

CMO SMOH Notice for AHS Medical Staff

August 13, 2021

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.

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With the changes to public health restrictions in Alberta over July and August, we know there may be strong emotions felt by all. We know many AHS physicians and staff are extremely tired from the past 18 months and, like many of you, we were hoping that the fourth wave of this pandemic would have fewer impacts for Albertans, for our hospitals, and for our physicians and staff.

While none of us can predict the future, we are starting to see increasing hospitalizations and ICU admissions, and we will need to continue to be there for Albertans. We want to be sure you know how thankful we are for your continued dedication, commitment and care for Albertans. As we continue to navigate the fourth wave of this pandemic, we will all need to continue to be vigilant against the disease. We will continue to share how we can protect ourselves and our patients during this time. We know being fully immunized is the best way to be protected. Nearly 92 per cent of all individuals hospitalized for COVID-19 since Jan. 1, 2021, were unvaccinated or diagnosed within two weeks from the first dose immunization date.

We are extremely grateful for all of you – our staff, physicians, and volunteers who have been resilient and adaptable to these changes, while continuing to provide high-quality prevention services and care to all Albertans.

We remain committed to communicating how these changes impact our work within our AHS and Covenant Health settings, and we encourage you to reach out to your medical leader with any questions or concerns you may have.

COVID-19 Transition Timelines Extended

As announced by Chief Medical Officer of Health (CMOH) Dr. Deena Hinshaw this morning (Aug. 13), Alberta will take additional time to implement its plan to bring the province's COVID-19 response in line with other respiratory viruses.

The following measures will remain in place until Sept. 27:

- Mandatory masking orders in publicly accessible transit, taxis and ride-shares.
- Mandatory isolation for 10 days for those with COVID-19 symptoms or a positive test result.
- Testing at assessment centres for any symptomatic individual.

This six-week pause will provide additional time to monitor severe outcomes of COVID-19 and increase immunization rates.

The changes put into place by Alberta Health on July 29 will continue to be in place. These include:

- A recommendation for close contacts to quarantine.
- Contact tracers are no longer notifying close contacts about exposure to COVID-19, but individuals that test positive are asked to tell their close contacts.
- All positive cases will continue to be notified. Case investigators and contact tracers will continue to investigate cases that are in high-risk settings such as acute and continuing care facilities.
- Outbreak management and identification will focus on high-risk locations, including continuing care and acute care facilities. Community outbreaks with a surge in cases leading to severe outcomes will also be addressed as needed.
- Asymptomatic testing is no longer recommended.

A reminder that a CMOH Order remains in effect that still requires compliance with continuous masking in AHS and Covenant facilities provincially. This masking mandate remains in place at all acute care, continuing care and community sites, as well as in corporate and warehouse-type settings.

This [masking directive](#) applies to all staff, physicians, volunteers, designated support persons and visitors province-wide.

School Guidance Updated

Also announced today, Alberta Education released guidance for school boards to support students returning to school this fall.

Consistent with the extended timelines for easing COVID-19 measures, students and school staff should screen daily for symptoms using the [Alberta Health Daily Checklist](#), and [must isolate](#) if they test positive or have the core COVID-19 symptoms. Masking is not provincially required in school settings for any age group, except on school buses.

Additional resources are now available including [Guidance for Respiratory Illness Prevention and Management in Schools](#), a back-to-school [tool kit](#) for parents and school staff on what to expect when students head to their classrooms, as well as a detailed [2021-22 School Year Plan](#).

More information is available on the [Government of Alberta website](#).

AHS will support school authorities to provide COVID-19 vaccine in schools. Immunizations will be available through temporary clinics in schools for students in Grades 7 to 12, as well as teachers and staff. Starting on Sept. 7, students, teachers and staff can receive whichever dose they are eligible for in school.

Students in Grades 7 to 12 do not need to wait for an in-school clinic to be vaccinated. Bookings for first and second doses are available provincially. Albertans can book appointments through AHS online at ahs.ca/covidvaccine, by calling 811 or through [participating pharmacies](#). First-dose walk-in clinics are available at multiple locations.

MD Culture Shift

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.



This week's Doctor of the Week is Dr. Kristy Penner, a rural family physician in Crowsnest Pass. Nominated for her dedication and efforts providing a full scope rural medical practice including obstetrics during the pandemic and through recruitment challenges experienced in rural communities, while remaining positive, upbeat and energetic.

