

CMO SMOH Weekly Notice for AHS Medical Staff

April 9, 2021

This week:

- Highlighted Topics: What's Hot in Vaccines and Latest Public Health Guidance
- MD Culture Shift
- Doctor of the Week
- CMO Physician Conversation Series: AHS Medical Leadership – Challenges and Opportunities
- 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
 - Influenza Immunization Campaign Wraps with No Confirmed Cases
 - Acute Care Designated Support and Visitor Access Guidance and Directive
- Beyond COVID-19
 - Global Shortage of Intravenous Immunoglobulin (IVIg)
 - National Advance Care Planning Day — April 16
- Additional Resources for Physicians

Highlighted Topics

What's Hot in Vaccines

- 1) **Opening up more vaccine appointments – and more coming soon**
 - Government of Alberta is [expanding the roll out of Phase 2B](#)
- 2) **mRNA vaccines for your patient with underlying health conditions (Phase 2B) - how to counsel your patients:** [Immunocompromised Individuals](#)

Latest Public Health Guidance

- 1) **Public health restrictions you need to be aware of immediately:**

On Tuesday, April 6, the Government of Alberta announced Alberta would move back to Step 1 in the province's relaunch strategy as cases rose over the past few weeks (see Case Status below for details on case numbers). These updated mandatory health measures went into effect on April 6 for retail, fitness and performance activities, and at noon today (April 9), restaurants will be restricted to providing only takeout, delivery and patio service.

Alberta will remain in Step 1 with restaurant restrictions until further notice. Health officials will continue to closely monitor the spread of COVID-19 to assess whether additional action is needed to reduce transmission. For full details of the restrictions, please visit the [alberta.ca website](#).
- 2) **Variants on the rise in Alberta:**

There has been a significant increase in Alberta in the number of cases of the B.1.1.7 variant originating in the U.K.

As announced by Alberta Health on April 8, all close contacts of a confirmed case of COVID-19 – original strain and variants of concern – are recommended to be tested twice during their quarantine period. This will help reduce the spread of COVID-19. For details, see the Highlights from the CEO Update section below. More information is available at [ahs.ca/infoforclosecontacts](#).

MD Culture Shift (Previously Physician Wellness)

The April 2021 MD Culture Shift newsletter is [now live](#).

Physician Wellness Zoom Rooms	Topic of focus: Anti-Racism Date: Tues., April 20 Time: 5-6 p.m. <hr/> Zoom Link: Here
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Leadership Development Opportunity: “Coaching Out of the Box” Training: Offered by University of Alberta Faculty of Dentistry and Medicine

Designed for physicians to explore ways in which coaching skills might enhance their clinical practice, teaching and leadership

- **Date:** April 28 (Eight weekly sessions)
- **Time:** 4:30-6 p.m. MST
- **Learn more at:** [Coaching Out of the Box](#)

Doctor of the Week – Dr. Linda Mrkonjic

We want to express how grateful we are for the commitment and dedication physicians have displayed throughout this pandemic. Despite the pressure and frustrations, you have stepped up again and again to support each other and pulled together to ensure Albertans have the care they need. This week’s Doctor of the Week is a clear example of this effort, kindness and dedication to their team.

Dr. Linda Mrkonjic is an orthopedic surgeon in Calgary Zone who secretly purchased about 100 small stuffed bears to give to folks at the Foothills Medical Centre, with a message of kindness. There is a wall full of these bears to remind us all to be kind. Dr. Mrkonjic is really an exceptional person.



Photo: Foothills Medical Centre Day Surgery Valen-Kinds Hearts of Appreciation

Thank you, Dr. Mrkonjic, for your thoughtfulness, kindness and ongoing dedication to your colleagues and Albertans.

CMO Physician Conversation Series: AHS Medical Leadership – Challenges and Opportunities

Save the Date: April 15: Have you wondered how to get involved with AHS medical leadership? Maybe you have questions about how best to connect with your medical leader.

The next edition of the virtual CMO Physician Conversation Series will feature three leaders within AHS who will discuss their leadership journey. Following the presentation, there will be time for a Q&A period and opportunities for you to ask questions of your AHS Medical Leadership.

