

CMO SMOH Weekly Notice for AHS Medical Staff

June 11, 2021

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Territorial Acknowledgement

This week's Doctor of the Week, Dr. Cassandra Felske-Durksen, has recommended we include acknowledgement provided by the Wisdom Council, of the territory of which we currently occupy within these weekly updates, and we agree. Dr. Felske-Durksen states, "It is important to acknowledge the territory of which we currently inhabit and the territory of which we come from, not only because of what it means in terms of land and place but also people and spaces. Many Indigenous peoples will often not only refer to our ongoing connection to land, but that we are born of the land, and that our lives are in the land. This idea deeply influences how we approach the spaces we enter and the people we connect with therewithin. Territorial acknowledgements and locating ourselves socially & ethnogeographically are more than just a reflection on how we relate to this land as Original Peoples, visitors or settlers - but how we relate to one another and each other within these spaces."

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.

Standing Together Against Racism

In light of the recent tragic events, including the attack on a Muslim family in London, Ontario and the discovery of 215 Indigenous children near the site of Canada's largest residential school near Kamloops, B.C, this may be a difficult time for you and those people around you.

Knowing these situations may evoke different feelings and impact you personally, confidential support services are available through the [Physician and Family Support Program](#) (PFSP) by the Alberta Medical Association. The support line at 1-877-SOS-4MDS (767-4637) is also available 24/7.

Tragic events like this underscore why our diversity and inclusion efforts are critical to recognize, to respect and value the diversity of our people, patients and families.

In addition to the emotional support above, online resources are available to provide information about diversity and inclusion, including the following [Change the Conversation](#) (Insite login required) resources: [Intergenerational Trauma](#), [Being an Ally](#) and [Fearing Differences – Xenophobia](#). Many more resources can be found on the [Diversity and Inclusion](#) and [Respectful Workplaces](#) Insite pages.

We also encourage you to check in with your co-workers, friends and family for support. To help you create a sense of belonging, you can find connections through our [Ethnic Minority Workforce Resource Group](#). This voluntary group brings together members of our workforce who share common identities, characteristics, and backgrounds.

We hope we can all come together and stand against racism and support each other as we move forward.

Highlighted Resources

Site Immunization Posters and Signage

Below is information, vaccination promos, and visitor alerts that can be posted in clinics and administrative offices to spread the word about COVID-19 immunization:

- [Alberta Health posters](#)
- [AHS posters](#)
 - [Vaccine Booking](#)
 - [Immunization Information](#)
 - [Cancer and Vaccines](#)

Thank you to Physicians Working in Immunization Clinics

We want to sincerely thank all those physicians and AHS medical staff who participated in, and expressed interest in volunteering to provide surge support for our COVID-19 immunization clinics.

We had nearly 700 members of the AHS medical staff (physicians, dentists) express interest in volunteering for the clinics, and approximately 330 completed onboarding for deployment to the clinics across the province.

This is significant and tremendous support, and we are grateful to you for your dedication to the care of Albertans.

Expanding COVID-19 Immunization to Acute Care

Effective immediately, all acute care in-patients should be considered for immunization during their hospital stay.

Recommendations:

- All eligible patients 12+ should be educated about COVID-19 immunization with an expectation they will be immunized as soon as practically possible.
- Patients may be supported in booking their own immunization in the community after discharge if they prefer. Otherwise, immunization should be arranged before discharge.
- Both first and second doses may be given.
- Regarding second doses:

- Those who have received an mRNA vaccine (Pfizer or Moderna) as a first dose, should have the same vaccine for their second dose whenever possible and as early as 3-4 weeks after their first dose.
- Those who received an AstraZeneca/Covishield vaccine as a first dose may choose to have a second dose of AstraZeneca or an mRNA vaccine. Second doses are recommended at 8-12 weeks after their first (regardless of second dose product type) for the highest level of protection, but can be given as soon as 28 days after.
- Any two doses of Health Canada approved COVID-19 vaccine are considered a valid, safe and protective series.
- Determining the appropriate timing for vaccine administration should consider patient specific factors including a cancer diagnosis or immunosuppression.
- Further information about COVID-19 immunization is available [here](#).

Thank you for your continued support.