"I love the variety of rural medicine, the teamwork and the relationships," says Dr. Penner. "I truly love my job and my community. I feel so fortunate working in a profession that is so rewarding."

Dr. Penner is in touch with all patient care aspects of acute care, ER, obstetrics, long term care, and surgical/endoscopy services at the Crowsnest Pass Health Centre.

She always steps up to cover for colleagues who are away and is always willing to work uncovered ER shifts and take care of acute care patients of colleagues who are off. She frequently steps up in clinic to cover patients with acute medical needs who may not have a physician. At any given time she is aware of the medical and social situations that affect each of our patients in acute care as well as their anticipated discharge/placement status.

Dr. Penner was aware of the challenges of being a physician in rural community before entering medical school. "I was heavily influenced by the rural physicians in my home community in Ontario. I did my rural residency training in Southern Alberta and was placed in Crowsnest Pass in my first year of residency. That rotation was influential to why I have now made Crowsnest Pass my home for over 10 years."

Dr. Penner is a passionate rural educator. "Working with medical learners helps me prevent burnout. I love demonstrating the joys of rural medicine to learners and hope to inspire future physicians to consider rural practice."

Beyond being a rural family physician, Dr. Penner has also started a quality council at the health centre, collaborating with patients and healthcare providers. "Our site quality council illustrates the benefits of teamwork in health care to find solutions to improve patient care. Our quality council includes two passionate patient and family advisors that really add to our team."

Outside of work, Dr. Penner loves exploring the recreational opportunities around Crowsnest Pass. "I refer to the area as 'my big backyard'. You can find me hiking, running, biking or skiing most days after work and most weekends."

Her motivating factor for all of these pursuits is her eight-year-old son, Felix. "I need to be able to keep up to him."

Thank you, Dr. Penner, for your dedication to your colleagues and to the care of Albertans.

[Guidance: Admissions to Shelters During COVID-19 Outbreaks](#)

This guidance is intended to assist Outbreak Investigators on the COVID-19 Outbreak Management team.

Admissions to a shelter may be considered during a confirmed COVID-19 outbreak in consultation with the Zone Medical Officer of Health. Considerations to inform this decision include an assessment of the following, either through a phone call with the facility operator or an inspection onsite by a Public Health Inspector:

- Adequacy of screening of staff and clients.
- Consistency and effectiveness of enhanced cleaning protocols.
- Ability to separate ill clients from others; cohorting of staff between ill and healthy clients as applicable.
- Appropriate use of PPE and hand hygiene by staff and clients (including mask use).
- Physical layout – separate areas for clients; sleeping space (distance between clients).
- Organizational aspects – appropriate scheduling and physical distancing for meals, showers, other activities.

For more information, please see this [guidance](#).

Highlights from the CEO All Staff Update

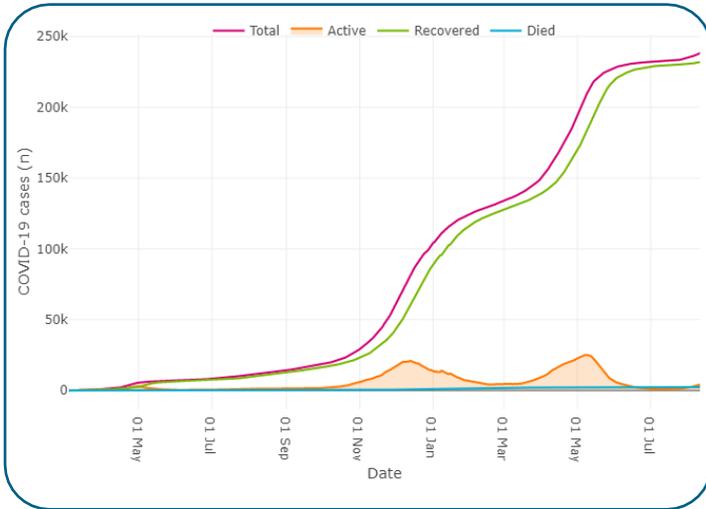
COVID-19 Case Status in Alberta

The numbers of new and active COVID-19 cases in Alberta continued to climb over the past two weeks, and we're now seeing that reflected in rising hospitalizations and ICU admissions.