Join us on April 15 from 5-6 p.m. to hear from:

- Dr. Verna Yiu, Chief Executive Officer and President
- Dr. Esther Tailfeathers, Senior Medical Director
- Dr. Kerri Novak, Chair, Zone Medical Administrative Committee

Meeting details

Date: Thursday, April 15

Time: 5-6 p.m. MST

Join Zoom Meeting

<https://albertahealthservices.zoom.us/j/93103768251?pwd=OVAYNWwhkYjIHQnB1ZGVlMUVyTFNQdz09>

Meeting ID: 931 0376 8251

Passcode: 834892

One tap mobile

+17789072071,,93103768251# Canada

+14388097799,,93103768251# Canada

Dial by your location

+1 587 328 1099 Canada

Meeting ID: 931 0376 8251

The CMO Physician Conversation Series is intended to provide information and updates about issues that are important to you, and which impact your practice. This series takes place on a monthly basis, on the third Thursday of the month.

Highlights from the CEO All Staff Update

COVID-19 Case Status in Alberta

This past week all COVID-19 numbers are up — and up sharply — with variants of concern (VOC) now comprising almost half of all active cases. In response, the Government of Alberta updated mandatory health measures earlier this week to try to slow the spread of COVID-19 and the VOCs.

As of April 7, there were 12,187 active cases, up from 8,653 the previous week, a 41 per cent increase. Calgary Zone has the most active cases in the province for the 13th consecutive week, although every zone reported an increase in active cases, as you can see in the table below.

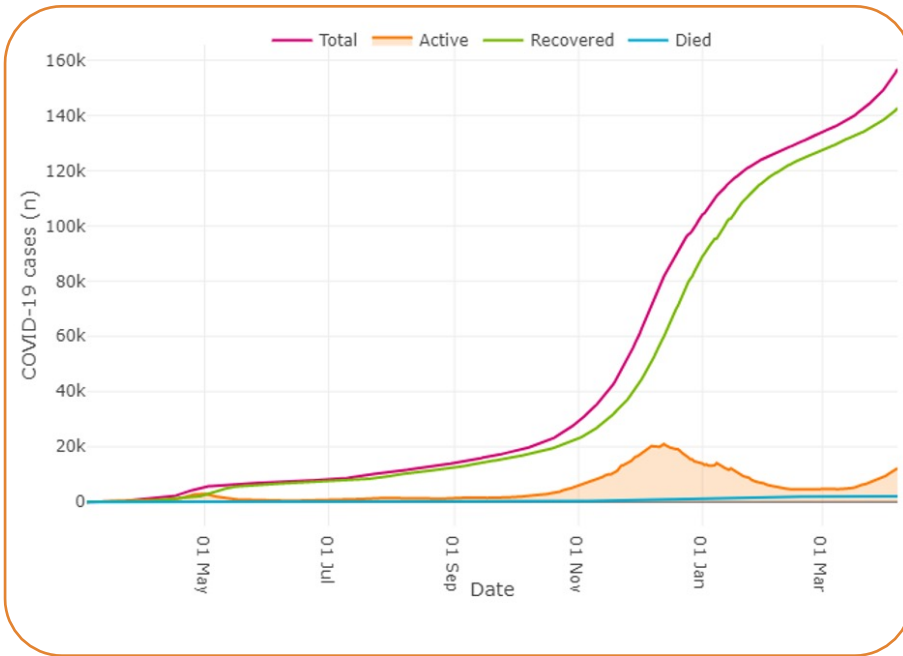
	Active Cases (as of April 7)	Active Cases (as of April 1)	Per cent Change
Calgary	5,709	4,058	+40.7%
Edmonton	2,916	1,889	+54.4%
North	1,614	1,058	+52.6%
South	915	864	+5.9%
Central	940	741	+26.9%
Unknown	93	43	+116.3%

There was an average of 1,104 daily new cases in the province for the seven-day period ending April 7, compared to 715 cases the previous week (March 25-31*), a 54.4 per cent increase. The Calgary Zone reported the largest number of new cases, with 3,636, compared to 2,301 new cases the

previous week, a 58 per cent increase. Individuals ages 10 to 49 accounted for 71 per cent of new cases in the province over the past week.