COVID-19 Rehabilitation & Recovery: Resources for Patients and Providers

While the potential long-term impact of COVID-19 on Albertans and the health system is not yet known, patients who are considered recovered from a COVID-19 infection can continue to exhibit long lasting symptoms for weeks or months. This can impact both physical and mental wellbeing, and increase use of healthcare resources.

These long lasting symptoms have been referred to as “post COVID” or “long COVID” with symptoms occurring regardless of age or gender, whether or not patients have been hospitalized or whether they originally experienced mild or severe illness. Help for Albertans can be found on [MyHealth.Alberta.ca](#) or [Getting Healthy after COVID-19](#) and includes access to online, in-person, and phone support.

[Resources for health professionals](#) are available, including care pathways and toolkits; and a Post COVID-19 Rehabilitation and Functional Screening and Assessment Tool to help providers determine what rehabilitation supports may be required moving forward.

As the COVID-19 trajectory progresses, physical and psychosocial rehabilitation will remain necessary components of Long COVID care. We will continue to collaborate with zones and other partners in order to adapt to the situation in Alberta and help support patients with Long COVID concerns and ensure they are aware of a broad range of health services across the care continuum.

Additional resources:

- **[Post-COVID Rehabilitation and Allied Health Practice Guidelines](#)**: To assist clinicians in treating post-COVID patients.
- **Rehabilitation after COVID-19: Health Provider Education Series**: A series of sessions to introduce allied health providers across the care continuum will introduce practice considerations when working with those recovering from COVID-19.
 - Tuesdays from June 8 – July 20, 11:30 a.m.-12:30 p.m.
 - [Session topics and permanent Zoom link here](#).
- **Long COVID: How AHS is Meeting the latest COVID-19 Challenge**: This webinar explores the six to eight “Long Haulers” for every COVID-19 death.
 - Wednesday, June 30, 12-1 p.m.
 - [Information, with registration link, here](#).

MD Culture Shift

MD Culture Shift Newsletter: [Issue 04: June 2021](#)

Equity, Diversity and Inclusion

June is internationally recognized as Pride Month

It's a [time to celebrate](#) the LGBTQ2S+ community and the diversity our people bring to the organization. Today, more than ever, we need to support each other and create a sense of belonging.

Likewise, while this Doctor of the Week feature is intended to be a feature of individuals, the truth is that I am nothing without community. I stand on the shoulders of giants; my family, my home communities who guide me in my personal journey; my community of colleagues who guide me in my professional journey; the community of whom I work with and the community of whom I work for.

I trained with UBC's Indigenous Family Practice program, the only one of its kind in settler Canada. I was trained by Indigenous and Settler-Ally physicians who have dedicated their careers to modelling anti-oppressive approaches with a strong emphasis on decolonizing White Euro-Canadian Medicine, for Indigenous self-determination in health.

My current clinical, academic, administrative and literary work most often encompass the theory and practice of Indigenous, Decolonizing, Sexual & Reproductive, and Women's & Gender Diverse Health & Rights. I was trained as a full service rural and remote GP, so find myself surprised every morning driving in to a downtown clinic located at a tertiary care hospital to a very specific practice.

My home clinic is the Indigenous Wellness Clinic at the Royal Alexandra Hospital (RAH). I have the pleasure of working with an amazing interdisciplinary team that models Indigenous self-determination and body sovereignty in health and healthcare delivery.

I work with inspiring Indigenous colleagues like Natasha Gougeon, our Clinical Team Lead, and Drs. Cara Bablitz and Jill Galipeau. We work with model Non-Indigenous Allies: Drs. Kim Mcbeath and John Paterson. For prenatal patients, I share care with Dr. Rebecca Rich, the example of Settler-Accomplice ObGyn. Working with this incredible team allows me to expand the services I offer including ObGyn surgical assist, inpatient consultation, outreach to the communities we work with and for.

During the pandemic, I have rotated through many roles and responsibilities – responding to the needs of the communities as best I can (which I know we all have!). COVID-19 has amplified pre-pandemic related conditions and barriers for the patients and families we work with. It has been racialized and politicized: Indigenous peoples continue to be pathologized and criminalized through well-established processes of oppression and subjugation.

The 215 Indigenous children found at the Kamloops Indian Residential School only confirms what we already knew. Canadian coloniality includes genocide – and they are both alive and evolving. Those who are shocked by the mass grave have been blinded by privilege and neocolonial strategy.