As of Aug. 11, there were 4,101 active cases of COVID-19 in the province, compared to 1,520 on July 28, an increase of nearly 170 per cent. All five AHS zones reported an increase in active cases, as you can see in the table below.

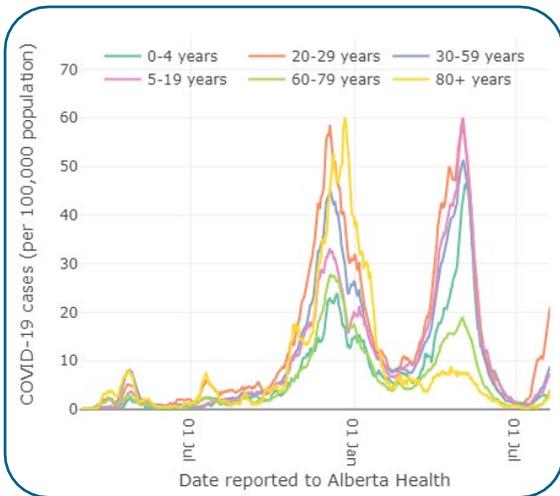
| | Active Cases (as of Aug. 11) | Active Cases (as of July 28) | Per cent Change |
|-----------------|---|---|----------------------------|
| Calgary | 1,698 | 903 | +88.0% |
| Edmonton | 955 | 274 | +248.5% |
| North | 566 | 110 | +414.5% |
| Central | 292 | 80 | +265.0% |
| South | 582 | 149 | +290.6% |
| Unknown | 8 | 4 | +100.0% |
| Total | 4,101 | 1,520 | +169.8% |

There was an average of 305 new daily COVID-19 cases for the 14-day period ending on Aug. 11, compared to 110 cases for the previous two-week period (July 15-28), a 177.3 per cent increase. The Calgary Zone had the highest number of total new cases over the past two weeks, with 1,788. That's a 94.8 per cent increase over the previous 14-day period, when 918 cases were reported in the zone from July 15 to 28.



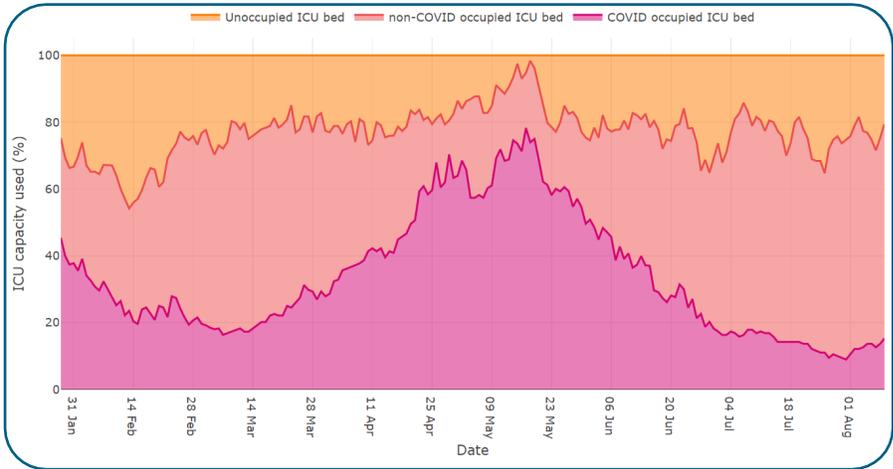
Cases by age group

Albertans ages 20 to 29 years had the highest seven-day rolling average of daily COVID-19 cases, with 21.0 cases per 100,000 people. This is a much higher rolling average than all other age groups, whose rates ranged from 3.43 (ages 60-79) to 8.86 (ages 30-59) per 100,000 people. A visual representation of these trends in cases in Alberta by age group is provided in the figure below.