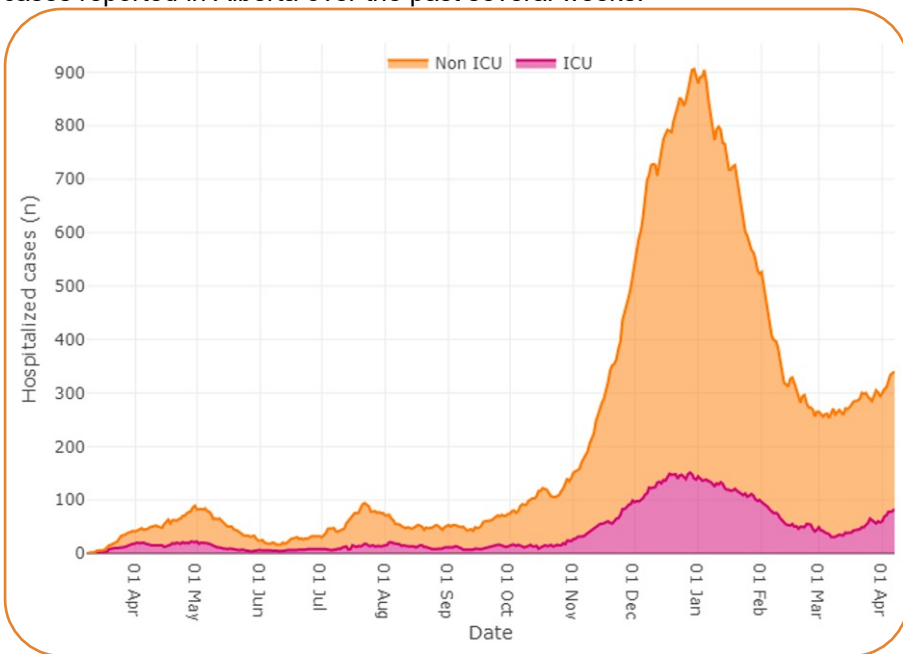
**Note: This week's report uses the regular Thursday-to-Wednesday interval, not the truncated interval used for last week's report, which compensated for the stat holiday.*

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Hospitalizations and ICU admissions

As expected, hospitalization and ICU numbers are starting to reflect the rising number of COVID-19 cases reported in Alberta over the past several weeks.



On April 7, there were 83 individuals in ICUs compared to 58 on April 1, a 43.1 per cent increase. A total of 257 individuals were in non-ICU hospital beds on April 7 compared to 235 on April 1, a 9.4 per cent increase.

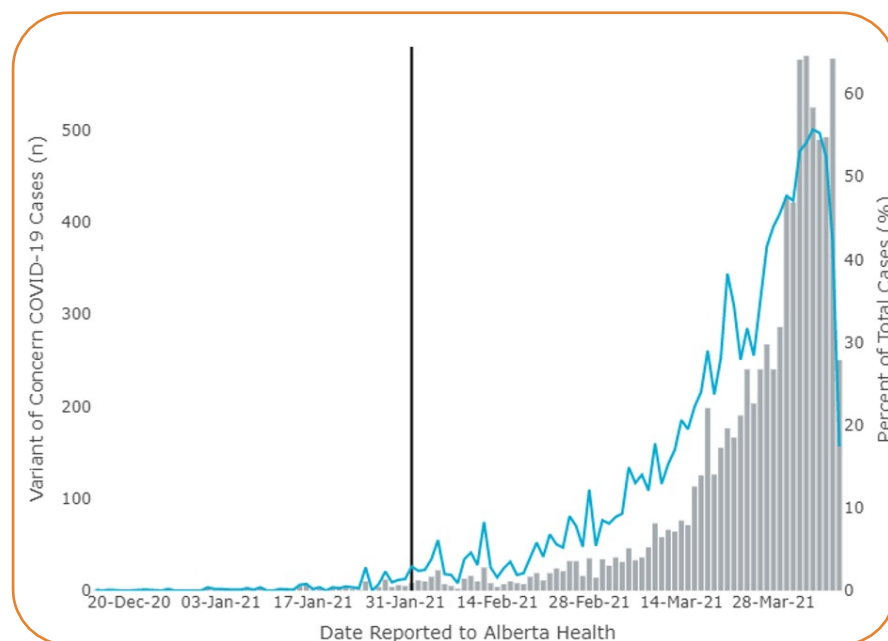
The breakdown of hospitalizations by zone as of April 7 is as follows:

	Hospitalizations	ICUs
Calgary	133	39
Edmonton	101	20
South	38	11
North	36	6
Central	32	7

Variants of concern

Alberta Health has now reported 8,278 cases of COVID-19 variants of concern (VOC): 8,229 are B.1.1.7 variant (originating in the U.K.), 26 are B.1.351 variant (originating in South Africa) and 23 are P.1 (Brazilian variant). Of the 8,278 VOC cases, 5,457 are active (44.8 per cent of total active cases), 2,791 people have recovered and 30 people have died.

