, to ensure accuracy and enhanced turnaround times while alleviating pressure on our labs.

Thanks to the hard work and dedication of our lab staff, Alberta is a leader in implementing rapid point-of-care COVID-19 testing in Canada.

Physician Diversity, Wellness and Leadership Development

Physician Wellness Zoom Room

Date: Tuesday, December 15, 5-6 p.m. MST

Topic: We recognize this has been a trying year – what have you been grateful for in 2020?

Co-Moderators: Dr. Debrah Wirtzfeld, Associate Chief Medical Officer, Physician Health, Wellness and Diversity, Dr. Jennine Wismark, Associate Chief Medical Officer, Physician Wellness & Development, Covenant Health

Join: [Here](#).

Note: Tuesday, December 30 Zoom Room is cancelled for the holidays.

COVID CORNER, PROactive Partners in Professionalism Webinar Series

Date: Tuesday, December 9, 7–9 p.m. MST

Topic: Identifying and Managing Violence in the Workplace – Experiences and Strategies

Join: [Here](#).

Doc of the Week - Dr. Valerie Taylor



Dr. Valerie Taylor, head of psychiatry for AHS in the Calgary Zone was recently recognized as one of 2020 Canada's Most Powerful Women: Top 100 Award Winners by Women's Executive Network and Presenting Partner KPMG in Canada.

The Top 100 Awards span the private, public and not-for-profit sectors, with the winners selected by WXN's Diversity Council of Canada. Dr. Taylor was one of 106 outstanding women across Canada who advocate for workforce diversity and inspire tomorrow's leaders.

Dr. Taylor, lead for the AHS Calgary Zone psychiatry department and head of the psychiatry department at the University of Calgary, researches new treatments for those suffering from mental illness.

This award recognizes her as a woman in a STEM role who challenges the status quo for knowledge and female empowerment.

We extend our congratulations to Dr. Valerie Taylor, for this esteemed and well-deserved award. Thank you for all that you do, Valerie.

Doc of the Week Call for Nominations

Do you know a physician who has gone above and beyond during the pandemic to shape and drive improvements for patients?

Perhaps a physician colleague has gone above and beyond to help support others during a difficult day?

Each week, we would like to take a moment to celebrate and thank the amazing physicians working across the province to provide high-quality care to patients, staff and colleagues across the province.

If you know someone who deserves to be celebrated, please email CMO@ahs.ca with your suggestion, and a brief description of why.

Scientific Advisory Group Rapid Reviews

NEW – Chronic Symptoms Following COVID-19 Infection

Alberta Health Services (AHS) Scientific Advisory Group (SAG) conducted a rapid review to explore the prevalence, length, and risk factors for chronic symptoms following COVID-19 infection.

Overall, the rapid review acknowledges that there is a lot of literature on post-COVID-19 chronic symptoms, but that study quality is low, largely due to the lack of a comparator group, and many research gaps remain.

There is recognition that a significant portion of COVID-19 survivors will have chronic symptoms, with the most common symptoms being shortness of breath, fatigue, and sleeping difficulties.

Based on these findings, strategies to support patients recovering from COVID-19 should be multidisciplinary, and should involve options for decentralized care through collaboration with primary care physicians as well as nursing and allied health professionals.

Patients who are recovering from COVID-19 who have been identified at higher risk for chronic symptoms, require increased attention to their overall health in their long-term recovery.

A systematic approach, including the use of standard definitions, to monitoring and studying the chronic symptoms of Albertans with COVID-19 should be implemented, so that the health system can better understand the local context of symptomatology and epidemiology.

For more information, see the [Rapid Review](#).

UPDATE – Risk of Reinfection

SAG conducted a rapid review to explore the potential for reinfection following recovery from COVID-19. Overall, the rapid review suggests that reinfection, while infrequent, has been shown to be possible.

Based on this finding, those who have recovered from a COVID-19 infection should continue to follow all public health guidance, including physical distancing, hand hygiene, and masking, and should complete the online self-assessment if experiencing symptoms that might be consistent with COVID-19.

A test and assessment for COVID-19 reinfection could be considered if an individual is experiencing new symptoms of COVID-19 six weeks or more after recovery. It's important to note that these symptoms should be distinguished as different from any persistent symptoms from a current COVID-19 infection.

It's important to note that the information and literature related to COVID-19 is rapidly changing. The current literature on COVID-19, and particularly reinfection by COVID-19 is limited primarily to cohort studies, case reports and published letters about identified cases.

For more information, see the [Rapid Review](#).

COVID-19 Vaccine Update

We are witnessing the toll COVID-19 has taken on our communities. As we have seen with many infectious agents, vaccines are a critical way to limit the spread of a virus. They are effective and safe for protecting our health, as well as the health of family and community members.

As announced by the [Government of Alberta](#) earlier this week, once COVID-19 vaccines have been approved by Health Canada, Alberta will begin receiving vaccine doses by early 2021. Specialized vaccination centres are being set up across the province, and distribution plans on how the vaccine will be distributed are being finalized.

AHS is working closely with Alberta Health to ensure higher risk populations, including seniors in long term care facilities, and healthcare workers caring for COVID-19-positive, and other vulnerable patients in high risk situations are prioritized for early COVID-19 vaccination.

Frontline health care workers in ICU, Emergency Departments and Acute Care settings have been identified as one of the key populations to receive an early dose of the COVID-19 vaccine during this first phase. Ensuring they are protected from the virus enables them to continue to care for those at risk, and all Albertans needing care.

As vaccine planning progresses, we will continue to keep you updated.

More information is available at ahs.ca/covidvaccine.