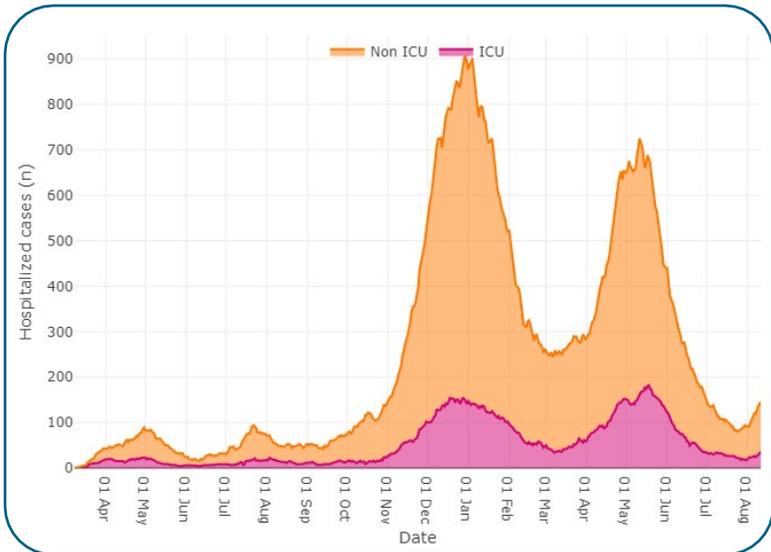


Hospitalizations and ICUs

On Aug. 11, 36 individuals with COVID-19 were in ICUs, compared to 20 on July 28, an 80 per cent increase. The most recent reporting, on Aug. 9, shows our ICU usage at 79.5 per cent, with 15.3 per cent of ICU beds occupied by a patient with COVID-19. The figure below is a visual representation of ICU capacity in Alberta.



A total of 110 individuals with COVID-19 were in non-ICU hospital beds on Aug. 11, compared to 69 on July 28, a 59.4 per cent increase.



Hospitalizations by zone as of Aug. 11 are in the table below.

| | Hospitalizations | ICUs |
|-----------------|------------------|------|
| Calgary | 58 | 15 |
| Edmonton | 42 | 13 |
| Central | 18 | 5 |
| South | 17 | 3 |
| North | 11 | 0 |

Variants of concern

The table below shows the proportion of active cases that are known variants of concern on Aug. 11 compared to July 28. Please note: We are using the same variant of concern naming conventions used on the Government of Alberta website:

| COVID-19 Variant | Proportion of active cases (Aug. 11) | Proportion of active cases (July 28) | Difference |
|------------------|--------------------------------------|--------------------------------------|------------|
| | | | |

| | | | |
|--------------------------------|-------|-------|--------|
| B.1.1.7 (UK) variant | 0.6% | 3.7% | -3.1% |
| B.1.351 (South Africa) variant | 0.0% | 0.2% | -0.2% |
| B.1.617 (India) variant | 76.3% | 66.1% | +10.2% |
| P.1 (Brazil) variant | 1.0% | 2.6% | -1.6% |
| Overall | 78.0% | 72.6% | +5.4% |

Other notable COVID-19-related information

As of Aug. 11:

- A total of 238,357 cases of COVID-19 have been detected in Alberta and a total of 9,860 individuals have been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 231,925 Albertans have recovered from COVID-19.
- 2,331 individuals have passed away from COVID-19, including six deaths over the past two weeks. 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 4.95 million tests have been conducted and 2.27 million individuals have been tested. From July 29 to Aug. 11, 92,657 COVID-19 tests were completed, an average of 6,618 tests per day. During this period, the daily positivity ranged from 2.5 per cent to 6.5 per cent.

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 Aug. 2 to Aug. 8 was 1.25; in our previous message two weeks ago, the R value was 1.48.

COVID-19 Immunization Update

Take our COVID-19 immunization clinic survey

We want to hear from front-line physicians and staff and learn from their experience working in AHS COVID-19 immunization clinics. Participate in the [AHS COVID-19 Immunization Clinic Survey](#). All responses will remain anonymous and the survey takes five to 10 minutes to complete. Any AHS physician and staff member who worked in a COVID-19 immunization clinic is invited to participate. The survey results will be used to inform the development of an evaluation report that the COVID-19 Vaccine Task Force Evaluation Unit will complete this fall. If you have any questions, please email Christina.Loitz@ahs.ca. Thank you for your continued support.

COVID-19 immunization & travel

As announced on Wednesday (Aug. 11), the [Government of Canada](#) is moving forward with proof of vaccination for international travel. While Canadians should continue to avoid non-essential travel worldwide, the Government of Canada recognizes that proof of vaccination credentials will support the re-opening of societies and economies, and they are working with the provinces and territories to develop a secure pan-Canadian approach.