This said, the meaning of The Found 215 is now entirely unavoidable. It is a reminder of the local Oral Knowledge and Histories, especially on unwritten and unmarked matters – to listen to them and act on them. It is a reminder that we work with survivors of ongoing genocide every day. Murdered and Missing Indigenous Women, Girls and Gender Diverse (MMIWGGD), Starlight Tours, the Millennial Scoop: we need to listen and act.

The good news is that we can name coloniality, we can identify examples of it and we can change it.

What gets me out of bed in the morning: espresso. And only espresso. What keeps me out of bed in the morning?

- The opportunity to be creatively subversive to medical oppression; engaging in practical generative refusal together
- Holding intentional and meaningful ethical and sovereign spaces for Community Members, Knowledge Keepers, Elders, and Ceremonialists to inform on Indigenous ways of knowing, being and doing
- Asking the question 'How do we, intentionally, do the opposite of genocide: how can we practice in a way that results in (body) sovereignty?'
- Learning from my missteps and feeling incredible gratitude for the guidance from those whose shoulders I stand on."

Thank you, Dr. Felske-Durksen, for the care and dedication you provide for your patients, colleagues and communities.

Register Now to Guide the CMO Physician Conversation Series Topics

The CMO Physician Conversation Series is intended to provide information and updates about issues that are important to you, and which impact your practice. Over the summer months, we will be planning out the sessions for September-November of this year, and we want to know...what you want to know.

Email us any questions you may have at cmo@ahs.ca, and join us at the next CMO Physician Conversation to let us know what information you need to support your work.

Date: June 17

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.

Government of Alberta Launches Stage 2 of Multi-Stage Relaunch Plan

Stage 2 of the Government of Alberta's three-stage relaunch plan began on June 10 and includes the following:

- Outdoor social gatherings increase to 20 people, with distancing.
- Indoor and outdoor wedding ceremonies may occur with up to 20 attendees. Receptions are permitted outdoors.
- Indoor and outdoor funeral services remain unchanged with up to 20 people permitted. Receptions are permitted outdoors.
- Restaurants may seat tables with up to six people, indoors or outdoors.
 - Dining parties are no longer restricted to households only.
 - Physical distancing and other restrictions still apply.
- Retail capacity increases to one-third of fire code occupancy.
- Capacity for places of worship increases to one-third of fire code occupancy.
- Gyms and other indoor fitness facilities open for solo and drop-in activities with three-metre distancing between participants and fitness classes may resume with three-metre distancing.
- Indoor settings may open with up to one-third of fire code occupancy, including indoor recreation centres. This includes arenas, cinemas, theatres, museums, art galleries and libraries.
- Indoor and outdoor youth and adult sports resume.
- Youth activities, such as day camps, overnight camps and play centres, may resume.
- Personal and wellness services can resume walk-in services.
- Post-secondary institutions can resume in-person learning.
- The work-from-home order is lifted but still recommended.
- Outdoor fixed seating facilities (e.g., grandstands) can open with one-third seated capacity.
- Public outdoor gatherings increase to 150 people (e.g., concerts/festivals).

Indoor masking and distancing requirements remain in place throughout Stage 2. Some restrictions continue to apply to activities within each step. Stage 3 is expected to begin in late June or early July.

For more information, please visit alberta.ca.

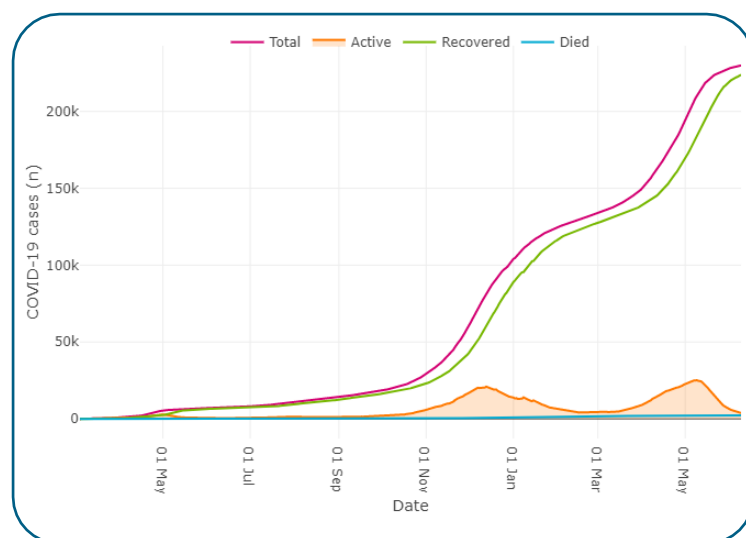
Highlights from the CEO All Staff Update