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); between March 30 and April 5, the percentage of VOC cases ranged from 47.1 per cent to 55.7 per cent.



Alberta Health announced yesterday (April 8) the province has now reached the point where variants of concern are the dominant strains of new COVID-19 cases in Alberta.

By far, the most common is the variant originating in the U.K., with 99 per cent of all the variant cases confirmed to date. We have now reached the point that, when individuals test positive, they should assume they have the variant originating in the U.K.

Those who test positive for COVID-19, regardless of whether they have a variant strain, are still required to isolate immediately for at least 10 days from when their symptoms started, or from the date they were tested. (See Change to Quarantine Requirements for Household Contacts item below.)

Other notable COVID-19-related information:

As of April 7:

- A total of 156,905 cases of COVID-19 have been detected in Alberta and a total of 6,746 individuals have been hospitalized, which amounts to 4.3 individuals for every 100 cases. In all, 142,713 Albertans have recovered from COVID-19.
- 2,005 individuals have passed away from COVID-19, including 11 deaths between April 1 and April 7. 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 3.8 million tests have been conducted and 1.9 million individuals have been tested. From April 1 to April 7, 84,059 COVID-19 tests were completed, an average of 12,008 tests per day. During this period, the daily positivity ranged from 8.51 per cent to 10.27 per cent.
- For the winter school term, AHS has confirmed 3,624 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 871 out of 2,415 schools 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 March 29 to April 4 was 1.17, whereas R value the previous week was 1.09.

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, 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 April 7:

- 79,585 employees (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 5,167 (or 6.49 per cent) have tested positive.
- Of the 2,961 employees who have tested positive and whose source of infection has been determined, 660 (or 22.3 per cent) acquired their infection through a workplace exposure. An additional 2,206 employees who have tested positive are still under investigation as to the source of infection.
- 5,126 physicians (AHS, APL, and Covenant combined) have been tested for COVID-19 and, of those tested, 209 (or 4.08 per cent) have tested positive.
- Of the 114 physicians who have tested positive and whose source of infection has been determined, 12 (or 10.5 per cent) acquired their infection through a workplace exposure. An additional 95 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](#). A [summary report](#) on healthcare worker COVID-19 testing data from Sept. 1 to Nov. 30, 2020, is now available. AHS reviews the healthcare worker testing data on a quarterly basis to monitor trends and ensure our COVID-19 guidance continues to reflect the current environment.

COVID-19 Immunization Updates

By the Numbers

As of 10 a.m. today (April 9), more than 799,816 total doses of COVID-19 vaccine have been administered by AHS. 488,967 Albertans have received at least one dose of COVID-19 vaccine and 155,381 have received both Dose 1 and Dose 2.

Launch of Phase 2B

On April 5, those eligible as part of [Phase 2B](#) of Alberta's vaccine rollout were able to begin booking COVID-19 immunization appointments. This includes anyone born between 1957 and 2005 with [high-risk health conditions](#). Appointments can be booked through the [AHS online booking tool](#), by calling 811 or at [participating pharmacies](#).

Update on Covishield/AstraZeneca

On April 6, additional Covishield/AstraZeneca appointments opened up at [participating pharmacies](#) across the province for Albertans aged 55-64.

Beginning today (April 9), COVID-19 immunization appointments with the Covishield/AstraZeneca vaccine will also be available in Edmonton and Calgary through the AHS online booking tool, for Albertans aged 55-64.

AHS is offering these Covishield/AstraZeneca appointments (100,000 doses) in Edmonton and Calgary through rapid flow clinics to ensure as many Albertans are immunized as quickly as possible. These appointments are in addition to the ones that continue to be available through [participating pharmacies](#).

For the recommended population, Health Canada considers the benefits of the vaccine to outweigh the risks. Incidents of rare blood clots linked to this vaccine in Europe have not been reported in Canada.

Eligible Albertans can choose if they would like to receive the Covishield/AstraZeneca vaccine now, or wait to receive a Pfizer-BioNTech or Moderna vaccine, which is anticipated to be available to them later this spring.

Like all of the vaccines currently approved for use in Canada, the Covishield/AstraZeneca vaccine has proven to be highly effective in preventing serious illness and death. It is provided in a two-dose regime, given approximately 16 weeks apart.