In the meantime, signing up and using [MyHealth Records](#) is a safe and efficient way to ensure you have access to your personal immunization records. It is recommended that individuals check the policies of individual countries, state/local governments, cruise lines and/or venues and events before travelling. You can find the most recent information and updates about travel guidance and immunization on the [Alberta Health website](#).

Get immunized before back-to-school

As of Aug. 10, about 64.9 per cent of Albertans between the ages of 12 and 29 have received their first dose of vaccine and 53 per cent of this population is fully immunized (having received both their first and second dose). With lower rates of immunization uptake compared to eligible Albertans overall, adolescents and young adults have a higher chance of getting the virus (including variant strains) and transmitting it to those who are not immunized.

The best way parents can protect their children under the age of 12 who are not currently eligible for the vaccine, is to get immunized themselves.

Please encourage those you know who are eligible to receive the vaccine to do so, so we can boost vaccination rates by September. This will enhance the safety of students, their families, teachers and school staff when classes resume in the fall.

Adverse events following immunization & vaccine safety

Health Canada, the Public Health Agency of Canada (PHAC), the provinces and territories, and manufacturers continue to closely monitor the safety of COVID-19 vaccines and respond to any safety issues that arise.

[As of Aug. 11](#), more than 5.4 million doses of COVID-19 have been administered in Alberta and 1,096 adverse events following immunization have been reported (0.020 per cent of doses administered). That's two per 10,000 doses administered.

On a national scale, more than 49 million doses have been administered [as of Aug. 6](#) and adverse events have been reported by 11,471 people. That's also about two people out of every 10,000 people vaccinated who have reported one or more adverse events.

The benefits of vaccines authorized in Canada continue to outweigh the risks. We urge all eligible Albertans born in 2009 or before to get immunized as soon as possible.

Remember to submit your Got My COVID-19 Immunization Form

If you have received your COVID-19 immunization, please fill out the "Got My COVID-19 Immunization Form" on [Insite](#). It's important that you report your immunization status after receiving your second dose of the COVID-19 vaccine. Immunization status is a crucial step in helping us to appropriately plan, manage and allocate resources in the event of a COVID-19 outbreak to protect patients, families and healthcare workers.

Verna's Video Message: Combating Racism and Discrimination

As part of our continued efforts to combat racism and promote diversity and inclusion across AHS, we shared our organizational [Anti-Racism Position Statement](#) earlier this summer.

This statement will help us bring a consistent and comprehensive approach to anti-racism activities across the organization. We all have a role to play in addressing racism at all levels, and there are many resources and supports available to help educate and inform us about the importance of diversity and inclusion.

Joining Verna on the vlog to [talk about these resources and the importance our Anti-Racism Position Statement](#) are:

- Ashwini Dake, Advisor and registered social worker, Diversity and Inclusion.
- Marni Panas, Program Manager, Diversity and Inclusion.
- Maxine Scringer-Wilkes, registered nurse and lactation consultant, Alberta Children's Hospital, and member of the Anti-Racism Advisory Group.

You can find more information, resources and the new Stand Up, Speak Out video on [Insite](#).

New AHS Directive Clarifies Work Attendance for AHS Physicians and Staff

As [COVID-19 restrictions and guidelines are reduced](#), AHS must continue to keep the health and well-being of all at the forefront of everything we do.

The AHS Executive Leadership Team has approved a [new directive](#) for all AHS workers that provides clarity on what to do in the event they have COVID-19 symptoms, have tested positive for the virus, or

had close contact with someone with COVID-19. This directive will help ensure we maintain a healthy and safe work and care environment for all. We encourage you to become familiar with the [new directive](#), which is now available on the COVID-19 Insite page.

Here's what you need to know:

- The new directive is intended for all AHS workers, including staff, physicians, midwifery staff, students and volunteers.
- The directive outlines responsibilities and expectations for workers to not attend work at an AHS setting when:
 - Exhibiting COVID-19 core symptoms.
 - Confirmed to have COVID-19.
 - Have been a close contact of a confirmed COVID-19 case, depending on immunization status.
- Physicians and staff who have not been immunized, and who have been a close contact of a confirmed COVID-19 case, are required to remain off work for 14 days from the date of last exposure.
- AHS individuals who are [partially immunized](#) and are a close contact of a confirmed case are required to remain off work for 10 days from the date of last exposure.
- [Fully immunized](#) individuals can remain at work, even if they are a close contact with a COVID-19 case, provided they remain asymptomatic.