COVID-19 Case Status in Alberta

This past week, Alberta’s COVID-19 numbers continued to plummet, and the province entered Stage 2 of the Government of Alberta’s reopening plan. As of June 9, there were 3,810 active cases in Alberta — the lowest number of active cases since last October — with all five zones reporting steep decreases, as you can see in the table below.

| | Active Cases (as of June 9) | Active Cases (as of June 2) | Per cent Change |
|-----------------|--|--|----------------------------|
| Calgary | 1,523 | 2,379 | -36.0% |
| Edmonton | 1,028 | 1,522 | -32.5% |
| North | 588 | 816 | -27.9% |
| Central | 496 | 745 | -33.4% |
| South | 174 | 367 | -52.6% |
| Unknown | 1 | 2 | -50.0% |
| Total | 3,810 | 5,831 | -34.7% |

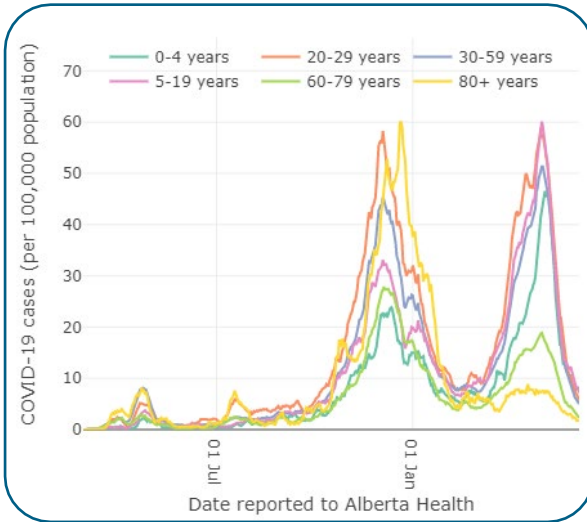
Alberta reported an average of 227 daily new cases for the seven-day period ending on June 9, a 37.6 per cent decrease from the previous week when there was an average of 364 daily new cases.



The Calgary Zone reported the most new cases this week with 641, but that still represents a 37.5 per cent decrease from the previous week, when 1,025 new cases were reported.

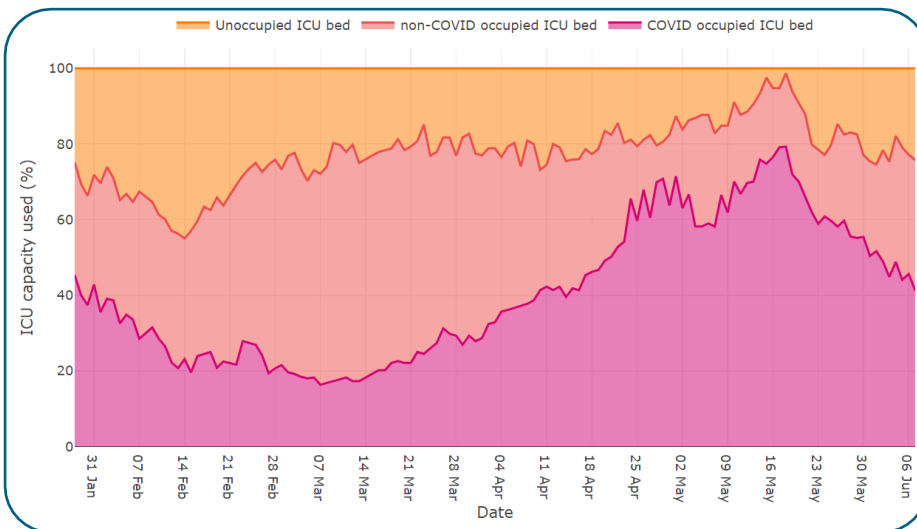
Cases by age group

Children aged 0-4 years had the highest seven-day rolling average rate of daily cases with 8.14 cases per 100,000 people, followed by school-aged children (5-19 years) with a rate of 7.14. Albertans 80 years of age and older had the lowest rate: 1.86 per 100,000 people. A visual representation of these trends in cases by age group is provided below.