Update on vaccine efficacy for variants of concern

Work is underway by the international scientific and public health communities to better understand how the current vaccines may protect people against COVID-19 variants of concern. We are watching this information closely.

Studies by Pfizer have indicated its COVID-19 vaccine appears to work against the variants of the coronavirus first discovered in the U.K. and South Africa. Moderna has announced its COVID-19 vaccine elicits virus-neutralizing antibodies in trial participants that work against the new variants found in the U.K. and South Africa. Studies for Covishield/AstraZeneca vaccine have shown the vaccine works against the strain first discovered in the U.K. but may work less well for the variant first discovered in South Africa.

Data is evolving around the efficacy of the licensed COVID-19 vaccines against the variants of concern. We'll continue to share the latest findings.

Second COVID-19 Test for All Close Contacts

All close contacts of a confirmed case of COVID-19 – original strain and variants of concern – are recommended to be tested twice during their quarantine period. By testing all close contacts twice, we have a better chance at quickly identifying new cases and stopping their spread.

All close contacts of a confirmed COVID-19 case are asked to book a first [COVID-19 test](#) as soon as they receive confirmation they are a close contact of someone who tested positive for COVID-19. If the first test is negative, a second test is recommended 10 days or later after the last exposure to the confirmed case but before the quarantine period ends on Day 14. If symptoms develop at any time during the quarantine period, a test should be booked immediately.

Change to Quarantine Requirements for Household Contacts

For original and B.1.1.7 (U.K.) variant cases, if a case has a separate bedroom and bathroom, and remains completely separated from the rest of their household contacts for their infectious period, the 14-day quarantine period for household contacts begins on the last day of contact with the case. For B.1.1.7, every day the case is isolating at home is no longer considered a new exposure to household contacts if the case remains completely separated from their household contacts as noted above.

If household contacts cannot stay completely separate from the case in the house, the 14-day quarantine period for household contacts begins when the infectious period of the case ends.

For B.1.351 South African variant and P.1 Brazilian variant cases, every day the case is isolating at home **is** considered a new exposure to household contacts, even if they have a separate bathroom and bedroom. Household contacts must quarantine during the case's isolation period (10 days) plus an additional 14 days after the case's isolation period ends. Contacts will be notified by AHS if this applies to them.

For cases and contacts who cannot safely isolate from others in the same household, it is recommended to isolate in a different location, such as an isolation hotel. Call 211 to access isolation hotels.

While the COVID-19 variants of concern spread more easily, they are thought to spread in the same way as the original virus. This means that the same types of preventive strategies will be effective. To protect yourself and those around you, follow all public health guidance, including:

- Reduce the number of close contacts.
- Wash your hands.
- Wear a mask.
- Practise physical distancing.
- Stay home when sick.
- [Get tested](#) if you have any symptoms of COVID-19.
- [Follow all public health measures in effect.](#)
- Know the isolation and quarantine requirements.

More information is available at [COVID-19 Variants](#) and ahs.ca/infoforclosecontacts.

Second-Dose Spacing

As part of ongoing efforts to reduce community transmission of COVID-19, Alberta is offering second doses of the COVID-19 vaccine approximately 16 weeks after the first dose. This aligns with the approach recommended by the National Advisory Committee on Immunization ([NACI](#)) and will allow as many Albertans as possible to receive at least one dose of COVID-19 vaccine in the coming weeks.

All Albertans who have received a first dose or who booked a first-dose appointment prior to March 10 will have their second doses provided according to the previous timeline (within 42 days).

Current evidence suggests high vaccine effectiveness against symptomatic disease and hospitalization for several weeks after the first dose, including among older populations. Evidence also shows longer spacing between doses does not reduce protection or duration of immunity for multi-dose products.

It remains important to have both doses of COVID-19 vaccine to ensure long-lasting protection. Immunization recommendations, including spacing, will continue to be assessed based on the most up-to-date information available.

For more information about vaccine types, efficacy and phasing, please visit the following websites:

- [Covishield/AstraZeneca](#)
- [Moderna](#)
- [Pfizer-BioNTech](#)
- [Janssen](#)
- [alberta.ca](#)

PPE and Public Health Guidance Following Immunizations

People who have received COVID-19 vaccine are still required to follow all measures put in place to prevent the spread of the virus. The vaccines being used in Alberta are good at protecting people from developing illness caused by COVID-19 but no vaccine is 100 per cent effective. Continuing to adhere to public health measures after being immunized helps protect the small percentage of people who are still susceptible after receiving their vaccine. Also, what we don't know yet is whether people who have been immunized can still become infected with the virus and spread it to someone else, even if they themselves don't have symptoms.