We have also updated [return-to-work guidance](#) to reflect these changes and are currently working hard to update other supports, including the Daily Fit for Work Screening protocol, questionnaires and app. Please watch for updates to these resources next week. We continue to encourage our workers to self-monitor during shifts and stay home when sick.

If you have any questions, please read the directive, or you can reach out to your medical leader. Thank you for your ongoing support and commitment.

[Updates for Designated Support and Visitation Access at Acute Care Sites](#)

AHS continues to remain vigilant around the transmission of COVID-19 and variants of concern in our facilities. While we continue to safely provide more access at our acute care sites, we are communicating regularly with the public that all designated support persons and visitors must follow site safety requirements, including continuous masking, hand hygiene, physical distancing and screening upon entry.

Acute care sites have updated access in:

- Pediatric ambulatory:
 - Two designated support persons can accompany a patient at the same time.
 - One sibling can accompany a patient and a designated support person if no other care can be pre-arranged. An adult must accompany anyone under age 14; a maximum of two individuals can be with a patient at the same time.
- Pediatric inpatient:
 - Sibling visitation can be arranged with the service area. An adult must accompany anyone under age 14.
- Outdoor visitation:
 - Patients can have outdoor visits with designated support persons and visitors provided the site has a suitable outdoor area and follow the precautions outlined in the guidance.
- Unaccompanied outdoor access:
 - Patients may have unaccompanied on- and off-site outdoor access following the precautions outlined in the guidance.

The latest updates on designated support and visitation access can be found at ahs.ca/visitation.

Beyond COVID-19

Updates on Bill 21 Implementation: Practitioner ID Management

Note: Planned implementation of a Practitioner ID management system by Alberta Health will not come into effect on April 1, 2022.

In 2019, the Government of Alberta developed the Ensuring Fiscal Sustainability Act, often referred to as Bill 21. The Act outlined a number of prospective changes to Alberta healthcare; in particular, a legislated process for Practitioner ID management. The proposed system would have regulated the number and distribution of new billing physicians in Alberta.

In a recent news release, the Alberta government indicated that the original April 1, 2022 implementation date has been postponed. For more information, please see Alberta Health's [news release](#).

AHS will continue to monitor this situation and provide additional updates, if needed.

Virtual Health Welcomes to Dr. Tafirenyka Madzimure to the Team



AHS Virtual Health is pleased to introduce Dr. Tafirenyka (Tafi) Madzimure, who has joined the team as the Medical Lead for Rural and Regional Virtual Health.

Dr. Madzimure is an Intensive Care and Internal Medicine specialist working out of Grand Prairie. He also serves as the Medical Director of the ICU at the Queen Elizabeth II Regional Hospital and is currently appointed as Adjunct Assistant Professor with the Department of Critical Care Medicine, Faculty of Medicine and Dentistry, University of Alberta.

He obtained his Bachelor of Medicine and Surgery in Zimbabwe in 2002, and after relocation to Alberta in 2004, worked as a general practitioner and emergency room physician in the Peace River Community Health Centre. He then completed his Internal Medicine and Critical Care Medicine fellowship at the University of Alberta in 2016. He recently completed a Global Clinical Scholars Research Training Program in 2020 at the Harvard Medical School. Dr. Madzimure is an energetic clinician, teacher, researcher and administrator, and is passionate about improving access to rural and remote areas in Alberta.

We are fortunate to have him join the Virtual Health team.

Learn More about Clinical Ethics

In healthcare, we sometimes face difficult ethical decisions where there are no clear answers. AHS Clinical Ethics service can help navigate such situations. Learn more in a 15-minute course that introduces you to the service and resources to support you. Search "Clinical Ethics - Introduction" on [MyLearningLink](#).

Questions? Contact clinicaethics@ahs.ca.

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
 - 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 \(CPSA\)](#).

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.

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. Francois Belanger

Chief Medical Officer and Vice President, Quality

Dr. Laura McDougall

Senior Medical Officer of Health