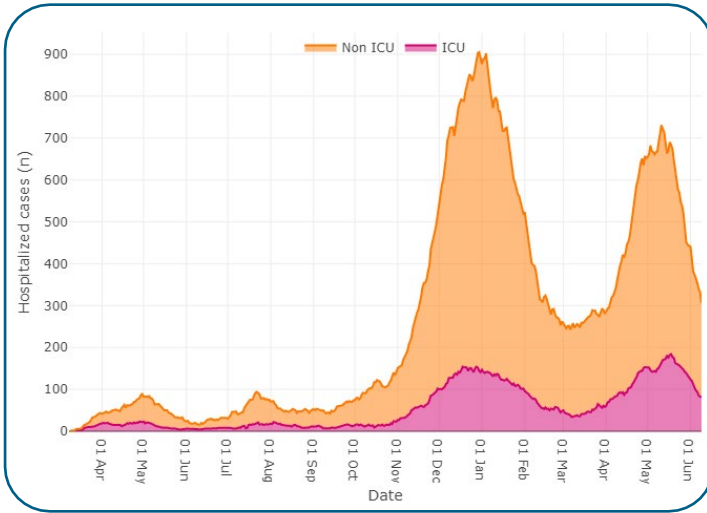


Hospitalizations and ICU admissions

On June 9, 81 individuals with COVID-19 were in ICU compared to 120 on June 2, a 32.5 per cent decrease. The most recent reporting — on June 7 — puts our ICU usage at 75.7 per cent, with 41.3 per cent of ICU beds occupied by a patient with COVID-19. The figure below shows ICU capacity in Alberta.



Also on June 9, 225 individuals with COVID-19 were in non-ICU hospital beds, compared to 292 on June 2, a 22.9 per cent decrease.



The table below shows hospitalization and ICU numbers by zone on June 9.

| | Hospitalizations | ICUs |
|-----------------|-------------------------|-------------|
| Calgary | 129 | 33 |
| Edmonton | 98 | 34 |
| Central | 29 | 6 |
| North | 26 | 4 |
| South | 24 | 4 |

Variants of concern

On June 9, averaged over the previous seven days:

- 82.0 per cent of samples successfully screened was the B.1.1.7 (UK) variant
- 4.7 per cent of samples successfully screened was the P.1 (Brazil) variant
- 8.6 per cent of samples successfully screened was the B.1.617 (India) variant
- 0.3 per cent of samples successfully screened was the B.1.351 (South Africa) variant
- 1.2 per cent of total samples successfully screened were labelled as a presumptive variant.

Since this is a seven-day rolling average, the numbers may not sum to 100 per cent.

Other notable COVID-19-related information:

As of June 9:

- A total of 229,949 cases of COVID-19 have been detected in Alberta and a total of 9,484 individuals have been hospitalized, which amounts to 4.1 individuals for every 100 cases. In all, 223,877 Albertans have recovered from COVID-19.
- 2,262 individuals have passed away from COVID-19, including 26 over the seven-day period between June 3 and June 9. 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 4.58 million tests have been conducted and 2.15 million individuals have been tested. From June 3 to June 9, 39,522 COVID-19 tests were completed, an average of 5,646 tests per day. During this period, the daily positivity ranged from 3.27 per cent to 4.47 per cent.
- For the winter school term, AHS has confirmed 9,406 individuals with COVID-19 were present at schools while infectious or acquired the disease in the school setting. A total of 1,381 out of 2,415 schools (57.2 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 May 31 to June 6 was 0.74 whereas R value the previous week was 0.72.

COVID-19 Immunization Updates

Second doses roll out to those who received their first shot in April

Alberta's COVID-19 immunization rollout expanded this week, as second doses are now available to all Albertans who received their first dose on or before April 30.

Appointments can be booked through ahs.ca/covidvaccine, through participating pharmacies and physician's offices, or by calling Health Link at 811.