Verna's Weekly Video Message — Updated Family Support and Visitation Guidelines

As we all know, family and loved ones play an essential role in the emotional, physical and mental well-being of our patients and residents. And, we continue to work with families and facilities to welcome family presence and visitation wherever we can. But the daily rise in COVID-19 cases, including outbreaks at our facilities, is a growing concern to the safety of everyone.

I (Verna) know we're all working hard to ensure patients and staff remain safe and stop further spread of the virus. Part of that involves regularly reviewing our family support and visitation guidelines, and adjusting them to reflect the current evidence and COVID-19 transmission in Alberta.

That's why, last week, we made the difficult decision to place further limits on the number of designated family/support persons permitted at facilities with outbreaks and in areas of high community transmission.

Joining Verna to talk more about these changes are two familiar faces from the Family Presence and Visitation Taskforce:

- Dr. Jim Silvius, Senior Medical Director, Provincial Seniors Health and Continuing Care.
- Paul Wright, Manager, Calgary Zone, Patient and Family-Centred Care.

Jim and Paul discuss what we take into account when making these changes, where these changes apply, and how we support people who aren't able to visit in person.

Watch the video [here](#).

Influenza Immunization Update

More than 1.3 million doses of influenza vaccine have been administered in Alberta, an increase of more than 39,000 doses from last week. For the sixth week in row, there are no reported cases of seasonal influenza in Alberta. The weekly influenza data report is available at ahs.ca/influenza.

This continues to be a great start to the season. However, with the cases of COVID-19 on the rise, we need to keep doing what we can to keep influenza out of our healthcare system, so we can focus on COVID-19.

As healthcare leaders, we have a responsibility to arm ourselves against influenza by getting vaccinated. This year, more than ever, it is imperative we protect our patients, our loved ones and our communities from further illness.

Check [Insite](#) for options to get the flu shot, [resources](#) to support this year's campaign and guidance on what to do if you experience [influenza-like symptoms after immunization](#).

[Click here](#) for more on the clinics for the public, including your families. And, if you got your flu shot at a [public health clinic](#), pharmacy or doctor's office, please complete the [Got My Flu Shot Form](#).

In addition to influenza immunization, public health measures such as [physical distancing](#), [masking](#), [limiting your social bubble](#) and maintaining [hand hygiene](#) continue to be critical to our fight against COVID-19 and other cold and flu-like illnesses, including influenza.

Let's work together to protect each other from a vaccine-preventable illness and reduce the strain on our healthcare system.

Think before sharing information or posting it

During these unprecedented times, there are many reasons to champion the work we do, and we understand that people may want to add their personal voice to public conversations, and that's okay. However, while we have our personal views and opinions, please remember that it is inappropriate to access, use or disclose AHS business, health or personal information outside of your job role or responsibilities. AHS business information is anything other than health or personal information. A privacy breach can occur whether AHS information is shared through email, text, and personal social media accounts, or with outside organizations such as the media.

Under [FOIP](#) and [HIA](#) legislation we are obligated to protect and secure the information we are entrusted to hold. This is applicable to AHS employees, physicians and midwives, volunteers, students and anyone acting on behalf of AHS.

A privacy breach is a serious matter that will be investigated by our Privacy team and could result in potential workplace disciplinary action, college sanctions, fines, and/or criminal charges. Section 3.3 of AHS' [Code of Conduct](#), and our [Communications policy](#) will guide you in better understanding your responsibilities.

We all share a responsibility to [report](#) suspected privacy breaches of AHS business, health or personal information, that we become aware of, regardless of who caused them. To report a privacy breach use

the online [breach notification form](#). If you need support speak with your manager or contact infocare@ahs.ca.

Should you feel the need to raise concerns at AHS there are appropriate ways to do so. For concerns that:

- Are about routine AHS operational or HR matters speak with your manager if you can, or follow existing procedures to resolve them.
- You believe are unlawful, dangerous to the public, or injurious to the public interest review the [Safe Disclosure / Whistleblower](#) policy.
- Are serious wrongdoings that you feel unable to address with your leadership, you may call the external confidential Safe Disclosure Line 1-800-661-9675 offered by AHS' Ethics and Compliance Office.

To help you make ethical decisions and follow best practices, see the following additional resources:

- [InfoCare Behaviors](#)
- [Confidentiality and User Agreement](#)
- [How to Email Confidential Information](#)
- Social Media Privacy:
 - [Considerations: think before you post](#)
 - [Scenarios](#)

Additional Resources for Physicians:

- [AHS Virtual Health](#)
- [COVID-19 FAQ for Clinicians](#)
- [COVID-19 Testing and Self-Isolation Criteria](#)
- [Acute Care Outbreak Prevention & Management Task Force](#)
- [CPSA's physician portal](#)
- [Cumming School of Medicine Continuing Medical Education \(CME\) Resources](#)
- [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)
- [Spectrum](#) – A mobile app customized to deliver local antimicrobial stewardship guidelines, resistance data, dosing information, and AHS COVID-19 related content.
- [Physician Wellness Educational Resources: Well Doc Alberta](#)
- 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
- If you would like Zone MOH to assist in risk assessment, contact your [Zone Medical Officer of Health](#) on call

For more information

- Visit the [COVID-19 Healthcare Professional information page](#) on the AHS website for more information or contact AHS.ECC@ahs.ca.
- Additional updates and information are being shared through the [College of Physicians & Surgeons of Alberta \(CPSA\)](#).
- AHS Medical Staff can also view the daily update from the AHS CEO and Senior Medical Officer of Health (SMOH) by accessing their AHS email inbox.

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.

Sincerely,

Dr. Dr. Francois Belanger

Vice President, Quality, and Chief Medical Officer

Dr. Laura McDougall

Senior Medical Officer of Health



Physical
distancing
works