As we learn more about the vaccines and more people have been immunized, we'll be able to revisit the requirements for people who have been immunized. In the meantime, it's important people who have been immunized continue to follow public health measures in order to protect themselves and others from COVID-19.

Influenza Immunization Campaign Wraps with No Confirmed Cases

The 2020-2021 Alberta Influenza Immunization program ended like no other: with zero reported cases of seasonal influenza in Alberta. Influenza activity has been lower than expected for this time of the year across with globe, with several countries reporting low or no cases of influenza. Public health restrictions currently in place to prevent the spread of COVID-19, such as enhanced hygiene and physical distancing, have likely provided cross-protection against the transmission of influenza.

Alberta's annual influenza immunization campaign for the general public ended on March 31. Eligible children under the age of nine, who have received one dose of the influenza vaccine prior to March 31, will be offered their second dose until April 30.

As of April 3, 1.62 million doses of influenza vaccine were administered in Alberta. This is the highest uptake we've seen in our province over the last 10 years. Alberta Precision Laboratories (APL) tested more than 122,000 respiratory swabs for influenza this season, compared to about 46,900 around the same time last season.

Updated Acute Care Designated Support and Visitor Access Guidance and Directive

Updates were recently made to the acute care designated support and visitor access [guidance](#) and [directive](#). Both documents are a package, with the directive intended to be the overarching document, and the provincial guidance, the current operationalization counterpart to the directive.

Though these updates are limited, it is important staff, physicians, volunteers, designated support persons and visitors are aware of them. These updates were developed through consultation with clinical operations leadership, staff, patients and families throughout the province.

Guidance updates are as follows:

- Due to the increase in COVID-19 variants of concern cases, a confirmed outbreak at a site may require additional access restrictions for designated support persons and visitors. Temporary restrictions may be necessary during initial contact tracing and follow-up investigation.
- Immunized individuals are still required to follow all public health measures, including physical distancing, masking, isolation and quarantine requirements, as well as complete COVID-19 screening before entering a site.

- In pediatrics, sibling visitation can now be considered for long-stay patients in consultation with the site leadership and Infection Prevention & Control. An adult must accompany children under the age of 14.
- Visitation at a patient's end-of-life continues to be supported at all sites including for faith leaders, elders and traditional knowledge keepers. There's updated focus on the significance and importance of traditional Indigenous practices and protocols, including but not limited to end-of-life. AHS continues to encourage the involvement of AHS cultural helpers, traditional wellness counsellors, Indigenous Health and Hospital Liaisons or designated Community Health representatives where possible.
- Due to COVID-19 cases across the province, outdoor visitation is not encouraged at this time and will remain under review.
- Visitation at continuing care and designated supported living facilities remains under the direction of [CMOH Order 29-2020](#).

Directive updates are as follows:

- AHS site leadership is responsible for the implementation of the directive and the most current version of the guidance at their site.
- It is necessary all site leaders be familiar with the directive requirements, as well as review the guidance routinely (preferably bi-weekly) as this document is subject to frequent updates.
- The directive has been updated to clearly reflect expectations that sites comply with the guidance.
- Visitation at a patient's end-of-life continues to be supported at all sites including for faith leaders, elders and traditional knowledge keepers.
- Revisions to Section 3 & 4, combining "Safe Site Access Assessment" and "Site Access Restrictions" into one new Section 3, "Restrictions in Excess of the Guidance".
- If further restrictions are required based on identified risk (e.g. outbreak), the directive provides expectations on how those restrictions are to be developed, reviewed, approved and implemented including how this is managed/reported to the Zone Emergency Operations Centre (ZEOC) and Emergency Coordination Centre (ECC).
- No restrictions beyond the guidance can be applied except by following the process outlined in the directive.

Thank you for your continued support as we weigh the risk of welcoming family presence while ensuring the health and safety of other patients, and the staff and physicians providing their care.