Those who received an mRNA vaccine (Pfizer or Moderna) as their first dose will receive an mRNA vaccine as their second dose. Those who received AstraZeneca/ Covishield as their first dose will be asked to choose to book their second dose with either AstraZeneca or an mRNA vaccine.

Everyone will need the date of their first immunization and type of vaccine they received when booking their second-dose appointment. Albertans have the option of booking second doses through either the same provider as the first dose, or elsewhere.

Family bookings now available for second-dose appointments

The AHS online booking tool has been updated and now allows eligible Albertans to book second-dose appointments for the same vaccine product at the same time for up to three additional family members. To book an appointment for family members, please select the 'Family Members' option on the online booking tool.

Second-dose immunization available for all acute care, LTC/DSL staff and physicians

All healthcare workers are eligible for a second-dose immunization if they are a staff member or physician working at an acute care, long-term care or designated supportive living site. This includes everyone who works full time, part time or casual.

These individuals don't need to have had a first dose on or before April 30 but must meet the minimum spacing requirements based on vaccine type. At this time, acute care, LTC/DSL staff and physicians can only book this second-dose appointment through Health Link (811) if their first dose was May 1 or later. A poster is available to use at acute care sites to remind staff to book their second dose appointment.

Staff and physicians are also reminded to complete the "[Got My COVID-19 Immunization Form](#)" after their final dose. Sites can also use this [poster](#) to remind staff to report their vaccine after receiving their second dose.

As a reminder, if you are fully immunized at the time you are exposed to someone with COVID-19, you do not have to quarantine providing you do not have symptoms. Please visit [our website](#) for more details about quarantine for immunized close contacts.

First-dose appointments

All Albertans aged 12 and up who have not yet received their first dose are encouraged to receive their first dose as soon as possible. Visit ahs.ca/covidvaccine.

Walk-in clinics open for first-dose COVID-19 immunization

Albertans can now receive their first dose of Pfizer COVID-19 vaccine without an appointment at walk-in clinics in 20 communities across the province. Full clinic details — including locations, dates and operating hours — are available [online](#). Albertans are asked to bring their Alberta healthcare card if they have one, along with photo ID. Those attending a walk-in clinic will be required to wear a face

mask and use hand sanitizer when visiting the site. Second doses are not available at these walk-in clinics.

Acute care immunization program expanded

All acute care inpatients should be considered for immunization during their hospital stay. This means all eligible patients born in 2009 or earlier should be educated about COVID-19 immunization and be immunized as soon as practically possible, if they wish.

Both first and second doses may be administered, and patients may be supported in booking their own immunization in the community after discharge if they prefer. Otherwise, immunization should be arranged before discharge. Eligible patients are also encouraged to discuss their options with their care provider to arrange immunization.

Acute care patients who have questions about their eligibility or about how to receive their COVID-19 immunization while in hospital are encouraged to reach out to their care provider.

Albertans adding out-of-province immunizations to their health records

Albertans are encouraged to submit their out-of-province COVID-19 immunization information to be entered into their formal health records. This ensures health records are fully up-to-date and provide an accurate record of who has been immunized.

If you've received any COVID-19 immunizations outside of Alberta, we ask you provide a copy of your immunization records to AHS Public Health. Click [here](#) to find an AHS Public Health office near you.

While the majority of Albertans have been immunized at a local AHS site, pharmacist or physician office, some have been immunized outside of the province. In order to reach our provincial target of 70 per cent immunization coverage for Albertans 12+, it is important to have an accurate record of who has been immunized.

People who received a first dose outside Alberta can get a second dose here when they are [eligible](#), and are asked to please bring the written record of their first dose with them to the appointment.

Record-breaking immunization booking milestone achieved

Yesterday (June 10), we booked 158,092 immunization appointments, surpassing our record of 156,000 on May 10.

Congratulations and thank you to everyone who has contributed to this work. We couldn't do this without you.



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 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 June 8:

- 78,039 employees (AHS and APL combined) have been tested for COVID-19 and, of those tested, 5,847 (or 7.49 per cent) have tested positive.
- Of the 4,286 employees who have tested positive and whose source of infection has been determined, 571 (or 13.3 per cent) acquired their infection through a workplace exposure. An additional 1,561 employees who have tested positive are still under investigation as to the source of infection.
- 5,363 physicians (AHS and APL combined) have been tested for COVID-19 and, of those tested, 240 (or 4.48 per cent) have tested positive.
- Of the 186 physicians who have tested positive and whose source of infection has been determined, 19 (or 10.2 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](#).