Beyond COVID-19

Global Shortage of Intravenous Immunoglobulin (IVIg)

ACTIONS REQUIRED – For all prescribers of Immune Globulin:

- 1. Review all patients for whom you are currently prescribing Immune Globulin.**
- 2. Ensure that ongoing therapy is still required.**
- 3. Stop therapy in those who no longer require it.**
- 4. Review dosing and frequency for those who require ongoing Immune Globulin to ensure that the minimal effective dose is being ordered.**
- 5. Brand switching may be necessary in some patients.**

Due to impending shortages in the global supply of Immunoglobulin (Ig) products, the National Emergency Blood Management Committee and Canadian Blood Services have been developing mitigation plans for short and long-term supply challenges.

At this time, Canadian Blood Services has informed us that subcutaneous immunoglobulin (SCIg) is in good supply to meet the current demand. However, there is concern about the future supply of IVIg. Some brands are at higher risk of shortages than others (e.g. Gammagard Liquid®). To ensure that

we will have sufficient quantities of Ig for all Albertans who need this product, the following mitigation strategies are recommended by the National Emergency Blood Management Committee for implementation in the provincial / territorial jurisdictions served by Canadian Blood Services:

- 1. Provinces need to ensure appropriate utilization of Ig to ensure that those who truly need the product can continue to receive it.**
 - a. In Alberta, prescribers of Ig are expected to follow the Prairie Collaborative's ***Criteria for the Clinical Use of Immune Globulin***. ([Forms & Other Resources](#)). Blood banks in the province will be screening all Ig requests to ensure adherence with these criteria. *If you have a patient who you believe requires Ig for a condition that is not captured in this document, please contact your local on-call transfusion medicine physician/pathologist for next steps.*
 - b. For eligible patients, prescribers should utilize the adjusted body weight dosing for Ig products. The dose calculator can be found at ([Forms & Other Resources](#)) or within the IVIg orderable in Connect Care.
 - c. For patients who are receiving chronic Ig support, prescribers are asked to review whether or not ongoing Ig is still required or whether any modifications can be made to the dose or dosing frequency.

- 2. Provinces will need to ensure that they can accommodate the brand share splits and vial sizes of the various brands of IVIg available in Canada.**
 - a. IVIg brands other than Gammagard Liquid® will be provided for any new patients.
 - b. Patients who have been on Gammagard Liquid® previously but have not received Ig in the last eight weeks will be switched to an alternate product. The patient and the infusing department will receive notification at the time of switching.
 - c. Those on long-term therapy who have had a history of IVIg severe adverse reactions but are currently receiving a product that they tolerate will not undergo brand switching unless there is no other option available.
 - d. The transfusion medicine service will be performing dose rounding to the nearest vial size available to avoid wastage. For most brands the smaller vial sizes are 2, 2.5 or 5 g. Larger vial sizes are often in shorter supply so a mix of vial sizes may be required to fulfill the dose.

- 3. Provinces will need to review and be able to implement an Ig shortage plan.** A subcommittee of Alberta's Provincial Emergency Blood Management Committee has been reviewing:
 - a. The National Plan for Management of Shortages of Immunoglobulin Products ([National Blood Shortages Plan \(NAC & CBS\)](#)) to ensure it is applicable to Albertans.
 - b. Potential pharmacologic alternatives that may be applicable to specific disease states.

We ask for the co-operation of all prescribers of Immunoglobulin products to help mitigate the impact the global supply constraint will have on Albertans. Any questions can be sent to Dr. Susan Nahirniak, APL Transfusion Medicine Section Chief (susan.nahirniak@albertaprecisionlabs.ca) or to Glenna Laing, Alberta Health Director Divisional Services and Programs (glenna.laing@gov.ab.ca).

National Advance Care Planning Day — April 16

April 16 is National Advance Care Planning Day, a time to remind Albertans to think about, talk about and document wishes for healthcare in the event that they become incapable of consenting to or refusing treatment or other care.

Hear from a [former AHS palliative care nurse](#) living with cancer about the importance of advance care planning.

You may never need your advance care plan but, if you do, you'll be glad that it's there and that you have had these conversations to make sure that your voice is heard if you cannot speak for yourself.

A Conversations Matter guidebook was developed to support you to have these important conversations with your family or patients. There is also a new Advance Care Planning and Goals of Care Designation e-learning module available on [MyLearningLink](#). To find these resources and more, please visit: conversationsmatter.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 or contact 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.

Sincerely,

Dr. Francois Belanger
Chief Medical Officer and VP, Quality

Dr. Laura McDougall
Senior Medical Officer of Health