New COVID-19 Isolation/Quarantine Requirements for Vaccinated Inpatients

AHS' Acute Care Outbreak Prevention and Management Task Force has reviewed current practice and put forth the following guidance for management of admitted vaccinated patients in AHS facilities.

Updated quarantine recommendations for partially and fully immunized individuals who are close contacts of confirmed/probable COVID-19 cases will not apply to patients admitted to an acute care facility for greater than 23 hours. Current guidelines will remain in place for these patients regardless of their COVID-19 vaccination status. Updates will be made to recommendations for ambulatory care and day surgery (less than 23 hours). Further discussion is occurring about high-risk patient groups in the ambulatory care setting (e.g., oncology, hemodialysis).

This guidance considers currently available scientific data related to forward transmission post-vaccination and current case counts and epidemiology throughout the province in different settings. There is a higher risk of transmission and severe illness in vulnerable settings such as acute care. Case-by-case patient assessment by Infection Prevention and Control will occur as needed (e.g., isolation capacity, individual patient needs, etc.). Quarantine recommendations in acute care will be re-assessed in six to eight weeks.

Verna's Weekly Video Message — Rural Healthcare Provider Recruitment, Retention

Rural healthcare providers are incredibly important to their communities, providing quality care and enhancing the quality of life of their patients. Working in a rural community often extends beyond the healthcare practice, involving strong connections and relationships with families, friends and neighbours in the community. We continue to recruit for physicians and healthcare providers across Alberta to meet the needs of our rural communities.

AHS has physician resource planners who identify and pursue physician recruitment opportunities. They work closely with various community partners and organizations, such as local Health Advisory Councils, the Rural Health Professions Action Plan, and independent physician recruitment and retention committees. To sustain and increase access to care for rural communities, we're also focusing on supporting the next generation of practitioners into rural practice.

Joining Verna to [tell us more about rural recruitment and retention](#) are:

- Dr. Brian Muir, North Zone Medical Director
- Fadumo Robinson, Associate Chief Nursing Officer & CoAct Collaborative Care, Health Professions Strategy & Practice

[PPE Question of the Week — What's the Latest on Continuous Masking?](#)

As COVID-19 vaccines continue to roll out within AHS and across the province, the PPE Task Force has been receiving questions about how this might impact the need for continuous masking and continuous eye protection. In the latest [PPE Question of the Week](#), PPE Task Force Chair Dr. Mark Joffe explains the reasons continuous masking is still required, and also the specific circumstances in which continuous eye protection can be relaxed.

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

Beyond COVID-19

[New AHS Provincial Stroke Website](#)

AHS has launched a new external provincial stroke website at ahs.ca/stroke to provide visitors with a quick and easy way to learn about stroke, patient services, and tools & resources in one location.

Some of the great new features of this site include:

- Unique pages for patients/families and healthcare professionals
- An easy to navigate patient-services directory for each zone
- Stroke tools & resources for the public and healthcare professionals
- A way to stay up-to-date with the latest stroke news and publications across the province
- A simple way for healthcare professionals to access educational opportunities

Stroke is a fast evolving field of medicine and the website aims to reflect evolving best practices and standards of care. New features will be added as resources allow.

The website was created in collaboration with a working group of stroke leaders in each zone, with a focus on making information regarding stroke in Alberta easily accessible to all Albertans and healthcare professionals.

[Be on the Lookout for Suspicious Items](#)

We've been made aware of questionable items arriving by mail to AHS staff in Calgary. Each envelope contained a clipped-out article about how the lockdown is affecting small businesses.

Our Workplace Health and Safety, Emergency and Disaster Management, and Protective Services teams have been engaged. Appropriate steps have been taken to ensure the safety of our teams. All of the items collected have been sent to the Calgary Police Service for further analysis.

If you receive correspondence you are not expecting or receive mail that looks unusual in any way, please [do not open it](#) and alert the teams at [Workplace Health and Safety](#) and [Protective Services](#) in your zone immediately.

Your safety is our top priority, and we take these matters seriously. If you have any questions or if you have other safety concerns, please talk to your leader.

[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

